Diploma - Level 3
Learning Disability Awareness
Unit 3- Supporting People with Learning Disabilities by Enabling Communication

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3.1 Introduction

Communication is hugely important to all of us. Without it, we cannot make our needs known; we can't express our feelings, give our opinions, or tell others what our choices are. Communication enables us to build relationships with others, to take on roles within the family and in society, and to feel that we belong.

Many people with learning disabilities have some difficulties with communication. This may be due to the condition that has caused their learning disability or due to other conditions which they also have. Difficulties range from mild to very severe and may involve difficulties with comprehension, with the mechanics of speaking, or with the ability to communicate in a way which is appropriate to the situation.

Communication difficulties can lead to frustration, misunderstandings, and isolation, so they may result in behaviour which is difficult for others to cope with. Supporting people with their communication therefore also helps reduce 'challenging' behaviour.

3.2 Learning Outcomes

By the end of this module, the learner will be able to:

- Explain what is meant by verbal and non-verbal communication and the difficulties people with learning disabilities may have with this

- Describe ways to help people to improve their speech when appropriate

- Describe the use of signing and communication aids to enhance non-verbal communication

- Explain the difficulties some people with learning disabilities may have with the social aspects of communication and how to help them

- Understand how communication difficulties can lead to behaviour which others find challenging and how to support people in this situation.
3.3 What Do You Know Already?

You may already have experience of helping people with communication difficulties. If so, jot down in the box below some notes about the strategies you have used. If you haven’t had experience of this, write some notes about what you already know about sign language and communication aids.

3.4 Verbal and Non-Verbal Communication

Non-verbal communication comprises all those forms of face-to-face communication which doesn’t include speech. It includes gestures, facial expressions, and how people position themselves.

Verbal communication is communication using speech.

Communication develops from birth onwards. Many babies can imitate basic facial movements, as shown below. The upper photos show the adult’s facial expressions and the bottom ones show the baby’s responses to each.

Photos above from Meltzoff and Moore 1977, Figure 12.16
Infants learn about personal space, turn taking, and appropriate touch as part of communication by observing those around them. Most start to speak single words at around one year old. By the age of four or five, most children will not only be able to speak around a thousand words appropriately, but they will be able to use sentences with largely correct grammar. Typically developing children will be very good at interpreting and using body language and facial expressions by about six years of age. By then, they have an understanding of many of the social rules of communication, such as appropriate eye contact and personal space. As children move through the primary school years, they learn a huge amount about the more complex aspects of face-to-face communication, such as the use of metaphor, tailoring what they say to the situation, and knowing when some things may be best left unsaid!

Communication difficulties for those with learning disabilities include:

- Difficulty interpreting non-verbal communication, such as facial expressions and gestures
- Restricted use of gestures
- Poor eye contact
- Unclear use of sign language
- Difficulty comprehending verbal communication (speech)
- Restricted vocabulary
- Poor understanding of sentence construction
- Difficulty with speaking clearly and using an appropriate pitch, volume, intonation, and rate of speech
- Problems with fluency of speech
- Difficulty understanding abstract concepts, such as time
- Problems with putting names to emotions
- Difficulty understanding the pragmatics of speech (what is deemed socially acceptable communication and what is not)
- Appearing to be insensitive without meaning to be
- Tendency to talk at rather than to people
- Tendency to be overly literal and an inability to understand figures of speech
- Unusual speech patterns, such as speaking by rote (using well-known phrases in the wrong context; for example, the person may answer ‘I’m very well thank you’ to any question) or echolalia (repeating a word or phrase used by the previous speaker, such as responding to, ‘Do you want an apple or pear?’ by answering ‘pear’ but pointing to the apple)
- Conditions which hinder verbal and non-verbal communication, such as visual impairment, hearing loss, short attention span, impulsive behaviour, low muscle tone, rigid muscles, and tremors.
Strategies to Support Communication

Those who work with clients who have learning disability can do a great deal to support their communication.

The professionals’ best placed to assess, treat, and advise on communication issues are speech and language therapists (who also assess and advise on swallowing problems, which are discussed in Module 5).

