

Service Area/Office: Disability and Community Care Services and Multicultural Affairs Queensland

Service Area/Office Reference No:

Program Area/Region/Office: Office of the DDG, DCCS&MAQ

System Reference No: COM 11136-2011

 Confidential Routine Urgent**DIRECTOR-GENERAL
DEPARTMENT OF COMMUNITIES** Memorandum for Approval Briefing Note for Information**SUBJECT**

- Evidence-based policy and practice – Facilitated Communication

Program Owner: Ms Helen Ferguson	Office in Charge of Property Delivery: N/A
Officer in Charge of NGO Contracting: N/A	Regional Service Delivery Responsible Officer: N/A

RECOMMENDATION/S

- That the Director-General approves:
 - the proposed approach to preparing an evidence-based policy and practice position on Facilitated Communication, assisted through an external and independent research facility; and
 - a direct approach to tertiary institution-based independent researchers on this topic, rather than following a strict select or multi-tender procurement process.

~~NOTED / APPROVED / NOT APPROVED~~


LINDA A APELT
Director-General

25 / 8 / 2011

COMMENTS:

BACKGROUND

- Augmentative and Alternative Communication (AAC) is used widely by practitioners and therapists in supporting people with communication difficulties.
- AAC ranges from the use of gestures, sign languages, and facial expressions, to the use of alphabet or picture symbol boards, through to sophisticated computer systems with synthesised speech (Glennen, SL & DeCoste, DC (1997), Handbook of Augmentative and Alternative Communication. Singular Publishing Group, Inc.)
- AAC tools can be administered through various levels of assistance, ranging from fully facilitated assistance by a support person through to minimal or no external stimulus.
- The suite of AAC tools includes "Facilitated Communication", which is a complex strategy that, like other communication strategies, can incorporate multiple types of support to an individual. The most obvious type of support in facilitated communication is physical support. However, it is also common to incorporate strategies that provide emotional, behavioural or tactile and language supports.
- The department's existing (2005) policy statement on 'Communication Support for People with Complex Communication Needs' is at Attachment 1. The policy statement's reference to Facilitated Communication Procedures is at Attachment 2. It is noted that the only specific AAC tool for which a procedure is established in the policy statement, is in respect of Facilitated Communication.

KEY ISSUES

- Where the AAC tool of choice is Facilitated Communication, opinions vary as to its validity and reliability. Its use has been a much contested and debated practice area in at least two jurisdictions (NSW and Victoria).
- A range of views is currently being expressed within the department by both proponents and critics of Facilitated Communication.
- It is therefore proposed to review and prepare – if required - an updated evidence-based policy and practice position about the use of Facilitated Communication by departmental officers, which would include an outline of any risks surrounding reliance on the outcomes and recommendations for future practice.
- Clearly, it would be essential to avoid the potential for conflict of interest criticisms in the development of any policy and practice position.
- To ensure impartiality, it is therefore proposed that the review of evidence be sought through a research facility independent from the department, and that the results be considered by a senior clinical, policy, program and operational panel, including:
 - Professor Karen Nankervis,
 - Dr Jeffrey Chan,
 - Professor Greg O'Brien,
 - Ms Helen Ferguson,
 - Ms Merylyn Strohfeldt,
 - Ms Deidre Mulkerin, and
 - Mr Peter Ryan, Regional Executive Director.
- In addition to senior panel consideration, it is proposed the views of internal and external practitioners will be sought to provide further rigour to the process.
- Evidence from research would draw on existing literature and best practice in other jurisdictions, and would guide and inform policy about the appropriate use of Facilitated Communication including acceptable levels of intervention in both routine communication and complex decision-making, and risks inherent in the level of decisions being made.
- Third party, personal information has been approached to undertake this research.

	Name	Ph (Work)	Ph (Mobile)	Date endorsed
Author and Executive Director:	Helen Ferguson	322 44970	Mobile phone number	23/08/2011
Deputy Director-General:	Michael Hogan	3224 4572		24/08/2011
Associate Director-General:	Bette Kill	3237 1218		/2011
Information Officers: Helen McGrath, Jody Cook				
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Third party personal information

- Contact is about to be undertaken with other tertiary researchers.

CULTURAL IMPACT

- The department is not aware of any cultural impact that may occur.
- The department is however aware this issue impacts on the practice culture of a number of practitioners within the department.

OPTIONS

- Three options exist for examining existing research on this topic.
 - First, the department would source independent, external research from a tertiary research facility to inform the department's policy development on this topic.
 - Second, the department would undertake its own research through its internal research and evaluation capacity to inform its policy development on this topic.
 - Third, the department would source research from the Office of the Chief Practitioner and/or the Centre of Excellence for Behaviour Support to inform its policy development on this topic.
- Independent analysis of the evidence be a key input to a credible and robust departmental policy and practice position. Research emanating from a tertiary research facility with no links to the department's Disability and Community Care Services' work with people with challenging behaviours and/or communication difficulties, is considered more likely to result in an enduring - and accepted - policy position.

FINANCIAL IMPLICATIONS / GST

- Funds to source external research will be met through the existing budget of Policy and Performance within Disability and Community Care Services. A direct approach to [redacted] rather than following a strict procurement process, is considered appropriate in this instance.

CONSULTATION

Internal Consultation

- Professor Karen Nankervis, Director - Centre of Excellence for Behaviour Support
- Dr Jeffrey Chan, Chief Practitioner Disability
- Professor Greg O'Brien, MHAOT
- Ms Helen Ferguson, Executive Director, DPR, DCCS
- Ms Merrilyn Strohfeldt, Executive Director, DPR, DCCS
- Ms Deidre Mulkerin, Assistant Director-General, RSDO and
- Mr Peter Ryan, Regional Executive Director, North Coast, RSDO.

External Consultation

Third party personal information

To be progressed on DDG endorsement

25/8

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Author and Executive Director:	Helen Ferguson	322 44970	Mobile phone number	23/08/2011
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ATTACHMENT/S

- Attachment 1: Communication Support for People with Complex Communication Needs
- Attachment 2: Facilitated Communication Procedures

<http://dsgintranet/policies-procedures/programs-services/support-complex-communication-needs/policy/>

RTI RELEASES

	Name	Ph (Work)	Ph (Mobile)	Date endorsed
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> [Communication Support for People with Complex Communication Needs Policy](#)

Communication Support for People with Complex Communication Needs Policy

Policy statement

Title:	Communication Support for People with Complex Communication Needs
Policy No.:	PAS-001
Category:	Programs and services, Accommodation Support and Respite Services
Records File No.:	DDS/03508
Date of approval:	10 May 2005
Date of operation:	1 October 2005
Date to be reviewed:	1 October 2006
Office:	Executive Director, Policy Directorate, Disability Services Queensland
Help Contact:	Director, Disability Strategic Policy Unit, Policy Directorate

Authority

Disability Services Act 1992 (Qld)
Powers of Attorney Act 1998 (Qld)
Guardianship and Administration Act 2000 (Qld)

Objectives

This policy aims to:

- Affirm the right of people with a disability who have complex communication needs to have an effective communication system and to develop and use communication skills in their daily lives
- Ensure that the communication support services provided by Disability Services Queensland are delivered in a manner that is consistent with sound practice.

Scope

- This Policy relates to the provision of services to people who have complex communication needs.
- This Policy is applicable to all services provided by Disability Services Queensland through the Accommodation Support and Respite Services Directorate; the Community and Specialist Services Directorate and private practitioners engaged by Disability Services Queensland to provide communication support services.
- The Policy does not refer to communication needs that arise solely as a result of hearing and/or visual impairment or being from a non-English speaking background. As such the Policy does not refer to the provision of interpreting or translating services.

Principles

This Policy is supported by the Principles of Effective Communication and Principles of Good

Practice in Communication Support.

Principles of Effective Communication

- All people communicate
- Communication is a human right. All people have a right to an effective means of communication at all times throughout their life (United Nations (1994) Universal Declaration of Human Rights)
- Effective communication requires three elements to work together: a person, a communication partner and the environment
- Effective communication requires communication partners to have a shared vocabulary, shared knowledge and skill, and a shared method of communication
- All methods of communication (including symbolic, non-symbolic, behavioural, informal or formal, intentional or non-intentional) are meaningful, and should be accepted as equally valid forms of communication.

Principles of Good Practice in Communication Support

- The aim of communication support is to maximise the person's ability to participate in everyday life, to make decisions and choices, to express their personal identity, to learn and to establish relationships
- Communication support services should address the person's current communication needs in all environments; promote the person's learning and development of communication skills and plan for the person's future communication needs
- Access to multiple methods of communication increases communicative effectiveness. People with complex communication needs should have access to the communication method(s) they require to communicate effectively
- Effective communication support requires all communication partners to have adequate knowledge and skills in the methods of communication being used in that communicative interaction
- Effective communication support requires coordinated and collaborative input from a range of people. The person with complex communication needs is central to this process
- Communication support is more effective when there is an ongoing and consistent contribution from all involved
- People with complex communication needs have the right to access information that affects their lives and allows participation in decision-making
- People with complex communication needs have the same rights to privacy and confidentiality as other people.

Policy Statement

Disability Services Queensland recognises that communication is fundamental to all aspects of life. It is the basis by which people interact, develop relationships and seek to meet their needs. The lack of effective communication systems impacts significantly on a person's ability to make decisions and participate in decision-making processes. Disability Services Queensland has a responsibility to provide services in a way that recognises that communication is fundamental to quality of life and that values people with complex communication needs, their choices and decisions.

These values are reflected in Disability Services Queensland's Strategic Plan 2004-2008, which identifies a vision for a society which:

- Values the contribution of all individuals
- Recognises and accepts individual differences
- Supports the participation of individuals
- Provides an environment that is accessible to all individuals and enables people to achieve their goals
- Upholds the rights of all people



- Recognises and supports the important role of families and communities.

Disability Services Queensland's Role

The following describes the roles and actions of Disability Services Queensland in promoting and supporting effective communication.

People with Complex Communication Needs

It is the role of all relevant staff to ensure that all Disability Services Queensland clients with complex communication needs regardless of their age, level of disability and living circumstances have the opportunity to:

- Utilise communication to participate and interact
- Have their communication methods and communication attempts recognised as valid forms of communication and responded to at all times
- Communicate for multiple purposes - to establish relationships, to fulfil needs and wants, to participate in social interactions, and to express preferences
- Receive information
- Make decisions.

Communication Support Services

The effectiveness of communication for people with complex communication needs can be increased and developed through the implementation of planned supports. Communication supports should aim to:

- Provide an efficient, effective and socially acceptable communication system
- Allow opportunities to develop communication in a more effective and increasingly complex way than would otherwise be possible
- Consider the priority needs, preferences, and motivations of the person with complex communication needs and complement, support and benefit the person and their achievement of other life goals
- Develop, expand and respond to the person's changing needs and wants over time
- Enable the person to participate to the greatest extent practicable, in decisions affecting their life.

It is recommended that communication support services should be:

- Based on specialist, multi-disciplinary and ongoing assessment
- Individualised to suit the person's life circumstances, needs and preferences
- Informed by, relevant to, and integrated into everyday interactions and activities
- Responsive to all aspects of communication - the person, their communication partners and the environment
- Provided in accordance with the Principles for Communication Support.

Communication Partners

If specialist communication support services are not available, it is recommended that communication partners aim to identify and enhance communication opportunities that arise in everyday interactions.

It is recommended that communication partners have adequate:

- Knowledge of appropriate communication methods, skills in the use of appropriate communication methods and access to the learning and development opportunities required to obtain the skills and knowledge
- Access to communication aids and equipment
- to allow effective interaction with the people they communicate with in their everyday lives.

Decision Making

When supporting adults with complex communication needs consideration must also be given to the requirements of the Powers of Attorney Act 1998 (Qld) and the Guardianship and Administration Act 2000 (Qld). These Acts set out the requirements for supporting adults with impaired decision-making capacity. Disability Services Queensland must adhere to the requirements of these Acts when supporting adults with complex communication needs to make decisions.

The Powers of Attorney Act 1998 (Qld), and the Guardianship and Administration Act 2000 (Qld) detail eleven General Principles that are essential to decision-making for adults with complex communication needs. Of particular relevance are the General Principles of:

- **Presumption of capacity:** an adult is presumed to have capacity for a matter
- **Encouragement of self-reliance:** the importance of encouraging an adult to become as self-reliant as practicable
- **Maximum participation, minimal limitations and substitute judgement:** an adult has the right to participate to the greatest extent practicable, in decisions affecting the adult's life.

Access to effective communication is fundamental to decision making. People must have access to both information to inform their decisions, and a means of expressing their decisions. Formal Guardians (those appointed by the Guardianship Tribunal) and informal decision makers (for example family members) are required to adhere to the eleven General Principles when making decisions. As such, formal Guardians and informal decision makers should be involved in the process of providing and seeking information from people with complex communication needs regarding decisions that affect their lives.

Access to Communication Support Services

- All people receiving services provided by Disability Services Queensland, who have complex communication needs are eligible to receive communication support services regardless of their: age, communication, cognitive or other skills or past involvement in communication support
- Access to specialist communication support services provided by Speech and Language Pathologists and other professional and specialist staff should be via local existing procedures for referral and prioritisation or engagement of private practitioners
- Consent must be provided prior to commencement of Communication support services.

Approach to Providing Communication Support Services

Provided access requirements are satisfied and consent is given the following approach to providing communication support services must be adhered to:

Team Approach

- Communication support will be provided by a client team.
- A client team refers to the group of people involved in responding to a person's communication support needs. The client team includes the person with complex communication needs and all relevant others including, as appropriate, the person's family members, support workers, and Speech and Language Pathologists. It may also include other specialist staff, the relevant line manager(s) and other individuals relevant to the particular situation (eg. friends, advocate).
- The client team will operate using agreed team procedures. The team must:
 - Have mechanisms to allow input of all stakeholders for example through regular meetings
 - Have an identified decision-making process
 - Identify agreed goals, roles and responsibilities for all team members, including an

identified leader to coordinate the team activities

- Have a shared understanding of the importance of communication and a commitment to planning and consistently implementing communication methods
- Collectively have the knowledge and skills required to implement the Communication Support Plan.

Assessment

Communication support must begin with a comprehensive communication assessment. The assessment will collect and provide information to the team in order to make informed decisions about the range and type of supports that may increase the person's participation in communication. Assessment should be an ongoing process of learning and understanding about the person and their communication environment. The assessment process must be:

- Designed in line with a model of assessment suitable to the individual
- Collaborative - using a team approach and incorporating the input of all team members in their particular areas of knowledge and expertise. The process should identify those aspects of assessment that should be conducted by team members with appropriate expertise. Speech and Language Pathologists have specialist knowledge of language and communication and may be responsible for coordinating the assessment process
- Comprehensive - considering all aspects of communication including the person with complex communication needs, their communication partners and the communication environment
- Described and documented in an assessment report(s) that incorporates all aspects of the assessment process.

Communication Support Plans

All people receiving communication support services should have a Communication Support Plan. Disability Services Queensland's Individual Planning System sets out the format and process for development of all individual plans. Communication Support Plans must be completed in accordance with Disability Services Queensland's Individual Planning process. In designing the Communication Support Plan consideration must be given to the resources required to effectively implement the plan and the ability to secure those resources.

Communication Support Plans should include:

- A description of the communication goals for the person with complex communication needs developed based on the outcomes of the assessment process
- A detailed description of the activities and strategies (both long term and short term) to be implemented to pursue the goals
- The roles and responsibilities of relevant team members
- An identified plan review process
- Identified outcomes and how these will be measured
- The learning opportunities that will be provided to the person with complex communication needs and communication partners to allow effective implementation of the plan.

Client teams should aim to achieve consensus regarding communication goals and the content of Communication Support Plans. Teams should use a decision-making process that promotes consensus while ensuring that the needs of the person with complex communication needs are the foremost consideration.

If the team cannot reach a consensus decision on an element(s) of the plan:

- Client teams should continue to work with those aspects of the plan where decisions have been reached
- The person with complex communication needs, as the most important team member, or their informal decision-maker or formal Guardian can make the final determination

regarding the aspect(s) of the plan in dispute.

Plan Implementation

Communication support should be implemented according to the process and strategies described in the Communication Support Plan. Implementation of communication plans will be most successful in improving a person's access to communication when:

- The plan is functional and acceptable to the person with complex communication needs
- All people involved in implementing the plan:
 - Are aware of and perform their role in implementation
 - Have sufficient knowledge and skills to implement the communication strategies
 - Implement communication strategies consistently and effectively
 - Communicate regularly as a team to identify and problem-solve any issues arising in implementation
 - Keep records that measure outcomes and allow the effectiveness of the plan to be monitored.

Plan Review

Communication support plans should be regularly monitored and adjusted in order to maintain their relevance to the changing needs of the person. Plans should be monitored through observation of and feedback from the person with complex communication needs and communication partners. Reviews should be conducted by the team and in line with existing procedures for plan review identified in the Individual Planning system.

Plan reviews should be more frequent where there is significant and ongoing change in the person's circumstances, or where new methods are being introduced or trialed. The review process should determine:

- If the Communication Support Plan is increasing communicative effectiveness
- Whether the communication support is contributing to increased participation
- If the communication support is being implemented as planned
- Factors that contributed both positively and negatively to plan implementation
- Whether communication goals have been achieved or progress has been made
- Whether communication goals are appropriate or require modification
- Any other outcomes.

Communication support goals and plans should be modified as appropriate according to the outcomes of the plan review.

Other Considerations

Communication and other individual programs

Communication is fundamentally involved in all aspects of daily life and cannot be considered separately from other activities or programs that the person with complex communication needs may be accessing. Using effective communication approaches will influence the success of other programs.

All activities and formal Individual Plans should consider the person's communication needs. This may include incorporating the person's current successful communication methods into the plan and introducing specific communication strategies to meet the needs of the program.

Communication and Challenging Behaviour

Most people use multiple methods of communication. The method of communication may depend on the message, the situation and the communication partner. People communicate in the most efficient and effective manner available to them at any given point in time. In

situations where other methods are not effective, some people with complex communication needs may use challenging behaviour, either intentionally or unintentionally, to fulfil a communicative purpose. Because of the potential harm that some challenging behaviours may present to the person or others, the behaviour may become a very powerful and effective means of communication. Where it is determined that a challenging behaviour fulfils a communicative purpose, it is important to identify strategies for replacing that behaviour with a more functional, socially acceptable and effective means of communication. When implementing communication support strategies in response to the need to address a person's challenging behaviour, the client team should:

- Use an approach that incorporates behaviour support principles and communication support principles into the assessment, goal setting, planning, implementation and review processes
- Utilise the expertise of both behaviour and communication specialists
- Consistently implement strategies in everyday situations that link the challenging behaviour with more effective communication behaviours
- Develop complementary Behaviour Support and Communication Support Plans
- Work in accordance with Disability Services Queensland's Systems for Behaviour Support and Management Policy and Procedures.

Privacy and Confidentiality

Disability Services Queensland has a privacy plan that is designed to balance an individual's right to privacy and the Department's need to access personal information to deliver efficient and effective services. When dealing with personal information all staff have an obligation to adhere to the Privacy Plan.

Further to the general considerations for privacy and confidentiality, people who use Augmentative and Alternative Communication systems can have additional privacy issues associated with the design and use of their communication system.

Some communication methods are vulnerable to allowing messages to be accessed by unintended recipients. This can occur when:

- Electronic communication devices provide messages displayed on a screen or provide voice output at a selected volume that allows the message to be received by unintended recipients
- A communication board is publicly displayed and accessed
- Communication partners repeat messages out loud as they are communicated
- Communication partners share information about conversations with the person
- When electronic devices store messages that have been communicated in their memory.

Privacy concerns can be minimised by providing the person with as much control as possible over the use and storage of their communication aids, devices and messages. This should be balanced with the right of the person to access and utilise their communication system at all times and in all environments.

In general, there is no requirement to keep a record of all the messages of a person who uses Augmentative and Alternative Communication except in those instances where a message, if spoken by any person, would have been noted.

The messages communicated by a person with CCN should only be recorded and stored:

- With the permission of the person
- Where this is required for the purposes of record keeping and implementation of the Communication Support Plan
- Where this is required under other Departmental policies and procedures including:
 - Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech - Policy and Procedure
 - Preventing and Responding to the Abuse, Assault and Neglect of People with a Disability - Policy and Operational Procedure

- Critical Incident Reporting Policy
- Policy and Procedure for Complaints regarding Disability Services Queensland Services.

Cultural Diversity

The Queensland Government's Multicultural Queensland Policy recognises that Queensland is a diverse society with a great variety of cultures, languages and religions.

The differences associated with diverse cultural backgrounds are sometimes most obvious in communication. The impact of culture on communication is not limited to language. Diversity in cultures can also be reflected in difference in communication style and in the 'rules' of social interaction. Cultural communication differences may be evident in a number of different ways, for example in differing:

- Rules for greeting and addressing individuals
- Interaction styles - eg shyness, use of eye contact
- Use of specific language functions
- Use of specific language forms (eg word order)
- Representation of specific language concepts eg: time.

When supporting people with complex communication needs it is important to consider the impact of language and culture on the communication process. This may include considering strategies for:

- Determining the appropriate language for primary communication
- Incorporating both languages in the communication support approaches and in communication aids
- Incorporating culturally appropriate symbolic and pictorial representations of concepts
- Appropriate expectations of social interaction.

Teams should be sensitive to the needs and requirements of clients from diverse linguistic and cultural backgrounds and responsive as far as practicable to the particular circumstances of individuals.

Sensitive and Life Changing Information

The term **Sensitive and Life Changing Information** refers to any information which has substantial social, emotional, physical, practical, financial and/or legal consequences for the person, their family or staff.

People with complex communication needs may from time to time communicate information of a sensitive or potentially life changing nature. Disability Services Queensland acknowledges that in some circumstances, depending on the context and method of communication, the messages conveyed by people with complex communication needs may be subject to interpretation or influence by others. It is Disability Services Queensland's policy to respond appropriately to the message conveyed. In the first instance, this response must ensure that the possibility of interpretation or influence over the content of the message is minimised. Where sensitive or life changing information is communicated by methods other than speech there is a need to:

- clarify the meaning of the message
- confirm that the person with complex communication needs intended that meaning to be interpreted
- independently validate that the person with complex communication needs was the author of the message.

The Policy and Operational Procedure for Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech describes the processes to be used in these circumstances.

Alternative Communication (AAC) methods either temporarily or permanently.

(Balandin, S. Message from the President. The ISAAC Bulletin (2002), 67:2)

Multi-Modal Communication

The use of multiple components or methods of communication.

Severe communication impairment

For many people, their complex communication needs will be associated with Severe Communication Impairment. This term is used to describe:

"Those for whom gestural, speech, and/or written communication is temporarily or permanently inadequate to meet all of their communication needs. For those individuals, hearing impairment is not the primary cause for the communication impairment. Although some individuals may be able to produce a limited amount of speech, it is inadequate to meet their varied communication needs."

(American Speech-Language-Hearing Association 1991 cited in Beukelman, D. and Mirenda, P., (1998) Augmentative and Alternative Communication: Management of Severe Communication Disorders in Children and Adults, 2nd Ed, Brookes Publishing, Baltimore)

Roles and Responsibilities

- It is the responsibility of Directorate heads to ensure that relevant staff within their Directorate are aware of and implement the Policy
- It is the responsibility of all staff supporting people with complex communication needs to communicate in a manner that supports that person's ability to participate in everyday life, to make decisions, to express their personal identity, and to learn and to establish relationships
- It is the responsibility of communication support teams to plan and implement strategies to enhance or increase the efficiency, effectiveness and complexity of communication experiences for people with complex communication needs
- Speech and Language Pathologists are responsible for providing specialist assessment, information, therapy, support and advice regarding language and communication to support people with complex communication needs.

Delegations

- Executive Director, Accommodation Support and Respite Services
- Director, Community and Specialist Services

Links

- [Communication support for people with complex communication needs practice guidelines - accommodation support and respite services \(PDF 56 kB\)](#)
- [Communication support for people with complex communication needs practice guidelines - community and specialist services \(PDF 58 kB\)](#)

Policy

- [Preventing and Responding to the Abuse, Assault and Neglect of People with a Disability Policy](#)
- [Critical Incident Reporting Policy](#)
- [Complaints regarding Disability Services Queensland Services Policy](#)
- [Disability Services Queensland Personal Information Privacy Statement](#)
- [Responding to Sensitive or Life Changing Information Communicated by Methods Other than Speech Policy](#)

Procedures

Access to Written Information

People with complex communication needs have the same right to access information as other people. The Disability Services Act 1992 (Qld) specifically identifies the right of people with disabilities to have "any necessary support, and access to information, to enable them to participate in decisions that affect their lives" (Part 3 Section 9(2)).

Disability Services Queensland has an obligation to provide stakeholders with written and verbal information relevant to their lives in appropriate formats. In addition, some people with complex communication needs may require written information to supplement information given verbally. Written information may need to be provided in modified formats, eg: plain English, visual representation of the information, (eg. using photographs, pictures and symbols, drawings) or by using other strategies, such as videos.

Definitions

Augmentative and Alternative Communication

People with complex communication needs need to use methods other than speech in order to communicate. These methods are collectively known as Augmentative and Alternative Communication. Augmentative and Alternative Communication systems are used to enhance and develop both a person's expression and their understanding of language.

"Augmentative and Alternative Communication ranges from use of gestures, sign languages, and facial expressions, to the use of alphabet or picture symbol boards, and even sophisticated computer systems with synthesised speech"

(Glennen, S. L. & DeCoste, D. C. (1997). Handbook of Augmentative and Alternative Communication. Singular Publishing Group, Inc.)

"An Augmentative and Alternative Communication system is an integrated group of components, including the symbols, aids, strategies, and techniques used by individuals to enhance communication"

(American Speech-Language-Hearing Association. (1991). Report: Augmentative and alternative communication, Asha, 33 (Suppl.5), 8.)

Communication

Any act by which one person gives to or receives from another person information about that person's needs, desires, perceptions, knowledge, or affective states. Communication may be intentional or unintentional, may involve conventional or unconventional signals, may take linguistic or non-linguistic forms, and may occur through spoken or other modes.

(National Joint Committee for the Communicative Needs of Persons with Severe Disabilities 1992) Guidelines for meeting the communication needs of persons with severe disabilities, ASHA, 34(Suppl. 7), 2-3.)

Communication Partner

Any person who talks to or interacts with another person - in this case, any person who talks to or interacts with a person with complex communication needs.

Communication Support

Communication support is a planned approach to increasing the effectiveness and efficiency of communication for people with complex communication needs and to provide developmentally appropriate opportunities to acquire new communication skills.

"The aim of Communication support is to develop a communication system that increases the individual's meaningful participation in daily activities."

(National Joint Committee for the Communication Needs of Persons With Severe Disabilities (2002) "Supporting documentation for the position statement on access to communication services and supports: Concerns regarding the application of restrictive "eligibility" in Communication Disorders Quarterly Volume 23, Issue 3.)

Communication support is planned, inclusive of all stakeholders, goal oriented and systematically implemented, monitored and reviewed.

Complex Communication Needs

Some people have complex communication needs associated with a wide range of physical, sensory and environmental causes which restrict/limit their ability to participate independently in society. They and their communication partners may benefit from using Augmentative or

- Preventing and Responding to the Abuse, Assault and Neglect of People with a Disability Operational Procedure
- Facilitated Communication Procedures
- Systems for Behaviour Support and Management
- Critical Incident Reporting Procedure
- Complaints regarding Disability Services Queensland Services Procedure
- Responding to Sensitive or Life Changing Information Communicated by Methods Other than Speech Procedures

Strategic Context

- Disability Services Queensland Strategic Plan 2004-2008

Related Legislation or Standards

- Disability Services Act 1992 (Qld)
- Powers of Attorney Act 1998 (Qld)
- Guardianship and Administration Act 2000 (Qld)
- United Nations, Universal Declaration of Human Rights (requires Internet access)

Linda A Apelt

Director-General

Last updated: 15 December 2010

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RTI RELEASED

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Facilitated Communication Procedures

Procedures

Title:	Facilitated Communication
Related Policy No.:	ACR001 and PAS001
Records File No.:	DDS/03508
Date of approval:	10 May 2005
Date of operation:	10 October 2005
Date to be reviewed:	10 October 2006
Office:	Executive Director, Policy Directorate, Disability Services Queensland
Help Contact:	Director, Community and Specialist Services Directorate, Disability Services Queensland

Purpose

These procedures direct the actions of staff of the Community and Specialist Services Directorate, the Accommodation Support and Respite Services Directorate and private practitioners engaged by Disability Services Queensland in the use of facilitated communication.

Process

About Facilitated Communication

Facilitated communication is a strategy that may be beneficial for some people with complex communication needs to improve their access to communication. It is one option, among a range of strategies that may be used to contribute to an effective communication system. Facilitated communication can allow people with complex communication needs to utilise communication and expressive language skills that may not otherwise be accessible using other communication strategies. Facilitated communication, as for other communication strategies, can provide some people with an opportunity to learn and practice new and more complex communication and language skills.

Facilitated communication is sometimes mistakenly identified as a strategy used only by people with literacy skills. In fact, people may use facilitated communication to point to any communication aid including real objects, pictures or symbols, words or letters. It is one strategy that can be used in combination with others, to enhance communication effectiveness. A long-term aim of facilitated communication training is to gradually reduce the degree of physical support provided, and for some people, to eventually achieving independent pointing. There is no timeframe for the process of fading support or achieving independent pointing. Not all people will achieve independence. This may be the result of a number of factors, including the nature of the person's physical functioning or movement disorder or the consistency and focus of the services provided. Adults who achieve independent pointing have done so as a result of intensive input and support. Children may use the strategy for a shorter period until independent pointing is learned.

Facilitated communication is a complex strategy that, like other communication strategies, can incorporate multiple types of support to an individual. The most obvious type of support in

facilitated communication is physical support. However, it is also common to incorporate strategies that provide emotional, behavioural or tactile and language supports. The involvement of specialists in a multidisciplinary team will ensure appropriate consideration is given to all aspects of communication.

When using facilitated communication, there is a potential for the facilitator to influence the pointing movement (intentionally or unintentionally) and therefore the message communicated. This potential for influence can give rise to concern regarding authorship of the messages communicated using facilitated communication.

A range of strategies and safeguards are available to minimise the potential for influence and to verify the authorship of messages. For Disability Services Queensland the strategies and safeguards to be used are detailed in the procedure for the use of facilitated communication.

Role of Disability Services Queensland

Disability Services Queensland recognises that people with complex communication needs may communicate more effectively where they have the opportunity to utilise a range of communication methods. Facilitated communication is one strategy that may be used by Disability Services Queensland to improve a person's access to communication. Disability Services Queensland uses a training approach to facilitated communication.

Where facilitated communication is used, this will be done:

- With appropriate consent;
- In conjunction with thorough communication assessment;
- Using appropriate strategies that reduce the potential for influence;
- Using appropriate strategies to plan for increasing independence; and
- As one component of an overall communication support approach.

Facilitated Communication as part of a Communication Support Plan

Where facilitated communication is introduced for an individual with complex communication needs, this will be done in accordance with Communication support for people with Complex Communication Needs Policy and Practice Guidelines.

Facilitated communication will be introduced:

- To people who have been identified through an assessment process as potentially benefiting from the introduction of the strategy;
- With appropriate consent (not obtained by facilitated communication);
- In the context of a holistic Communication Support Plan;
- In consultation with the communication support team that includes people with appropriate skills and knowledge of facilitated communication;
- In a manner that allows meaningful participation in day to day communication activities and in multiple environments;
- In a manner that meets the needs of the person and their lifestyle and learning needs;
- With opportunities to use the strategy with multiple facilitators;
- With appropriate learning and development for communication support team members; and
- With strategies that aim to increase the independence and accuracy and reliability of the person's pointing and reduce the person's reliance on the supports provided by the facilitator.

Assessment

Assessment of the appropriateness of facilitated communication for an individual will occur in the context of a comprehensive communication assessment. It will be conducted using a team approach.

The assessment team will include a person with appropriate training and experience in

facilitated communication to conduct this component of the assessment. It is recommended that the assessment be conducted in conjunction with assessment by specialists with expertise in movement and movement disorders, language and communication disorders, cognition, and sensory perception (visual, tactile, hearing, proprioception) and sensory disorders. For facilitated communication training to be considered an appropriate communication method for a person they must have:

- Complex communication needs;
- Used other communication methods that have not provided a fluent and effective means of communication or do not show the potential to be an effective communication method; and
- A movement disorder that results in difficulty with the clear, unambiguous selection of nominated items from communication displays.

The decision to introduce facilitated communication will be made by the communication support team, in the context of a holistic communication approach. Requirements for team decision-making are identified in the Policy on Communication Support for People with Complex Communication Needs.

In making the decision to introduce facilitated communication, the team will consider the potential benefit to the person by introduction of the strategy - including the opportunity for the person to communicate in a more complex and highly developed way than would otherwise be possible. When introducing facilitated communication consideration must be given to the resources required to effectively implement the plan and the ability to secure those resources.

Validation

Validation is the process used to determine the authorship of information communicated by facilitated communication.

Validation in facilitated communication has three purposes:

- To ensure the strategy is suitable for use with the person with complex communication needs - to confirm that the person can author messages using the strategy;
- To ensure that a facilitator is able to use the strategy appropriately - to confirm that a facilitator can support but not influence communication using facilitated communication; and
- In specific instances to clarify that specific messages have been communicated without influence. - eg instances of the communication of sensitive or life changing information via facilitated communication.

Validation for Facilitated Communication Users

Wherever facilitated communication is introduced, Disability Services Queensland will gather information that demonstrates the validity of the strategy for the person with complex communication needs.

Validation in this form will aim to determine whether the person with complex communication needs can communicate uninfluenced messages using the strategy. It does not confirm the authorship of every future message communicated using facilitated communication. There are three main approaches to validation - naturalistic, semi-formal and formal.

Facilitated communication users should not be tricked or coerced to participate in 'tests' of their use of communication. Semi-formal and formal approaches to validation should occur with the facilitated communication user's knowledge and with appropriate consent. Where instances of validation occur, the person should be informed of the intent to record the details of the communication.

Naturalistic Validation

Disability Services Queensland's preferred approach to validation is through natural communication in typical settings. Instances of naturalistic validation include where:

- Information previously unknown to the facilitator has been communicated and subsequently found to be accurate; or

- The same information has been communicated using more than one facilitator, where the second facilitator was unaware of the content of the first message; or
- The same language style or (in the case of people using typed communication) spelling patterns are consistently used across more than one facilitator, where the second or subsequent facilitators were not aware of the language style or spelling pattern.

Semi-Formal Validation

It is recommended that validation also occur through structured semi-formal approaches. This may be the preferred approach for some people. Semi-formal approaches to validation include:

- Message passing activities - where a specific message is given to the facilitated communication user to communicate to another person, and where the facilitator is unaware of the message content;
- Activities requiring the person to answer questions specifically designed for validation purposes, where the answers are unknown to the facilitator and where the probability of responses being the result of 'chance' is taken into account.

Semi-formal validation should be conducted in a respectful manner, through activities that are age appropriate and where possible, in a natural communication environment.

Formal (experimental design) Validation

Formal approaches to validation are most commonly used by researchers to empirically demonstrate the validity or otherwise of the strategy of facilitated communication. Examples of formal approaches used in the literature include testing in controlled conditions using headphones or screening of the facilitator or facilitated communication user. These strategies may be utilised if they are deemed appropriate by the team and their use is approved by the Manager. However, formal validation approaches are not an essential part of the validation process for an individual.

Staff and clients of Disability Services Queensland may wish to participate in formal validation approaches as a means of contributing empirical information regarding facilitated communication to the scientific community. Any such work should be undertaken in accordance with the Disability Services Queensland Research Application and Approval Policy (2005).

Validation Portfolio

Each person who uses facilitated communication will have information collected that contributes to a validation portfolio. Information included in the portfolio should detail the circumstances of the situation in which validation occurred, or in which semi-formal/formal validation was attempted. This should include:

- Time and place of the initial and subsequent communication;
- Who was present including the facilitator and the communication partner; and details of the communication environment;
- The content of the messages communicated;
- How the accuracy of the information communicated was confirmed;
- The particulars of the communication process, for example:
 - method of communication, eg: symbols, words;
 - communication methods used including the strategy of facilitated communication and other methods;
 - the amount of physical support used;
 - observations of additional behavioural/emotional or other information, eg: increased anxiety;
 - vocabulary available to the person eg: symbol board - 20 words,
 - any distinctive features of language used; and
 - any other relevant information.

Validation for Facilitators

Each facilitator will collect information that contributes to a validation portfolio. The validation portfolio will detail instances where the validity of facilitated communication has been demonstrated, where that person has been the facilitator for that message.

Information should be collected on any instances of validation occurring in any naturalistic, semi-formal or formal settings. Validation information included in the portfolio should detail the circumstances of the situation including:

- Time and place of the communication;
- Details of the communication environment, including who was present including a non-identifying description of the facilitated communication user and communication partners;
- The content of the messages communicated,
- How the accuracy of the information communicated was confirmed
- The particulars of the communication process:
 - method of communication, eg: symbols, words;
 - communication methods used including the strategy of facilitated communication and other methods;
 - the amount of physical support used;
 - observations of behavioural/emotional or other information, eg: increased anxiety;
 - vocabulary available to the person eg: symbol board - 20 words;
 - any distinctive features of language used; and
 - other relevant information.

This information should be collected during the course of regular communication activities using facilitated communication. Planned activities designed to seek validation of the facilitator should only be undertaken with the consent of the both the facilitator and the facilitated communication user.

Validation of specific messages

This form of validation will generally be required only where sensitive or life changing information has been communicated and needs to be confirmed. In these circumstances, or any other circumstance where validation of a specific message is required, the Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech Policy and Procedure will be used.

Previously Unidentified Skills

For some people with complex communication needs, the introduction of a new or modified communication method may allow the person to display skills or knowledge that they were previously unable to demonstrate.

In the case of facilitated communication it is vital to determine that, where unexpected skills are demonstrated, they are the skills of the person with complex communication needs and are not the result of influence (intentional or unintentional).

This will primarily be achieved through use of the validation process. It is recommended that teams also re-investigate the person's skills for example, through assessment of the person's cognition, language and literacy and/or sensory perception.

It is important to remember that people learn throughout their lives, and can develop new skills over time. Introduction of facilitated communication (as for all Augmentative and Alternative Communication strategies) may also provide a vehicle for people with complex communication needs to develop new skills.

Mismatch of Messages Communicated by facilitated communication and Other Communication Methods

On some occasions there may be a mismatch between the message a person appears to be

communicating using facilitated communication, and the message the person appears to be communicating by their body language, facial expression or behaviour or other communication method.

This mismatch may be the result of a number of circumstances, such as:

- The person's use of body language/facial expression may be different to that of others. For example, some people may laugh when anxious or distressed, when this is usually an indicator of happiness or enjoyment;
- The person may experience movement disorders that result in actions that are not intended or not well controlled; or
- The message may have been influenced (intentionally or unintentionally) by the facilitator.

Communication partners and facilitators must be aware of mismatches in communication and should ensure they clarify the intended meaning. Message clarification should be attempted through multiple methods of communication where this is necessary. People with complex communication needs must not be compelled to continue their involvement in a communication activity if they are clearly indicating, by any method of communication that they do not wish to continue.

Independence and Fading

A Communication Support Plan that includes facilitated communication will incorporate a planned approach to reducing the level of physical support provided to the facilitated communication user.

The plan will detail the strategies used to improve hand, arm and upper body functioning, sensory or other skills, and opportunities provided to use facilitated communication with decreasing physical support. The approach to fading support should be sensitive to:

- the nature of the person's movement disorders;
- the facilitated communication user's opportunities to practice pointing for communication purposes;
- the nature of the information being communicated - for example it may not be appropriate to reduce physical support where the person is communicating information of an emotional nature; and
- the need to continue to provide opportunities to learn new and more complex language and communication strategies.

Activities to fade support and increase independence will be developed in consultation with specialists in movement, motor development and movement disorders such as Occupational Therapists and Physiotherapists.

Strategies for Appropriate Communication Interactions using facilitated communication

Ensuring the appropriate use of facilitated communication requires facilitators and communication partners to be aware of their communication style and the way they approach communication interactions using facilitated communication. The following outlines appropriate ways to utilise facilitated communication in a manner that reduces influence and maximises independence.

Where possible, it is desirable to separate the role of facilitator from the role of communication partner. This will allow the facilitator to focus on the physical processes associated with facilitation and the communication partner to take carriage of the conversation. Ideally, the facilitator will have a passive role in the conversation - providing the means to access the communication system but not participating directly in the interaction.

Facilitators should be aware of their ability to influence the communicative interaction and the messages communicated. Facilitators must:

- Acknowledge if they are giving cues that indicate the appropriate selection to the facilitated communication user;
- Be aware that they may be providing unintentional cues or unintentionally influencing the communication;
- Provide continuous feedback to the person regarding their use of facilitated communication, the accuracy of the pointing movement and their behaviour;
- Acknowledge any instances where the pointing movement has been influenced by the facilitator;
- Clarify any incomplete, unclear or ambiguous messages using yes/no questions or other communication methods;
- Be aware of and utilise appropriate strategies to support the person in all aspects of communication; and
- Identify and utilise opportunities to encourage independence and fading of support.

Facilitators must not:

- Intentionally influence the pointing movement unless acknowledging that they are doing so;
- Anticipate or guess the message; or
- Accept an incomplete, unclear or ambiguous message without clarifying its meaning.

Deliberately influencing the messages of people who use facilitated communication is an unacceptable practice. Any deliberate manipulation or misuse of a person's communication system is a breach of Disability Services Queensland's Code of Conduct and will be addressed through the Department's Disciplinary processes.

Any staff member observing possible inappropriate use of facilitated communication can report their concerns to their line manager for follow up.

Documentation and Record Keeping

As for other communication strategies, clear records should be kept regarding the use of facilitated communication. Records should include:

- opportunities provided to use the strategy and details of the circumstances of use including level of support required, language representation method used eg pictures, symbols;
- Observations of behavioural/emotional or other changes;
- progress towards identified goals including fading and increasing independence; and
- Instances of validation.

Ceasing facilitated communication

In some circumstances a communication strategies may be introduced that, following adequate trials, appear to be ineffective or no longer appropriate. In the case of facilitated communication, consideration can be given to ceasing the technique where the person does not demonstrate any instances of validation and where all of the following conditions have been met:

- Multiple, appropriate opportunities to demonstrate validation have been provided in naturalistic settings that meet the person's individual communication needs; and
- Where such opportunities have been provided using multiple facilitators, including facilitators with a demonstrated history of validation for people with similar communication skills and similar movement disorders; and
- The person has had adequate opportunity to learn, practice and use the strategy; and
- Consent is provided by the person's substitute decision maker or guardian;
- The impact of cessation of the strategy for the individual is considered and other communication methods are available that meet the person's communication needs; and
- The decision to cease facilitated communication is made by the communication support

team and endorsed by the Manager; and

- The circumstances of the introduction of the strategy, the validation opportunities and the reasons for its cessation are clearly documented.

The decision to cease use of facilitated communication does not preclude reassessment of the appropriateness of the strategy for an individual at a later date, and the reintroduction of the strategy.

The team should plan to provide appropriate supports to the person with complex communication needs in response to any issues that may arise as a result of the decision to cease facilitated communication.

Definitions

Facilitated Communication

A strategy that allows some people who have a movement disorder and complex communication needs to point for communication purposes. The strategy involves the use of a second person, a facilitator physically supporting and steadying, but not directing the pointing movement.

Facilitated Communication Training

Refers to the process of supporting a person with complex communication needs to develop improved skills and functioning over time, using the strategy of facilitated communication. Facilitated communication Training aims to support the person to access communication aids with increasing independence.

Access is the term used to describe the means by which a person selects an item on a communication display or device. Any communication aid or device requires the user to have an effective method of access. The most common method of access is pointing. Other methods of access include using eye gaze, a head pointer, or a switch and scanning device. Facilitated communication is a means of access.

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RTI RELEASE

Service Area/Office: Disability and Community Care Services

Service Area/Office Reference No:

Program Area/Region/Office: Evidence, Reporting and Performance

System Reference No: COM 14649-2011

Confidential

Routine

Urgent

**DEPUTY DIRECTOR-GENERAL
DISABILITY AND COMMUNITY CARE SERVICES AND
MULTICULTURAL AFFAIRS QUEENSLAND**

Memorandum for Approval

Briefing Note for Information

SUBJECT

- Governance arrangements for the urgent review of Disability and Community Care Services policy position regarding support for people with complex communication needs.

Program Owner: Ms Helen Ferguson	Office in Charge of Property Delivery: N/A
Officer in Charge of NGO Contracting: N/A	Regional Service Delivery Responsible Officer: N/A

RECOMMENDATION

- That the Deputy Director-General approves the outlined governance structure for the review.

NOTED / APPROVED / NOT APPROVED

MICHAEL HOGAN
Deputy Director-General

9/11/2011

COMMENTS:

BACKGROUND

- Disability and Community Care Services (DCCS) has an established policy in place regarding support for people with complex communication needs. This policy articulates a range of augmentative and alternative communication (AAC) strategies to support people with communication difficulties.
- Accompanying this policy position are operational procedures for Facilitated Communication (FC). FC incorporates multiple types of communication support to an individual, including physical support. The department has not published formal procedures for types of AAC other than FC.
- In recent times, wide debate and contestation has occurred over the use of FC, with issues of concern largely being raised about the validity and reliability of the practice.
- With advances in technology in recent years, DCCS is interested to learn more about AAC methods, including but not limited to, FC.

KEY ISSUES

- An urgent review of the departments' policy position regarding support for people with complex communication needs has been approved by the Director-General (COM 11136-2011 refers).
- Review specifications have been developed and an independent and impartial contractor has been identified to undertake this work.
- The offer to be submitted by the contractor will be reviewed in accordance with State Procurement Policy and Procedures. To this end, an Evaluation Panel will be established consisting of:
 - Ms Denise Pambid (Director, Disability NGO Program Planning and Support)
 - Ms Jodie Cook (Director, Disability Practice Improvement)
 - Ms Nancy Spencer (Director, Evidence, Reporting and Performance)
 - Ms Lyn Robertson (Director, Policy Development and Coordination)
- The review will be project managed through Evidence, Reporting and Performance (ERP) reporting directly to the Executive Director, Policy and Performance.
- A governance structure is necessary to support the review and the consideration of findings. A Project Board with key departmental stakeholder representation will be established. The following membership is proposed:
 - Mr Michael Hogan (Chair), Deputy Director-General, Disability and Community Care Services and Multicultural Affairs Queensland
 - Ms Helen Ferguson, Executive Director, Policy and Performance, Disability and Community Care Services
 - Ms Deidre Mulkerin, Assistant Director-General, Service Delivery and Support, Regional Service Delivery Operations
 - Professor Karen Nankervis, Centre Director, Centre for Excellence for Behaviour Support
 - Dr Jeffrey Chan, Chief Practitioner Disability
 - Ms Jan Metcalfe, Assistant Director-General, Statewide Services, Regional Service Delivery Operations
 - Ms Merrilyn Strohfeldt, Executive Director, Disability Programs and Reform, Disability and Community Care Services
- The Project Board will approve all contract deliverables and make recommendations regarding the Final Report to the Associate Directors-General and Director-General.
- An Action Plan articulating activities and risks associated with the review has been drafted and will be used to monitor the progress of the review (see Attachment 1).

	Name	Ph (Work)	Ph (Mobile)	Date endorsed
Author: A/Manager Evidence (Research)	Dr Stacey Hassall	3247 6218	n/a	28/10/2011
Director:	Dr Nancy Spencer	3239 6059	Mobile phone number	31/10/2011
A/Executive Director: ✓	Lyn Robertson	322 44970		3/11/2011
Information Officers:				
File path: \\COR-P-APP-040\Mincor4DMIProd\$\tpl6544a6ff-5aaf-4960-977b-2478a32ec0cf.doc				

CULTURAL IMPACT

- The department is not aware of any cultural impact that may occur.

FINANCIAL IMPLICATIONS / GST

- The review is being funded through the existing budget of Policy and Performance.

CONSULTATION

Internal Consultation

- Not applicable

External Consultation

- Not applicable.

ATTACHMENTS

- Attachment 1 – AAC Review Action Plan

RTI RELEASES

	Name	Ph (Work)	Ph (Mobile)	Date endorsed
Author: A/Manager Evidence (Research)	Dr Stacey Hassall	3247 6218	n/a	28/10/2011
Director:	Dr Nancy Spencer	3239 6059	Mobile phone number	31/10/2011
A/Executive Director:	Lyn Robertson	322 44970		3/11/2011
Information Officers:				
File path: \\COR-P-APP-040\Mincor4DMIProd\$\tpl6544a6ff-5aaf-4960-977b-2478a32ec0cf.doc				

AUGMENTATIVE AND ALTERNATIVE COMMUNICATION POLICY REVIEW ACTION PLAN

Disability and Community Care Services is interested to learn more about AAC methods, including but not limited to, Facilitated Communication. Independent and impartial advice has been sought regarding the appropriateness of Disability and Community Care Service's AAC policy and procedures in the provision of support for people with complex communication needs. The findings of the review will be used to guide the development of an updated evidence-based policy and practice position.

Project Executive:	Helen Ferguson (Policy and Performance)	Dr Stacey Hassall (Evidence, Reporting and Performance)
Flags: Red ■ , Amber ■ , Green ■	Project Manager:	Project Stage:
		<i>Initial Stage</i>

DCCS's AAC policy position includes:

- To affirm the right of people with a disability who have complex communication needs to have an effective communication system and to develop and use communication skills in their daily lives.
- To ensure that the communication support services provided by Disability and Community Care Services are delivered in a manner that is consistent with sound practice.

1 Review Action Plan

Work Domain	Responsibility/Work Domain Owner	Deliverables	Actions	Timeframe	Issue Flags	Risk Flags
FC Practice	Deidre Mulkerin/Jodie Cook	Clarify practice position in relation to promotion of and training in FC	<ul style="list-style-type: none"> ▪ Examine processes and decision making regarding departmental endorsement of private providers. ▪ Issue some general guidance/update to staff regarding endorsement processes. ▪ Mandatory training for staff to focus on key priority areas at the current time (e.g. Growing Stronger, restrictive practices). 	Nov 2011 Nov 2011 Nov 2011		
Legal/Statutory	Dr Jeff Chan	Meeting QCAT requirements regarding the use of FC	<ul style="list-style-type: none"> ▪ Within the context of providing 'emerging evidence', develop a practice guide for Legal Services and IRLs about the assessment and validation process around meeting QCAT requirements for the use of FC. 	Dec 2011		

AUGMENTATIVE AND ALTERNATIVE COMMUNICATION POLICY REVIEW ACTION PLAN

Work Domain	Responsibility/Work Domain Owner	Deliverables	Actions	Timeframe	Issue Flags	Risk Flags
Program Response	Merrilyn Strohfeldt/Helen Ferguson	DCCS service response encompasses all AAC options	<ul style="list-style-type: none"> FC to be removed from the Growing Stronger service catalogue. Communication to be sent to assessment teams and service linkers reiterating the departmental policy position on AAC 	Nov 2011		
Policy Review	Helen Ferguson/Stacey Hassall	Independent advice regarding AAC policy and practice position for DCCS	<ul style="list-style-type: none"> Develop review specifications (RTO) in line with State Procurement Policy and Procedures (including urgent supply requirements). Identify a suitable contractor that meets the mandatory requirements of the review. Convene an Evaluation Panel to assess the review project submission. Seek procurement approval for the contract process. Manage the contract process to ensure the review achieves its intended objectives. Develop appropriate governance and oversight arrangements for the review (seek DDG approval). 	19 Oct 2011 21 Oct 2011 4 Nov 2011 8 Nov 2011 Nov – Dec 2011 Oct 2011		
Review Governance	Helen Ferguson/Stacey Hassall	Appropriate governance and oversight of the review	<ul style="list-style-type: none"> Report to Project Board when key deliverables are due. Project Board will report to Associate Director-General and Director-General at the completion of the review regarding recommendations. Establish a Reference Group to consider review findings and policy and practice implications. 	Nov 2011 – Dec 2011 Dec 2011 Jan 2012		

2 Issues (where Impact Level is Significant or Critical)

Status Flag	Work Domain	Issue Description	Current Status
▲	FC Practice	Managing staff perceptions regarding the need to review the AAC policy and FC as a form of	Disability Practice Improvement communicating a consistent message to

AUGMENTATIVE AND ALTERNATIVE COMMUNICATION POLICY REVIEW ACTION PLAN

Status Flag	Work Domain	Issue Description	Current Status
		communication support.	staff regarding AAC practices and the review.
▲	Legal/Statutory	Ensuring DCCS fully meets QCAT requirements in relation to the assessment and validation of FC.	TBA
▲	Policy Review	<p>Quality and timeliness of review.</p> <p>Maintaining communication with stakeholders (internal and external) regarding review.</p> <p>Consideration of review findings and managing expectations regarding policy and practice changes.</p>	<p>A suitable contractor who has solid experience in undertaking sensitive research and evaluation activity for government has been sourced.</p> <p>Preliminary communication has been drafted that will be suitable for initial communication with stakeholders (internal and external).</p> <p>Establishment of Project Board to ensure relevant oversight of review and its progress.</p>

3 Risks

Number of Risks Opened since last reporting period	0
Number of Risks Closed since last reporting period	0

Status Flag	Work Domain	Risk Description	Mitigation Strategy

AUGMENTATIVE AND ALTERNATIVE COMMUNICATION POLICY REVIEW ACTION PLAN

Legend:

Status Flag	Shortcut	Tolerance Indicators Definition	Risk, Issues, Scope
■	'Ctrl R'	<p>The Project/Activity is forecasted to, or has exceeded, tolerances/s.</p> <p>For products – the product has missed or will miss planned dates, budget, and/or quality, and/or it will impact the tolerances.</p>	<p>A critical factor or combination of forecast factors is / are likely to arise during the next period that may prevent the delivery or exceed the tolerance levels of the Project and / or Activity</p>
▲	'Ctrl A'	<p>The Project/Activity is still within tolerance, but pushing the bounds. There is an issue or risk that requires the Project Board attention.</p> <p>For products – the product is pushing the bounds of the planned dates, budget and/or quality and could impact the tolerances.</p>	<p>A factor or combination of forecast factors is / are likely to eventuate during the next period however adequate management strategies are in place so that these are not likely to prevent delivery of the Project and / or Activity.</p>
▲	'Ctrl G'	<p>Everything is to plan and the Project/Activity package is within tolerance.</p> <p>For products – the product is to plan and expected to meet the agreed timeframes, budget, and/or quality.</p>	<p>There are no forecast factors to cause concern.</p>



**Queensland
Government**
Disability Services
Queensland

BOARD OF MANAGEMENT MEETING

13 May 2004

The 35th Meeting of the Board of Management
will be held in the Conference Room, Level 13, 111 George Street
from at 8.30 am to 12.30 pm

AGENDA

ITEM	TOPIC	SPONSOR
1	73(2) Information not related to AAC	
2		
3		
4		
✓		
5		
6		
7		
✓		
8		
9	Decision Papers	
✓		
✓		
✓		
✓	4. Policy Review and Development Project, Complex Communication Needs Policy	Clare O'Connor
		ES04/0343
10		
✓		
✓		
✓		
✓		
11		
12		

SPEAKING POINTS

Clare O'Connor, Executive Director – Policy Directorate.

Board of Management Meeting

13 May 2004

Communication Support for People with Complex Communication Needs

- ~~• A set of policies, procedures and practice guidelines in Communication Support for People with Complex Communication Needs has been developed by the Policy Directorate in response to complaints and industrial issues arising as a result of Disability Services Queensland's practices in using Facilitated Communication.~~
- Facilitated Communication is one strategy that can be used among others to support a person's communication. It was important to frame the policy response to the issues in terms of communication support broadly and then address the specific issues around Facilitated Communication within that framework.
- Endorsement is sought for 2 policies, 2 procedures and a set of practice guidelines:

 - i. Communication Support for People with Complex Communication Needs Policy (Attachment 1);
 - ii. Communication Support for People with Complex Communication Needs Practice Guidelines (Attachment 2);
 - iii. Procedures for the Use of Facilitated Communication (Attachment 3);
 - iv. Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech Policy (Attachment 4); and
 - v. Procedures for Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech (Attachment 5).
- ~~• The documents are applicable to all DSQ operated services.~~
- ~~• The Policies, Procedures and Practice Guidelines have been written in-line with currently accepted good practice.~~ These practices are generally known to staff of Disability Services Queensland and fit within the current processes for Individual Planning.
- The Policies, Procedures and Practice Guidelines mandate Disability Services Queensland to consider the communication support needs of its clients. They do not establish mandatory communication support services.

13 May 2004

- In order to align the documents to the new business model, the Practice Guidelines document (Attachment 2) will be redrafted into 2 separate documents tailored to the needs of staff in the Community and Specialist Services Directorate and the Accommodation Support and Respite Services Directorate. The new versions will be provided to the Board of Management for information in August 2004.

Consultation and Unions

- Extensive consultation has occurred – Attachment 6 provides a list of staff, agencies and individuals consulted.
- A working group of the Agency Consultative Committee have been having out-of-session meetings to discuss issues regarding Facilitated Communication. The working group has recommended that the Agency Consultative Committee endorse all the documents at their next meeting (20 May 2004).
- The working group is continuing to consider Union concerns regarding current practices used by DSQ in implementing Facilitated Communication.

Implementation

- At this time, Policy Directorate is seeking ‘in principle’ endorsement of these documents, pending consideration of implementation strategies by the Budget Review Committee.
- A draft implementation plan has been developed by officers of the Policy Directorate in consultation with officers of the other Directorates. The plan identifies a core set of strategies that allow for minimum acceptable implementation of the policy documents and that address areas of high risk for DSQ – e.g. information sessions for staff, redevelopment of training in Facilitated Communication. Cost for implementation of these core strategies is estimated at \$101,081.
- There are significant risks associated with not putting in place an implementation strategy for the Policies, Procedures and Practice Guidelines. These include:
 - difficulty in meeting Disability Sector Quality Standards;
 - possible Union action related to practice issues in Facilitated Communication; and

- exposure to contravening the principles of the Disability Services Act 1992 (Qld).
- The organisational benefits of providing operation support to implementing the Policies, Procedures and Practice Guidelines include:
 - Possible reduction in risks associated with challenging behaviour including worker's compensation claims, workplace health and safety issues, staffing costs;
 - Decreased vulnerability of people with a complex communication needs to abuse and an enhanced ability of those people to report possible abuse.
 - Improved decision making and community participation resulting in increased compliance with the principles of the Guardianship and Administration Act 2000 (Qld) and the Powers of Attorney Act 1998 (Qld).
- It is anticipated that implementation activities would require the input of multiple directorates – particularly the Community and Specialist Services Directorate, Accommodation Support and Respite Services Directorate and Human Resource Services Branch.
- Additional strategies have been identified that:
 - a) provide more comprehensive implementation of the policies, procedures and practice guidelines:
 - \$50,000 for developing an approach to implementation for each Area Office;
 - b) address learning and development needs of staff:
 - \$40,000 for developing self-paced, web based and specialist and advanced training in communication;
 - c) consider ongoing service delivery issues associated with providing communication support services:
 - \$140,000 for providing basic resources and equipment to all Area Offices;
 - \$100,000 for a project to accurately profile the need for Communication Support Services; and
 - \$1.8M over 3 years to undertake a pilot project to trial the introduction of 10 resource officers specialising in supporting implementation of Communication Support Plans.
- The core and the additional strategies will be provided to Budget Review Committee in a submission for consideration for funding in the 2004-05 financial year.

13 May 2004

DISABILITY SERVICES QUEENSLAND BOARD OF MANAGEMENT

9.4

MEETING DATE: 13 May 2004

**AGENDA ITEM: Policy Review and Development: Communication Support for
People with Complex Communication Needs**

BOARD PAPER

- | | | | |
|-------------------------------------|-----------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Authority to Proceed | <input type="checkbox"/> | Information Paper |
| <input type="checkbox"/> | Cabinet Submission | <input type="checkbox"/> | Presentation/Demonstration |
| <input checked="" type="checkbox"/> | Decision Paper | | |

PURPOSE:

1. To seek Board of Management "in principle" endorsement of the following policies, procedures and practice guidelines:
 - i. Communication Support for People with Complex Communication Needs Policy (Attachment 1);
 - ii. Communication Support for People with Complex Communication Needs Practice Guidelines (Attachment 2);
 - iii. Procedures for the Use of Facilitated Communication (Attachment 3);
 - iv. Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech Policy (Attachment 4); and
 - v. Procedures for Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech (Attachment 5).
2. To inform the Board that detailed options for implementation, including timing and costing, will be prepared for consideration by the Budget Review Committee.

BACKGROUND:

- There is a high level of need for communication support among people receiving services provided by Disability Services Queensland. Some people currently use or could benefit from the introduction of Facilitated Communication – a sometimes controversial technique that requires safeguards to ensure its appropriate use. Many people benefit from the introduction of Augmentative and Alternative Communication.
- The current lack of Policy in this area reduces the opportunity for Disability Services Queensland to establish successful communication programs for its clients. Development of Policy in this area supports Disability Services Queensland to act in accordance with principles of the *Disability Services Act 1992 (Qld)* and the Disability Sector Quality Standards.
- Accordingly, the Disability Services Queensland Board of Management has requested the development of Policies and Procedures in this area.

RECOMMENDATIONS

That the Board of Management:

1. Provides "in principle" endorsement of the following policies, procedures and practice guidelines:
 - i. Communication Support for People with Complex Communication Needs Policy (Attachment 1);
 - ii. Communication Support for People with Complex Communication Needs Practice Guidelines (Attachment 2);
 - iii. Procedures for the Use of Facilitated Communication (Attachment 3);
 - iv. Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech Policy (Attachment 4); and
 - v. Procedures for Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech (Attachment 5).

2. Note that detailed options for implementation, including timing and costing, will be prepared for consideration by the Budget Review Committee.

<p>ENDORSED: MANAGER/ACTION OFFICER Name: <i>ERNST</i> <i>[Signature]</i></p>	<p>ENDORSED: EXECUTIVE DIRECTOR Name: <i>[Signature]</i></p>	<p>ENDORSED ASSISTANT DIRECTOR- GENERAL Name: <i>Bette Kell</i> <i>07/05/04</i></p>	<p>REVIEWED FOR COMPLIANCE BY EXECUTIVE OFFICER Name:</p>
<p>COMMENTS/ REQUIREMENTS:</p>	<p>COMMENTS/ REQUIREMENTS:</p>	<p>COMMENTS:</p>	<p>COMMENTS:</p>

RTI RELEASE

DISABILITY SERVICES QUEENSLAND
BOARD OF MANAGEMENT – DECISION PAPER

Communication Support for People with Complex Communication Needs

Objective

To seek:

1. Approval for the following documents:
 - i. Communication Support for People with Complex Communication Needs Policy (Attachment 1);
 - ii. Communication Support for People with Complex Communication Needs Practice Guidelines (Attachment 2);
 - iii. Procedures for the Use of Facilitated Communication (Attachment 3);
 - iv. Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech Policy (Attachment 4); and
 - v. Procedures for Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech (Attachment 5).
2. To inform the Board that detailed options for implementation, including timing and costing, will be prepared for consideration by the Budget Review Committee.

Background

- The majority of people receiving services provided by Disability Services Queensland experience complex communication needs. The term complex communication needs is used to describe those for whom speech, and/or written communication is temporarily or permanently inadequate. These communication needs may be related to the individual, their communication partners and the environment.
- Many people with complex communication needs have limited, if any, ability to talk. Many people will have the ability to communicate only a small number of concepts using a formal communication system (eg: speech, signing or pictures). Most people rely on informal communication methods such as facial expression, body language or challenging behaviour. People with complex communication needs rely on the skill and willingness of communication partners to identify, interpret and respond to their messages.
- With support, people with complex communication needs can develop more effective communication systems that subsequently improve their ability to make decisions, participate in community living and develop relationships.
- Achieving these outcomes requires ongoing, long-term communication support services. Providing these services is complex process that is not solely reliant on the person with complex communication needs. It requires a conducive physical and social environment as well as the committed input of the person, their carers and other communication partners.
- The need for personal help with communication is one of nine life area activities reported under the CSDA Minimum Data Set. On Snapshot Day 2002, 72 percent of people receiving a CSDA funded service (excluding employment services) were identified as sometimes or always requiring communication support.

- Preliminary data from the CSDA Minimum Data Set, Snapshot Day 2003 indicates that 67.2 percent of people living in the Alternative Living Service (396 people) have little or no effective means of communication.
- Disability Services Queensland experiences difficulty in implementing ongoing and successful communication interventions. This is likely to be the result of a combination of factors including lack of policy and practice guidelines, limited training, environmental and resource factors. It is a common experience for adults to be introduced to a communication system that loses its effectiveness or is abandoned over time.
- Some people with complex communication needs currently use or could benefit from the introduction of Facilitated Communication – a method of access to those modes of communication requiring the use of aids or equipment. Facilitated communication is a strategy that requires safeguards to ensure its appropriate use. Use of facilitated communication can be problematic, as the technique can be open to manipulation if not conducted appropriately.
- The issues regarding practice in facilitated communication are similar in many ways to the issues and practices surrounding any communication system (for example, controversial information could potentially be communicated via any mode of communication). Any policy or practice guidelines for Facilitated Communication should not be considered alone, but should be placed within a broader framework of communication support. Specific guidelines are also required to eliminate or minimise opportunities for manipulation.
- Disability Services Queensland currently employs 29.6 full time equivalent Speech and Language Pathologists statewide for both adult and children's services and one Senior Speech and Language Pathologist in the Ipswich and South West Queensland Region.
- Estimates vary regarding a reasonable caseload for Speech and Language Pathologists, depending on the area of practice. Given the complexity of communication support, Speech and Language Pathologists working with adults in Disability Services Queensland recommend a caseload of 15 people¹.
- Speech and Language Pathologists do not work solely on communication support services. Often the focus of service delivery is on managing mealtimes, and safe eating and swallowing practices. This limits the amount of time spent on communication. While accurate figures are not available, Speech and Language Pathologists estimate that less than 100 people in the Alternative Living Service are receiving ongoing communication support from a Speech and Language Pathologist. The level of specialist services available to communication support is a significant factor in the ability of Disability Services Queensland to provide adequate support in this area.

Linkages to key documents

- The policy will provide a framework for Disability Services Queensland to better support the principles of the Disability Services Act 1992 (Qld).

¹ This figure is based on experiences of Speech and Language Pathologists and is in line with a former recommended case load for Case Managers supporting people under Institutional Reform.

- By providing a clear framework for communication support, it will assist Disability Services Queensland in implementation of other Departmental policies and initiatives including:
 - *Policy for Preventing and Responding to the Abuse, Assault and Neglect of People with a Disability;*
 - *Queensland Disability Service Standards;* and
 - *Disability Discrimination Action Plan.*

Previous consideration by Cabinet or BOM

- In January 2003 Board of Management gave authority to proceed with the development of a policy and practice guidelines in this area. A project plan was provided to Board of Management for Information in March 2003. It was agreed that the policy and practice guidelines would:
 - Describe appropriate practice in communication support;
 - Identify roles and responsibilities of stakeholders;
 - Identify learning and development requirements;
 - Include additional safeguards to ensure appropriate implementation of facilitated communication including validation protocols for facilitated communication users and facilitators;
 - Provide procedures for responding to and managing communication of controversial information; and
 - Include processes for initial and ongoing monitoring of policy implementation.
- Board of Management was provided with an update of project activities in September and December 2003 and was notified that the policy and practice guidelines would be provided for approval in May 2004.