A speech and language therapist can advise on individualised strategies for specific clients. However, there are general strategies which can be very helpful for other professionals to use too, as shown in the table below.
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<tr>
<th>Difficulties of the person with learning disabilities</th>
<th>Strategies to help</th>
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| The person is sensitive to noise and easily distracted. | • Try to create a quiet area to take the person to.  
• When possible, encourage communication during quieter times  
• (there’s more on environment issues in Module 4). |
| The person tends to be unsure whether you are speaking to her or someone else. | • Use her name first to attract her attention and help her realise that you are speaking to her, not someone else. For instance, say, ‘Jane, please finish your drink’ rather than, ‘Please finish your drink’ |
| She is anxious or lacking confidence about communicating. | • Show calmness and patience.  
• Use active listening skills, such as nodding to show you are listening and clarifying to check you understand; e.g. ‘So you are saying you are still hungry’. |
| The person tends to be slow to reply, either because she has difficulty processing what the other person has said, or she has difficulty organising or producing her replies or she lacks fluency (e.g. she has a stammer). | • Keep your speech simple and specific.  
• Give her plenty of time to reply.  
• Do not ask reworded questions without waiting long enough for a reply (a common mistake people make if a person does not answer the question quickly). Being bombarded with questions like this tends to cause further anxiety and confusion and slows responses further. |
| The person has a very literal understanding. | • Avoid confusing sayings such as, ‘Pull your socks up’ (meaning, ‘Try harder’), and especially avoid potentially frightening sayings such as, ‘It’s raining cats and dogs’.  
• Be aware that having a literal interpretation of speech makes people at risk of confusion and anxiety. An example is an autistic boy who was agitated for several weeks after friends arrived at 2.29, when his mother had said they would be arriving at half past two. |
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<td>The person is at risk of being patronized, as people may tend to talk to a person with learning disabilities as if she is much younger than she actually is.</td>
<td>• Communication needs to be age appropriate in terms of the content, intonation used, etc. Therefore, any use of ‘baby talk’ and sing-song intonation (as if talking to a very young child) is not appropriate for anyone who is older. • However, communication should be appropriate to the person’s level of understanding, so shortening sentences and using simple words, signs, or gestures as needed is reasonable. • Communication needs to be appropriate to the maturity of those involved. The topics which people talk about obviously change throughout the lifespan, with some of the interests of teenagers being different from those of younger children or adults, for example.</td>
</tr>
<tr>
<td>Difficulties may be complex, fluctuating, or severe.</td>
<td>• Speech can be augmented by the use of gestures, signing, written symbols, pointing to examples, and communication aids. There is more on this in the next section.</td>
</tr>
<tr>
<td>Family or professionals may assume no more can be done for a person’s communication difficulties.</td>
<td>• A speech and language therapy referral should be considered if a ‘dead end’ has been reached, so the person can be assessed and an individualised plan made to support her communication. • Education, in the form of courses such as this one, will help to foster an understanding of the potential to improve the quality of life of learning disabled people by supporting their communication.</td>
</tr>
<tr>
<td>Professionals may not pass on to others vital information about a person’s communication.</td>
<td>• Effective communication between all those supporting a person is essential. There is more on multidisciplinary working later in the course. • Strategies such as care planning, which includes communication issues and use of a communication passport (see next section), can help.</td>
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3.5 Sign Language and Communication Aids

This section describes some of the strategies available to support people with learning disabilities with their communication, particularly if their needs are profound or complex. Some systems are used at the same time as speech; these are called ‘augmentative’. An example is Makaton sign language (see below), a form of sign language which is done at the same time as speech to make communication clearer. Other systems are used instead of speech (alternative communication). An example is the use of traditional communication boards as described below.

Objects of Reference

Tangible objects, such as a toothbrush, can be used to help communicate what is going to happen (‘We will clean your teeth now’) or to give the person an opportunity to choose between two options by pointing or indicating, or by ‘eye-pointing’ (looking longer at the preferred object).

Example:

‘Do you want to wear your red top’ [holds up a red top] ‘or the blue top?’ [holds up the blue top as well].

Picture-Based Systems

There are many variations on this theme.

The Picture Exchange Communication System (PECS) enables the person to exchange a picture for something he wants. To ask for a banana, for instance, he would hand over a picture of a banana. The photo below shows some examples of PECS pictures. This system was developed with autistic children in mind, but it has since been used with people with a range of learning disabilities.

Photo above from http://teachinglearnerswithmultipleneeds.blogspot.co.uk

Talking Mats is a picture communication system which enables the person to express views and feelings. There are various versions of the kit, including a kit for use with people with learning disabilities. The kit comprises a Velcro mat and pictures to stick on to it. The makers recommend that staff have training in the use of the system to get the best out of it. It is considered particularly useful in accessing the thoughts, opinions, preferences, and feedback of people with learning disabilities so that it enhances their involvement in the development of services. There is a kit for use in health and social care settings to find out how service users feel about their care. For more on this please go to www.talkingmats.com.
**Communication boards** traditionally are made of paper or board and allow people to point to pictures in order to communicate what they need or how they feel, as shown below. Some include letters of the alphabet to spell out words if the person is able to do so.

![Communication board](en.wikipedia; transferred to Commons by User:Bobamnertiopsis)

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There are more high-tech versions of communications boards available. Electronic **Voice Output Communication Aids (VOCAs)** allow the user to point by eye or head at the desired image, and this is converted to an electronic voice output.

There are also iPad applications now available that enable the user to touch the communication screen which converts their choice to a voice output. An example, the ‘I Can Speak’ app, is shown below.