Issues

- Disability Services Queensland is seeking to redress the current policy gap in the area of communication by developing Policies, Procedures and Practice Guidelines in *Communication Support for People with Complex Communication Needs* that incorporate development of additional safeguards for appropriate practice in the use of Facilitated Communication.
- The following documents have been developed and are now presented to Board of Management for "in principle" endorsement:
 - i. Communication Support for Communication Support for People with Complex Communication Needs Policy (Attachment 1);
 - ii. Communication Support for People with Complex Communication Needs Practice Guidelines (Attachment 2);
 - iii. Procedures for the Use of Facilitated Communication (Attachment 3);
 - iv. Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech Policy (Attachment 4); and
 - v. Procedures for Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech (Attachment 5).

Facilitated Communication

- Current guidelines for the use of Facilitated Communication are contained in Disability Services Queensland's Facilitated Communication Training Package.
- The Public Advocate has received complaints regarding the lack of resources allocated to supporting communication, particularly Facilitated Communication, and

has expressed concern at the potential violation of human rights where people are not afforded all possible opportunities to communicate.

- Disability Services Queensland has also received complaints about practices regarding the use of facilitated communication. The complaints arise from opposing points of view – either that there are insufficient resources allocated to supporting facilitated communication or that Facilitated Communication should not be used by Disability Services Queensland.
- The Queensland Public Sector Union and Australian Worker's Union have raised concerns regarding Disability Services Queensland's use of Facilitated Communication in the absence of a policy framework and consistency of practice. The Disability Services Queensland Agency Consultative Committee has conducted out-of-session meetings to discuss these issues.
- Both Unions have indicated that while they do not object to the use of Facilitated Communication in general terms, they have significant concerns regarding Disability Services Queensland's practices in implementing Facilitated Communication.
- The set of Policies, Procedures and Practice Guidelines in *Communication Support for People with Complex Communication Needs* will, for the first time, describe Disability Services Queensland's expectations for practice in Facilitated Communication.

Results of Consultation and Advice

- The draft policies, procedures and practice guidelines have been provided to Disability Services Queensland staff, Unions and external stakeholders including the Public Advocate, Adult Guardian and specialist communication groups. A list of individuals/organisations consulted is provided in Attachment 6.
- The Policies and Practice Guidelines have been redrafted in light of the responses received.
- Unions have been provided with the draft Policies, Procedures and Practice Guidelines and have been provided with both verbal and written information regarding the content of the documents. Unions requested, and received a three month period to consider the draft documents. Verbal feedback on the policy documents was received at two out-of-session meetings of the Agency Consultative Committee (14 November 2003 and 7 April 2004).
- Members of the out-of-session meeting of the Agency Consultative Committee have agreed to recommend that the Agency Consultative Committee endorse the Policies, Procedures and Practice Guidelines.

Departmental Implications/Impacts

- Approval and implementation of the Policies, Procedures and Practice Guidelines will be a positive step in supporting Disability Services Queensland operated services to meet the Disability Sector Quality Standards.
- The *Disability Services Act 1992 (Qld)* identifies specific principles that reflect each individual's right to communicate and that have implications for communication support. Specifically the Act states *People with disabilities have the right to:*

- b) *Realise their individual capacities for physical, social, emotional and intellectual development; and*
 - c) *Services that support their attaining a reasonable quality of life in a way that supports their family unit and their full participation in society; and*
 - d) *Participate actively in the decisions that affect their lives, including the development of disability policies, programs and services; and*
 - e) *Any necessary support, and access to information, to enable them to participate in decisions that affect their lives*
- The ability to communicate is also an important mechanism for safeguarding the right of people with a disability to be free from abuse, assault or neglect.
 - Implementation of the Policies, Procedures and Practice Guidelines will assist Disability Services Queensland in upholding the principles of the *Disability Services Act 1992 (Qld)*, and are likely to be a strategy to assist in the prevention of and responding to allegations of abuse, assault and neglect.

Service Delivery Implications

- The Policies, Procedures and Practice Guidelines have been written in line with currently accepted good practice. These practices are generally known to staff of Disability Services Queensland and fit within the current processes for Individual Planning.
- The Policies, Procedures and Practice Guidelines mandate Disability Services Queensland to consider the communication support needs of its clients. They do not establish mandatory communication support services.
- In the new Business Model the Policies, Procedures and Practice Guidelines are applicable to the service providers located in both the Community and Specialist Services Directorate and the Accommodation Support and Respite Services Directorate. Staff groups in these Directorates will have different roles in communication support.
- The Policies and Procedures remain applicable to both Directorates. There is an opportunity to tailor separate Practice Guidelines relevant to the needs of staff in each directorate.
- Following “in principle” endorsement by the Board of Management the Practice Guidelines in *Communication Support for People with Complex Communication Needs* will be redrafted into separate documents, tailored to the needs of each Directorate.

Policy Implementation

- As indicated in previous submissions to Board of Management, the implementation of these documents across Disability Services Queensland has potential resource implications. Undertaking work in this area will increase focus on unmet communication needs and the infrastructure and resources required to provide quality services in this area.
- The Policy, Procedures and Practice Guidelines have been written with an operational focus and with implementation considerations in mind.

- There are risks associated with limited implementation of these policy and practice Guidelines. These include:
 - Some people with disabilities may use challenging behaviour as a means of communication when other, more acceptable methods are ineffective. Challenging behaviour is associated with significant risks and costs for Disability Services Queensland, including additional staffing, worker's compensation claims and workplace health and safety issues.
 - Improvements in Disability Services Queensland's ability to meet the communication support needs of its clients may significantly reduce the risks associated with challenging behaviour.
 - The ability to communicate is implicit in meeting the principles of the *Disability Services Act 1992 (Qld)* and the Queensland Disability Service Standards. Limitations in Disability Services Queensland's ability to provide communication support services could contribute to difficulty in meeting Service Standards.
 - Union members continue to express concern that Disability Services Queensland's practices in implementing Facilitated Communication are poor and place staff at risk of unfounded allegations and clients at risk of manipulation. Unions have indicated that industrial action may result if this situation were to continue.
 - People with limited communication skills are more vulnerable than other people with a disability. The report *Abuse Prevention Strategies in Specialist Disability Services* (2003) produced for the National Disability Administrators identifies that limited communication skills can increase vulnerability to abuse and that enhancing communication can reduce vulnerability.
 - Disability Services Queensland's Policy on *Preventing and Responding to the Abuse Assault and Neglect of People with a Disability* identifies lack of access to a communication system as an instance of neglect.
 - Effective communication is fundamental to decision making and community participation. The Office of the Adult Guardian and the Office of the Public Advocate have expressed a strong interest in ensuring clients of Disability Services Queensland have access to information and can participate in decisions that affect their lives.

Financial Implications

- Implementation of the Policies, Procedures and Practice Guidelines in Disability Services Queensland will require an allocation of funding. A preliminary implementation plan has been developed showing a multi-year rollout across Disability Services Queensland operated services.
- Funding for implementation has not been allocated and would need to be considered in the 2004-05 budget process.
- As there are a number of significant issues that need to be considered across Disability Services Queensland, detailed options for implementation, including timing and costing, will be prepared for consideration by the Budget Review Committee.

Recommendations

That the Board of Management:

1. Provide "in principle" endorsement of the following policies, procedures and practice guidelines:
 - i. Communication Support for People with Complex Communication Needs Policy (Attachment 1);
 - ii. Communication Support for People with Complex Communication Needs Practice Guidelines (Attachment 2);
 - iii. Procedures for the Use of Facilitated Communication (Attachment 3);
 - iv. Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech Policy (Attachment 4); and
 - v. Procedures for Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech (Attachment 5).
2. Note that detailed options for implementation, including timing and costing, will be prepared for consideration by the Budget Review Committee.

Action if Approved

- Submit detailed implementation options with timing and costings for consideration by the Budget Review Committee.
- Finalise the policies, procedures and practice guidelines for final endorsement by the Board in August 2004.

List of Attachments

1. Communication Support for People with Complex Communication Needs Policy;
2. Communication Support for People with Complex Communication Needs Practice Guidelines;
3. Procedures for the Use of Facilitated Communication;
4. Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech Policy; and
5. Procedures for Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech.
6. Consultation List

Signature



Clare O'Connor
Date 6/5/14

CHECKLIST – BOARD OF MANAGEMENT PAPERS

(Complete and transmit with all submissions)

CHECKLIST ITEM	YES	NO	N/A	COMMENT
Format Correct?	X			
Type of Document				
Headings	X			
Attachments provided?	X			
Linkages Clarified?			X	
Government Priorities				
WoG Frameworks			X	
Departmental Strategic Plan			X	
Plan of Operation			X	
Cabinet Decision			X	
Board Decision, copy attached?			X	
Internal Consultation Undertaken?	X			
Policy				
Operational Support	X			
Regional Offices	X			
Departmental Implications/Impacts –	X			
➤ Clearly identified?				
➤ Comprehensively analysed?	X			
➤ Options developed?	X			
➤ Clear recommendations made?	X			
Finance	X			
Human Resources	X			
Marketing and Communication	X			
Information Management	X			
Strategic Management/Performance Planning	X			
Legal advice			X	
Internal Audit Services			X	
Service Delivery	X			
Major Policy Implications	X			
➤ Clearly identified?				
➤ Comprehensively analysed?	X			
➤ Options developed?	X			
➤ Clear recommendations made?	X			
External Consultation Undertaken?				
Other Departments	X			
Statutory Authorities	X			
Peak Bodies			X	
Community Organisations	X			
Community Groups	X			
Unions	X			
Consultation Documented?	X			
List of people attached?				
Results of Consultation?	X			
Risks identified?	X			
Evaluation planned/methodology determined/date for feedback set?	X			
Funding/Budget implications considered	X			
Director, Finance consulted, Funding implications considered?				
Savings identified/efficiencies gained?	X			
Feasible implementation plan developed?	X			
Dates set?				
Action Officer/Manager	Executive Director		Assistant Director-General	
Date: / /	Date / /		Date: / /	

DRAFT ONLY

Disability Services Queensland Policy Statement

Title: Communication Support for People with Complex Communication Needs

Policy No.:

Records File No.:

Date of approval:

Date of operation:

Date of implementation:

Date to be reviewed:

Office: Policy Directorate, Disability Services Queensland

Help Contact: Christine McBride, Senior Policy Officer, Policy Directorate ph: 3224 8395

Authority:

Disability Services Act 1992 (Qld)

Powers of Attorney Act 1998 (Qld)

Guardianship and Administration Act 2000 (Qld)

Objectives:

This Policy aims to:

- Affirm the right of people with a disability who have complex communication needs to have an effective communication system and to develop and use communication skills in their daily lives; and
- Ensure that the communication support services provided by Disability Services Queensland are delivered in a manner that is consistent with sound practice.

Scope:

1. This Policy relates to the provision of services to people who have complex communication needs.
2. This Policy is applicable to all services provided by Disability Services Queensland through the Accommodation Support and Respite Services Directorate, the Community and Specialist Services Directorate and private practitioners engaged by Disability Services Queensland to provide communication support services.
3. The Policy does not refer to communication needs that arise solely as a result of hearing and/or visual impairment or being from a non-English speaking background. As such the Policy does not refer to the provision of interpreting or translating services.

Principles:

This Policy is supported by *Principles of Effective Communication* and *Principles of Good Practice in Communication Support*.

DRAFT ONLY***Principles of Effective Communication***

1. All people communicate.
2. Communication is a human right. All people have a right to an effective means of communication at all times throughout their life (*United Nations (1994) Universal Declaration of Human Rights*).
3. Effective communication requires three elements to work together: a person, a communication partner and the environment.
4. Effective communication requires communication partners to have a shared vocabulary, shared knowledge and skill, and a shared method of communication.
5. All methods of communication (including symbolic, non-symbolic, behavioural, informal or formal, intentional or non-intentional) are meaningful, and should be accepted as equally valid forms of communication.

Principles of Good Practice in Communication Support

1. The aim of communication support is to maximise the person's ability to participate in everyday life, to make decisions and choices, to express their personal identity, to learn and to establish relationships.
2. Communication support services should address the person's current communication needs in all environments; promote the person's learning and development of communication skills and plan for the person's future communication needs.
3. Access to multiple methods of communication increases communicative effectiveness. People with complex communication needs should have access to the communication method(s) they require to communicate effectively.
4. Effective communication support requires all communication partners to have adequate knowledge and skills in the methods of communication being used in that communicative interaction.
5. Effective communication support requires coordinated and collaborative input from a range of people. The person with complex communication needs is central to this process.
6. Communication support is more effective when there is an ongoing and consistent contribution from all involved.
7. People with complex communication needs have the right to access information that affects their lives and allows participation in decision-making.
8. People with complex communication needs have the same rights to privacy and confidentiality as other people.

Policy Statement:

Disability Services Queensland recognises that communication is fundamental to all aspects of life. It is the basis by which people interact, develop relationships and seek to meet their needs.

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The lack of effective communication systems impacts significantly on a person's ability to make decisions and participate in decision-making processes. Disability Services Queensland has a responsibility to provide services in a way that recognises that communication is fundamental to quality of life and that values people with complex communication needs, their choices and decisions.

These values are reflected in *Disability Services Queensland's Strategic Plan 2003- 2007*, which identifies a vision for a society which:

- Values the contribution of all individuals;
- Recognises and accepts individual differences;
- Supports the participation of individuals;
- Provides an environment that is accessible to all individuals and enables people to achieve their goals;
- Upholds the rights of all people; and
- Recognises and supports the important role of families and communities.

Disability Services Queensland's Role

The following describes the roles and actions of Disability Services Queensland in promoting and supporting effective communication.

People with Complex Communication Needs

1. It is the role of all relevant staff to ensure that all Disability Services Queensland clients with complex communication needs regardless of their age, level of disability and living circumstances have the opportunity to:
 - 1.1. Utilise communication to participate and interact;
 - 1.2. Have their communication methods and communication attempts recognised as valid forms of communication and responded to at all times;
 - 1.3. Communicate for multiple purposes – to establish relationships, to fulfil needs and wants, to participate in social interactions, and to express preferences;
 - 1.4. Receive information; and
 - 1.5. Make decisions.

Communication Support Services

2. The effectiveness of communication for people with complex communication needs can be increased and developed through the implementation of planned supports. Communication supports should aim to:
 - 2.1. Provide an efficient, effective and socially acceptable communication system;
 - 2.2. Allow opportunities to develop communication in a more effective and increasingly complex way than would otherwise be possible.
 - 2.3. Consider the priority needs, preferences, and motivations of the person with complex communication needs and complement, support and benefit the person and their achievement of other life goals;
 - 2.4. Develop, expand and respond to the person's changing needs and wants over time; and
 - 2.5. Enable the person to participate to the greatest extent practicable, in decisions affecting their life.

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It is recommended that communication support services should be:

- 2.6. Based on specialist, multidisciplinary and ongoing assessment;
- 2.7. Individualised to suit the person's life circumstances, needs and preferences;
- 2.8. Informed by, relevant to, and integrated into everyday interactions and activities;
- 2.9. Responsive to all aspects of communication – the person, their communication partners and the environment; and
- 2.10. Provided in accordance with the Principles for Communication Support.

Communication Partners

3. If specialist communication support services are not available, it is recommended that communication partners aim to identify and enhance communication opportunities that arise in everyday interactions.
4. It is recommended that communication partners have adequate:
 - 4.1. knowledge of appropriate communication methods, skills in the use of appropriate communication methods and access to the learning and development opportunities required to obtain the skills and knowledge;
 - 4.2. access to communication aids and equipment; to allow effective interaction with the people they communicate with in their everyday lives.

When supporting adults with complex communication needs consideration must also be given to the requirements of the *Powers of Attorney Act 1998 (Qld)* and the *Guardianship and Administration Act 2000 (Qld)*. These Acts set out the requirements for supporting adults with impaired decision-making capacity. Disability Services Queensland must adhere to the requirements of these Acts when supporting adults with complex communication needs to make decisions.

The *Powers of Attorney Act 1998 (Qld)*, and the *Guardianship and Administration Act 2000 (Qld)* detail eleven General Principles that are essential to decision-making for adults with complex communication needs. Of particular relevance are the General Principles of:

- *Presumption of capacity* – an adult is presumed to have capacity for a matter;
- *Encouragement of self-reliance* – the importance of encouraging an adult to become as self-reliant as practicable; and
- *Maximum participation, minimal limitations and substitute judgement* – an adult has the right to participate to the greatest extent practicable, in decisions affecting the adult's life.

Access to effective communication is fundamental to decision-making. People must have access to both information to inform their decisions, and a means of expressing their decisions.

Formal Guardians (those appointed by the Guardianship Tribunal) and informal decision-makers (for example family members) are required to adhere to the eleven General Principles when making decisions. As such, formal Guardians and informal decision-makers should be involved in the process of providing and seeking information from people with complex communication needs regarding decisions that affect their lives.

Access to Communication Support Services

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1. All people receiving services provided by Disability Services Queensland, who have complex communication needs are eligible to receive communication support services regardless of their: age, communication, cognitive or other skills or past involvement in communication support.
2. Access to specialist communication support services provided by Speech and Language Pathologists and other professional and specialist staff should be via local existing procedures for referral and prioritisation or engagement of private practitioners.
3. Communication support assessment and plan implementation must only occur after consent for support has been given.

Approach to Providing Communication Support Services

Provided access requirements are satisfied and consent is given for the use of communication support, the following approach to providing communication support services must be adhered to:

1. Team Approach

- I. Communication support will be provided by a client team.

II. A client team refers to the group of people involved in responding to a person's communication support needs. The client team includes the person with complex communication needs and all relevant others including, as appropriate, the person's family members, support workers, and Speech and Language Pathologists. It may also include other specialist staff, the relevant line manager(s) and other individuals relevant to the particular situation (eg. friends, advocate).

- III. The client team will operate using agreed team procedures. The team must:
 - i. Have mechanisms to allow input of all stakeholders for example through regular meetings;
 - ii. Have an identified decision-making process;
 - iii. Identify agreed goals, roles and responsibilities for all team members, including an identified leader to coordinate the team activities;
 - iv. Have a shared understanding of the importance of communication and a commitment to planning and consistently implementing communication methods; and
 - v. Collectively have the knowledge and skills required to implement the Communication Support Plan.

2. Assessment

Communication support must begin with a comprehensive communication assessment. The assessment will collect and provide information to the team in order to make informed decisions about the range and type of supports that may increase the person's participation in communication. Assessment should be an ongoing process of learning and understanding about the person and their communication environment. The assessment process must be:

- I. Designed in line with a model of assessment suitable to the individual;
- II. Collaborative - using a team approach and incorporating the input of all team members in their particular areas of knowledge and expertise. The process should identify those

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aspects of assessment that should be conducted by team members with appropriate expertise. Speech and Language Pathologists have specialist knowledge of language and communication and may be responsible for coordinating the assessment process;

- III. Comprehensive - considering all aspects of communication including the person with complex communication needs, their communication partners and the communication environment; and
- IV. Described and documented in an assessment report(s) that incorporates all aspects of the assessment process.

3. Communication Support Plans

All people receiving communication support services should have a Communication Support Plan. Disability Services Queensland's Individual Planning System sets out the format and process for development of all individual plans. Communication Support Plans must be completed in accordance with Disability Services Queensland's Individual Planning process. In designing the Communication Support Plan consideration must be given to the resources required to effectively implement the plan and the ability to secure those resources.

Communication Support Plans should include:

- I. A description of the communication goals for the person with complex communication needs;
- II. A detailed description of the activities and strategies (both long term and short term) to be implemented to pursue the goals;
- III. The roles and responsibilities of relevant team members;
- IV. An identified plan review process;
- V. Identified outcomes and how these will be measured; and
- VI. The learning opportunities that will be provided to the person with complex communication needs and communication partners to allow effective implementation of the plan.

Client teams should aim to achieve consensus regarding communication goals and the content of Communication Support Plans. Teams should use a decision-making process that promotes consensus while ensuring that the needs of the person with complex communication needs are the foremost consideration.

If the team cannot reach a consensus decision on an element(s) of the plan, the person with complex communication needs, as the most important team member, or their informal decision-maker or formal Guardian can make the final determination regarding the aspect(s) of the plan in dispute. Where outstanding issues remain, client teams should continue to work with those aspects of the plan where decisions have been reached.

4. Plan Implementation

Communication support should be implemented according to the process and strategies described in the Communication Support Plan. Implementation of communication plans will be most successful in improving a person's access to communication when:

- I. The plan is functional and acceptable to the person with complex communication needs;
- II. All people involved in implementing the plan:
 - i. Are aware of and perform their role in implementation;
 - ii. Have sufficient knowledge and skills to implement the communication strategies;
 - iii. Implement communication strategies consistently and effectively;
 - iv. Communicate regularly as a team to identify and problem-solve any issues arising in implementation; and
 - v. Keep records that measure outcomes and allow the effectiveness of the plan to be monitored.

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5. Plan Review

Communication support plans should be regularly monitored and adjusted in order to maintain their relevance to the changing needs of the person. Plans should be monitored through observation of and feedback from the person with complex communication needs and communication partners. Reviews should be conducted by the team and in line with existing procedures for plan review identified in the Individual Planning system.

Plan reviews should be more frequent where there is significant and ongoing change in the person's circumstances, or where new methods are being introduced or trialed. The review process should determine:

1. If the Communication Support Plan is increasing communicative effectiveness;
2. Whether the communication support is contributing to increased participation;
3. If the communication support is being implemented as planned;
4. Factors that contributed both positively and negatively to plan implementation;
5. Whether communication goals have been achieved or progress has been made;
6. Whether communication goals are appropriate or require modification; and
7. Any other outcomes.

Communication support goals and plans should be modified as appropriate according to the outcomes of the plan review.

Other Considerations

Communication and other individual programs

Communication is fundamentally involved in all aspects of daily life and cannot be considered separately from other activities or programs that the person with complex communication needs may be accessing. Using effective communication approaches will influence the success of other programs.

All activities and formal Individual Plans should consider the person's communication needs. This may include incorporating the person's current successful communication methods into the plan and introducing specific communication strategies to meet the needs of the program.

Communication and Challenging Behaviour

Most people use multiple methods of communication, depending on the message, the situation and their communication partner. People communicate in the most efficient and effective manner available to them at any given point in time. In situations where other methods are not effective, some people with complex communication needs may use challenging behaviour, either intentionally or unintentionally, to fulfil a communicative purpose. Because of the potential harm that some challenging behaviours may present to the person or others, the behaviour may become a very powerful and effective means of communication. Where it is determined that a challenging behaviour fulfils a communicative purpose, it is important to identify strategies for replacing that behaviour with a more functional, socially acceptable and effective means of communication. When implementing communication support strategies in response to the need to address a person's challenging behaviour, the client team should:

1. Use an approach that incorporates behaviour support principles and communication support principles into the assessment, goal setting, planning, implementation and review processes;
2. Utilise the expertise of both behaviour and communication specialists;

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3. Consistently implement strategies in everyday situations that link the challenging behaviour with more effective communication behaviours;
4. Develop complementary Behaviour Support and Communication Support Plans; and
5. Work in accordance with Disability Services Queensland's Systems for Behaviour Support and Management Policy and Procedures.

Privacy and Confidentiality

Disability Services Queensland has a privacy plan that is designed to balance an individual's right to privacy and the Department's need to access personal information to deliver efficient and effective services. When dealing with personal information all staff have an obligation to adhere to the Privacy Plan.

Further to the general considerations for privacy and confidentiality, people who use Augmentative and Alternative Communication systems can have additional privacy issues associated with the design and use of their communication system.

Some communication methods are vulnerable to allowing messages to be accessed by unintended recipients. This can occur when:

- Electronic communication devices provide messages displayed on a screen or provide voice output at a selected volume that allows the message to be received by unintended recipients;
- A communication board is publicly displayed and accessed;
- Communication partners repeat messages out loud as they are communicated;
- Communication partners share information about conversations with the person; or
- When electronic devices store messages that have been communicated in their memory.

Privacy concerns can be minimised by providing the person with as much control as possible over the use and storage of their communication aids, devices and messages. This should be balanced with the right of the person to access and utilise their communication system at all times and in all environments.

In general, there is no requirement to keep a record of all the messages of a person who uses Augmentative and Alternative Communication except in those instances where a message, if spoken by any person, would have been noted.

The messages communicated by a person using Augmentative and Alternative Communication should only be recorded and stored:

1. With the permission of the person;
2. Where this is required for the purposes of record keeping and implementation of the Communication Support Plan; and/or
3. Where this is required under other Departmental policies and procedures including:
 - *Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech – Policy and Procedure; 2003*
 - *Preventing and Responding to the Abuse, Assault and Neglect of People with a Disability – Policy and Operational Procedure; 2003*
 - *Critical Incident Reporting Policy; 2003*
 - *Policy and Procedure for Complaints regarding Disability Services Queensland Services; 2001*

Cultural Diversity

The Queensland Government's *Multicultural Queensland Policy* recognises that Queensland is a diverse society with a great variety of cultures, languages and religions.

The differences associated with diverse cultural backgrounds are sometimes most obvious in communication. The impact of culture on communication is not limited to language.

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Diversity in cultures can also be reflected in difference in communication style and in the 'rules' of social interaction. Cultural communication differences may be evident in a number of different ways, for example in differing:

- Rules for greeting and addressing individuals;
- Interaction styles – eg shyness, use of eye contact;
- Use of specific language functions;
- Use of specific language forms (eg word order); and
- Representation of specific language concepts eg: time.

When supporting people with complex communication needs it is important to consider the impact of language and culture on the communication process. This may include considering strategies for:

- Determining the appropriate language for primary communication;
- Incorporating both languages in the communication support approaches and in communication aids;
- Incorporating culturally appropriate symbolic and pictorial representations of concepts; and
- Appropriate expectations of social interaction.

Teams should be sensitive to the needs and requirements of clients from diverse linguistic and cultural backgrounds and responsive as far as practicable to the particular circumstances of individuals.

Sensitive and Life Changing Information

The term *Sensitive and Life Changing Information* refers to any information which has substantial social, emotional, physical, practical, financial and/or legal consequences for the person, their family or staff.

People with complex communication needs may from time to time communicate information of a sensitive or potentially life changing nature. Disability Services Queensland acknowledges that in some circumstances, depending on the context and method of communication, the messages conveyed by people with complex communication needs may be subject to interpretation or influence by others. It is Disability Services Queensland's policy to respond appropriately to the message conveyed. In the first instance, this response must ensure that the possibility of interpretation or influence over the content of the message is minimised. Where sensitive or life changing information is communicated by methods other than speech there is a need to:

- clarify the meaning of the message;
- confirm that the person with complex communication needs intended that meaning to be interpreted; and
- independently validate that the person with complex communication needs was the author of the message.

The Policy and Operational Procedure for *Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech* describes the processes to be used in these circumstances.

Access to Written Information

People with complex communication needs have the same right to access information as other people. The *Disability Services Act 1992 (Qld)* specifically identifies the right of people with disabilities to have "any necessary support, and access to information, to enable them to participate in decisions that affect their lives (Part3 Section 9(2)).

Disability Services Queensland has an obligation to provide stakeholders with written and verbal information relevant to their lives in appropriate formats. In addition, some people with complex communication needs may require written information to supplement information

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given verbally. Written information may need to be provided in modified formats, eg: plain English format be supplemented by use of other visual representations of the information, for example using photographs, pictures and symbols, drawings or other strategies, such as videos.

Roles and Responsibilities

It is the responsibility of Directorate heads to ensure that relevant staff within their Directorate are aware of and implement the Policy.

It is the responsibility of all staff supporting people with complex communication needs to communicate in a manner that supports that person's ability to participate in everyday life, to make decisions, to express their personal identity, and to learn and to establish relationships.

It is the responsibility of communication support teams to plan and implement strategies to enhance or increase the efficiency, effectiveness and complexity of communication experiences for people with complex communication needs.

Speech and Language Pathologists are responsible for providing specialist assessment, information, therapy, support and advice regarding language and communication to support people with complex communication needs.

Delegations

Executive Director, Accommodation Support and Respite Services
Director, Community and Specialist Services

Links:

1. Definitions

Communication

Any act by which one person gives to or receives from another person information about that person's needs, desires, perceptions, knowledge, or affective states. Communication may be intentional or unintentional, may involve conventional or unconventional signals, may take linguistic or non-linguistic forms, and may occur through spoken or other modes.

(National Joint Committee for the Communicative Needs of Persons with Severe Disabilities (1992. Guidelines for meeting the communication needs of persons with severe disabilities, ASHA, 34(Suppl. 7), 2-3.)

Complex Communication Needs

Some people have complex communication needs associated with a wide range of physical, sensory and environmental causes which restrict/limit their ability to participate independently in society. They and their communication partners may benefit from using Augmentative or Alternative Communication (AAC) methods either temporarily or permanently.

(Balandin, S. Message from the President. The ISAAC Bulletin 2002, 67:2)

For many people, their complex communication needs will be associated with Severe Communication Impairment. Severe communication impairment is the term used to describe:

“ Those for whom gestural, speech, and/or written communication is temporarily or permanently inadequate to meet all of their communication needs. For those individuals, hearing impairment is not the primary cause for the communication impairment. Although some individuals may be able to produce a limited amount of speech, it is inadequate to meet their varied communication needs.”

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(American Speech-Language-Hearing Association 1991 cited in Beukelman, D. and Mirenda, P., (1998) Augmentative and Alternative Communication: Management of Severe Communication Disorders in Children and Adults, 2nd Ed, Brookes Publishing, Baltimore)

Augmentative and Alternative Communication

People with complex communication needs need to use methods other than speech in order to communicate. These methods are collectively known as Augmentative and Alternative Communication.

"Augmentative and Alternative Communication ranges from use of gestures, sign languages, and facial expressions, to the use of alphabet or picture symbol boards, and even sophisticated computer systems with synthesised speech"
(Glennen, S. L. & DeCoste, D. C. (1997). Handbook of Augmentative and Alternative Communication. Singular Publishing Group, Inc.)

"An Augmentative and Alternative Communication system is an integrated group of components, including the symbols, aids, strategies, and techniques used by individuals to enhance communication"
(American Speech-Language-Hearing Association. (1991). Report: Augmentative and alternative communication, Asha, 33 (Suppl.5), 8.)

Augmentative and Alternative Communication systems are used to enhance and develop both a person's expression and their understanding of language.

Communication support

Communication support is a planned approach to increasing the effectiveness and efficiency of communication for people with complex communication needs and to provide developmentally appropriate opportunities to acquire new communication skills.

"The aim of Communication support is to develop a communication system that increases the individual's meaningful participation in daily activities."
(National Joint Committee for the Communication Needs of Persons With Severe Disabilities (2002) "Supporting documentation for the position statement on access to communication services and supports: Concerns regarding the application of restrictive "eligibility" in Communication Disorders Quarterly Volume 23, Issue 3.)

Communication support is planned, inclusive of all stakeholders, goal oriented and systematically implemented, monitored and reviewed.

Multi-modal Communication

The use of multiple components or methods of communication.

Communication Partner

Any person who talks to or interacts with another person – in this case, any person who talks to or interacts with a person with complex communication needs.

2. Operational Procedures

- Practice Guidelines in Communication Support for People with Complex Communication Needs
- Guidelines for the use of Facilitated Communication
- Policy for Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech

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- Operational Procedure for Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech

3. Systems for Behaviour Support and Management

4. Preventing and Responding to the Abuse, Assault and Neglect of People with a Disability – Policy and Operational Procedure; 2003

5. Critical Incident Reporting Procedure; 2003

6. Policy and Procedure for Complaints regarding Disability Services Queensland Services; 2001

7. Disability Services Queensland Personal Information Privacy Statement; 2003

8. Rescinded Policies

Augmentative and Alternative Communication Statement of Principles

(electronic signature)

Linda Apelt

Director General

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and Supports: Concerns Regarding the Application of Restrictive "Eligibility" Policies,

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- Extensive analysis of the behaviour to determine its function; and
- The design and implementation of a communication method that serves the same purpose.

Determining an exact function of behaviour and an appropriate alternative can be difficult. One behaviour can have multiple functions or the person may use multiple ways to communicate one message.

2. *Principle of efficiency and response effectiveness*

In this principle, the communication option must be:

- As available as the behavioural alternative;
- As easy for the individual to produce as the problem behaviour; and
- As effective in obtaining the desired outcome.

If the new communicative behaviour is more difficult or less effective, the old behaviour will persist. The new communication option must be physically easier, reinforced as frequently, for as long and as quickly and intensively as the challenging behaviour.

3. *Principle of appropriate listening*

Sometimes the most appropriate response to challenging behaviour is to identify the communication intent of the behaviour and respond to it. If the person's message is listened to and acted upon (eg: by altering the environment accordingly) the need to use the behaviour will be removed, and an alternative will not be required. Providing an alternative way of communicating will not be effective if the message isn't acknowledged or honoured.

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- turned on and off frequently;
- carried from place to place; and
- used in areas where people are working or playing.

Care must be taken when choosing and introducing an electronic communication device to ensure it best meets the needs of the person and the environments they communicate in, and can be updated and maintained appropriately.

A Speech and Language Pathologist with experience in Alternative and Augmentative Communication should be consulted when choosing an electronic communication device. Other professionals (eg. Occupational Therapist, Physiotherapist) may also need to be consulted in order ensure the most appropriate and effective device is chosen. Devices should be trialed to confirm their suitability to the person's needs.

Communication support should be multi-modal. An electronic communication device should be one component of a multi-modal communication system. Electronic communication devices can not be used in all situations (eg near water) and will from time to time, require maintenance or repairs. It is important to ensure that other low-tech communication methods are also available to the person with Complex Communication Needs and their communication partners as an alternative to the electronic communication device.

Communication and Challenging Behaviour

Some people with a disability use behaviour that is considered challenging behaviour. These behaviours can at times be harmful to the person or others or may result in the person being excluded from their community. Challenging behaviour displayed by people with a disability can have a range of causes and functions.

People communicate in the most efficient and effective manner available to them at any given point in time. For people with Complex Communication Needs, challenging behaviour may be used as a powerful and effective means of communication, particularly where other communication options are unavailable or where other communication attempts do not receive an appropriate response.

Communication support can be an effective tool in addressing some aspects of challenging behaviour. However, a general approach to communication support while it may address some aspects of behaviour and communication will not necessarily be an effective means of reducing a person's use of challenging behaviour.

The person's behaviour must be carefully assessed to determine its functions and causes. Where these functions are communicative, communication supports that are specific, defined and targeted must be implemented in order to reduce the challenging behaviour and replace it with more appropriate communication methods.

There are three fundamental principles associated with communication supports targeted to addressing challenging behaviour (Beukelman and Mirenda 1998):

1. ***Principle of functional equivalence:***

This principle refers to the need to teach the person with Complex Communication Needs and challenging behaviour a more acceptable communication alternative that serves the same function as the problem behaviour. This requires:

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Communication systems should grow, change and develop with a person's changing skills, needs and lifestyle.

Communication support practices need to be monitored to ensure that they continue to address the person's communication needs and that outcomes are achieved as desired by the person with Complex Communication Needs.

Outcomes are the changes that can be attributed to communication support. Communication outcomes can be measured according to different perspectives, including the person's perspective, the communication partners' perspectives and the organisation's perspective.

Communication researchers and experts are continuing to develop their understanding of the broadest aims of communication support and how best to measure and evaluate the achievement of outcomes.

Light (2003) proposes that the effectiveness of a Communication Support Plan for an individual can be investigated by monitoring outcomes according to three different measures:

1. **Achieving set goals** - Measuring the progress of a plan against set goals is the most common way of determining the success of a support. Performance indicators (what are we looking for) and performance measures (what degree of change indicates success) can be developed to assist in determining the effectiveness of communication supports. Goal Attainment Scaling (Light 2003) is a simple method for evaluating progress towards goals.
2. **Increasing the person's participation** - Beukelman and Mirenda (1998) present a participation assessment framework to assist in determining the level of participation of the person with Complex Communication Needs in a range of communication environments.
3. **Measuring Outcomes** - particularly as they relate to changes in quality of life is a developing area for communication specialists. Light (2003) provides a detailed discussion of the issues related to communication and quality of life.

Electronic Communication Devices

Electronic Communication Devices or Voice Output Communication Aids are electrical devices that assist people who have a Complex Communication Needs express their needs, exchange unique information, ask questions and participate in conversations.

Electronic communication devices may have a range of significant benefits, including:

- Providing people with Complex Communication Needs with a voice;
- Allowing more effective communication;
- Increasing motivation;
- Options for flexibility to allow communication development and to meet changing needs; and
- Increasing communication independence.

An array of electronic communication devices are available that are specifically designed to meet a variety of communication needs. These devices vary widely in sophistication and cost. They are designed to be:

- robust;

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Communication assessments may also consider the broader context for communication and the influence of these on communication support:

These may include:

- i. Organisational policies and procedures, cultures and practices,
- ii. Attitudes to communication and communication support
- iii. Opportunities for learning and development in communication

This information may need to be gathered over an extended period in order to obtain an informed perspective of all communication practices. Analysis of the information gathered should provide recommendations for the development and implementation of an appropriate communication system.

Planning and Goal Setting and Implementation

Planning and goal setting is the foundation of successful communication support.

The goals, plans and implementation strategies developed are dependent on the circumstances of the person with Complex Communication Needs, the knowledge, skills and attitudes of their communication partners and the nature of the physical and social environment. Communication support is different for each person. Beukelman and Mirenda (1998) identify seven principles of decision-making and intervention:

1. Build on the consensus already achieved during the assessment process;
2. Communication is multi-modal in nature. Augmentative and Alternative Communication supports should also be multi-modal in nature;
3. Plan for today and tomorrow;
4. Provide both contextual and specific skill instruction, as needed;
5. Minimise the cognitive, linguistic, sensory, and motor demands of specific skill training;
6. Provide information, training, and support to Augmentative and Alternative Communication users, their communication partners, and their facilitators to build communicative competence, and
7. Meaningful communication is a shared responsibility.

There are many considerations in developing and implementing appropriate communication strategies. Information on the considerations for successful communication support can be obtained from many sources. Some comprehensive and well accepted approaches to communication support are described in:

Beukelman, D. and Mirenda, P., (1998) *Augmentative and Alternative Communication: Management of Severe Communication Disorders in Children and Adults*, 2nd Ed, Brookes Publishing, Baltimore

Light, J., Beukelman, D., and Reichle, J., (2003) *Communicative Competence for Individuals who use Augmentative and Alternative Communication: From Research to Effective Practice*, Brookes Publishing, Baltimore

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Monitoring, Review and Outcomes Measurement

The aim of communication support is to develop a day to day communication system that increases the person's meaningful participation in daily activities.

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Successful communication support relies on the team working collaboratively. Features of a positive team process in communication include:

- Collaborative decision making;
- Commitment to communication objectives;
- Clear and agreed goals, roles and responsibilities;
- Identified team leadership; and
- Strong communication.

Communication support may be provided by an existing team or a team established specifically for the purpose of communication support. *Team membership often needs to be quite broad and must include the Augmentative and Alternative Communication user and family members as integral – not just “token” – members (Beukelman and Mirenda, 1998).*

The approach to any formal support in Disability Services Queensland is provided for in the Individual Planning System. This system allows for identified client teams to work to plan, implement and monitor any support. Communication support activities should also link with each person's Personal Futures Planning, Annual Planning Cycle and individual planning activities. They should also be aligned with existing processes for referral, eligibility and case management.

Communication Assessment

Any communication support must begin with a comprehensive assessment based on an appropriate model. The assessment involves gathering and analysis of information so that users of Augmentative and Alternative Communication systems and those who assist them can make informed decisions about the range and type of supports that may increase the person's participation in communication. A Speech and Language Pathologist will usually be responsible for coordinating the assessment process and determining an appropriate model of assessment.

Assessment should be an ongoing process of learning and understanding about the person. Communication assessments should catalogue and describe information about the person with Complex Communication Needs, including:

- i. The person's current communication forms (methods) and functions (purposes), the efficiency and effectiveness of that communication;
- ii. The person's skills and abilities in receptive and expressive language, motor, sensory and social interaction;
- iii. The current and potential communication needs and opportunities;
- iv. Considering the person's preferences, interests, priorities and motivations
- v. Possible communication methods that may be beneficial; and
- vi. Past communication support methods and their success

In addition, communication assessments should consider multiple physical and social environments, and should gather information including:

- i. The adequacy of the physical environment in supporting communication;
- ii. Responsiveness to current communication attempts;
- iii. Communication opportunities and barriers presented by the physical and social environment;
- iv. The skills, knowledge and attitudes of communication partners in various communication forms and functions; and
- v. Opportunities for communication development.

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The Communication Participation Model designs supports that target all aspects of communication opportunities and barriers in order to increase communicative participation. The model incorporates development of supports that meet current needs and that plan for and address potential future communication opportunities. A detailed approach to the Communication Participation Model is described in *Beukelman and Mirenda 1998*.

A Team Approach

No one person will have the knowledge and expertise required to design and implement successful communication support. It is always necessary to involve a team of people committed to communication outcomes. Each team member has a significant role to play. For example, Speech and Language Pathologists provide specialist knowledge and skill in language and communication support while family members and direct support workers often have the most thorough and detailed understanding of a person's skills and current communication system. However, the degree to which the team works as a cohesive unit is a key factor in the provision of effective communication support.

Communication services and supports should be evaluated, planned and provided by an interdisciplinary team with expertise in communication and language form, content, and function, as well as in Augmentative and Alternative Communication. (American Speech-Language and Hearing Association, 1991)

Introducing an effective multi-modal communication system is a complex process that requires teams to provide multiple types of support to an individual. It is common to incorporate strategies into a Communication Support Plan that provide emotional, behavioural, cognitive, physical, tactile and language supports. The involvement of specialists in a multidisciplinary team will ensure appropriate consideration is given to all aspects of communication.

Ideally, a communication support team should, collectively, have the knowledge that supports and encourages communication including knowledge of:

- The needs and preferences of the person with Complex Communication Needs;
- Human development and people with a disability, including disabilities that may co-occur with communication disorders;
- Communication development and different communication methods;
- Challenging behaviour as a potential communication act, medications and their effects on behaviour; and
- Movement and movement control, positioning, sensory processing and cognition and learning as these affect communication.

Collectively, team members should have the skills to:

- Identify, interpret and respond to the person's current communication;
- Assess communication effectiveness;
- Determine appropriate supports for different environments;
- Develop communication goals appropriate to the person with Complex Communication Needs;
- Implement, review and evaluate communication supports focussed on functional communication goals;
- Document functional communication abilities;
- Utilise the most appropriate positioning, mobility and communication aids and equipment to maximise functional communication; and
- Incorporate functional communication into day to day living.

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Support Plan is in place, communication partners should ensure they are familiar with and consistently implement the strategies contained in the plan.

Models of Communication Support using Augmentative and Alternative Communication

There are a number of currently accepted models of intervention that guide communication support services. Using an appropriate model guides the process of decision-making and support. It ensures that the team uses processes that are comprehensive, well designed and suitable for the individual. Different models may be more applicable depending on the person with Complex Communication Needs and their life circumstances. The most commonly used models are described below. The Communication Participation Model described by Beukelman and Mirenda (1998) is preferred as the most comprehensive approach to communication support.

Communication Needs Model

This model aims to identify a person's communication needs in their daily environments. It aims to examine the person, and their current communication to identify those communication needs that are met and unmet. Unmet communication needs are systematically addressed through introduction of vocabulary and communication methods based on these needs.

The goals of the communication needs model are to:

- Document the communication needs of an individual;
- Determine how many of these needs are met through current communication methods;
- Reduce the number of unmet communication needs through systematic Augmentative and Alternative Communication interventions.

This model is particularly suitable where a person's communication needs and experiences are consistent and well defined, as may be the case for some adults with Complex Communication Needs (Beukelman and Mirenda, 1998).

Language Model

A developmental language approach to communication support considers communication needs and wants but also attempts to fulfil a range of communication purposes. It considers the person's environment, their personal motivation and abilities. Communication supports are developed to follow rules of grammar, pragmatics and vocabulary. This approach may be particularly suitable for children who are developing communication and language skills.

Communication Participation Model

This model considers communication needs based on the functional communication of peers without disabilities of the same age. It has a broad focus on the person, and communication, in the context of their current and potential participation in activities. The model assesses opportunities to participate through communication and the barriers and opportunities to communicative participation. Influences on participation in communication are considered broadly. Influences may be related to the individual (their skills and abilities, motivations), the environment, and broader factors (attitudes, policies, practices and skills of others).

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Social environment

Communication is not just about receiving and imparting information. It is also the means by which people interact socially, develop and maintain relationships, and meet emotional needs. Effective communication involves more than an ability to communicate basic needs and wants. Communication partners provide opportunities for people with Complex Communication Needs to participate socially and have the opportunity to communicate for a diverse range of reasons.

There are opportunities to communicate in almost everything we do. Communication can be encouraged by providing experiences that give people something to talk about and by creating opportunities for people with Complex Communication Needs to communicate. People with Complex Communication Needs should have the opportunity to communicate with a range of different people and in a range of different social situations and environments.

Physical Environment

Communication success can be enhanced or reduced depending on the nature of the surrounding environment. It may be necessary to modify the physical environment in order to create a comfortable and conducive communication environment. This may include:

- Ensuring there is appropriate lighting and that noise levels are reduced;
- Arranging furniture in ways that encourage interaction;
- Providing appropriate seating and positioning and aids or equipment to allow the person to access communication aids; and
- Having appropriate communication aids or equipment readily available in all communication environments.

Communication Support Services

Planned, comprehensive and individualised communication support programs can have a significant impact on the effectiveness of communication for people with Complex Communication Needs and their communication partners.

Beukelman and Mirenda (1998) describe communication support as "*Strategic instruction to support the highest level of communicative competence possible*".

For people with Complex Communication Needs, communication support services are likely to involve the development and implementation of Augmentative and Alternative Communication systems.

Successful communication support is a complex and often long-term process that requires specialised knowledge and skills and the ongoing commitment of the person with Complex Communication Needs, their communication partners and others.

Speech and Language Pathologists have specialist knowledge and can provide specialist assessment, information, therapy, support and advice regarding language and communication to people with Complex Communication Needs. However, communication support is not the sole domain of the Speech and Language Pathologist; a team approach is required.

In Disability Services Queensland, a person's communication support strategies should be documented in a Communication Support Plan. Where a Communication

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- Share information with other staff as appropriate regarding the persons communication system and strategies to encourage successful communication.

Responding Appropriately

Some people with Complex Communication Needs communicate using methods that are sometimes difficult to identify or interpret. When the communication attempts of a person with Complex Communication Needs are not acknowledged, the person may lose motivation to communicate or may resort to using less socially acceptable communication methods.

The communication attempts of people with Complex Communication Needs should always be acknowledged. Decisions made by people with Complex Communication Needs should be honoured where possible. Where this is not possible the person should be informed of this and the reasons explained. Communication partners should respond to communication attempts in a manner that encourages ongoing conversation and interaction.

Some people with Complex Communication Needs can use language in a way that is ambiguous or has a different meaning to that which we may expect. Communication partners should always

- Determine the exact intent of the message. If the content of the message is incomplete, unclear or ambiguous meaning should not be assumed;
- Inform the person if they do not understand the message;
- Clarify the message communicated. Use multiple communication methods to assist with clarification;
- Develop an understanding of the person's use of language communication strategies; and
- Be aware that people who communicate by means other than speech can also joke, be mistaken, exaggerate or even lie. The accuracy of a message is not changed by the method of communication.

Communication is more effective when the communication partner knows the person, their preferences and how the person communicates.

The importance of modelling

In normal language learning, researchers have estimated that a person receives approximately 3.5 million models of appropriate communication per year. People with Complex Communication Needs can be expected to require even more exposure to appropriate and suitable communication models in order to develop communication skills. However, one study estimates that people with Complex Communication Needs were exposed to only 1200 models of appropriate communication methods per month (14,400 per year) (Bray, 2003). This represents less than 0.5% of the communicative models received by typical language learners.

Augmentative and Alternative Communication systems must be routinely used and accepted by all communication partners, providing models of day to day communication in order to encourage people with Complex Communication Needs to use the communication methods available to them. Modelling of appropriate communication methods is essential, even if the person with Complex Communication Needs does not require this in order to comprehend messages.

Communication partners should be aware of their own communication style, attitudes and expectations and the impact this has on the communicative interaction.

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Effective communication systems are developed when people with Complex Communication Needs and their communication partners work together. Successful communication does not rely solely on the availability of formal communication support programs. Communication can be successful where appropriate opportunities to express, understand and make choices are provided.

People with Complex Communication Needs rely on the skill and willingness of their communication partners to identify, interpret and respond to their messages. *When individuals have impairments which affect their language comprehension and/or ability to express language in typical ways, the role of the more able communication partner becomes critical.* (Bray, 2003)

Encouraging Understanding

People with Complex Communication Needs are reliant on others to communicate with them in ways that are meaningful and understandable. The most effective way of assisting people with Complex Communication Needs to understand may be through the use of a combination of communication methods. Communication partners should take time to identify the communication methods that best assist the person to understand information. These methods should be agreed upon and consistently implemented by all communication partners. Effective day to day communication means that:

- People with Complex Communication Needs are involved in, control and are informed about their day to day lives;
- Opportunities to make decisions are identified and provided;
- Communication is respectful and appropriate to the person's age and skills;
- Communication partners use appropriate language and communication methods that promote the person's understanding; and
- There are opportunities to communicate about a range of topics for a range of purposes, including about people and places, the past and future, interests and activities.

Encouraging expression

People with Complex Communication Needs are also likely to express information in many different ways – using a combination of communication methods. These may be formal, recognised communication methods such as words, signs, and symbols. They may also be more subtle communication methods that are not immediately recognisable or are not easily understood such as gestures, eye gaze, facial expression or other behaviours. Communication partners should take time to identify, understand and respond to the communication of people with Complex Communication Needs.

Effective day to day communication means that communication partners:

- Expect communication from people with Complex Communication Needs and identify or create opportunities for communication;
- Identify the methods the person uses to communicate and the meaning of specific messages;
- Incorporate the person's preferred communication method(s);
- Model communication methods and strategies that may be used by the person in order to encourage an environment of multi-modal communication;
- Recognise, acknowledge, respect and respond appropriately to communication attempts regardless of the method of communication; and

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Abuse Prevention Strategies in Specialist Disability Services (Nucleus Group 2003) identifies that limited communication skills can increase vulnerability to abuse and that this vulnerability can be reduced by enhancing communication.

Disability Services Queensland's Policy on *Preventing and Responding to the Abuse Assault and Neglect of People with a Disability* also highlights the importance of communication and identifies lack of access to a communication system as an instance of neglect.

The *Powers of Attorney Act 1998 (Qld)* and the *Guardianship and Administration Act 2000 (Qld)* set out the requirements for supporting adults with impaired decision-making capacity. Disability Services Queensland must adhere to the requirements of these Acts when supporting adults with Complex Communication Needs to make decisions.

The *Powers of Attorney Act 1998 (Qld)* and the *Guardianship and Administration Act 2000 (Qld)* detail a number of General Principles that are essential to decision-making for adults with Complex Communication Needs. Of particular relevance are the General Principles of:

- Presumption of capacity – an adult is presumed to have capacity for a matter
- Encouragement of self-reliance – the importance of encouraging an adult to become as self-reliant as practicable
- Maximum participation, minimal limitations and substitute judgement – an adult has the right to participate to the greatest extent practicable, in decisions affecting the adult's life.

Accordingly, Disability Services Queensland has an obligation to consider the communication support needs of its clients and the conditions that allow for effective communication and decision-making.

Communicating Effectively with People with Complex Communication Needs

Communication is a constant experience. It is embedded in everything we do. Everyone can and does communicate on a daily basis. Communication is not just about expressing needs and wants although this is often the focus of interactions. Beukelman and Mirenda (1992) identify 4 basic functions for communication:

- Social closeness – to establish and develop personal relationships
- Social etiquette – to conform to social conventions of politeness
- Expression of needs and wants – regulate the behaviour of others to fulfil needs and wants
- Information transfer – to obtain information and/or impart information to others

Communicative interactions should provide opportunities for all these functions to be fulfilled.

For people with Complex Communication Needs, enabling the right to communicate can be a complex process that is not solely reliant on the person. It requires all the conditions for effective communication to be in place and requires the input of the person, and their communication partners in a supportive physical and social environment. People with Complex Communication Needs are often reliant on those around them recognising and valuing the importance of communication.

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Practice Guidelines in Communication Support for People with Complex Communication Needs

Disability Services Queensland 2003

Introduction

Communication is fundamental to all aspects of daily living. It is the basis by which people interact, develop relationships and seek to meet their needs. Access to communication is a basic human right. Statements of the right to communicate have been developed by a number of sources. The United Nations Universal Declaration of Human Rights (Article 19) states:

Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media regardless of frontiers.

These rights are also reflected in the Communication Bill of Rights developed by the National Joint Committee for the Communicative Needs of Persons with Severe Disabilities, in the United States of America. The Communication Bill of Rights is an internationally recognised statement that affirms the rights of people with a disability to communicate. The Communication Bill of Rights identifies that:

All people with a disability of any extent or severity have a basic right to affect, through communication, the conditions of their existence.

Effective communication is required in order to make choices and decisions, develop relationships and actively participate in the community (Light, 2003). The ability to communicate effectively is fundamental to quality of life. Having Complex Communication Needs can have a dramatic impact on a person's ability to control their life.

The *Disability Services Act, 1992 (Qld)* identifies specific principles that reflect each individual's right to communicate and has implications for communication support. Specifically the *Disability Services Act 1992 (Qld)* states:

People with disabilities have the right to:

- b) *Realise their individual capacities for physical, social, emotional and intellectual development; and*
- c) *Services that support their attaining a reasonable quality of life in a way that supports their family unit and their full participation in society; and*
- d) *Participate actively in the decisions that affect their lives, including the development of disability policies, programs and services; and*
- e) *Any necessary support, and access to information, to enable them to participate in decisions that affect their lives*

The ability to communicate is an important mechanism for safeguarding the right of people with a disability to be free from abuse, assault or neglect. People with Complex Communication Needs are recognised as being more vulnerable to abuse, assault and neglect than other people with a disability, and less able to report incidents and receive appropriate support.

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Disability Services Queensland**Procedure for the Use of Facilitated Communication**

Facilitated Communication is a strategy that may be beneficial for some people with complex communication needs to improve their access to communication. It is one option, among a range of strategies that may be used to contribute to an effective communication system.

Key Terms

Facilitated Communication is a strategy that allows some people who have a movement disorder and complex communication needs to point for communication purposes. The strategy involves the use of a second person – a facilitator – physically supporting and steadying, but not directing the pointing movement.

Facilitated Communication Training (for the purposes of this Procedure) refers to the process of supporting a person with complex communication needs to develop improved skills and functioning over time, using the strategy of Facilitated Communication. Facilitated Communication Training aims, to support the person to access communication aids with increasing independence.

Access is the term used to describe the means by which a person selects an item on a communication display or device. Any communication aid or device requires the user to have an effective method of access. The most common method of access is pointing. Other methods of access include using eye gaze, a head pointer, or a switch and scanning device. Facilitated Communication is a means of access.

Facilitated Communication can allow people with complex communication needs to utilise communication and expressive language skills that may not otherwise be accessible using other communication strategies. Facilitated Communication, as for other communication strategies, can provide some people with an opportunity to learn and practice new and more complex communication and language skills.

Facilitated Communication is sometimes mistakenly identified as a strategy used only by people with literacy skills. In fact, people may use Facilitated Communication to point to any communication aid including real objects, pictures or symbols, words or letters. It is one strategy that can be used in combination with others, to enhance communication effectiveness.

A long-term aim of Facilitated Communication Training is to gradually reduce the degree of physical support provided, and for some people, to eventually achieving independent pointing. There is no timeframe for the process of fading support or achieving independent pointing. Not all people will achieve independence. This may be the result of a number of factors, including the nature of the person's physical functioning or movement disorder or the consistency and focus of the services provided. Adults who achieve independent pointing have done so as a result of intensive input and support. Children may use the strategy for a shorter period until independent pointing is learned.

Facilitated Communication is a complex strategy that, like other communication strategies, can incorporate multiple types of support to an individual. The most

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obvious type of support in Facilitated Communication is physical support. However, it is also common to incorporate strategies that provide emotional, behavioural or tactile and language supports. The involvement of specialists in a multidisciplinary team will ensure appropriate consideration is given to all aspects of communication.

When using Facilitated Communication, there is a potential for the facilitator to influence the pointing movement (intentionally or unintentionally) and therefore the message communicated. This potential for influence can give rise to concern regarding authorship of the messages communicated using Facilitated Communication.

This Procedure details the strategies and safeguards that will be applied by Disability Services Queensland where Facilitated Communication is used.

This Procedure should be read in conjunction with Disability Services Queensland's:

1. *Communication Support for People with Complex Communication Needs Policy and Practice Guidelines*; and
2. *Responding to Sensitive or Life Changing Information Communicated by methods other than speech Policy and Procedure*.

Role of Disability Services Queensland

Disability Services Queensland recognises that people with complex communication needs may communicate more effectively where they have the opportunity to utilise a range of communication methods. Facilitated Communication is one strategy that may be used by Disability Services Queensland to improve a person's access to communication. Disability Services Queensland uses a training approach to Facilitated Communication

Where Facilitated Communication is used, this will be done:

1. With appropriate consent;
2. In conjunction with thorough communication assessment;
3. Using appropriate strategies that reduce the potential for influence;
4. Using appropriate strategies to plan for increasing independence; and
5. As one component of an overall communication support approach.

Facilitated Communication as part of a Communication Support Plan

Where Facilitated Communication is introduced for an individual with complex communication needs, this will be done in accordance with *Communication support for people with Complex Communication Needs Policy and Practice Guidelines*.

Facilitated Communication will be introduced:

1. To people who have been identified through an assessment process as potentially benefiting from the introduction of the strategy;
2. With appropriate consent (not obtained by Facilitated Communication);
3. In the context of a holistic Communication Support Plan;
4. In consultation with the communication support team that includes people with appropriate skills and knowledge of Facilitated Communication;
5. In a manner that allows meaningful participation in day to day communication activities and in multiple environments;
6. In a manner that meets the needs of the person and their lifestyle and learning needs;
7. With opportunities to use the strategy with multiple facilitators;

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8. With appropriate learning and development for communication support team members; and
9. With strategies that aim to increase the independence and accuracy and reliability of the person's pointing and reduce the person's reliance on the supports provided by the facilitator.

Assessment

Assessment of the appropriateness of Facilitated Communication for an individual will occur in the context of a comprehensive communication assessment. It will be conducted using a team approach.

The assessment team will include a person with appropriate training and experience in Facilitated Communication to conduct this component of the assessment. It is recommended that the assessment be conducted in conjunction with assessment by specialists with expertise in movement and movement disorders, language and communication disorders, cognition, and sensory perception (visual, tactile, hearing, proprioception) and sensory disorders.

For Facilitated Communication Training to be considered an appropriate communication method for a person they must have:

1. Complex communication needs;
2. Used other communication methods that have not provided a fluent and effective means of communication or do not show the potential to be an effective communication method; and
3. A movement disorder that results in difficulty with the clear, unambiguous selection of nominated items from communication displays.

The decision to introduce Facilitated Communication will be made by the communication support team, in the context of a holistic communication approach. Requirements for team decision-making are identified in the Policy on *Communication Support for People with Complex Communication Needs*.

In making the decision to introduce Facilitated Communication, the team will consider the potential benefit to the person by introduction of the strategy – including the opportunity for the person to communicate in a more complex and highly developed way than would otherwise be possible. When introducing Facilitated Communication consideration must be given to the resources required to effectively implement the plan and the ability to secure those resources.

Validation

Validation is the process used to determine the authorship of information communicated by Facilitated Communication.

Validation in Facilitated Communication has three purposes:

1. To ensure the strategy is suitable for use with the person with complex communication needs – to confirm that the person can author messages using the strategy;
2. To ensure that a facilitator is able to use the strategy appropriately – to confirm that a facilitator can support but not influence communication using Facilitated Communication; and

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3. In specific instances to clarify that specific messages have been communicated without influence. – eg instances of the communication of sensitive or life changing information via Facilitated Communication.

1. Validation for Facilitated Communication Users

Wherever Facilitated Communication is introduced, Disability Services Queensland will gather information that demonstrates the validity of the strategy for the person with complex communication needs.

Validation in this form will aim to determine whether the person with complex communication needs can communicate uninfluenced messages using the strategy. It does not confirm the authorship of every future message communicated using Facilitated Communication. There are three main approaches to validation – naturalistic, semi-formal and formal.

Facilitated Communication users should not be tricked or coerced to participate in 'tests' of their use of communication. Semi-formal and formal approaches to validation should occur with the Facilitated Communication user's knowledge and with appropriate consent. Where instances of validation occur, the person should be informed of the intent to record the details of the communication.

Naturalistic Validation

Disability Services Queensland's preferred approach to validation is through natural communication in typical settings. Instances of naturalistic validation include where:

1. Information previously unknown to the facilitator has been communicated and subsequently found to be accurate; or
2. The same information has been communicated using more than one facilitator, where the second facilitator was unaware of the content of the first message; or
3. The same language style or (in the case of people using typed communication) spelling patterns are consistently used across more than one facilitator, where the second or subsequent facilitators were not aware of the language style or spelling pattern.

Semi-Formal Validation

It is recommended that validation also occur through structured semi-formal approaches. This may be the preferred approach for some people. Semi-formal approaches to validation include:

1. Message passing activities – where a specific message is given to the Facilitated Communication user to communicate to another person, and where the facilitator is unaware of the message content;
2. Activities requiring the person to answer questions specifically designed for validation purposes, where the answers are unknown to the facilitator and where the probability of responses being the result of 'chance' is taken into account.

Semi-Formal validation should be conducted in a respectful manner, through activities that are age appropriate and where possible, in a natural communication environment.

Formal (experimental design) Validation

Formal approaches to validation are most commonly used by researchers to empirically demonstrate the validity or otherwise of the strategy of Facilitated Communication. Examples of formal approaches used in the literature include testing in controlled conditions using headphones or screening of the facilitator or

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Facilitated Communication user. These strategies may be utilised if they are deemed appropriate by the team and their use is approved by the Manager. However, formal validation approaches are not an essential part of the validation process for an individual.

Staff and clients of Disability Services Queensland may wish to participate in formal validation approaches as a means of contributing empirical information regarding Facilitated Communication to the scientific community. Any such work should be undertaken in accordance with the *Disability Services Queensland Research Framework (2003)*.

Validation Portfolio

Each person who uses Facilitated Communication will have information collected that contributes to a validation portfolio. Information included in the portfolio should detail the circumstances of the situation in which validation occurred, or in which semi-formal/formal validation was attempted. This should include:

1. Time and place of the initial and subsequent communication;
2. Who was present including the facilitator and the communication partner; and details of the communication environment;
3. The content of the messages communicated;
4. How the accuracy of the information communicated was confirmed;
5. The particulars of the communication process, for example:
 - method of communication, eg: symbols, words;
 - communication methods used including the strategy of Facilitated Communication and other methods;
 - the amount of physical support used;
 - observations of additional behavioural/emotional or other information, eg: increased anxiety;
 - vocabulary available to the person eg: symbol board – 20 words,
 - any distinctive features of language used; and
 - any other relevant information.

Ceasing Facilitated Communication

In some circumstances a communication strategies may be introduced that, following adequate trials, appear to be ineffective or no longer appropriate. In the case of Facilitated Communication, consideration can be given to ceasing the technique where the person does not demonstrate any instances of validation. This can only occur where all of the following conditions have been met:

1. Multiple, appropriate opportunities to demonstrate validation have been provided in naturalistic settings that meet the person's individual communication needs; and
2. Where such opportunities have been provided using multiple facilitators, including facilitators with a demonstrated history of validation for people with similar communication skills and similar movement disorders; and
3. The person has had adequate opportunity to learn, practice and use the strategy; and
4. Consent is provided by the person's substitute decision maker or guardian;
5. The impact of cessation of the strategy for the individual is considered and other communication methods are available that meet the person's communication needs; and
6. The decision to cease Facilitated Communication is made by the communication support team and endorsed by the Manager; and
7. The circumstances of the introduction of the strategy, the validation opportunities and the reasons for its cessation are clearly documented.

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The decision to cease use of Facilitated Communication does not preclude reassessment of the appropriateness of the strategy for an individual at a later date, and the reintroduction of the strategy.

The team should plan to provide appropriate supports to the person with complex communication needs in response to any issues that may arise as a result of the decision to cease Facilitated Communication.

2. Validation for Facilitators

Each facilitator will collect information that contributes to a validation portfolio. The validation portfolio will detail instances where the validity of Facilitated Communication has been demonstrated, where that person has been the facilitator for that message.

Information should be collected on any instances of validation occurring in any naturalistic, semi-formal or formal settings. Validation information included in the portfolio should detail the circumstances of the situation including:

1. Time and place of the communication;
2. Details of the communication environment, including who was present including a non-identifying description of the Facilitated Communication user and communication partners;
3. The content of the messages communicated,
4. How the accuracy of the information communicated was confirmed
5. The particulars of the communication process:
 - method of communication, eg: symbols, words;
 - communication methods used including the strategy of Facilitated Communication and other methods;
 - the amount of physical support used;
 - observations of behavioural/emotional or other information, eg: increased anxiety;
 - vocabulary available to the person eg: symbol board - 20 words,
 - any distinctive features of language used;
 - other relevant information.

This information should be collected during the course of regular communication activities using Facilitated Communication. Planned activities designed to seek validation of the facilitator should only be undertaken with the consent of the both the facilitator and the Facilitated Communication user.

3. Validation of specific messages

This form of validation will generally be required only where sensitive or life changing information has been communicated and needs to be confirmed. In these circumstances, or any other circumstance where validation of a specific message is required, the *Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech Policy and Procedure* will be used.

Previously Unidentified Skills

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For some people with complex communication needs, the introduction of a new or modified communication method may allow the person to display skills or knowledge that they were previously unable to demonstrate.

In the case of Facilitated Communication it is vital to determine that, where unexpected skills are demonstrated, they are the skills of the person with complex communication needs and are not the result of influence (intentional or unintentional).

This will primarily be achieved through use of the validation process. It is recommended that teams also re-investigate the person's skills for example, through assessment of the person's cognition, language and literacy and/or sensory perception.

It is important to remember that people learn throughout their lives, and can develop new skills over time. Introduction of Facilitated Communication (as for all Augmentative and Alternative Communication strategies) may also provide a vehicle for people with complex communication needs to develop new skills.

Mismatch of Messages Communicated by Facilitated Communication and Other Communication Methods

On some occasions there may be a mismatch between the message a person appears to be communicating using Facilitated Communication, and the message the person appears to be communicating by their body language, facial expression or behaviour or other communication method.

This mismatch may be the result of a number of circumstances, such as:

- The person's use of body language/facial expression may be different to that of others. For example, some people may laugh when anxious or distressed, when this is usually an indicator of happiness or enjoyment;
- The person may experience movement disorders that result in actions that are not intended or not well controlled; or
- The message may have been influenced (intentionally or unintentionally) by the facilitator.

Communication partners and facilitators must be aware of mismatches in communication and should ensure they clarify the intended meaning. Message clarification should be attempted through multiple methods of communication where this is necessary.

People with complex communication needs must not be compelled to continue their involvement in a communication activity if they are clearly indicating, by any method of communication that they do not wish to continue.

Independence and Fading

A Communication Support Plan that includes Facilitated Communication will incorporate a planned approach to reducing the level of physical support provided to the Facilitated Communication user.

The plan will detail the strategies used to improve hand, arm and upper body functioning, sensory or other skills, and opportunities provided to use Facilitated

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Communication with decreasing physical support. The approach to fading support should be sensitive to:

- the nature of the person's movement disorders,
- the Facilitated Communication user's opportunities to practice pointing for communication purposes;
- the nature of the information being communicated - for example it may not be appropriate to reduce physical support where the person is communicating information of an emotional nature; and
- the need to continue to provide opportunities to learn new and more complex language and communication strategies.

Activities to fade support and increase independence will be developed in consultation with specialists in movement, motor development and movement disorders such as Occupational Therapists and Physiotherapists.