This technology is very useful for intellectually able people with disabilities, but its usefulness will be more restricted for learning disabled clients.

![iPad app](en.wikipedia; transferred to Commons by User:Bobamnertiopsis)

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Attribution: Poule at en.wikipedia
Cause and effect touch based communications systems are useful for people with learning disabilities who have more severe communication problems. They enable the person to communicate by touching one or more large buttons, which are programmed to emit a sound or word when touched. This means the person can give simple ‘yes’ and ‘no’ responses and get attention when he or she needs it.

There are videos of this sort of system in use on You Tube. One example shows how the BIGmack single button system can be used. Please see: http://youtube.com/watch?v=AAJ9X9rsQ1E&feature=related.

Music and other creative approaches to communication can be effective in helping those with learning disabilities. An example is the Tacpac system, which uses a combination of music and touch to develop communication. For more on this, please see www.tacpac.co.uk.

Sign Language

A commonly used sign language for learning disabled people is Makaton. This was named after its three inventors in the 1970s and is a simplified version of the deaf community sign language in each country (British Sign Language in the UK). It is used with speech and comprises a core vocabulary of about 450 words with further resource words totalling over 11000. For each word, there is a sign and a written symbol, and the word is spoken at the same time to encourage speech.

Makaton has long been popular with parents, many finding it a very useful way to support their children’s communication. In some cases, it helps the child to develop speech, as it helps the child focus on key words. The BBC programme ‘Something Special’ has helped raise awareness of Makaton among parents. Unfortunately, Makaton signing skills are not always shared by professionals who work with their children, leading to missed opportunities.
Scenario

Imagine that you have a child with very little understandable speech but who uses Makaton very effectively to communicate with you. You have attended Makaton workshops, and both you and your child regularly use about 100 signs at home. You prepare a file showing which signs your child uses most often and give it to his/her school Special Educational Needs Coordinator, who seems enthusiastic about it.

One day, you arrive to pick your child up and notice his/her bag is not on the usual peg. Your child walks towards you clearly signing, ‘Where is my bag?’ The staff do not notice that your child is signing, much less understand what is being communicated. You subsequently find that the Makaton file you gave the school has never been shown to staff and it has been lost. The staff had never even heard of Makaton.

Write notes here about how you might feel in this situation.

For more on all aspects of Makaton, including training courses, please see: www.makaton.org.

An alternative signing system is Signalong. There is more on this at: www.signalong.org.uk.

Communication Passport

These are used to help share information about how a person communicates between the person, family members, and professionals. Until recently, they tended to be written records summarising the person’s way of communicating and his/her likes and dislikes, as shown below.

Communication passports are being developed further to include video and audio examples of the person’s gestures, vocalisations, and so on. This is particularly useful for people with severe communication problems whose communication may otherwise only be understood by those familiar with him or her (Golbart and Caton, 2010).
3.6 Supporting Social Aspects of Communication

Social aspects of communication include:

- Having the motivation to communicate with others
- Paying attention to others without becoming distracted when he or she is communicating
- Using appropriate eye contact
- Maintaining appropriate proximity/distance
- Being able to read facial expressions and other non-verbal cues
- If verbal, being appropriate in volume, speed, and intonation
- Communicating in a way which is appropriate (not causing offense, for example).

Any of these social aspects of communication (and others not listed) can be problematic for people with learning disabilities. This is most recognised for those who have autistic spectrum disorder, but other people with learning disabilities may struggle with this too. There are many ways to help with this including:

**Intensive Interaction**

This is a system designed to help those who are at a very early stage of communication, usually in a school setting where the pupils have severe communication difficulties. Fundamental skills, such as paying attention and keeping eye contact, are worked on. A teacher works one to one with a child in short but frequent sessions. They encourage the child in the same way that parents encourage the early communication attempts of babies.

**Social Stories**

Using Social Stories may be a familiar technique to you if you work with people on the autism spectrum. They are designed to help people recognise what is and is not appropriate when communicating, as shown in the in the example of learning to not interrupt below. As you can see, the stories may be adapted into a mini book to be used as reminders for when out and about, or they may be in more traditional book form.

Social stories can also be used to help people understand with the response of others.

Social Stories can also help people to manage difficult emotions, as we shall see in the next module.
3.7 How Communication Issues Can Affect Behaviour

Communication problems can lead to isolation, frustration, misunderstandings, and anxiety, and the person’s behaviour may reflect this. They may show:

- Mood swings
- Angry outbursts
- Screaming, shouting, biting, kicking
- A tendency to avoid social situations
- Repetitive behaviours (which often serve a self-soothing function).

In the next module, we will consider in detail how to manage behaviours which people might find challenging.

References

BBC (2012) Something Special (Children’s TV programme). Salford. BBC


Talking Mats (2012). Available at: http://www.talkingmats.com