Strategies for Appropriate Communication Interactions using Facilitated Communication

Ensuring the appropriate use of Facilitated Communication requires facilitators and communication partners to be aware of their communication style and the way they approach communication interactions using Facilitated Communication. The following outlines appropriate ways to utilise Facilitated Communication in a manner that reduces influence and maximises independence.

Where possible, it is desirable to separate the role of facilitator from the role of communication partner. This will allow the facilitator to focus on the physical processes associated with facilitation and the communication partner to take carriage of the conversation. Ideally, the facilitator will have a passive role in the conversation – providing the means to access the communication system but not participating directly in the interaction.

Facilitators should be aware of their ability to influence the communicative interaction and the messages communicated. Facilitators must:

- Acknowledge if they are giving cues that indicate the appropriate selection to the Facilitated Communication user;
- Be aware that they may be providing unintentional cues or unintentionally influencing the communication;
- Provide continuous feedback to the person regarding their use of Facilitated Communication, the accuracy of the pointing movement and their behaviour;
- Acknowledge any instances where the pointing movement has been influenced by the facilitator;
- Clarify any incomplete, unclear or ambiguous messages using yes/no questions or other communication methods;
- Be aware of and utilise appropriate strategies to support the person in all aspects of communication; and
- Identify and utilise opportunities to encourage independence and fading of support.

Facilitators must not:

- Intentionally influence the pointing movement unless acknowledging that they are doing so;
- Anticipate or guess the message; or
- Accept an incomplete, unclear or ambiguous message without clarifying its meaning.

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Deliberately influencing the messages of people who use Facilitated Communication is an unacceptable practice. Any deliberate manipulation or misuse of a person's communication system is a breach of Disability Services Queensland's Code of Conduct and will be addressed through the Department's Disciplinary processes.

Any staff member observing possible inappropriate use of Facilitated Communication can report their concerns to their line manager for follow up.

Documentation and Record Keeping

As for other communication strategies, clear records should be kept regarding the use of Facilitated Communication. Records should include:

- opportunities provided to use the strategy and details of the circumstances of use including level of support required, language representation method used eg pictures, symbols;
- Observations of behavioural/emotional or other changes;
- progress towards identified goals including fading and increasing independence; and
- Instances of validation.

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Disability Services Queensland Policy Statement

Title: Responding to Sensitive or Life Changing Information Communicated by Methods Other than Speech.

Policy No.:

Records File No.:

Date of approval:

Date of operation:

Date of implementation:

Date to be reviewed:

Office: Policy Directorate, Disability Services Queensland

Help Contact:

Authority:

Public Service Act 1996 (Qld)

Public Sector Ethics Act (1994 (Qld)

Disability Services Act 1992 (Qld)

Powers of Attorney Act 1998 (Qld)

Guardianship and Administration Act 2000 (Qld)

Objectives:

To establish the required response by staff of Disability Services Queensland to communications of sensitive or life changing information made by clients of Disability Services Queensland where the communication has occurred by methods other than or in addition to speech.

Scope:

1. This Policy is applicable to all services provided by Disability Services Queensland through the Accommodation Support and Respite Services Directorate and the Community and Specialist Services Directorate and to private practitioners engaged by Disability Services Queensland to provide communication support services.
2. This Policy relates to the provision of services by Disability Services Queensland to people who have complex communication needs. It refers to communication using any method alternative to or in addition to speech.
3. This Policy does not refer to communication needs that arise solely as a result of hearing and/or visual impairment or being from a non-English speaking background.
4. This policy is complementary to and DOES NOT REPLACE OR OVERRIDE other policies relating to reporting, investigating or otherwise managing sensitive or life changing information.

Principles:

1. Disability Services Queensland has a responsibility to respond to any complaint, allegation or request made by a service user that has potentially sensitive or life changing consequences.
2. Sensitive or life changing information communicated by methods alternative to or supplementary to speech require the same level of consideration as those communicated by speech.

3. There are additional processes required to ensure that communication of sensitive or life changing information is not subject to influence, and to clarify the meaning of messages conveyed by methods other than speech.
4. Once clarification and validation processes have occurred, communications are subject to the same processes for management, investigation, and action as for any other information.

Policy Statement:

Disability Services Queensland provides services and support to people who as a result of their disability may have complex communication needs. Disability Services Queensland recognises that people with complex communication needs may use methods of communication other than or in addition to speech in order to communicate effectively. Disability Services Queensland's role and approach to communication support is described in the Policy on *Communication Support for People with Complex Communication Needs*.

Disability Services Queensland acknowledges that in some circumstances, depending on the context and method of communication, the messages conveyed by people with complex communication needs may be subject to interpretation or influence by others. It is Disability Services Queensland's policy to respond appropriately to the message conveyed. In the first instance, this response must ensure that the possibility of interpretation or influence over the content of the message is minimised. Where this information is sensitive or life changing in nature, and is communicated by methods other than speech there is a need to:

- clarify the meaning of the message;
- confirm that the person with complex communication needs intended that meaning to be interpreted; and
- validate that the person with complex communication needs was the author of the message.

For the purposes of this Policy, *Validation* is the process used to determine whether sensitive or life changing information has been independently communicated by the person with complex communication needs. A validation process requires the person to communicate the sensitive or life changing information on a second occasion where factors that may have influenced the person's initial communication are identified and controlled. The validation will NOT attempt to determine the truthfulness or otherwise of the initial communication.

The *Procedure for Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech* details the actions, roles and responsibilities of relevant Disability Services Queensland staff in implementing this Policy. In using these procedures, confidentiality must be maintained in line with Disability Services Queensland's *Personal Information Privacy Statement*.

This Policy and supporting Procedure aim only to clarify and validate the authorship and intent of a message communicated by methods other than speech. They do not assist in determining the truthfulness or accuracy of any message communicated by people with complex communication needs, or action to be taken in response to the content of the message. The content of the message must be responded to according to other relevant policies and procedures including:

- *Preventing and Responding to the Abuse, Assault and Neglect of People with a Disability;*
- *Critical Incident Reporting Policy;* and
- *Procedure for Complaints regarding Disability Services Queensland Services.*

When supporting adults with complex communication needs to make decisions regarding sensitive or life changing circumstances, consideration must also be given to the requirements of the *Powers of Attorney Act 1998 (Qld)* and the *Guardianship and Administration Act 2000 (Qld)*. These Acts set out the requirements for supporting adults with impaired decision-making capacity. Disability Services

Queensland must adhere to the requirements of these Acts when supporting adults with complex communication needs to make decisions.

The *Powers of Attorney Act 1998 (Qld)*, the *Guardianship and Administration Act 2000 (Qld)* detail 11 General Principles that are essential to decision-making for adults with complex communication needs. In part, these include:

- *Presumption of capacity* – an adult is presumed to have capacity for a matter;
- *Encouragement of self-reliance* – the importance of encouraging an adult to become as self-reliant as practicable; and
- *Maximum participation, minimal limitations and substitute judgement* – an adult has the right to participate to the greatest extent practicable, in decisions affecting the adult's life.

Where sensitive or potentially life changing circumstances arise formal Guardians and informal decision-makers should be involved in the process of providing and seeking information from people with complex communication needs regarding the decisions that affect their lives.

Roles and Responsibilities

Executive Directors, Directors and Regional Directors are responsible for ensuring that all relevant staff are aware of and implement this Policy and the supporting *Procedure for Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech*.

Delegations

Executive Director / Director / Regional Director

Links:

Definitions

1. For the purposes of this Policy *Sensitive and Life Changing Information* includes any information which has substantial social, emotional, physical, practical, financial and/or legal consequences for the person, their family or staff. *Sensitive and Life Changing Information* includes (but is not limited to):
 - i) **Critical Information:**
 - a) Information concerning suspected abuse, assault or neglect as identified in the Policy and Operational Procedure for *Preventing and Responding to the Abuse, Assault and Neglect of People with a Disability*, or
 - b) A reportable critical incident as identified in the *Critical Incident Reporting Policy*.
 - ii) **Support arrangements**
Any change(s) to the manner in which disability services or supports (paid and unpaid) are provided, including change(s) to:
 - a) Accommodation and living arrangements;
 - b) Service provider or carer; or
 - c) other service provision arrangements.
 - iii) **Other Personal Matters**
Any other personal matter that may have significant impact on the person, or their family and friends including:
 - a) Change(s) to significant activities: schooling/employment/education or other significant activity;
 - b) Health and medical issues;
 - c) Financial affairs;
 - d) Relationships; or
 - e) Emotional wellbeing.

2. For the purposes of this Policy *Communication Methods Other than or in Addition to Speech* include (but are not limited to):
- i) Use of one or more of the following means of representing language: gestures, signed languages, objects, pictures, symbols, words or letters with communicative intent; and
 - ii) Using one or more of the following methods of communication: pointing to a communication board, display or electronic communication device either independently or via Facilitated Communication; key word signs or other communication method.

3. For the purposes of this Policy, *Validation* is the process used to determine whether sensitive or life changing information has been independently communicated by the person with complex communication needs. A validation process requires the person to communicate the sensitive or life changing information on a second occasion where factors that may have influenced the person's initial communication are identified and controlled. The validation will NOT attempt to determine the truthfulness or otherwise of the initial communication.

4. *Communication*

Any act by which one person gives to or receives from another person information about that person's needs, desires, perceptions, knowledge, or affective states. Communication may be intentional or unintentional, may involve conventional or unconventional signals, may take linguistic or non-linguistic forms, and may occur through spoken or other modes.

(National Joint Committee for the Communicative Needs of Persons with Severe Disabilities (1992) *Guidelines for meeting the communication needs of persons with severe disabilities*, ASHA, 34(Suppl. 7), 2-3.)

5. *Complex Communication Needs*

Some people have complex communication needs associated with a wide range of physical, sensory and environmental causes which restrict/limit their ability to participate independently in society. They and their communication partners may benefit from using Augmentative or Alternative Communication (AAC) methods either temporarily or permanently.
(Balandin, S. *Message from the President. The ISAAC Bulletin 2002, 67:2*)

For many people, their complex communication needs will be associated with Severe Communication Impairment. Severe communication impairment is the term used to describe: "Those for whom gestural, speech, and/or written communication is temporarily or permanently inadequate to meet all of their communication needs. For those individuals, hearing impairment is not the primary cause for the communication impairment. Although some individuals may be able to produce a limited amount of speech, it is inadequate to meet their varied communication needs."

(American Speech-Language-Hearing Association 1991 cited in Beukelman, D. and Mirenda, P., (1998) *Augmentative and Alternative Communication: Management of Severe Communication Disorders in Children and Adults, 2nd Ed*, Brookes Publishing, Baltimore)

6. *Communication support*

Communication support is a planned approach to increasing the effectiveness and efficiency of communication for people with complex communication needs and to provide developmentally appropriate opportunities to acquire new communication skills.

"The aim of Communication support is to develop a communication system that increases the individuals meaningful participation in daily activities."

(National Joint Committee for the Communication Needs of Persons With Severe Disabilities (2002) *Supporting documentation for the position statement on access to communication services and supports: Concerns regarding the application of restrictive "eligibility" in Communication Disorders Quarterly Volume 23, Issue 3.*)

Communication support is planned, inclusive of all stakeholders, goal oriented and systematically implemented, monitored and reviewed.

7. *Multi-modal Communication*

The use of multiple components or methods of communication.

8. *Communication Partner*

Any person who talks to or interacts with another person – in this case, any person who talks to or interacts with a person with complex communication needs.

9. *Interviewer* – For the purposes of this Policy an Interviewer is the person identified to coordinate and conduct the validation process for an individual.

10. *Communication Support Person* – for the purposes of this Policy the Communication Support Person is the person identified to assist in establishing an effective communication process between the person with complex communication needs and the interviewer during the validation interview.

Strategic Context

- This Policy links to Disability Services Queensland Strategic Plan 2002 – 2006: Strategic Direction 7: Increasing Safeguards and Advocacy.

Operational Procedures - *Procedure for Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech* attached.

Related Government Guidelines or Policy

- *Policy on Communication Support for People with Complex Communication Needs, 2004*
- *Guidelines for the Use of Facilitated Communication, 2004*
- *Procedure for Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech, 2004*
- *Preventing and Responding to the Abuse, Assault and Neglect of People with a Disability – Policy and Operational Procedure, 2003*
- *Critical Incident Reporting Procedure, 2003*
- *Policy and Procedure for Complaints regarding Disability Services Queensland Services, 2001*
- *Disability Services Queensland Personal Information Privacy Statement, 2003*
- *HR Policy: Ethics and Conduct, 2003*
- *Duty of Care in Client Services, 1994*

(electronic signature)

Linda Apelt

Director General

Procedure for Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech

Initial Communication

In the initial instance of communication of sensitive or life changing information it is the responsibility of the communication partners present to clarify, document and report the information in the following manner.

Clarification

1. Clarify the meaning and intent of the message including:

- i) Confirm that the words used were those intended;
- ii) Obtain relevant information without leading – eg by asking open ended questions;
- iii) Clarify the person's understanding of key words (eg: abuse); and
- iv) Confirm the person's expectations of communicating the information, particularly their desire for action to be taken.

2. Clarify the likely response to the information:

- i) Inform the person if there is an obligation to report the information – explain who will be told and why;
- ii) If there is no obligation to report, clarify whether the person desires action to be taken;
- iii) Provide general information regarding the nature of that action, the likely process and possible outcomes and how to withdraw or stop the process.

Documentation

1. Document details of the sensitive or life changing information as for any other instance. Refer to *Preventing and Responding to the Abuse, Assault and Neglect of People with a Disability* for details of the information to be documented.
2. In addition, document the particulars of the communication process:
 - i) time and date of the communication;
 - ii) communication partners;
 - iii) method of communication, eg: symbols, words;
 - iv) strategies used eg: pointing and speech, Facilitated Communication;
 - v) prompting or facilitation used and to what level;
 - vi) observations of behavioural/emotional or other information, eg: increased anxiety;
 - vii) vocabulary available to the person eg: symbol board – 20 words,
 - viii) any distinctive features of language used;
 - ix) that the two step clarification process was undertaken and by whom; and
 - x) any other relevant information.

Reporting and Responding

1. Reporting Initial Communication

Communication partners present at the initial communication, where they suspect the information is sensitive or potentially life changing, will report that information to their line manager as soon as possible where:

- i) There is an obligation to do so because the information constitutes a critical incident, or possible instance of abuse, assault or neglect or where not reporting would be a breach of the duty of care to the person; or where
- ii) Further action is requested by the person.

No other action can be taken independently by communication partners.

The line manager will instigate responses as required, and ensure that the Manager is notified of the event.

2. Immediate Responses to Communication of Critical Information

Where critical information, as defined by this Policy, has been communicated reference and direction for responses must be sought from the:

- i) *Preventing and Responding to the Abuse, Assault and Neglect of People with a Disability Policy, 2003* and the
- ii) *Critical Incident Reporting Policy, 2004.*

3. Need for Validation

When the communication of Sensitive or Life Changing information is reported, a validation process may be required. Validation of the communication is required:

- i) If the matter is of a sensitive or life changing nature, as determined by the Manager; and
- ii) If the information is conveyed using Facilitated Communication; or
- iii) Where there is a possibility that the person's communication may have been influenced, as determined by the Manager.

The Manager will make determinations based on all available information and by seeking specialist advice where necessary.

Validation

For the purpose of this Policy, validation is a process used to determine whether sensitive or life changing information has been independently communicated. The validation process requires the person to communicate the sensitive or life changing information on a second occasion where factors that may have influenced the person's initial communication are identified and controlled. The validation will NOT attempt to determine the truthfulness or otherwise of the initial communication.

Roles of Participants in the Validation Process

1. The Manager, Community and Specialist Services Directorate will identify an appropriate person(s) to conduct the validation. The validation process will usually require the identification of a person to conduct the interview (Interviewer) and a person to support the communication process during the interview (Communication Support Person). The needs/preferences of the person with complex communication needs will be considered in determining appropriate people to conduct the validation process.
2. The Interviewer will:
 - i) Have knowledge of the investigative processes used by Disability Services Queensland;
 - ii) Be Informed of the circumstances;
 - iii) Be Impartial and unbiased;
 - iv) Have a general understanding of the communication method(s) being used; and
 - v) Coordinate and conduct the validation process including:
 - (a) Determine an appropriate time and venue giving primary consideration to the needs of the person;
 - (b) Ensure that the Communication Support Person has no knowledge of the details of the sensitive or life changing information;
 - (c) Develop a process for eliciting information from the person without compromising the impartiality of the communication support person;
 - (d) Document and report the validation process as required; and
 - (e) Declare at any stage if their impartiality has been compromised.

Procedure for Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech

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In the initial instance of communication of sensitive or life changing information it is the responsibility of the communication partners present to clarify, document and report the information in the following manner.

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2. In addition, document the particulars of the communication process:
 - i) time and date of the communication;
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 - ix) that the two step clarification process was undertaken and by whom; and
 - x) any other relevant information.

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Communication partners present at the initial communication, where they suspect the information is sensitive or potentially life changing, will report that information to their line manager as soon as possible where:

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No other action can be taken independently by communication partners.

The line manager will instigate responses as required, and ensure that the Manager is notified of the event.

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2. The Interviewer will:
 - i) Have knowledge of the investigative processes used by Disability Services Queensland;
 - ii) Be Informed of the circumstances;
 - iii) Be Impartial and unbiased;
 - iv) Have a general understanding of the communication method(s) being used; and
 - v) Coordinate and conduct the validation process including:
 - (a) Determine an appropriate time and venue giving primary consideration to the needs of the person;
 - (b) Ensure that the Communication Support Person has no knowledge of the details of the sensitive or life changing information;
 - (c) Develop a process for eliciting information from the person without compromising the impartiality of the communication support person;
 - (d) Document and report the validation process as required; and
 - (e) Declare at any stage if their impartiality has been compromised.

3. The Communication Support Person will:

- i) Have expert knowledge of and extensive practical experience in the method(s) of communication being used;
- ii) Have no knowledge of the nature of the sensitive or life changing information;
- iii) Be impartial and unbiased;
- iv) Be adequately briefed regarding the particular communication methods and strategies used by the person; including an opportunity to meet the person prior to the validation at the request of the person, the Communication Support Person or the Interviewer;
- v) Be aware of and consider the impact of culture on communication; and
- vi) Declare at any stage if their impartiality has been compromised.

4. During the validation interview:

The role of the Interviewer is to:

- Conduct the interview including asking appropriate questions and using appropriate communication method(s) to elicit information from the person;
- Be aware of and respond to the needs and best interests of the person particularly regarding the person's emotional state;
- Provide general information regarding possible future steps and possible outcomes;
- Respond to questions of the person;
- Confirm that action is required or is requested by the person; and
- Keep a record of the interview.

The role of the Communication Support Person is to:

- assist in establishing an effective communication process between the person and the interviewer including:
- Feedback to the Interviewer regarding effectiveness of the communication process and suggestions for improving communicative effectiveness;
- Utilise multiple methods of communication as appropriate to the needs of the person to assist in obtaining independent, uninfluenced communication;
- Where Facilitated Communication is used, take the role of facilitator;
- Ensure messages are understood and interpreted appropriately by both communication partners.

5. During the validation interview, the person will be asked to repeat the details of the sensitive or life changing information as communicated in the initial communication.

6. The Interviewer and Communication Support Person will provide independent reports of the validation interview, based on their role in the process, to the Manager, Community and Specialist Services Directorate.

Determining Validity

1. The communication will be deemed to be valid where there is agreement on the major points of fact communicated in both the initial communication and the validation process. The Manager, Community and Specialist Services Directorate will determine if the initial communication has been validated, based on the reports of the validation interview, and seeking specialist advice where necessary.
2. Where new or different information is communicated during the validation interview, the Manager, Community and Specialist Services Directorate will consider the need to conduct an additional validation interview to validate the new information. This decision will be made according to the criteria for determining the need for validation detailed above.

3. Where the communication is deemed valid, the line manager will instigate action appropriate to the nature of the information and according to relevant Disability Services Queensland Policies and Procedures.
4. Where the validity of the communication cannot be determined, the line manager will determine if further action is warranted in accordance with Disability Services Queensland Policies and Procedures. In doing so, the Manager will:
 - i) Give no regard to the content of the person's initial communication;
 - ii) Consider all other available information; and
 - iii) Consider the need for any party to access debriefing, counselling or other support.

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ATTACHMENT 6

**Communication Support for People with Complex Communication Needs
Consultation List**

Agency/Stakeholder	Provided to:	Comments Received
DSQ Staff	Regional Directors	-
	Area Managers	-
	Unit Managers	-
	Residential Care Officers (via Unit Managers)	-
	Managers Professional and Specialist Services	-
	Speech and Language Pathologists	2 + group
	Psychologists	1
	Occupational Therapists	-
	Physiotherapists	-
	Social Workers	-
	Executive Director, Accommodation Support and Respite Services	Yes
	Director, Strategic Policy, Planning and Performance	Yes
Project Reference Group	Speech-Language Therapy Adviser, Disability Services Support Unit, Education Queensland	Yes
	Parent	Yes
	Manager Professional and Specialist Services, DSQ	Yes
	Senior Occupational Therapist DSQ	Yes
	Manager, Direct Services Support, DSQ	Yes
	Area Manager, DSQ	Yes
	Senior Speech and Language Pathologist, DSQ	Yes
External Speech and Language Pathologists	Third party personal information	Yes
		Yes
	Cerebral Palsy League of Queensland – Senior Speech and Language Pathologist	Yes
		Yes
Other External Stakeholders / Experts	The Public Advocate – Queensland	Yes
	The Adult Guardian – Queensland	Yes
	Queensland Public Sector Union -	Yes
	Australian Workers Union -	No
	Speech Pathology Australia	Yes
	Occupational Therapy Australia	Yes
	Australian Psychological Association	No
	Australian Group on Severe Communication	No

	Impairment, Queensland Representative	
	Third party personal information	Yes
	International Society for Augmentative and Alternative Communication - Australian Chapter President	Yes

- This paper has also been circulated for feedback to the following sections of Disability Services Queensland:
 - Corporate and Executive Services and Accommodation Support and Respite Services;
 - Programs Directorate;
 - Community and Specialist Services Directorate;
 - Accommodation Support and Respite Services Directorate;
 - All Disability Services Queensland Regional Offices;
 - Legal Services Branch;
 - Acting Director, Finance and Administration Branch;
 - Human Resource Services; and
 - Strategic Performance and Planning.

RTI RELEASED



Disability Services Queensland

BRC

BUDGET REVIEW COMMITTEE

Directorate/Region: Community and Specialist Services Directorate MES Ref:

Requested by: Bette Kill

File Ref:

Urgent **Non-urgent**

Authority to Proceed

Information Paper

Cabinet Submission

Presentation/Documentation

Decision Paper

SUBJECT

- Disability Services Queensland funding program – Community and Specialist Services Directorate.

PURPOSE

- To seek the Budget Review Committee's approval for funding of \$201,082 in 2004-05 to undertake implementation of the Policies, Procedures and Practice Guidelines in *Communication Support for People with Complex Communication Needs* in Disability Services Queensland operated services.

RECOMMENDATIONS

- That the Budget Review Committee
 1. Allocate funding of \$201,082 as a non-recurrent, introductory allocation to implementation of the Policies, Procedures and Practice Guidelines in *Communication Support for People with Complex Communication Needs* in 2004/05.
 2. Note that an additional resource bid will be made to the Budget Review Committee in 2005/06 for additional strategies to support implementation of the Policies, Procedures and Practice Guidelines in *Communication Support for People with Complex Communication Needs*.

<u>NOTED / ENDORSED / NOT ENDORSED</u>	<u>NOTED / ENDORSED / NOT ENDORSED</u>	<u>NOTED / APPROVED / NOT APPROVED</u>
<p><i>MAZ MCCALMAN</i> MAZ MCCALMAN Director Community and Specialist Services 6 1 8 12004</p>	<p><i>BETTE KILL</i> BETTE KILL Assistant Director General 16 1 08 12004</p>	<p>Budget Review Committee Disability Services 1 12004</p>
<p>COMMENTS: <i>BRC - 20/8/04</i> <i>\$50K equipment</i> <i>\$25K resource develop-ment.</i></p>	<p>COMMENTS: <i>MAZ,</i> <i>The L&D requirements for</i> <i>CVSS should be funded</i> <i>by L&D.</i></p>	<p>COMMENTS:</p>

**L&D to pick up training costs.
 Approved BRC 20/8/04*

*AS+RS should provide for their L&D requirements from L&D funds.
 BRC can consider other funding, but not likely*

BACKGROUND

- The majority of people receiving services provided by Disability Services Queensland experience complex communication needs. Many people with complex communication needs have limited, if any, ability to talk. Many rely on informal communication methods such as facial expression, body language or challenging behaviour. People with complex communication needs rely on the skill and willingness of communication partners to identify, interpret and respond to their messages.
- The need for personal help with communication is one of nine life area activities reported under the CSTDA Minimum Data Set. On Snapshot Day 2002, 72 percent of people receiving a CSTDA funded service (excluding employment services) were identified as sometimes or always requiring communication support. Preliminary data from the CSTDA Minimum Data Set, Snapshot Day 2003 indicates that 67.2 percent of people living in the Accommodation and Respite Services (396 people) have little or no effective means of communication.
- Disability Services Queensland currently employs 29.6 full time equivalent Speech and Language Pathologists statewide for both adult and children's services and one Senior Speech and Language Pathologist in the Ipswich and South West Queensland Region. While accurate figures are not available, Speech and Language Pathologists estimate that less than 100 people in the Accommodation Support and Respite Service are receiving ongoing communication support from a Speech and Language Pathologist.
- Disability Services Queensland experiences difficulty in implementing ongoing and successful communication interventions. It is a common experience for adults to be introduced to a communication system that loses its effectiveness or is abandoned over time. The most commonly reported issues identified by Disability Services Queensland staff providing communication support services are lack of human resources, especially access to communication specialists, and obtaining skills and knowledge.
- In January 2003 Board of Management gave authority to proceed with the development of a policy and practice guidelines in this area. On 13 May 2004, the Board of Management provided 'in principle' endorsement of a set of Policies, Procedures and Practice Guidelines. Final endorsement will follow consideration of implementation activities by the Budget Review Committee.
- There are significant risks associated with limiting implementation of the Policies, Procedures and Practice Guidelines. These include:
 - difficulty in meeting Disability Sector Quality Standards;
 - possible Union action related to practice issues in Facilitated Communication; and
 - exposure to contravening the principles of the Disability Services Act 1992 (Qld).
- The organisational benefits associated with thorough implementation include:
 - Possible reduction in risks associated with challenging behaviour including Work Cover claims, Workplace Health and Safety (WPH&S) issues, staffing and program costs
 - Decreased vulnerability of people with a complex communication needs to abuse and an enhanced ability of those people to report possible abuse
 - Enhanced and improved learning and developmental opportunities for children

Author: Christine McBride
 Title: Senior Policy Officer
 Ph (W): 3224 8395
 Date: 20 May 2004

RD/Mgr:
 Reg/Unit:
 Ph (W):
 Ph (AH):

D: Maz McCalman
 Dir: C&SS Directorate
 Ph (W): 3224 8096
 Ph: (AH): Mobile phone number

- Improved decision making and community participation resulting in increased compliance with the principles of the Guardianship and Administration Act 2000 (Qld) and the Powers of Attorney Act 1998 (Qld).

RELATED PROJECT

- Under the Queensland Government Smart State Initiative an allocation of capital funds of \$2.5M was provided to Disability Services Queensland over 2004/05 and 2005/06. The Smart State Equipment funds are targeted for the purchase of capital equipment for clients of the Accommodation Support and Respite Service with a focus on client equipment needs and WPH&S issues.
- Community and Specialist Services Therapists and Specialists staff are conducting assessments to determine client equipment needs in order to develop a priority list for equipment purchase.
- Queensland Treasury Capital Funding Policy stipulates that capital funding is only available for purchase of assets over \$1,000 in the categories of plant and equipment (IT and Software), fit-outs to offices, and land and buildings.
- Where professional client assessments indicate, the Smart State Equipment funds will be used to purchase equipment and technology including software packages, that can be used to develop communication resources for the target group in AS&RS. These funds will also be applicable to purchase some of the basic electronic devices needed for facilitated communication.
- Under the *Communication Support for People with Complex Communication Needs* implementation plan, funding would be for the purchasing of a range of low and high technology communication equipment for trialing with DSQ clients. If AS&RS clients are assessed as suitable candidates for using high tech communication devices, then the Smart State Equipment funds could be used to purchase the prescribed device for the individual.

FINANCIAL SUMMARY

- A plan for implementation of strategies to address areas of high risk in the area of Communication Support are identified and costed in Attachment 1.
- Implementation strategies require the involvement of multiple Directorates within Disability Services Queensland - Community and Specialist Services Directorate, Accommodation Support and Respite Services Directorate and Human Resource Services Branch.
- Additional strategies to be progressed in 2005/06 are identified in Attachment 2. These strategies provide for more comprehensive implementation of the Policies, Procedures and Practice Guidelines, and also address ongoing Learning and Development needs and service delivery issues associated with providing Communication Support Services.
- Funding of \$201,082 is requested to implement strategies to address high-risk areas in Communication Support. This includes a split of resources to implement the strategy and to purchase a range of basic hardware and tools that will be used by C&SS professional and specialist staff in the initial roll out period.

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RTI RELEASE

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Certificate of Funds Available

I certify that the following funds required for this submission are available through (Cost Centre xxxxx):

2004/05 - recurrent	\$	(if applicable only)
2004/05 - non-recurrent	\$	
2005/06 - ongoing	\$	

Maz McCalman
Director
Community and Specialist Services Directorate

/ / 2004

RTI RELEASE

1. Policy Implementation - Minimum Requirements

Policy Awareness	Strategies	Risk if not Implemented	Estimated Cost	Possible Work Unit	Recommended Timeframe
Staff Awareness	<ul style="list-style-type: none"> Staff information sessions in all regions in AS&RS and C&SS. Policy documents available on infonet Articles in Departmental newsletters Advise NGO's of availability 	High – staff will not be aware of new requirements		AS&RS – Senior Program Officer	Within 6 months of Policy approval
Integrate Policies, Procedures and Practice Guidelines into relevant documentation	<ul style="list-style-type: none"> Integrate information into: <ul style="list-style-type: none"> Disability Services Queensland Induction Package Local Induction processes Certificate III - Direct Support Work Accommodation Support Manual 	High – will result in long term reduction in awareness of the policy and limited implementation / compliance.	\$ 33,077 AO6 x 4 months	C&SS – Senior Program Officer Coordinated by C&SS in collaboration with Human Resource Services	Within 6 months of Policy approval

2. Learning & Development - Minimum Requirements

Updating and Learning and Development	Current Practice	Strategies	Risk if not implemented	Estimated Cost	Work Unit	Recommended Timeframe
Basic knowledge of complex communication needs and the range of communication support strategies	<p>Direct support staff: Introductory instruction provided to through induction and Certificate III training</p> <p>Speech and Language Pathologists: Basic knowledge provided through tertiary qualification</p> <p>Managers and Other staff: Incidental instruction from specialist staff and on the job knowledge</p>	<p>Development of an introductory workshop on complex communication needs for all staff, families and carers with versions focused on communication for young children and communication for adults</p>	High Basic instruction is required to support policy implementation	Developed by Disability Services Queensland: \$4,134 (AO6 x 2 weeks) or Outsourced: \$3,600 40 hours @ \$90/hr	Preferred Approach – Develop by Disability Services Queensland Human Resource Services	Within 12 months of Policy approval
Specialised training in Facilitated Communication	Facilitated Communication Basic, Advanced and Instructors Courses run infrequently and require urgent	Facilitated Communication specialist training including program	High – a high risk strategy requiring specialist training that is not available	\$55,602 AO7 x 6 months	Human Resource Services	Within 12 months of Policy approval

Updating and Learning and Development	Current Practice	Strategies	Risk if not implemented	Estimated Cost	Work Unit	Recommended Timeframe
	updating	for training presenters	elsewhere at this time			

3. Specialist Service Provision - Minimum Requirements

Addressing Service Delivery Needs	Strategies	Risk if not Implemented	Estimated Cost	Possible Work Unit	Recommended Timeframe
Provide Equipment and Physical Resources	Develop a list of the basic resources required by each C&SS to provide communication support services. Audit existing equipment. Purchase equipment where required.	Medium – staff may have limited access to the equipment required to provide basic communication support services.	\$100,000	C&SS	December 2004
Speech and Language Pathologists Induction Program	Develop a comprehensive induction program that incorporates familiarisation with requirements of the policies and procedures, and develops a program for professional development over time	Reduced access to specialist staff with appropriate expertise and training to undertake learning and development activities for other staff groups.	\$8,269 AO6 x 1 month	C&SS	Within 12 months of Policy approval

4. Policy Implementation – Additional Strategies

Strategies	Details	Risk if not Implemented	Estimated Cost	Work Unit	Recommended Timeframe
1. AS&RS - Practice Mapping	<ul style="list-style-type: none"> - Identify current practice in communication support and areas where change is required. - Develop an action plan for improving practice for consideration by Board? 	<p>Medium – implementation can continue but without a planned approach. Implementation resources may be poorly targeted.</p>	<p>\$49,616 (AO6 x 6 months – used as 0.5 FTE over 12 months)</p>	AS&RS	Within 12 months of Policy approval
2. C&SS Practice Mapping	<ul style="list-style-type: none"> - Identify current practice in communication support and areas where change is required. - Develop an action plan for improving practice for consideration by Board? 	<p>Medium – implementation can continue but without a planned approach. Implementation resources may be poorly targeted.</p>	<p>\$15,000 Travel and other costs</p>	C&SS	Within 12 months of Policy approval
3. Transitional advice and mentoring – time limited to 6 months.	<ul style="list-style-type: none"> - Regional contact person identified to provide advice, information sessions, increase awareness of communication issues and compliance with Procedures – link with Policy Directorate implementation 	<p>Medium</p>		C&SS	For 6 months post Policy approval

5. Learning & Development - Additional Strategies

Strategies	Current Practice	Risk if not implemented	Estimated Cost	Work Unit	Recommended Timeframe
<p>1. Web-based discussion groups and forums.</p> <p>2. Develop and support regional and statewide networks of communication specialists</p>	<p>Limited networking through professional group networks and through existing client teams and multidisciplinary teams</p>	<p>Low – however limited cost with potentially broad benefit</p>	<p>\$4,962 AO6 x 0.1 FTE over 6 months</p>	<p>C&SS</p>	
<p>3. Development of a self-paced education kit in complex communication needs for staff of Disability Services Queensland – build on introductory workshop, reinforce and extend skills.</p>	<p>Direct support staff: Introductory instruction provided to through induction and Certificate III training Speech and Language Pathologists: Basic knowledge provided through tertiary qualification Managers and Other staff: Incidental instruction from specialist staff and on the job knowledge</p>	<p>Low – however this is a low, non-recurrent cost with potentially broad impact</p>	<p>Developed by Disability Services Queensland: \$ 8,269 (AO6 x 1 month)</p> <p>Development outsourced: \$12,600 (140 hours @ \$90/hr)</p>	<p>Human Resource Services</p>	
<p>4. A Learning Centre on communication support on the Disability Services Queensland website – information for both adults and children services</p>		<p>Low – however this is a low, non-recurrent cost with potentially broad impact</p>	<p>Developed by Disability Services Queensland: \$4,134 (AO6 x 2 weeks)</p>	<p>Human Resource Services</p>	

Strategies	Current Practice	Risk if not implemented	Estimated Cost	Work Unit	Recommended Timeframe
5. Development of specialist information kits for: <ul style="list-style-type: none"> - Speech and language pathologists - Occupational therapists and physiotherapists - Psychologists - Direct Support Workers 	Programs available through tertiary education providing some basic instruction Professional associations and special interest groups provide some opportunities for professional development.	Low - however this is a low, non-recurrent cost with potentially broad impact	\$20,000 (4 x \$5,000 per kit)	Human Resource Services Outsource to specialist agency e.g. University of Qld	

6. Specialist Service Provision – Additional Strategies 2005/06

Service Delivery Needs	Strategies	Risk if not Implemented	Estimated Cost	Possible Work Unit	Recommended Timeframe
<p>1. Profiling Need</p>	<p>Comprehensive assessment of the communication support needs of Disability Services Queensland clients.</p> <p>Develop proposals for meeting needs, including staffing requirements, policy implementation requirements.</p> <ul style="list-style-type: none"> Proposals to be considered by Board of Management / Budget Review Committee for consideration in 2005/06 budget. 	<p>Ongoing issues in service delivery are not addressed.</p> <p>Ability of Disability Services Queensland to meet Quality Standards compromised over the long term.</p>	<p>\$99,232 (AO6 x 12 months)</p>	<p>C&SS</p>	
<p>2. Pilot Project: Resource Officers – Communication Support</p>	<p>Trial introduction of 10 Resource Officers – Communication Support in selected Professional and Specialist Services teams statewide for a 2-year period.</p> <p>Evaluate the impact on the quality and consistency of communication support services and levels of unmet need.</p> <p>BRC Project Brief attached.</p>	<p>Low - Reduced implementation and compliance with Policies and Procedures in Communication Support.</p> <p>Service delivery issues remain.</p>	<p>2004/05</p> <ol style="list-style-type: none"> \$77,424 - Project Officer - AO6 x 1 FTE over 6 months then 0.5 FTE over 6 months \$380,145 - Resource Officers - AO4 x 10 FTE over 6 months \$25,000 - Equipment and Resource (\$2,500 per position) \$50,000 - Evaluation <p>2005/06</p> <ol style="list-style-type: none"> \$49,616 - Project Officer AO6 x 12 months 0.5 FTE \$760,290 - Resource Officers AO4 x 10 FTE \$50,000 - Equipment and 	<p>C&SS</p>	

Service Delivery Needs	Strategies	Risk if not Implemented	Estimated Cost	Possible Work Unit	Recommended Timeframe
			<p>Resources (\$5,000 per position)</p> <p>2006/07</p> <ol style="list-style-type: none">1. \$24,808 - Project Officer – AO6 x 0.5 FTE over 6 months2. \$380,145 - Resource Officers - AO4 x 10 FTE over 6 months3. \$25,000 - Equipment and Resource (\$2,500 per position)		

SECRET

DISABILITY SERVICES QUEENSLAND BOARD OF MANAGEMENT

MEETING DATE: 10 March 2005

AGENDA ITEM: Policy Review and Development: Communication Support for People with Complex Communication Needs

BOARD PAPER

- | | |
|--|---|
| <input type="checkbox"/> Authority to Proceed
<input type="checkbox"/> Cabinet Submission
<input checked="" type="checkbox"/> Decision Paper | <input type="checkbox"/> Information Paper
<input type="checkbox"/> Presentation/Demonstration |
|--|---|

PURPOSE:

1. To seek Board of Management Endorsement of the revised *Practice Guidelines: Communication Support for People with Complex Communication Needs* (Attachment 1).
2. To inform the Board that the Disability Services Queensland Budget Review Committee approved the allocation of funding to implement the policy.
3. To inform the Board that the previously considered *Communication Support for People with Complex Communication Needs Policy* and associated procedures are to be forwarded to the Director-General and the Minister for endorsement (Attachment 2).


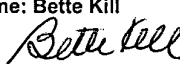
BACKGROUND:

- On 13 May 2004, the Board of Management gave in-principle endorsement to policy and procedures concerning communication support for people with complex communication needs, pending consideration of detailed options for implementation by the Disability Services Queensland Budget Review Committee.
- The Board also noted that, in order to align the documents to the new business model, the practice guidelines were to be redrafted into two separate documents tailored to the needs of staff in the Community and Specialist Services Directorate and the Accommodation Support and Respite Services Directorate.

RECOMMENDATIONS

That the Board of Management:

1. Endorse the revised *Practice Guidelines: Communication Support for People with Complex Communication Needs* (Attachment 1).
2. Note the Disability Services Budget Review Committee approved the allocation of funding to implement the policy on 20 August 2004.
3. Note the previously considered *Communication Support for People with Complex Communication Needs Policy* and associated procedures are to be forwarded to the Director-General and the Minister for endorsement (Attachment 2).

<p>ENDORSED: MANAGER/ ACTION OFFICER Name: Katie Holm</p> <p>Insert date</p>	<p>ENDORSED: EXECUTIVE DIRECTOR Name: Clare O'Connor</p>  <p>Insert date</p>	<p>ENDORSED: ASSISTANT DIRECTOR- GENERAL Name: Bette Kill</p>  <p>Endorsed by BOM: Date: 14/02/05 Decision No.</p>	<p>APPROVED/NOT APPROVED: DIRECTOR-GENERAL Name: Linda Apelt</p> <p>Insert date</p>
<p>COMMENTS/ REQUIREMENTS: add comments</p>	<p>COMMENTS/ REQUIREMENTS: add comments</p>	<p>COMMENTS: add comments</p>	<p>COMMENTS: add comments</p>

DISABILITY SERVICES QUEENSLAND

Communication Support for People with Complex Communication Needs

Objective

1. To seek Board of Management (BOM) Endorsement of the revised *Practice Guidelines: Communication Support for People with Complex Communication Needs* (Attachment 1).
2. To inform BOM that the Disability Services Queensland (DSQ) Budget Review Committee approved the allocation of funding to implement the policy.
3. To inform BOM that the previously considered *Communication Support for People with Complex Communication Needs Policy* and associated procedures are to be forwarded to the Director-General and the Minister for endorsement (Attachment 2).

Background

- In May 2004, the Policy Directorate submitted a draft policy, procedures and practice guidelines in communication support for people with complex communication needs to BOM for in-principal support, subject to the development and approval of an implementation plan.
- The purpose of the policy documents was to address the policy gap in the area of communication support. The policy documents incorporated additional safeguards for appropriate practice in the use of facilitated communication to address complaints and industrial issues arising as a result of DSQ's practices in using facilitated communication. For the first time, these documents describe DSQ's policy position and expectations for practice in facilitated communication.

Linkages to key documents

- When implemented, the policy will provide a framework for DSQ to better support the principles of the *Disability Services Act 1992 (Qld)*.
- By providing a clear framework for communication support, it will assist DSQ in implementing other Departmental policies and initiatives including:
 - *Policy for Preventing and Responding to the Abuse, Assault and Neglect of People with a Disability*;
 - *Queensland Disability Service Standards*; and
 - *Disability Discrimination Action Plan*.

Previous consideration by Cabinet or BOM

- On 13 May 2004, BOM gave in-principle endorsement to *Communication Support for People with Complex Communication Needs Policy* and associated procedures, pending consideration of detailed options for implementation by the DSQ Budget Review Committee.
- BOM also noted that, in order to align the documents to the new business model, the practice guidelines were to be redrafted into two separate documents tailored to the needs of staff in the Community and Specialist Services Directorate and the Accommodation Support and Respite Services Directorate.

- Revised practice guidelines have been developed in consultation with key staff of Community and Specialist Services Directorate and the Accommodation Support and Respite Services Directorate. The revised *Practice Guidelines: Communication Support for People with Complex Communication Needs* are now presented to BOM for endorsement.
- Following BOM's in-principal endorsement of the policy documents, the DSQ Budget Review Committee approved the allocation of funding to implement the policy on 20 August 2004. Consistent with the DSQ Budget Review Committee's decision, the Community and Specialist Services Directorate has developed a detailed implementation plan (*Attachment 3*).
- Key strategies from the implementation plan include:
 - communication of the policy documents to all relevant staff;
 - integrating the policy documents into induction, training and workplace manuals;
 - developing workshops on complex communication needs;
 - developing specific training in facilitated communication; and
 - providing specialist staff with agreed equipment required to deliver basic communication support services.
- Consistent with the DSQ Budget Review Committee's decision, an additional bid will be made in 2005-06 to support ongoing implementation of the policy, procedures and practice guidelines.

Results of Consultation and Advice

- As reported to BOM in May 2004, the policies, procedures and practice guidelines were developed following extensive consultation with DSQ staff, Unions and external stakeholders including the Public Advocate, Adult Guardian and specialist communication groups.

Departmental Implications/Impacts

- Endorsement of the revised practice guidelines will complete the initial development and approval cycle. Completion of this step will enable the policy and procedures to be forwarded to the Director-General and Minister for endorsement, and the subsequent commencement of implementation strategies.
- Implementation of the policies, procedures and practice guidelines will clarify appropriate practice on the communication of sensitive information, and will assist staff to comply with policies such as the *Policy for Preventing and Responding to the Abuse, Assault and Neglect of People with a Disability*.
- Implementation of the policies, procedures and practice guidelines will also assist DSQ operated services to meet the Disability Sector Quality Standards, and assist in complying with the principles of the *Disability Services Act 1992 (Qld)*.
- The *Disability Services Act 1992 (Qld)* identifies specific principles that reflect each individual's right to communicate and that have implications for communication support. Specifically, the Act states in section 9 that *People with disabilities have the right to:*
 - b) *Realise their individual capacities for physical, social, emotional and intellectual development; and*
 - c) *Services that support their attaining a reasonable quality of life in a way that supports their family unit and their full participation in society; and*
 - d) *Participate actively in the decisions that affect their lives, including the development of disability policies, programs and services; and*

- e) Any necessary support, and access to information, to enable them to participate in decisions that affect their lives

Finance Implications

- On 20 August 2004, the DSQ Budget Review Committee:
 - approved the allocation of \$75,000 non-recurrent funding to implement the policy, procedures and practice guidelines; and
 - noted that an additional bid will be made in 2005-06 to support implementation of the policy, procedures and practice guidelines.

Marketing and Communication Implications

- The policy, procedures and practice guidelines will be published on both the Infonet site.
- Information on the Infonet site "What's New" will advise staff of the approval and implementation of this policy.
- A memorandum will be sent to senior managers alerting staff to the approved policy. A hard copy of the policy will also be provided.
- DSQ funded non-government organisations will be advised of the policy documents through sector publications.

Quality Service Standards Implications

- Approval and implementation of the policies, procedures and practice guidelines will assist DSQ operated services to meet the Disability Sector Quality Standards. The policy is not mandatory for Disability Sector Quality System funded non-government organisations, but will be made available to these organisations as part of the implementation process.

Service Delivery Implications

- The policies, procedures and practice guidelines have been written in line with currently accepted good practice. These practices are generally known to staff of DSQ and fit within the current processes for Individual Planning.
- The policies, procedures and practice guidelines clarify that DSQ must consider the communication support needs of its clients. However, the documents do not establish mandatory communication support services.
- The two practice guideline documents are tailored specifically to the needs of staff of the Community and Specialist Services Directorate and the Accommodation Support and Respite Services Directorate. The documents contain information and practical advice to assist staff to implement the policy and procedures.

Recommendations

That the Board of Management:

1. Endorses the revised *Practice Guidelines: Communication Support for People with Complex Communication Needs (Attachment 1)*.
2. Notes that the DSQ Budget Review Committee approved the allocation of funding to implement the policy on 20 August 2004.

3. Notes that the previously considered *Communication Support for People with Complex Communication Needs Policy* and associated procedures are to be forwarded to the Director-General and the Minister for endorsement (*Attachment 2*).

List of Attachments

1. *Practice Guidelines: Communication Support for People with Complex Communication Needs.*
2. *Communication Support for People with Complex Communication Needs Policy* and associated procedures.
3. Implementation plan.

Signature



RTI RELEASE

CHECKLIST – BOARD OF MANAGEMENT PAPERS

(Complete and transmit with all submissions)

CHECKLIST ITEM	YES	NO	N/A	COMMENT
Format Correct?	X			
Type of Paper				
Headings	X			
Attachments provided?	X			
Linkages Clarified?			X	
Government Priorities				
WoG Frameworks			X	
Departmental Priorities			X	
Departmental Strategic Plan			X	
Business Unit Plan			X	
Cabinet Decision			X	
Previous Board Decision	X			
Departmental implications identified and internal consultation undertaken with -	X			
Assistant Director-General, Disability Services Queensland				
Executive Director, Policy	X			
Executive Director, Community & Specialist Services	X			
Executive Director, Programs	X			
Regional Directors	X			
Assistant Director-General, Corporate and Executive Services	X			
Executive Director, Accommodation Support and Respite Services	X			
Director, Finance & Administration			X	
Director, Strategic Planning and Performance Measurement			X	
Director, Human Resources			X	
Director, Marketing and Communication			X	
Director, Information Management			X	
Manager, Quality Project			X	
Legal Services			X	
Internal Audit Services			X	
External Consultation undertaken, analysed and documented?				
Other Departments			X	
Statutory Authorities	X			
Peak Bodies	X			
Community Organisations	X			
Community Groups	X			
Unions	X			
Consultation Documented?	X			
Action Officer/Manager Date:	Executive Director Date:			Assistant Director-General Date:

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Practice Guidelines

Communication Support for People with Complex Communication Needs

Community and Specialist Services

Disability Services Queensland 2005

Disability Services Queensland recognises that communication is fundamental to all aspects of life. It is the basis by which people interact, develop relationships and seek to meet their needs.¹ It is the role of all relevant staff to support effective communication for people with complex communication needs.

These Practice Guidelines contain information and advice to assist Community and Specialist Staff to implement the *Communication Support for People with Complex Communication Needs Policy*. The Guidelines are based on the principles set out in the Policy, and are consistent with associated procedures. You should refer to those documents for more detailed information.

¹ Policy statement, Disability Services Queensland *Communication Support for People with Complex Communication Needs Policy*.

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1. Introduction

What are my obligations as a member of Community and Specialist Services?

In accordance with the *Communication Support for People with Complex Communication Needs Policy*, it is the role of all staff to ensure that people regardless of their age, level of disability and living circumstances have the opportunity to:

- utilise communication to participate and interact;
- have their communication methods and communication attempts recognised as valid forms of communication and responded to at all times;
- communicate for multiple purposes – to establish relationships, to fulfil needs and wants, to participate in social interactions, and to express preferences;
- receive information; and
- make decisions.

Action:

- Refer to the *Communication Support for People with Complex Communication Needs Policy*, [Access details to be inserted].

What is communication support?

Providing communication support, in line with the *Communication Support for People with Complex Communication Needs Policy*, will require a number of different responses from Community and Specialist Services staff.

Specialist staff will have the skills to develop formal communication support plans for eligible clients. In general this would involve speech and language pathologists, occupational therapists, physiotherapists and psychologists/behaviour support teams. These staff will be directly involved in the assessment, implementation and monitoring of communication support plans, including developing strategies to include support goals into other activity programs.

Community staff will be involved in broader support activities, which may require them to:

- engage in successful interactions and model appropriate communication strategies;
- negotiate with the person and their family about the need for communication support services as part of a funding package, and make referrals;
- be aware of, and familiar with, any communication support plans that are in progress and ensure that support goals are integrated into everyday interactions and activities;
- provide support to families who have a family member with complex communication needs. This would require staff to have an awareness and understanding of the impact of complex communication needs; and/or
- communicate informally eg. socialise with people with complex communication needs whilst engaged in supporting other clients.

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2. Communicating with the person and their family

What is communication and how does it impact on the people I support?

Communication is a constant experience. It is embedded in everything we do. Everyone can and does communicate on a daily basis. Communication is not just about expressing needs and wants although this is often the focus of interactions. Four basic functions of communication have been identified. These are:

- social closeness – to establish and develop personal relationships;
- social etiquette – to conform to social conventions of politeness;
- expression of needs and wants – regulate the behaviour of others to fulfil needs and wants; and
- information transfer – to obtain information and/or impart information to others².

Acquiring competence in these four areas will significantly impact on a person's life. The ability to participate and control one's life is essentially linked to effective communication. It is fundamental to quality of life.

The ability to communicate is an important safeguarding mechanism to reduce the risk that people with a disability may experience abuse, assault or neglect³. People with complex communication needs are recognised as being more vulnerable to abuse, assault and neglect than other people with a disability, and less able to report incidents and receive appropriate support⁴.

In the absence of appropriate means of communication, people with complex communication needs may sometimes use behaviours which put themselves or others at risk of harm (See Section 5 below for more details).

As a result of their abilities and life experiences, the people that you support have developed their own personal strategies to process information and express themselves. Many people with complex communication needs have experienced lifelong struggles to engage successfully in communication interactions. A person's ability to process information and/or express themselves can also affect the way they feel.

How does the person I support understand the communication of others?

People with complex communication needs are reliant on others to communicate with them in ways that are meaningful and understandable. They may require others to use a combination of communication methods, such as accompanying speech with either manual signs or symbols. Speech alone can be insufficient and may exclude people from the opportunity to understand and participate.

People with complex communication needs have the right to access information that affects their lives and allows participation in decision making. Modifications to written information may be required, such as plain English format, or supplementation with photographs, pictures, photos or other strategies such as verbal information or videos.

² *Beukelman and Mirenda (1992)*

³ *Nucleus Group (2003) Abuse Prevention Strategies in Specialist Disability Services*

⁴ *Preventing and Responding to the Abuse, Assault and Neglect of People with a Disability Policy*

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Action

- Take time to identify the communication methods that best assist the person to understand information.
- These methods should be agreed upon and consistently implemented by all communication partners.
- Ensure that communication remains respectful and appropriate to the person's age and skills, regardless of the method used.
- Refer to the *Communication Partners* section; *Communication Support for People with Complex Communication Needs Policy* [Access details to be

How does the person I support express themselves?

People with complex communication needs are likely to express information in many different ways and use a combination of communication methods. These may be formal, recognised communication methods such as words, signs, and symbols. They may also be more subtle communication methods that are not immediately recognisable or are not easily understood such as gestures, eye gaze, facial expression or other behaviours.

Words, symbols, pictures or photos may be used individually, in book or on boards, or they may be incorporated in the displays on electronic communication devices.

If a person has a physical and/or sensory impairment, communication materials may need to be adapted (enlarged images or high contrast colours) or the method of access to the materials may be assisted using either assistive technology or Facilitated Communication.

People communicate in different ways in different situations. Encouraging multiple methods of communication is a principle of good practice as well as being essential in some situations. For example, electronic communication devices cannot be used near water and will, from time to time, require repair and maintenance. People who use manual signs can only do so successfully with those who understand signs. People who use facilitated communication may not always have a trained facilitator available. In summary, people with complex communication needs may require a range of communication methods to suit a range of needs and environments.

Action

- Develop rapport and a trusting relationship as a means of engaging the person in communication.
- Identify the methods used currently by the person to communicate.
- Assess the success of these methods in different situations.
- Identify situations where the person may not have a successful method of communication.
- Seek assistance from specialist staff, if necessary, and particularly in relation to the assessment of a person for an electronic communication device or facilitated communication.
- Consider the persons communication needs in the future.

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How do I know if I'm responding appropriately?

Some people with complex communication needs communicate using methods that are sometimes difficult to identify or interpret. When the communication attempts of a person with complex communication needs are not acknowledged, the person may lose motivation to communicate or may resort to using less socially acceptable communication methods.

Action

- Recognise, acknowledge, respect and respond appropriately to communication attempts regardless of the method of communication.
- Honour the decisions of the people you support where possible.
- Where this is not possible, inform the person and explain the reasons why.
- Where the meaning of the message is ambiguous or unexpected:
 - determine the exact intent of the message. If the content of the message is incomplete, unclear or ambiguous meaning should not be assumed;
 - inform the person if you do not understand the message;
 - clarify the message communicated - use multiple communication methods to assist with clarification;
 - develop an understanding of the person's use of language communication strategies; and
 - be aware that people who communicate by means other than speech can also joke, be mistaken, exaggerate or even lie. The accuracy of a message is not changed by the method of communication.
- Ensure that all team members are responding appropriately and in a consistent manner.

How do I encourage people to use communication methods that are appropriate and successful for them?

People with complex communication needs frequently use methods other than speech in order to communicate. These methods are collectively known as augmentative and alternative communication. Augmentative and alternative communication systems must be routinely used and accepted by all communication partners, providing models of day to day communication in order to encourage people with complex communication needs to use the communication methods available to them. Modelling of appropriate communication methods is essential, even if the person with complex communication needs does not require this in order to comprehend messages. It ensures that their communicative methods are valued, accepted and responded to.

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Action

- Learn to communicate using the persons appropriate, successful methods of communication.
- Ensure that everyone in the person's life knows about the communication methods used by the person.
- Assist those who have regular contact with the person to communicate using their appropriate and successful methods.
- Ensure that any necessary communication support materials are available – choice boards, symbol cards, chat books, electronic communication devices.
- Ensure that any communication support materials are relevant to the situations within which they are used.

When do I make a referral for specialist support?

Referrals for specialist support should be made wherever staff perceive that either the clients skills, the skills of the communication partners or the opportunities provided by the environment are insufficient to allow the person to:

- participate;
- have their needs met;
- make decisions;
- communicate in ways that are not harmful to themselves or others; and
- protect themselves from abuse, assault or neglect.

Action

- Refer to *Access to Communication Support Services section, Communication Support for People with Complex Communication Needs Policy*, [Access details to be inserted].

3. Communication Support Plans**A Team Approach**

In line with the *Communication Support for People with Complex Communication Needs Policy*, communication support will be provided by a client team. In this context, the client team includes the person with complex communication needs and all relevant others including, as appropriate, the person's family members, support workers and speech and language pathologists. Specialist staff have the skills to develop formal communication support plans for eligible clients of the service⁵. Teams may also include the relevant line managers(s) and other individuals relevant to the particular situation (eg. friends, advocates).

⁵ *Access to Communication Support Services section, Communication Support for people with Complex Communication Needs Policy*

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Each team member has a significant role to play. For example, speech and language pathologists provide specialist knowledge and skill in language and communication support, while family members and staff directly involved with the person often have the most thorough and detailed understanding of a person's skills and current communication system.

Ideally, a communication support team should, collectively, have the knowledge that supports and encourages communication including knowledge of:

- the needs and preferences of the person with complex communication needs;
- human development and people with a disability, including disabilities that may co-occur with communication disorders;
- communication development and different communication methods;
- challenging behaviour as a potential communication act, medications and their effects on behaviour; and
- movement and movement control, positioning, sensory processing and cognition and learning as these affect communication.

Collectively, team members should be able to:

- identify, interpret and respond to the person's current communication;
- assess communication effectiveness;
- determine appropriate supports for different environments;
- develop communication goals appropriate to the person with complex communication needs;
- implement, review and evaluate communication supports focussed on functional communication goals;
- document functional communication abilities;
- utilise the most appropriate positioning, mobility and communication aids and equipment to maximise functional communication; and
- incorporate functional communication into day to day living.

Successful communication support relies on the team working collaboratively. Features of a positive team process in communication include:

- Collaborative decision making;
- Commitment to communication objectives;
- Clear and agreed goals, roles and responsibilities; and
- Strong communication.

For more information, refer to the *Approach to Providing Communication Support Services* section, *Communication Support for People with Complex Communication Needs Policy*, [Access details to be inserted].

Communication Assessment

Any communication support must begin with a comprehensive assessment based on an appropriate model. The assessment involves gathering and analysis of information so that users of augmentative and alternative communication systems and those who assist them can make informed decisions about the range and type of supports that may increase the person's participation in communication. Assessment should be an ongoing process of learning and understanding about the person.

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A speech and language pathologist will usually be responsible for coordinating the assessment process and determining an appropriate model of assessment. In addition, all team members will have a unique contribution to the assessment process by virtue of their professional knowledge and skills, their knowledge of the person with complex communication needs, their skills as a communication partner or the environments within which the person moves.

Assessment should be an ongoing process of learning and understanding about the person. Communication assessments should catalogue and describe information about the person with complex communication needs, including:

- the person's current communication forms (methods) and functions (purposes), the efficiency and effectiveness of that communication;
- the person's skills and abilities in receptive and expressive language, and motor, sensory and social interaction;
- the current and potential communication needs and opportunities;
- considering the person's preferences, interests, priorities and motivations;
- possible communication methods that may be beneficial; and
- past communication support methods and their success.

In addition, communication assessments should consider multiple physical and social environments, and should gather information including:

- the adequacy of the physical environment in supporting communication;
- responsiveness to current communication attempts;
- communication opportunities and barriers presented by the physical and social environment;
- the skills, knowledge and attitudes of communication partners in various communication forms and functions; and
- opportunities for communication development.

Communication assessments may also consider the broader context for communication and the influence of these on communication support.

These may include:

- organisational policies and procedures, cultures and practices;
- attitudes to communication and communication support; and
- opportunities for learning and development in communication.

This information may need to be gathered over an extended period in order to obtain an informed perspective of all communication practices. Analysis of the information gathered should provide recommendations for the development and implementation of an appropriate communication system.

For more information, refer to the *Approach to Providing Communication Support Services* section, *Communication Support for People with Complex Communication Needs Policy*, [Access details to be inserted].

DRAFT ONLY**Planning and Goal Setting and Implementation**

Planning and goal setting is the foundation of successful communication support.

The goals, plans and implementation strategies developed are dependent on the circumstances of the person with complex communication needs, the knowledge, skills and attitudes of their communication partners and the nature of the physical and social environment. Communication support is different for each person. Beukelman and Mirenda (1998) identify seven principles of decision-making and intervention:

1. Build on the consensus already achieved during the assessment process.
2. Communication is multi-modal in nature. Augmentative and alternative communication supports should also be multi-modal in nature.
3. Plan for today and tomorrow.
4. Provide both contextual and specific skill instruction, as needed.
5. Minimise the cognitive, linguistic, sensory, and motor demands of specific skill training.
6. Provide information, training, and support to augmentative and alternative communication users, their communication partners, and their facilitators to build communicative competence.
7. Meaningful communication is a shared responsibility.

There are many considerations in developing and implementing appropriate communication strategies. Information on the considerations for successful communication support can be obtained from many sources. Approaches to communication support are described in the following references:

Beukelman, D. and Mirenda, P., (1998) Augmentative and Alternative Communication: Management of Severe Communication Disorders in Children and Adults, 2nd Ed, Brookes Publishing, Baltimore

Light, J., Beukelman, D., and Reichle, J., (2003) Communicative Competence for Individuals who use Augmentative and Alternative Communication: From Research to Effective Practice, Brookes Publishing, Baltimore

Glennen, S. L. & DeCoste, D. C. (1997). Handbook of Augmentative and Alternative Communication. Singular Publishing Group, Inc.

Monitoring, Review and Outcomes Measurement

The aim of communication support is to develop a day-to-day communication system that increases the person's meaningful participation in daily activities. Communication systems should grow, change and develop with a person's changing skills, needs and lifestyle.

Communication support practices need to be monitored to ensure that they continue to address the person's communication needs and that outcomes are achieved as desired by the person with complex communication needs.

Outcomes are the changes that can be attributed to communication support. Communication outcomes can be measured according to different perspectives, including the person's perspective, the communication partners' perspectives and the organisation's perspective. Communication researchers and experts are continuing to develop their understanding of the broadest aims of communication support and how best to measure and evaluate the achievement of outcomes.

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Light (2003) proposes that the effectiveness of a Communication Support Plan for an individual can be investigated by monitoring outcomes according to three different measures:

1. Achieving set goals - Measuring the progress of a plan against set goals is the most common way of determining the success of support. Performance indicators (what are we looking for) and performance measures (what degree of change indicates success) can be developed to assist in determining the effectiveness of communication supports. Goal Attainment Scaling is a simple method for evaluating progress towards goals.
2. Increasing the person's participation - Beukelman and Mirenda (1998) present a participation assessment framework to assist in determining the level of participation of the person with Complex Communication Needs in a range of communication environments.
3. Measuring Outcomes - particularly as they relate to changes in quality of life is a developing area for communication specialists.

For more information, refer to the *Approach to Providing Communication Support Services* section, *Communication Support for People with Complex Communication Needs Policy*, [Access details to be inserted].

3. Specific roles

The role of the speech and language pathologist includes—

- conducting an assessment of a person's communication needs;
- implementing and evaluating specific communication strategies;
- establishing multi-modal communication systems;
- periodically re-evaluating the person's communication needs in line with a developmental approach;
- providing communication partner training and support;
- providing advocacy on the person's communication needs; and
- contributing to the development and support of a communication-friendly environment.

The role of physiotherapists and occupational therapists includes—

- working in a team to develop and support multi-modal communication systems;
- assessing relevant sensory, perceptual and movement ability issues for a person;
- developing strategies to address any issues identified (eg neck and head control, balance, arm and hand coordination, muscle strength and seating);
- ensuring optimal positioning of the person, their communication aid and specific words, symbols or photographs on the communication display;
- assess the person's access to communication aids and developing strategies to increase independence when accessing aids;
- designing meaningful activities to provide opportunities for communication and to enhance communication skills; and
- contributing to the development and support of a communication-friendly environment.

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The role of staff (including psychologists) in behaviour support teams includes—

- investigating the role of communication in relation to challenging behaviour;
- working with the communication support team to develop a range of alternative mechanisms for the person to use in their communication;
- developing a behaviour support plan which incorporates communication goals;
- working with the speech and language pathologist to develop a range of strategies to address communication needs in relation to behaviour;
- designing and constructing relevant resources (eg diary, wall chart and social stories);
- working with the team to support staff and carers to implement the strategies identified in the behaviour support plan; and
- contributing to the development and support of a communication-friendly environment.

The role of other Community and Specialist Services staff includes—

- supporting the development and implementation of communication plans;
- taking an active role in communicating with the person and modelling good communication practices;
- contributing to the development and support of a communication-friendly environment.
- supporting the person to operate effectively within their community and to participate to the greatest extent possible in decisions affecting their life;
- being flexible in offering a range of communication options to the person with complex communication needs; and
- providing support and information to individuals and their families and/or carers.

4. Incorporating communication support goals into other activity programs

Communication is fundamentally involved in all aspects of daily life and cannot be considered separately from other activities or programs. All staff of the Specialist and Community Service have a responsibility to be aware of any communication support plans that have been developed. Incorporating communication support goals may involve the following:

- clarifying the communication support goals with specialist staff;
- seeking advice to implement goals;
- seeking training for yourself and others in the skills required to implement the plan, as necessary; and
- providing feedback to the monitoring and review process.

Refer to the Communication and other Individual Programs section, Communication Partners section, *Communication Support for People with Complex Communication Needs Policy* [Access details to be inserted].

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5. Other Issues

Communication and challenging behaviour

When attempting to communicate, some people can at times demonstrate behaviour that may be harmful to the person or others or may result in the person being excluded from their community. Such behaviour can have a range of causes and functions.

People communicate in the most efficient and effective manner available to them at any given point in time. For people with complex communication needs, challenging behaviour may be used as a means of communication, particularly where other communication options are unavailable or where other communication attempts do not receive an appropriate response.

A general approach to communication support can be an effective tool in addressing some aspects of challenging behaviour. The person's behaviour must be carefully assessed to determine its functions and causes. Where these functions are communicative, communication supports that are specific, defined and targeted must be implemented in order to reduce the challenging behaviour and replace it with more appropriate communication methods.

Action

- Observe the person's behaviour and, using an ABC framework (antecedents, behaviour and cause/consequences), attempt to determine why and in what circumstances it is being used. This information will be invaluable both for day to day interactions and for specialised communication support.
- If appropriate, model and/or prompt alternative behaviour, ensuring it is as easy and as effective as the challenging behaviour.
- In some cases it may be possible to remove the need for the challenging behaviour, if the message is listened to and acted upon e.g. altering some aspect of the environment at the person's "request".
- Seek specialist assistance if required, particularly speech and language pathologists and behaviour support teams.
- Contribute to formal intervention by providing information to the assessment process and by being involved with ongoing and consistent agreed intervention support plans.
- Refer to the *Communication and Challenging Behaviour* section, *Communication Support for People with Complex Communication Needs Policy*, [Access details to be inserted].

Communication of sensitive or life changing information

Messages conveyed by people with complex communication needs may be subject to misinterpretation or influence by others. The possibility of misinterpretation or influence must be minimised particularly where the information is sensitive or life changing. This includes any information which has substantial social, emotional, physical, practical, financial and/or legal consequences for the person, their family or staff.

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Action

- Refer to the *Sensitive and Life Changing Information* section, *Communication Support for People with Complex Communication Needs Policy*, [Access details to be inserted].
- Refer to Policy and Procedures - *Responding to Sensitive or Life Changing Information Communicated by Methods Other than Speech*, [Access details to be inserted].

Privacy and confidentiality

People with complex communication needs are entitled to privacy and confidentiality. However, some communication methods increase the risk that messages may be accessed by unintended recipients. For example, the voice output from a communication device may be overheard by others; a communication board is publicly displayed and accessed.

Action

- Give the person as much control as possible over the use and storage of their communication aids, devices and messages.
- Select a volume, on a communication device, that is sufficient for the user and intended recipient/s only, where possible.
- Avoid repeating messages loudly in a way that might be heard by others.
- Seek permission to share information about conversations with them.
- Only record and store messages in specific situations, as detailed in the *Communication Support for People with Complex Communication Needs Policy*.
- Refer to the *Privacy and Confidentiality* section, *Communication Support for People with Complex Communication Needs Policy*, [Access details to be inserted].

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Considerations of cultural diversity

The differences associated with diverse cultural backgrounds are sometimes most obvious in communication. Teams need to be sensitive to the needs and requirements of clients from diverse linguistic and cultural backgrounds and responsive as far as practicable to the particular circumstances of individuals.

Action

- Find out about the background of the person that you support, particularly their primary language and the rules of social interaction.
- Incorporate their language and social rules wherever possible.
- Use culturally appropriate symbols or pictorial representations in any communication resources.
- Refer to the *Cultural Diversity* section, *Communication Support for People with Complex Communication Needs Policy*, [Access details to be inserted].

6. Specific Communication Methods

People with complex communication needs develop their own personal strategies to process information and express themselves as a result of their abilities and life experiences. The term alternative and augmentative communication (AAC) refers to methods of communication that either replace speech or support speech that is not sufficient to meet a person's needs eg a person whose speech is difficult to understand by those not familiar with the person. The use of AAC is not only for replacing or supporting expressive communication but to assist a person to understand the communication of others. Another important principle of AAC is that it is multi-modal, in the same way that we all use different communication methods in different situations and environments.

Informal methods

Informal communication refers to methods of communication such as gesture, facial expression, eye gazing and body postures. These methods almost always rely on the interpretive abilities of the communication partner for success. These methods of communication can work effectively in certain situations or with familiar people, however they usually do not allow the person to be specific about the intent of their communication message compared to methods that use some kind of symbol system eg signs, picture symbols etc

Formal methods

- Words and letters

Some people with complex communication needs have literacy skills that enable them to use either whole words or the letters of the alphabet to construct communication messages. Words and/or letters might be displayed on boards or in books or they might be displayed on an electronic communication device. The latter usually offers the person the option of voice output.

These methods, particularly the use of letters, can allow a person to be spontaneous and precise in the communication messages they send.

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- Signing

Many people with complex communication needs learn to understand communication and express themselves through the use of hand signs. These systems allow a person to be specific about their communication message because they are a language system. This means that individual signs represent ideas which can be signalled individually or sequenced to form any message, in the same way as a person with speech can use words to produce spoken language.

Signing systems have their origins in the deaf communities of the world, who have developed their own unique systems just as the speaking communities have developed spoken English, Japanese, French etc. The signing language of the Australian deaf community is Auslan and some people with complex communication needs have learnt this system.

Another familiar term is Makaton. Makaton is not a signing system, rather it is a system for developing language through the use of communication methods such as signing, pictures, symbols etc. However, as many people know about Makaton in relation to signing, it has been included here. The signs used to support language development in Makaton programs are taken from the Auslan system. A Makaton program aims to provide people with a functional vocabulary of key signs that are used in spoken language order. Signs are drawn from the Auslan system, depending on the needs and lifestyle of the person.

- Use of objects, pictures, photos and/or symbols

Some people with complex communication needs use objects, pictures, photos and/or symbols to understand and express themselves, in much the same way as key signs represent ideas and concepts. The choices between these different communication materials will depend on the skills of the person in terms of their cognition and visual skills, along with their ability to physically point to and manipulate the materials.

These materials can be offered on boards or in books or on electronic communication devices. The latter option usually offers the person voice output features.

- More information

As well as seeking assistance from specialist staff or manager the following are suggested references for further reading:

Beukelman, D. and Mirenda, P., (1998) Augmentative and Alternative Communication: Management of Severe Communication Disorders in Children and Adults, 2nd Ed, Brookes Publishing, Baltimore

Light, J., Beukelman, D., and Reichle, J., (2003) Communicative Competence for Individuals who use Augmentative and Alternative Communication: From Research to Effective Practice, Brookes Publishing, Baltimore

Glennen, S. L. & DeCoste, D. C. (1997). Handbook of Augmentative and Alternative Communication. Singular Publishing Group, Inc.

- Facilitated communication

Facilitated communication is a strategy that allows some people who have movement disorders and complex communication needs to point for communication purposes. The strategy involves the use of a second person – a facilitator – physically supporting and steadying, but not directing, the pointing movement.

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It is not a communication method or system, rather it is a means of access which can be used in conjunction with some of the methods listed above eg

- pointing to a real object to choose an activity;
- pointing to a picture board to communicate feelings; or
- pointing to an alphabet display to spell out a message.

Other methods of access include eye gaze, a head pointer or assistive technology equipment such as a switch to access a device with a scanning array.

For more information, refer to Disability Queensland's *Procedure for the Use of Facilitated Communication*

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Practice Guidelines

Communication Support for People with Complex Communication Needs

Accommodation Support and Respite Services
Disability Services Queensland 2005

Disability Services Queensland recognises that communication is fundamental to all aspects of life. It is the basis by which people interact, develop relationships and seek to meet their needs.¹ It is the role of all relevant staff to support effective communication for people with complex communication needs.

These Practice Guidelines contain information and advice to assist direct support workers to implement the *Communication Support for People with Complex Communication Needs Policy*. The Guidelines are based on the principles set out in the Policy, and are consistent with associated procedures. You should refer to those documents for more detailed information.

¹ Policy statement, Disability Services Queensland *Communication Support for People with Complex Communication Needs Policy*.

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1. Complex Communication Needs

What is communication and how does it impact on the people I support?

Communication is a constant experience. It is embedded in everything we do. Everyone can and does communicate on a daily basis. Communication is not just about expressing needs and wants although this is often the focus of interactions. Four basic functions of communication have been identified. These are:

- social closeness – to establish and develop personal relationships;
- social etiquette – to conform to social conventions of politeness;
- expression of needs and wants – to regulate the behaviour of others to fulfil needs and wants; and
- information transfer – to obtain information and/or impart information to others.²

Acquiring competence in these four areas will significantly impact on a person's life. The ability to participate and control one's life is essentially linked to effective communication. It is fundamental to quality of life.

The ability to communicate is an important safeguarding mechanism to reduce the risk that people with a disability may experience abuse, assault or neglect³. People with complex communication needs are recognised as being more vulnerable to abuse, assault and neglect than other people with a disability, and less able to report incidents and receive appropriate support⁴.

In the absence of appropriate means of communication, people with complex communication needs may sometimes use behaviours which put themselves or others at risk of harm (See Section 4 below for more details).

As a result of their abilities and life experiences, the people that you support have developed their own personal strategies to process information and express themselves. Many people with complex communication needs have experienced lifelong struggles to engage successfully in communication interactions. A person's ability to process information and/or express themselves can also affect the way they feel.

Action

- Refer to induction training information.
- Talk to specialist staff, particularly speech and language pathologists.

What are my obligations as a staff member of Accommodation Support and Respite Services?

In accordance with the *Communication Support for People with Complex Communication Needs Policy*, it is the role of all relevant staff to ensure that people regardless of their age, level of disability and living circumstances have the opportunity to:

² *Beukelman and Mirenda (1992)*

³ *Nucleus Group (2003) Abuse Prevention Strategies in Disability Services*

⁴ *Preventing and Responding to the Abuse, Assault and Neglect of People with a Disability Policy*

- utilise communication to participate and interact;
- have their communication methods and communication attempts recognised as valid forms of communication and responded to at all times;
- communicate for multiple purposes – to establish relationships, to fulfil needs and wants, to participate in social interactions, and to express preferences;
- receive information; and
- make decisions.

Action:

- Refer to the *Communication Support for People with Complex Communication Needs Policy*. [Access details to be inserted].

2. The role of direct support workers in everyday communication

How do I get started?

As a person who has regular and on-going contact with people with complex communication needs, your role is critical in providing support in everyday communication interactions. Developing a relationship, rapport and trust will assist in engaging the person in effective communication interactions.

Effective communication support requires all staff to contribute to the assessment of:

- the person with complex communication needs;
- their own skills as a communication partner; and
- the environment.

This can be achieved by asking a series of questions, which may include:

- What do I *know* about communication and the *impact* of complex communication needs on the people I support? For example, do I understand that communication is a dynamic process, and my communication skills and style will have an impact on the success of the interaction?
- How do I *contribute* to a team approach? For example, does the team have a consistent approach? Do I provide feedback to other team members?
- *How effective am I* when I communicate with people with complex communication needs? For example, how do I know that the person understands me? Do I understand the message the person is trying to convey to me?
- What do I know about *how* the person with complex communication needs understands information? For example, does it help if I accompany speech with other methods of communication, such as signing?
- *How* does the person get their message across? For example, can I recognise the person's gesture and facial expression?
- *What* does the person communicate about? Does the person communicate about a limited number of topics, or can they communicate about many things?
- *Why* does the person communicate? Does the person communicate for a number of different reasons, or mainly to request/reject things?

- What *opportunities* are available for effective communication in the home and in other places? For example, am I aware of available opportunities to promote choice making?
- Are there ways of *modifying the environment/s* to increase the person's opportunities for successful communication? For example, could I make use of daily routines so that the person I support has more opportunities to communicate?
- What are the person's *future communication needs*? For example, will there be changes as the person's schedule changes? Will there be changes if the person's physical or sensory skills change eg hearing, vision?

Action for you and your team

- Consider needs of the person you support as part of the Individual Planning process.
- Involve the person in the Individual Planning process.
- Share information about the person's communication skills.
- Consider your own skills as a communication partner.
- Share information about the physical and social environments within which the person communicates.
- Agree on ways to consistently provide information to the person.
- Agree on ways of responding to the person.
- Agree on using the communication methods used by the person.
- Identify opportunities for communication in everyday interactions.
- Make changes to the physical or social environment to enhance successful communication.
- Identify possible goals for specialist communication support, with the involvement and consent of the person you support.

How does the person I support understand the communication of others?

People with complex communication needs are reliant on others to communicate with them in ways that are meaningful and understandable. They may require others to use a combination of communication methods, such as accompanying speech with either manual signs or symbols. Speech alone can be insufficient and may exclude people from the opportunity to understand and participate.

People with complex communication needs have the right to access information that affects their lives and allows participation in decision making. Modifications to written information may be required, such as plain English format, or supplementation with photographs, pictures, photos or other strategies such as verbal information or videos.

Action for you and your team

- Take time to identify the communication methods that best assist the person to understand information.
- These methods should be agreed upon and consistently implemented by all communication partners.
- Ensure that communication remains respectful and appropriate to the person's age and skills, regardless of the method used.
- For guidance with regard to supporting adults with impaired decision-making capacity, refer to the *Communication Partners* section, *Communication Support for People with Complex Communication Needs Policy*.

How does the person I support express themselves?

People with complex communication needs are likely to express information in many different ways and use a combination of communication methods. These may be formal, recognised communication methods such as words, signs, and symbols. They may also be more subtle communication methods that are not immediately recognisable, or are not easily understood, such as gestures, eye gaze, facial expression or other behaviours.

Words, symbols, pictures or photos may be used individually, in books or on boards, or they may be incorporated in the displays on electronic communication devices.

If a person has a physical and/or sensory impairment, communication materials may need to be adapted (enlarged images or high contrast colours) or the method of access to the materials may be assisted using either assistive technology or facilitated communication.

People communicate in different ways in different situations. Encouraging multiple methods of communication is a principle of good practice, as well as being essential in some situations. For example, electronic communication devices cannot be used near water and will, from time to time, require repair and maintenance. People who use manual signs can only do so successfully with those who understand signs. People who use facilitated communication may not always have a trained facilitator available. In summary, people with complex communication needs may require a range of communication methods to suit a range of needs and environments.

Action for you and your team

- Develop rapport and a trusting relationship as a means of engaging the person in communication.
- Identify the methods used currently by the person to communicate.
- Assess the success of these methods in different situations.
- Identify situations where the person may not have a successful method of communication.
- Seek assistance from specialist staff, if necessary, and particularly in relation to the assessment of a person for an electronic communication device or facilitated communication.
- Consider the person's communication needs in the future.

How do I know if I'm responding appropriately?

Some people with complex communication needs communicate using methods that are sometimes difficult to identify or interpret. When the communication attempts of a person with complex communication needs are not acknowledged, the person may lose motivation to communicate or may resort to using less socially acceptable communication methods.

Action for you and your team

- Recognise, acknowledge, respect and respond appropriately to communication attempts regardless of the method of communication.
- Honour the decisions of the people you support where possible.
- Where this is not possible, inform the person and explain the reasons why.
- Where the meaning of the message is ambiguous or unexpected:
 - determine the exact intent of the message. If the content of the message is incomplete, unclear or ambiguous meaning should not be assumed;
 - inform the person if you do not understand the message;
 - clarify the message communicated - use multiple communication methods to assist with clarification;
 - develop an understanding of the person's use of language communication strategies; and
 - be aware that people who communicate by means other than speech can also joke, be mistaken, exaggerate or even lie. The accuracy of a message is not changed by the method of communication.
- Ensure that all team members are responding appropriately and in a consistent manner.

How do I encourage people to use communication methods that are appropriate and successful for them?

People with complex communication needs frequently use methods other than speech in order to communicate. These methods are collectively known as augmentative and alternative communication systems. Augmentative and alternative communication systems must be routinely used and accepted by all communication partners, providing models of day to day communication in order to encourage people with complex communication needs to use the communication methods available to them. Modelling of appropriate communication methods is essential, even if the person with complex communication needs does not require this in order to comprehend messages. It ensures that their communicative methods are valued, accepted and responded to.

Action for you and your team

- Learn to communicate using the person's appropriate, successful methods of communication.
- Ensure that everyone in the person's life knows about the communication methods used by the person.
- Assist those who have regular contact with the person to communicate using the person's appropriate and successful methods.
- Ensure that any necessary communication support materials are available – choice boards, symbol cards, chat books, electronic communication devices.
- Ensure that any communication support materials are relevant to the situations within which they are used.

How do I provide opportunities for communication in day-to-day interactions?

There is often much emphasis placed on the skills of the person with complex communication needs. This can be referred to as the *how* of communication. Of equal importance is the need to consider *what* the person communicates about and *why* they communicate. The answers to these questions will relate to the person's lifestyle and particularly their social networks. People with complex communication needs may require assistance to participate socially and to take advantage of opportunities that allow them to communicate in a range of diverse situations.

Action

- Look for opportunities in your daily routines for choice making, comment etc.
- Provide appropriate support that allows the person with complex communication needs to develop relationships and friendships with others – Community Request cards, Chat Books etc.
- Encourage social interactions with others such as sharing photos, Chat Books etc.

Do I need to consider the physical environment?

The level of communication success can be increased or reduced depending on the nature of the surrounding environment. It may be necessary to modify the physical environment in order to create a comfortable and conducive communication environment.

Action

- Ensure there is appropriate lighting and that noise levels are reduced.
- Arrange furniture in ways that encourage interaction.
- Provide appropriate seating and positioning and aids or equipment to allow the person to access communication aids.
- Have appropriate communication aids or equipment readily available in all communication environments.
- Seek assistance from specialist staff, particularly occupational therapists.

How do I assess my effectiveness as a communication partner?

You should be aware of your own communication style, attitudes and expectations, and the impact this has on interactions with the person you support. Supporting people with complex communication needs requires communication partners to be open to new communication experiences by trying methods and strategies that may not be immediately familiar. These methods and strategies may not feel comfortable initially but are required of direct support workers to fulfil their obligations to people with complex communication needs and are essential for success.

Action

- Be willing to examine your own skills.
- Seek feedback from others.
- Seek advice from experienced staff or specialist staff.
- Be willing to explore alternative strategies.

3. The role of direct support workers in communication support programs

What is a communication support plan?

A communication support plan is an individualised program, based on a comprehensive assessment, which is designed to improve the communication skills of people with complex communication needs, and to provide opportunities and strategies to develop new communication skills.

Each person's communication support activities should be essentially linked to the planning process (eg personal futures planning, annual planning cycle and individual planning). This allows for client support teams to plan, implement and monitor any support requirements.

Action

- Refer to the *Approach to Providing Communication Support Services* section, *Communication Support for People with Complex Communication Needs Policy*. [Access details to be inserted].

Who contributes to communication support programs/plans?

Communication support is a team responsibility. The client team always includes the person with complex communication needs, support workers and speech and language pathologists and may include all or a combination of the following:

- family members;
- other specialist staff; and
- other individuals relevant to the particular situation (eg, friends, advocates).

Specialist staff provide communication support according to local procedures for referral and prioritisation or for the engagement of private practitioners

What do specialist staff contribute?

The role of the speech and language pathologist includes—

- conducting an assessment of a person's communication needs;
- implementing and evaluating specific communication strategies;
- establishing multi-modal communication systems;
- periodically re-evaluating the person's communication needs in line with a developmental approach;
- providing communication partner training and support;
- providing advocacy on the person's communication needs; and
- contributing to the development and support of a communication-friendly environment.

The role of physiotherapists and occupational therapists includes—

- working in a team to develop and support multi-modal communication systems;
- assessing relevant sensory, perceptual and movement ability issues for a person;
- developing strategies to address any issues identified (eg neck and head control, balance, arm and hand coordination, muscle strength and seating);
- ensuring optimal positioning of the person, their communication aid and specific words, symbols or photographs on the communication display;
- assess the person's access to communication aids and developing strategies to increase independence when accessing aids;
- designing meaningful activities to provide opportunities for communication and to enhance communication skills; and
- contributing to the development and support of a communication-friendly environment.

The role of staff (including psychologists) in behaviour support teams includes—

- investigating the role of communication in relation to challenging behaviour;
- working with the communication support team to develop a range of alternative mechanisms for the person to use in their communication;
- developing a behaviour support plan which incorporates communication goals;
- working with the speech and language pathologist to develop a range of strategies to address communication needs in relation to behaviour;
- designing and constructing relevant resources (eg diary, wall chart and social stories);
- working with the team to support staff and carers to implement the strategies identified in the behaviour support plan; and
- contributing to the development and support of a communication-friendly environment.

The role of other Community and Specialist Services staff includes—

- supporting the development and implementation of communication plans;
- taking an active role in communicating with the person and modelling good communication practices;
- contributing to the development and support of a communication-friendly environment.
- supporting the person to operate effectively within their community and to participate to the greatest extent possible in decisions affecting their life;
- being flexible in offering a range of communication options to the person with complex communication needs; and
- providing support and information to individuals and their families and/or carers.

How do I contribute to a team that includes specialist staff?

Due to your regular and on-going contact with the people you support, you are uniquely placed to:

- make referrals or seek assistance from specialist staff;
- provide information to the assessment process;
- implement the communication support plan; and
- offer information and insights to the monitoring and review process.

Referrals or requests for assistance will flow from the individual planning process. Assistance should be sought wherever you perceive that either the person's skills, your own skills as a communication partner or the opportunities provided by the environment are insufficient to allow the person to:

- participate;
- have their needs met;
- make decisions;
- communicate in ways that are not harmful to themselves or others; or
- protect themselves from abuse, assault or neglect.

Your responsibilities during the assessment process will be to provide relevant information about the communication skills of the person you support, know your own skills as a communication partner and identify opportunities within the environment that can be utilised within a communication support plan.

Once a communication support plan has been developed by the team, it is your responsibility to carry out the actions set out in the plan, including assisting to monitor the plans' progress. If you require further information, talk to specialist staff or your manager.

When a communication support plan is reviewed, your information about the success of the intervention will be critical. Ensure that the outcomes of intervention are appropriately documented, as determined by the communication support plan.

Action for you and your team

- Identify communication support needs for the person you support.
- Be prepared with information about the person's communication skills, your skills as a communication partner and the environment.
- Be aware of your roles and responsibilities within the communication support plan. Seek assistance for any additional information or training as required.
- Carry out the tasks required by the communication support plan consistently and effectively.
- Communicate regularly with team members to identify and problem solve any issues arising in implementation.
- Keep records and monitor the success of the outcomes.
- If the communication support plan involves the use of facilitated communication, direct support workers must refer to the *Procedures for the Use of Facilitated Communication*.

4. Other issues**What can I do when people communicate in ways that are harmful either to themselves or others?**

When attempting to communicate, some people can at times demonstrate behaviour that may be harmful to the person or others, or may result in the person being excluded from their community. Such behaviour can have a range of causes and functions.

People communicate in the most efficient and effective manner available to them at any given point in time. For people with complex communication needs, challenging behaviour may be used as a means of communication, particularly where other communication options are unavailable or where other communication attempts do not receive an appropriate response.

A general approach to communication support can be an effective tool in addressing some aspects of challenging behaviour. The person's behaviour must be carefully assessed to determine its functions and causes. Where these functions are communicative, communication supports that are specific, defined and targeted must be implemented in order to reduce the challenging behaviour and replace it with more appropriate communication methods.

Action for you and your team

- Observe the person's behaviour and, using an ABC framework (antecedents, behaviour and consequences/causes) attempt to determine why and in what circumstances it is being used. This information will be invaluable both for day to day interactions and for specialised communication support.
- Ensure that the person's team work together to gather information and agree on a consistent plan of intervention.
- If appropriate, model and/or prompt alternative behaviour, ensuring it is as easy and as effective as the challenging behaviour.
- In some cases it may be possible to remove the need for the challenging behaviour, if the message is listened to and acted upon e.g. altering some aspect of the environment at the person's "request".
- Contribute to formal intervention by providing information to the assessment process and by being involved with ongoing and consistent agreed intervention support plans.
- Refer to the *Communication and Challenging Behaviour* section, *Communication Support for People with Complex Communication Needs Policy*, [Access details to be inserted].

What can I do if a person with Complex Communication Needs communicates sensitive or life-changing information?

Messages conveyed by people with complex communication needs may be subject to misinterpretation or influence by others. The possibility of misinterpretation or influence must be minimised particularly where the information is sensitive or life-changing. This includes any information which has substantial social, emotional, physical, practical, financial and/or legal consequences for the person, their family or staff.

Action for you and your team

- Refer to the *Sensitive and Life Changing Information* section, *Communication Support for People with Complex Communication Needs Policy*, [Access details to be inserted].
- Refer to *Policy and Procedures - Responding to Sensitive or Life Changing Information Communicated by Methods Other than Speech* [Access details to be inserted].

How can I ensure privacy and confidentiality?

People with complex communication needs are entitled to privacy and confidentiality. However, some communication methods increase the risk that messages may be accessed by unintended recipients. For example, the voice output from a communication device may be overheard by others; a communication board is publicly displayed and accessed.

Action

- Give the person as much control as possible over the use and storage of their communication aids, devices and messages.
- Select a volume, on a communication device, that is sufficient for the user and intended recipient/s only, where possible.
- Avoid repeating messages loudly in a way that might be heard by others.
- Seek the person's permission to share information about conversations with them.
- Only record and store messages in specific situations, as detailed in the *Communication Support for People with Complex Communication Needs Policy*.
- Refer to the *Privacy and Confidentiality* section, *Communication Support for People with Complex Communication Needs Policy*, [Access details to be inserted].

Considerations of cultural diversity

The differences associated with diverse cultural backgrounds are sometimes most obvious in communication. Teams need to be sensitive to the needs and requirements of clients from diverse linguistic and cultural backgrounds and responsive as far as practicable to the particular circumstances of individuals.

Action for you and your team

- Find out about the background of the person that you support, particularly their primary language and the rules of social interaction.
- Incorporate their language and social rules in communication support plans, and particularly in the use of electronic communication aids with voice output.
- Use culturally appropriate symbols or pictorial representations in any communication resources.
- Refer to the *Cultural Diversity* section, *Communication Support for People with Complex Communication Needs Policy*, [Access details to be inserted].

5. Specific communication methods and how to find out more about them

People with complex communication needs develop their own personal strategies to process information and express themselves as a result of their abilities and life experiences. The term alternative and augmentative communication (AAC) refers to methods of communication that either replace speech or support speech that is not sufficient to meet a person's needs eg a person whose speech is difficult to understand by those not familiar with the person. The use of AAC is not only for replacing or supporting expressive communication but to assist a person to understand the communication of others. Another important principle of AAC is that it is multi-modal, in the same way that we all use different communication methods in different situations and environments.

Informal methods

Informal communication refers to methods of communication such as gesture, facial expression, eye gazing and body postures. These methods almost always rely on the interpretive abilities of the communication partner for success. These methods of communication can work effectively in certain situations or with familiar people, however they usually do not allow the person to be specific about the intent of their communication message compared to methods that use some kind of symbol system eg signs, picture symbols etc.

Formal methods

- Words and letters

Some people with complex communication needs have literacy skills that enable them to use either whole words or the letters of the alphabet to construct communication messages. Words and/or letters might be displayed on boards or in books or they might be displayed on an electronic communication device. The latter usually offers the person the option of voice output.

These methods, particularly the use of letters, can allow a person to be spontaneous and precise in the communication messages they send.

- Signing

Many people with complex communication needs learn to understand communication and express themselves through the use of hand signs. These systems allow a person to be specific about their communication message because they are a language system. This means that individual signs represent ideas which can be signalled individually or sequenced to form any message, in the same way as a person with speech can use words to produce spoken language.

Signing systems have their origins in the deaf communities of the world, who have developed their own unique systems just as the speaking communities have developed spoken English, Japanese, French etc. The signing language of the Australian deaf community is Auslan and some people with complex communication needs have learnt this system.

Another familiar term is Makaton. Makaton is not a signing system, rather it is a system for developing language through the use of communication methods such as signing, picture symbols etc. However, as many people know about Makaton in relation to signing, it has been included here. The signs used to support language development in Makaton programs are taken from the Auslan system. A Makaton program aims to provide people with a functional vocabulary of key signs that are used in spoken language order. Signs are drawn from the Auslan system, depending on the needs and lifestyle of the person.

- Use of objects, pictures, photos and/or symbols

Some people with complex communication needs use objects, pictures, photos and/or symbols to understand and express themselves, in much the same way as key signs represent ideas and concepts. The choices between these different communication materials will depend on the skills of the person in terms of their cognition and visual skills, along with their ability to physically point to and manipulate the materials.

These materials can be offered on boards or in books or on electronic communication devices. The latter option usually offers the person voice output features.

- More information

As well as seeking assistance from specialist staff or your manager, the following are suggested references for further reading:

Beukelman, D. and Mirenda, P., (1998) *Augmentative and Alternative Communication: Management of Severe Communication Disorders in Children and Adults*, 2nd Ed, Brookes Publishing, Baltimore

Light, J., Beukelman, D., and Reichle, J., (2003) *Communicative Competence for Individuals who use Augmentative and Alternative Communication: From Research to Effective Practice*, Brookes Publishing, Baltimore

Glennen, S. L. & DeCoste, D. C. (1997). *Handbook of Augmentative and Alternative Communication*. Singular Publishing Group, Inc.

- Facilitated communication

Facilitated communication is a strategy that allows some people who have movement disorders and complex communication needs to point for communication purposes. The strategy involves the use of a second person – a facilitator – physically supporting and steadying, but not directing, the pointing movement.

It is not a communication method or system, rather it is a means of access which can be used in conjunction with some of the methods listed above eg

- pointing to a real object to choose an activity;
- pointing to a picture board to communicate feelings; or
- pointing to an alphabet display to spell out a message.

Other methods of access include eye gaze, a head pointer or assistive technology equipment such as a switch to access a device with a scanning array.

For more information, refer to Disability Queensland's *Procedure for the Use of Facilitated Communication*

Disability Services Queensland Policy Statement

Title: Communication Support for People with Complex Communication Needs

Policy No.:

Records File No.:

Date of approval:

Date of operation:

Date of implementation:

Date to be reviewed:

Office: Policy Directorate, Disability Services Queensland

Help Contact: Christine McBride, Senior Policy Officer, Policy Directorate ph: 3224 8395

Authority:

Disability Services Act 1992 (Qld)

Powers of Attorney Act 1998 (Qld)

Guardianship and Administration Act 2000 (Qld)

Objectives:

This Policy aims to:

- Affirm the right of people with a disability who have complex communication needs to have an effective communication system and to develop and use communication skills in their daily lives; and
- Ensure that the communication support services provided by Disability Services Queensland are delivered in a manner that is consistent with sound practice.

Scope:

1. This Policy relates to the provision of services to people who have complex communication needs.
2. This Policy is applicable to all services provided by Disability Services Queensland through the Accommodation Support and Respite Services Directorate; the Community and Specialist Services Directorate and private practitioners engaged by Disability Services Queensland to provide communication support services.
3. The Policy does not refer to communication needs that arise solely as a result of hearing and/or visual impairment or being from a non-English speaking background. As such the Policy does not refer to the provision of interpreting or translating services.

Principles:

This Policy is supported by *Principles of Effective Communication* and *Principles of Good Practice in Communication Support*.

Principles of Effective Communication

1. All people communicate.
2. Communication is a human right. All people have a right to an effective means of communication at all times throughout their life (*United Nations (1994) Universal Declaration of Human Rights*).
3. Effective communication requires three elements to work together: a person, a communication partner and the environment.
4. Effective communication requires communication partners to have a shared vocabulary, shared knowledge and skill, and a shared method of communication.
5. All methods of communication (including symbolic, non-symbolic, behavioural, informal or formal, intentional or non-intentional) are meaningful, and should be accepted as equally valid forms of communication.

Principles of Good Practice in Communication Support

1. The aim of communication support is to maximise the person's ability to participate in everyday life, to make decisions and choices, to express their personal identity, to learn and to establish relationships.
2. Communication support services should address the person's current communication needs in all environments; promote the person's learning and development of communication skills and plan for the person's future communication needs.
3. Access to multiple methods of communication increases communicative effectiveness. People with complex communication needs should have access to the communication method(s) they require to communicate effectively.
4. Effective communication support requires all communication partners to have adequate knowledge and skills in the methods of communication being used in that communicative interaction.
5. Effective communication support requires coordinated and collaborative input from a range of people. The person with complex communication needs is central to this process.
6. Communication support is more effective when there is an ongoing and consistent contribution from all involved.
7. People with complex communication needs have the right to access information that affects their lives and allows participation in decision-making.
8. People with complex communication needs have the same rights to privacy and confidentiality as other people.

Policy Statement:

Disability Services Queensland recognises that communication is fundamental to all aspects of life. It is the basis by which people interact, develop relationships and seek to meet their needs.

The lack of effective communication systems impacts significantly on a person's ability to make decisions and participate in decision-making processes. Disability Services Queensland has a responsibility to provide services in a way that recognises that communication is fundamental to quality of life and that values people with complex communication needs, their choices and decisions.

These values are reflected in *Disability Services Queensland's Strategic Plan 2003- 2007*, which identifies a vision for a society which:

- Values the contribution of all individuals;
- Recognises and accepts individual differences;
- Supports the participation of individuals;
- Provides an environment that is accessible to all individuals and enables people to achieve their goals;
- Upholds the rights of all people; and
- Recognises and supports the important role of families and communities.

Disability Services Queensland's Role

The following describes the roles and actions of Disability Services Queensland in promoting and supporting effective communication.

People with Complex Communication Needs

1. It is the role of all relevant staff to ensure that all Disability Services Queensland clients with complex communication needs regardless of their age, level of disability and living circumstances have the opportunity to:
 - 1.1. Utilise communication to participate and interact;
 - 1.2. Have their communication methods and communication attempts recognised as valid forms of communication and responded to at all times;
 - 1.3. Communicate for multiple purposes – to establish relationships, to fulfil needs and wants, to participate in social interactions, and to express preferences;
 - 1.4. Receive information; and
 - 1.5. Make decisions.

Communication Support Services

2. The effectiveness of communication for people with complex communication needs can be increased and developed through the implementation of planned supports. Communication supports should aim to:
 - 2.1. Provide an efficient, effective and socially acceptable communication system;
 - 2.2. Allow opportunities to develop communication in a more effective and increasingly complex way than would otherwise be possible.
 - 2.3. Consider the priority needs, preferences, and motivations of the person with complex communication needs and complement, support and benefit the person and their achievement of other life goals;
 - 2.4. Develop, expand and respond to the person's changing needs and wants over time; and
 - 2.5. Enable the person to participate to the greatest extent practicable, in decisions affecting their life.
- It is recommended that communication support services should be:
- 2.6. Based on specialist, multidisciplinary and ongoing assessment;

- 2.7. Individualised to suit the person's life circumstances, needs and preferences;
- 2.8. Informed by, relevant to, and integrated into everyday interactions and activities;
- 2.9. Responsive to all aspects of communication – the person, their communication partners and the environment; and
- 2.10. Provided in accordance with the Principles for Communication Support.

Communication Partners

3. If specialist communication support services are not available, it is recommended that communication partners aim to identify and enhance communication opportunities that arise in everyday interactions.
4. It is recommended that communication partners have adequate:
 - 4.1. knowledge of appropriate communication methods, skills in the use of appropriate communication methods and access to the learning and development opportunities required to obtain the skills and knowledge;
 - 4.2. access to communication aids and equipment; to allow effective interaction with the people they communicate with in their everyday lives.

When supporting adults with complex communication needs consideration must also be given to the requirements of the *Powers of Attorney Act 1998 (Qld)* and the *Guardianship and Administration Act 2000 (Qld)*. These Acts set out the requirements for supporting adults with impaired decision-making capacity. Disability Services Queensland must adhere to the requirements of these Acts when supporting adults with complex communication needs to make decisions.

The *Powers of Attorney Act 1998 (Qld)*, and the *Guardianship and Administration Act 2000 (Qld)* detail eleven General Principles that are essential to decision-making for adults with complex communication needs. Of particular relevance are the General Principles of:

- *Presumption of capacity* – an adult is presumed to have capacity for a matter;
- *Encouragement of self-reliance* – the importance of encouraging an adult to become as self-reliant as practicable; and
- *Maximum participation, minimal limitations and substitute judgement* – an adult has the right to participate to the greatest extent practicable, in decisions affecting the adult's life.

Access to effective communication is fundamental to decision-making. People must have access to both information to inform their decisions, and a means of expressing their decisions.

Formal Guardians (those appointed by the Guardianship Tribunal) and informal decision-makers (for example family members) are required to adhere to the eleven General Principles when making decisions. As such, formal Guardians and informal decision-makers should be involved in the process of providing and seeking information from people with complex communication needs regarding decisions that affect their lives.

Access to Communication Support Services

1. All people receiving services provided by Disability Services Queensland, who have complex communication needs are eligible to receive communication support services regardless of their: age, communication, cognitive or other skills or past involvement in communication support.
2. Access to specialist communication support services provided by Speech and Language Pathologists and other professional and specialist staff should be via local existing procedures for referral and prioritisation or engagement of private practitioners.
3. Communication support assessment and plan implementation must only occur after consent for support has been given.

Approach to Providing Communication Support Services

Provided access requirements are satisfied and consent is given for the use of communication support, the following approach to providing communication support services must be adhered to:

1. Team Approach

- I. Communication support will be provided by a client team.
- II. A client team refers to the group of people involved in responding to a person's communication support needs. The client team includes the person with complex communication needs and all relevant others including, as appropriate, the person's family members, support workers, and Speech and Language Pathologists. It may also include other specialist staff, the relevant line manager(s) and other individuals relevant to the particular situation (eg. friends, advocate).
- III. The client team will operate using agreed team procedures. The team must:
 - i. Have mechanisms to allow input of all stakeholders for example through regular meetings;
 - ii. Have an identified decision-making process;
 - iii. Identify agreed goals, roles and responsibilities for all team members, including an identified leader to coordinate the team activities;
 - iv. Have a shared understanding of the importance of communication and a commitment to planning and consistently implementing communication methods; and
 - v. Collectively have the knowledge and skills required to implement the Communication Support Plan.

2. Assessment

Communication support must begin with a comprehensive communication assessment. The assessment will collect and provide information to the team in order to make informed decisions about the range and type of supports that may increase the person's participation in communication. Assessment should be an ongoing process of learning and understanding about the person and their communication environment. The assessment process must be:

- I. Designed in line with a model of assessment suitable to the individual;

- II. Collaborative - using a team approach and incorporating the input of all team members in their particular areas of knowledge and expertise. The process should identify those aspects of assessment that should be conducted by team members with appropriate expertise. Speech and Language Pathologists have specialist knowledge of language and communication and may be responsible for coordinating the assessment process;
- III. Comprehensive - considering all aspects of communication including the person with complex communication needs, their communication partners and the communication environment; and
- IV. Described and documented in an assessment report(s) that incorporates all aspects of the assessment process.

3. *Communication Support Plans*

All people receiving communication support services should have a Communication Support Plan. Disability Services Queensland's Individual Planning System sets out the format and process for development of all individual plans. Communication Support Plans must be completed in accordance with Disability Services Queensland's Individual Planning process. In designing the Communication Support Plan consideration must be given to the resources required to effectively implement the plan and the ability to secure those resources.

Communication Support Plans should include:

- I. A description of the communication goals for the person with complex communication needs developed based on the outcomes of the assessment process;
- II. A detailed description of the activities and strategies (both long term and short term) to be implemented to pursue the goals;
- III. The roles and responsibilities of relevant team members;
- IV. An identified plan review process;
- V. Identified outcomes and how these will be measured; and
- VI. The learning opportunities that will be provided to the person with complex communication needs and communication partners to allow effective implementation of the plan.

Client teams should aim to achieve consensus regarding communication goals and the content of Communication Support Plans. Teams should use a decision-making process that promotes consensus while ensuring that the needs of the person with complex communication needs are the foremost consideration.

If the team cannot reach a consensus decision on an element(s) of the plan:

- I. Client teams should continue to work with those aspects of the plan where decisions have been reached; and
- II. The person with complex communication needs, as the most important team member, or their informal decision-maker or formal Guardian can make the final determination regarding the aspect(s) of the plan in dispute.

4. *Plan Implementation*

Communication support should be implemented according to the process and strategies described in the Communication Support Plan. Implementation of communication plans will be most successful in improving a person's access to communication when:

- I. The plan is functional and acceptable to the person with complex communication needs;
- II. All people involved in implementing the plan:
 - i. Are aware of and perform their role in implementation;
 - ii. Have sufficient knowledge and skills to implement the communication strategies;
 - iii. Implement communication strategies consistently and effectively;
 - iv. Communicate regularly as a team to identify and problem-solve any issues arising in implementation; and

- v. Keep records that measure outcomes and allow the effectiveness of the plan to be monitored.

5. *Plan Review*

Communication support plans should be regularly monitored and adjusted in order to maintain their relevance to the changing needs of the person. Plans should be monitored through observation of and feedback from the person with complex communication needs and communication partners. Reviews should be conducted by the team and in line with existing procedures for plan review identified in the Individual Planning system.

Plan reviews should be more frequent where there is significant and ongoing change in the person's circumstances, or where new methods are being introduced or trialed. The review process should determine:

1. If the Communication Support Plan is increasing communicative effectiveness;
2. Whether the communication support is contributing to increased participation;
3. If the communication support is being implemented as planned;
4. Factors that contributed both positively and negatively to plan implementation;
5. Whether communication goals have been achieved or progress has been made;
6. Whether communication goals are appropriate or require modification; and
7. Any other outcomes.

Communication support goals and plans should be modified as appropriate according to the outcomes of the plan review.

Other Considerations

Communication and other individual programs

Communication is fundamentally involved in all aspects of daily life and cannot be considered separately from other activities or programs that the person with complex communication needs may be accessing. Using effective communication approaches will influence the success of other programs.

All activities and formal Individual Plans should consider the person's communication needs. This may include incorporating the person's current successful communication methods into the plan and introducing specific communication strategies to meet the needs of the program.

Communication and Challenging Behaviour

Most people use multiple methods of communication, depending on the message, the situation and their communication partner. People communicate in the most efficient and effective manner available to them at any given point in time. In situations where other methods are not effective, some people with complex communication needs may use challenging behaviour, either intentionally or unintentionally, to fulfil a communicative purpose. Because of the potential harm that some challenging behaviours may present to the person or others, the behaviour may become a very powerful and effective means of communication. Where it is determined that a challenging behaviour fulfils a communicative purpose, it is important to identify strategies for replacing that behaviour with a more functional, socially acceptable and effective means of communication. When implementing communication support strategies in response to the need to address a person's challenging behaviour, the client team should:

1. Use an approach that incorporates behaviour support principles and communication support principles into the assessment, goal setting, planning, implementation and review processes;

2. Utilise the expertise of both behaviour and communication specialists;
3. Consistently implement strategies in everyday situations that link the challenging behaviour with more effective communication behaviours;
4. Develop complementary Behaviour Support and Communication Support Plans; and
5. Work in accordance with Disability Services Queensland's Systems for Behaviour Support and Management Policy and Procedures.

Privacy and Confidentiality

Disability Services Queensland has a privacy plan that is designed to balance an individual's right to privacy and the Department's need to access personal information to deliver efficient and effective services. When dealing with personal information all staff have an obligation to adhere to the Privacy Plan.

Further to the general considerations for privacy and confidentiality, people who use Augmentative and Alternative Communication systems can have additional privacy issues associated with the design and use of their communication system.

Some communication methods are vulnerable to allowing messages to be accessed by unintended recipients. This can occur when:

- Electronic communication devices provide messages displayed on a screen or provide voice output at a selected volume that allows the message to be received by unintended recipients;
- A communication board is publicly displayed and accessed;
- Communication partners repeat messages out loud as they are communicated;
- Communication partners share information about conversations with the person; or
- When electronic devices store messages that have been communicated in their memory.

Privacy concerns can be minimised by providing the person with as much control as possible over the use and storage of their communication aids, devices and messages. This should be balanced with the right of the person to access and utilise their communication system at all times and in all environments.

In general, there is no requirement to keep a record of all the messages of a person who uses Augmentative and Alternative Communication except in those instances where a message, if spoken by any person, would have been noted.

The messages communicated by a person using Augmentative and Alternative Communication should only be recorded and stored:

1. With the permission of the person;
2. Where this is required for the purposes of record keeping and implementation of the Communication Support Plan; and/or
3. Where this is required under other Departmental policies and procedures including:
 - *Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech – Policy and Procedure; 2003*
 - *Preventing and Responding to the Abuse, Assault and Neglect of People with a Disability – Policy and Operational Procedure; 2003*
 - *Critical Incident Reporting Policy; 2003*
 - *Policy and Procedure for Complaints regarding Disability Services Queensland Services; 2001*

Cultural Diversity

The Queensland Government's *Multicultural Queensland Policy* recognises that Queensland is a diverse society with a great variety of cultures, languages and religions.

The differences associated with diverse cultural backgrounds are sometimes most obvious in communication. The impact of culture on communication is not limited to language.

Diversity in cultures can also be reflected in difference in communication style and in the 'rules' of social interaction. Cultural communication differences may be evident in a number of different ways, for example in differing:

- Rules for greeting and addressing individuals;
- Interaction styles – eg shyness, use of eye contact;
- Use of specific language functions;
- Use of specific language forms (eg word order); and
- Representation of specific language concepts eg: time.

When supporting people with complex communication needs it is important to consider the impact of language and culture on the communication process. This may include considering strategies for:

- Determining the appropriate language for primary communication;
- Incorporating both languages in the communication support approaches and in communication aids;
- Incorporating culturally appropriate symbolic and pictorial representations of concepts; and
- Appropriate expectations of social interaction.

Teams should be sensitive to the needs and requirements of clients from diverse linguistic and cultural backgrounds and responsive as far as practicable to the particular circumstances of individuals.

Sensitive and Life Changing Information

The term *Sensitive and Life Changing Information* refers to any information which has substantial social, emotional, physical, practical, financial and/or legal consequences for the person, their family or staff.

People with complex communication needs may from time to time communicate information of a sensitive or potentially life changing nature. Disability Services Queensland acknowledges that in some circumstances, depending on the context and method of communication, the messages conveyed by people with complex communication needs may be subject to interpretation or influence by others. It is Disability Services Queensland's policy to respond appropriately to the message conveyed. In the first instance, this response must ensure that the possibility of interpretation or influence over the content of the message is minimised. Where sensitive or life changing information is communicated by methods other than speech there is a need to:

- clarify the meaning of the message;
- confirm that the person with complex communication needs intended that meaning to be interpreted; and
- independently validate that the person with complex communication needs was the author of the message.

The Policy and Operational Procedure for *Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech* describes the processes to be used in these circumstances.

Access to Written Information

People with complex communication needs have the same right to access information as other people. The *Disability Services Act 1992 (Qld)* specifically identifies the right of people with disabilities to have "any necessary support, and access to information, to enable them to participate in decisions that affect their lives (Part3 Section 9(2)).

Disability Services Queensland has an obligation to provide stakeholders with written and verbal information relevant to their lives in appropriate formats. In addition, some people with complex communication needs may require written information to supplement information given verbally. Written information may need to be provided in modified formats, eg: plain

English format be supplemented by use of other visual representations of the information, for example using photographs, pictures and symbols, drawings or other strategies, such as videos.

Roles and Responsibilities

It is the responsibility of Directorate heads to ensure that relevant staff within their Directorate are aware of and implement the Policy.

It is the responsibility of all staff supporting people with complex communication needs to communicate in a manner that supports that person's ability to participate in everyday life, to make decisions, to express their personal identity, and to learn and to establish relationships.

It is the responsibility of communication support teams to plan and implement strategies to enhance or increase the efficiency, effectiveness and complexity of communication experiences for people with complex communication needs.

Speech and Language Pathologists are responsible for providing specialist assessment, information, therapy, support and advice regarding language and communication to support people with complex communication needs.

Delegations

Executive Director, Accommodation Support and Respite Services
Director, Community and Specialist Services

Links:

1. Definitions

Communication

Any act by which one person gives to or receives from another person information about that person's needs, desires, perceptions, knowledge, or affective states. Communication may be intentional or unintentional, may involve conventional or unconventional signals, may take linguistic or non-linguistic forms, and may occur through spoken or other modes.

(National Joint Committee for the Communicative Needs of Persons with Severe Disabilities (1992. Guidelines for meeting the communication needs of persons with severe disabilities, ASHA, 34(Suppl. 7), 2-3.)

Complex Communication Needs

Some people have complex communication needs associated with a wide range of physical, sensory and environmental causes which restrict/limit their ability to participate independently in society. They and their communication partners may benefit from using Augmentative or Alternative Communication (AAC) methods either temporarily or permanently.

(Balandin, S. Message from the President. The ISAAC Bulletin 2002, 67:2)

For many people, their complex communication needs will be associated with Severe Communication Impairment. Severe communication impairment is the term used to describe:

"Those for whom gestural, speech, and/or written communication is temporarily or permanently inadequate to meet all of their communication needs. For those individuals, hearing impairment is not the primary cause for the communication impairment. Although some individuals may be able to produce a limited amount of speech, it is inadequate to meet their varied communication needs."

(American Speech-Language-Hearing Association 1991 cited in Beukelman, D. and Mirenda, P., (1998) Augmentative and Alternative Communication: Management of Severe Communication Disorders in Children and Adults, 2nd Ed, Brookes Publishing, Baltimore)

Augmentative and Alternative Communication

People with complex communication needs need to use methods other than speech in order to communicate. These methods are collectively known as Augmentative and Alternative Communication.

"Augmentative and Alternative Communication ranges from use of gestures, sign languages, and facial expressions, to the use of alphabet or picture symbol boards, and even sophisticated computer systems with synthesised speech"
(Glennen, S. L. & DeCoste, D. C. (1997). *Handbook of Augmentative and Alternative Communication*. Singular Publishing Group, Inc.)

"An Augmentative and Alternative Communication system is an integrated group of components, including the symbols, aids, strategies, and techniques used by individuals to enhance communication"
(American Speech-Language-Hearing Association. (1991). *Report: Augmentative and alternative communication*, *Asha*, 33 (Suppl.5), 8.)

Augmentative and Alternative Communication systems are used to enhance and develop both a person's expression and their understanding of language.

Communication support

Communication support is a planned approach to increasing the effectiveness and efficiency of communication for people with complex communication needs and to provide developmentally appropriate opportunities to acquire new communication skills.

"The aim of Communication support is to develop a communication system that increases the individual's meaningful participation in daily activities."
(National Joint Committee for the Communication Needs of Persons With Severe Disabilities (2002) "Supporting documentation for the position statement on access to communication services and supports: Concerns regarding the application of restrictive "eligibility" in *Communication Disorders Quarterly* Volume 23, Issue 3.)

Communication support is planned, inclusive of all stakeholders, goal oriented and systematically implemented, monitored and reviewed.

Multi-modal Communication

The use of multiple components or methods of communication.

Communication Partner

Any person who talks to or interacts with another person – in this case, any person who talks to or interacts with a person with complex communication needs.

2. Operational Procedures

- Practice Guidelines in Communication Support for People with Complex Communication Needs
- Guidelines for the use of Facilitated Communication
- Policy for Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech

DRAFT ONLY

- Operational Procedure for Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech
 - 3. **Systems for Behaviour Support and Management**
 - 4. **Preventing and Responding to the Abuse, Assault and Neglect of People with a Disability – Policy and Operational Procedure; 2003**
 - 5. **Critical Incident Reporting Procedure; 2003**
 - 6. **Policy and Procedure for Complaints regarding Disability Services Queensland Services; 2001**
 - 7. **Disability Services Queensland Personal Information Privacy Statement; 2003**
 - 8. **Rescinded Policies**
 - Augmentative and Alternative Communication Statement of Principles
-

(electronic signature)
Linda Apelt
Director General

Disability Services Queensland

Procedure for the Use of Facilitated Communication

Facilitated Communication is a strategy that may be beneficial for some people with complex communication needs to improve their access to communication. It is one option, among a range of strategies that may be used to contribute to an effective communication system.

Key Terms

Facilitated Communication is a strategy that allows some people who have a movement disorder and complex communication needs to point for communication purposes. The strategy involves the use of a second person – a facilitator – physically supporting and steadying, but not directing the pointing movement.

Facilitated Communication Training (for the purposes of this Procedure) refers to the process of supporting a person with complex communication needs to develop improved skills and functioning over time, using the strategy of Facilitated Communication. Facilitated Communication Training aims to support the person to access communication aids with increasing independence.

Access is the term used to describe the means by which a person selects an item on a communication display or device. Any communication aid or device requires the user to have an effective method of access. The most common method of access is pointing. Other methods of access include using eye gaze, a head pointer, or a switch and scanning device. Facilitated Communication is a means of access.

Facilitated Communication can allow people with complex communication needs to utilise communication and expressive language skills that may not otherwise be accessible using other communication strategies. Facilitated Communication, as for other communication strategies, can provide some people with an opportunity to learn and practice new and more complex communication and language skills.

Facilitated Communication is sometimes mistakenly identified as a strategy used only by people with literacy skills. In fact, people may use Facilitated Communication to point to any communication aid including real objects, pictures or symbols, words or letters. It is one strategy that can be used in combination with others, to enhance communication effectiveness.

A long-term aim of Facilitated Communication Training is to gradually reduce the degree of physical support provided, and for some people, to eventually achieving independent pointing. There is no timeframe for the process of fading support or achieving independent pointing. Not all people will achieve independence. This may be the result of a number of factors, including the nature of the person's physical functioning or movement disorder or the consistency and focus of the services provided. Adults who achieve independent pointing have done so as a result of

intensive input and support. Children may use the strategy for a shorter period until independent pointing is learned.

Facilitated Communication is a complex strategy that, like other communication strategies, can incorporate multiple types of support to an individual. The most obvious type of support in Facilitated Communication is physical support. However, it is also common to incorporate strategies that provide emotional, behavioural or tactile and language supports. The involvement of specialists in a multidisciplinary team will ensure appropriate consideration is given to all aspects of communication.

When using Facilitated Communication, there is a potential for the facilitator to influence the pointing movement (intentionally or unintentionally) and therefore the message communicated. This potential for influence can give rise to concern regarding authorship of the messages communicated using Facilitated Communication.

This Procedure details the strategies and safeguards that will be applied by Disability Services Queensland where Facilitated Communication is used.

This Procedure should be read in conjunction with Disability Services Queensland's:

1. *Communication Support for People with Complex Communication Needs Policy and Practice Guidelines*; and
2. *Responding to Sensitive or Life Changing Information Communicated by methods other than speech Policy and Procedure*.

Role of Disability Services Queensland

Disability Services Queensland recognises that people with complex communication needs may communicate more effectively where they have the opportunity to utilise a range of communication methods. Facilitated Communication is one strategy that may be used by Disability Services Queensland to improve a person's access to communication. Disability Services Queensland uses a training approach to Facilitated Communication

Where Facilitated Communication is used, this will be done:

1. With appropriate consent;
2. In conjunction with thorough communication assessment;
3. Using appropriate strategies that reduce the potential for influence;
4. Using appropriate strategies to plan for increasing independence; and
5. As one component of an overall communication support approach.

Facilitated Communication as part of a Communication Support Plan

Where Facilitated Communication is introduced for an individual with complex communication needs, this will be done in accordance with *Communication support for people with Complex Communication Needs Policy and Practice Guidelines*.

Facilitated Communication will be introduced:

1. To people who have been identified through an assessment process as potentially benefiting from the introduction of the strategy;
2. With appropriate consent (not obtained by Facilitated Communication);
3. In the context of a holistic Communication Support Plan;

4. In consultation with the communication support team that includes people with appropriate skills and knowledge of Facilitated Communication;
5. In a manner that allows meaningful participation in day to day communication activities and in multiple environments;
6. In a manner that meets the needs of the person and their lifestyle and learning needs;
7. With opportunities to use the strategy with multiple facilitators;
8. With appropriate learning and development for communication support team members; and
9. With strategies that aim to increase the independence and accuracy and reliability of the person's pointing and reduce the person's reliance on the supports provided by the facilitator.

Assessment

Assessment of the appropriateness of Facilitated Communication for an individual will occur in the context of a comprehensive communication assessment. It will be conducted using a team approach.

The assessment team will include a person with appropriate training and experience in Facilitated Communication to conduct this component of the assessment. It is recommended that the assessment be conducted in conjunction with assessment by specialists with expertise in movement and movement disorders, language and communication disorders, cognition, and sensory perception (visual, tactile, hearing, proprioception) and sensory disorders.

For Facilitated Communication Training to be considered an appropriate communication method for a person they must have:

1. Complex communication needs;
2. Used other communication methods that have not provided a fluent and effective means of communication or do not show the potential to be an effective communication method; and
3. A movement disorder that results in difficulty with the clear, unambiguous selection of nominated items from communication displays.

The decision to introduce Facilitated Communication will be made by the communication support team, in the context of a holistic communication approach. Requirements for team decision-making are identified in the *Policy on Communication Support for People with Complex Communication Needs*.

In making the decision to introduce Facilitated Communication, the team will consider the potential benefit to the person by introduction of the strategy – including the opportunity for the person to communicate in a more complex and highly developed way than would otherwise be possible. When introducing Facilitated Communication consideration must be given to the resources required to effectively implement the plan and the ability to secure those resources.

Validation

Validation is the process used to determine the authorship of information communicated by Facilitated Communication.

Validation in Facilitated Communication has three purposes:

1. To ensure the strategy is suitable for use with the person with complex communication needs – to confirm that the person can author messages using the strategy;
2. To ensure that a facilitator is able to use the strategy appropriately – to confirm that a facilitator can support but not influence communication using Facilitated Communication; and
3. In specific instances to clarify that specific messages have been communicated without influence. – eg instances of the communication of sensitive or life changing information via Facilitated Communication.

1. Validation for Facilitated Communication Users

Wherever Facilitated Communication is introduced, Disability Services Queensland will gather information that demonstrates the validity of the strategy for the person with complex communication needs.

Validation in this form will aim to determine whether the person with complex communication needs can communicate uninfluenced messages using the strategy. It does not confirm the authorship of every future message communicated using Facilitated Communication. There are three main approaches to validation – naturalistic, semi-formal and formal.

Facilitated Communication users should not be tricked or coerced to participate in 'tests' of their use of communication. Semi-formal and formal approaches to validation should occur with the Facilitated Communication user's knowledge and with appropriate consent. Where instances of validation occur, the person should be informed of the intent to record the details of the communication.

Naturalistic Validation

Disability Services Queensland's preferred approach to validation is through natural communication in typical settings. Instances of naturalistic validation include where:

1. Information previously unknown to the facilitator has been communicated and subsequently found to be accurate; or
2. The same information has been communicated using more than one facilitator, where the second facilitator was unaware of the content of the first message; or
3. The same language style or (in the case of people using typed communication) spelling patterns are consistently used across more than one facilitator, where the second or subsequent facilitators were not aware of the language style or spelling pattern.

Semi-Formal Validation

It is recommended that validation also occur through structured semi-formal approaches. This may be the preferred approach for some people. Semi-formal approaches to validation include:

1. Message passing activities – where a specific message is given to the Facilitated Communication user to communicate to another person, and where the facilitator is unaware of the message content;
2. Activities requiring the person to answer questions specifically designed for validation purposes, where the answers are unknown to the facilitator and where the probability of responses being the result of 'chance' is taken into account.

Semi-Formal validation should be conducted in a respectful manner, through activities that are age appropriate and where possible, in a natural communication environment.

Formal (experimental design) Validation

Formal approaches to validation are most commonly used by researchers to empirically demonstrate the validity or otherwise of the strategy of Facilitated Communication. Examples of formal approaches used in the literature include testing in controlled conditions using headphones or screening of the facilitator or Facilitated Communication user. These strategies may be utilised if they are deemed appropriate by the team and their use is approved by the Manager. However, formal validation approaches are not an essential part of the validation process for an individual.

Staff and clients of Disability Services Queensland may wish to participate in formal validation approaches as a means of contributing empirical information regarding Facilitated Communication to the scientific community. Any such work should be undertaken in accordance with the *Disability Services Queensland Research Framework (2003)*.

Validation Portfolio

Each person who uses Facilitated Communication will have information collected that contributes to a validation portfolio. Information included in the portfolio should detail the circumstances of the situation in which validation occurred, or in which semi-formal/formal validation was attempted. This should include:

1. Time and place of the initial and subsequent communication;
2. Who was present including the facilitator and the communication partner; and details of the communication environment;
3. The content of the messages communicated;
4. How the accuracy of the information communicated was confirmed;
5. The particulars of the communication process, for example:
 - method of communication, eg: symbols, words;
 - communication methods used including the strategy of Facilitated Communication and other methods;
 - the amount of physical support used;
 - observations of additional behavioural/emotional or other information, eg: increased anxiety;
 - vocabulary available to the person eg: symbol board – 20 words,
 - any distinctive features of language used; and
 - any other relevant information.

Ceasing Facilitated Communication

In some circumstances a communication strategies may be introduced that, following adequate trials, appear to be ineffective or no longer appropriate. In the case of Facilitated Communication, consideration can be given to ceasing the technique where the person does not demonstrate any instances of validation. This can only occur where all of the following conditions have been met:

1. Multiple, appropriate opportunities to demonstrate validation have been provided in naturalistic settings that meet the person's individual communication needs; and

2. Where such opportunities have been provided using multiple facilitators, including facilitators with a demonstrated history of validation for people with similar communication skills and similar movement disorders; and
3. The person has had adequate opportunity to learn, practice and use the strategy; and
4. Consent is provided by the person's substitute decision maker or guardian;
5. The impact of cessation of the strategy for the individual is considered and other communication methods are available that meet the person's communication needs; and
6. The decision to cease Facilitated Communication is made by the communication support team and endorsed by the Manager; and
7. The circumstances of the introduction of the strategy, the validation opportunities and the reasons for its cessation are clearly documented.

The decision to cease use of Facilitated Communication does not preclude reassessment of the appropriateness of the strategy for an individual at a later date, and the reintroduction of the strategy.

The team should plan to provide appropriate supports to the person with complex communication needs in response to any issues that may arise as a result of the decision to cease Facilitated Communication.

2. *Validation for Facilitators*

Each facilitator will collect information that contributes to a validation portfolio. The validation portfolio will detail instances where the validity of Facilitated Communication has been demonstrated, where that person has been the facilitator for that message.

Information should be collected on any instances of validation occurring in any naturalistic, semi-formal or formal settings. Validation information included in the portfolio should detail the circumstances of the situation including:

1. Time and place of the communication;
2. Details of the communication environment, including who was present including a non-identifying description of the Facilitated Communication user and communication partners;
3. The content of the messages communicated,
4. How the accuracy of the information communicated was confirmed
5. The particulars of the communication process:
 - method of communication, eg: symbols, words;
 - communication methods used including the strategy of Facilitated Communication and other methods;
 - the amount of physical support used;
 - observations of behavioural/emotional or other information, eg: increased anxiety;
 - vocabulary available to the person eg: symbol board – 20 words,
 - any distinctive features of language used;
 - other relevant information.

This information should be collected during the course of regular communication activities using Facilitated Communication. Planned activities designed to seek

validation of the facilitator should only be undertaken with the consent of the both the facilitator and the Facilitated Communication user.

3. *Validation of specific messages*

This form of validation will generally be required only where sensitive or life changing information has been communicated and needs to be confirmed. In these circumstances, or any other circumstance where validation of a specific message is required, the *Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech Policy and Procedure* will be used.

Previously Unidentified Skills

For some people with complex communication needs, the introduction of a new or modified communication method may allow the person to display skills or knowledge that they were previously unable to demonstrate.

In the case of Facilitated Communication it is vital to determine that, where unexpected skills are demonstrated, they are the skills of the person with complex communication needs and are not the result of influence (intentional or unintentional).

This will primarily be achieved through use of the validation process. It is recommended that teams also re-investigate the person's skills for example, through assessment of the person's cognition, language and literacy and/or sensory perception.

It is important to remember that people learn throughout their lives, and can develop new skills over time. Introduction of Facilitated Communication (as for all Augmentative and Alternative Communication strategies) may also provide a vehicle for people with complex communication needs to develop new skills.

Mismatch of Messages Communicated by Facilitated Communication and Other Communication Methods

On some occasions there may be a mismatch between the message a person appears to be communicating using Facilitated Communication, and the message the person appears to be communicating by their body language, facial expression or behaviour or other communication method.

This mismatch may be the result of a number of circumstances, such as:

- The person's use of body language/facial expression may be different to that of others. For example, some people may laugh when anxious or distressed, when this is usually an indicator of happiness or enjoyment;
- The person may experience movement disorders that result in actions that are not intended or not well controlled; or

- The message may have been influenced (intentionally or unintentionally) by the facilitator.

Communication partners and facilitators must be aware of mismatches in communication and should ensure they clarify the intended meaning. Message clarification should be attempted through multiple methods of communication where this is necessary.

People with complex communication needs must not be compelled to continue their involvement in a communication activity if they are clearly indicating, by any method of communication that they do not wish to continue.

Independence and Fading

A Communication Support Plan that includes Facilitated Communication will incorporate a planned approach to reducing the level of physical support provided to the Facilitated Communication user.

The plan will detail the strategies used to improve hand, arm and upper body functioning, sensory or other skills, and opportunities provided to use Facilitated Communication with decreasing physical support. The approach to fading support should be sensitive to:

- the nature of the person's movement disorders,
- the Facilitated Communication user's opportunities to practice pointing for communication purposes;
- the nature of the information being communicated - for example it may not be appropriate to reduce physical support where the person is communicating information of an emotional nature; and
- the need to continue to provide opportunities to learn new and more complex language and communication strategies.

Activities to fade support and increase independence will be developed in consultation with specialists in movement, motor development and movement disorders such as Occupational Therapists and Physiotherapists.

Strategies for Appropriate Communication Interactions using Facilitated Communication

Ensuring the appropriate use of Facilitated Communication requires facilitators and communication partners to be aware of their communication style and the way they approach communication interactions using Facilitated Communication. The following outlines appropriate ways to utilise Facilitated Communication in a manner that reduces influence and maximises independence.

Where possible, it is desirable to separate the role of facilitator from the role of communication partner. This will allow the facilitator to focus on the physical processes associated with facilitation and the communication partner to take carriage of the conversation. Ideally, the facilitator will have a passive role in the conversation – providing the means to access the communication system but not participating directly in the interaction.

Facilitators should be aware of their ability to influence the communicative interaction and the messages communicated. Facilitators must:

- Acknowledge if they are giving cues that indicate the appropriate selection to the Facilitated Communication user;
- Be aware that they may be providing unintentional cues or unintentionally influencing the communication;
- Provide continuous feedback to the person regarding their use of Facilitated Communication, the accuracy of the pointing movement and their behaviour;
- Acknowledge any instances where the pointing movement has been influenced by the facilitator;
- Clarify any incomplete, unclear or ambiguous messages using yes/no questions or other communication methods;
- Be aware of and utilise appropriate strategies to support the person in all aspects of communication; and
- Identify and utilise opportunities to encourage independence and fading of support.

Facilitators must not:

- Intentionally influence the pointing movement unless acknowledging that they are doing so;
- Anticipate or guess the message; or
- Accept an incomplete, unclear or ambiguous message without clarifying its meaning.

Deliberately influencing the messages of people who use Facilitated Communication is an unacceptable practice. Any deliberate manipulation or misuse of a person's communication system is a breach of Disability Services Queensland's Code of Conduct and will be addressed through the Department's Disciplinary processes.

Any staff member observing possible inappropriate use of Facilitated Communication can report their concerns to their line manager for follow up.

Documentation and Record Keeping

As for other communication strategies, clear records should be kept regarding the use of Facilitated Communication. Records should include:

- opportunities provided to use the strategy and details of the circumstances of use including level of support required, language representation method used eg pictures, symbols;
- Observations of behavioural/emotional or other changes;
- progress towards identified goals including fading and increasing independence; and
- Instances of validation.

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Disability Services Queensland Policy Statement

Title: Responding to Sensitive or Life Changing Information Communicated by Methods Other than Speech.

Policy No.:

Records File No.:

Date of approval:

Date of operation:

Date of implementation:

Date to be reviewed:

Office: Policy Directorate, Disability Services Queensland

Help Contact:

Authority:

Public Service Act 1996 (Qld)

Public Sector Ethics Act (1994 (Qld)

Disability Services Act 1992 (Qld)

Powers of Attorney Act 1998 (Qld)

Guardianship and Administration Act 2000 (Qld)

Objectives:

To establish the required response by staff of Disability Services Queensland to communications of sensitive or life changing information made by clients of Disability Services Queensland where the communication has occurred by methods other than or in addition to speech.

Scope:

4. This Policy is applicable to all services provided by Disability Services Queensland through the Accommodation Support and Respite Services Directorate and the Community and Specialist Services Directorate and to private practitioners engaged by Disability Services Queensland to provide communication support services.
5. This Policy relates to the provision of services by Disability Services Queensland to people who have complex communication needs. It refers to communication using any method alternative to or in addition to speech.
6. This Policy does not refer to communication needs that arise solely as a result of hearing and/or visual impairment or being from a non-English speaking background.
7. This policy is complementary to and DOES NOT REPLACE OR OVERRIDE other policies relating to reporting, investigating or otherwise managing sensitive or life changing information.

Principles:

1. Disability Services Queensland has a responsibility to respond to any complaint, allegation or request made by a service user that has potentially sensitive or life changing consequences.
2. Sensitive or life changing information communicated by methods alternative to or supplementary to speech require the same level of consideration as those communicated by speech.

3. There are additional processes required to ensure that communication of sensitive or life changing information is not subject to influence, and to clarify the meaning of messages conveyed by methods other than speech.
4. Once clarification and validation processes have occurred, communications are subject to the same processes for management, investigation, and action as for any other information.

Policy Statement:

Disability Services Queensland provides services and support to people who as a result of their disability may have complex communication needs. Disability Services Queensland recognises that people with complex communication needs may use methods of communication other than or in addition to speech in order to communicate effectively. Disability Services Queensland's role and approach to communication support is described in the Policy on *Communication Support for People with Complex Communication Needs*.

Disability Services Queensland acknowledges that in some circumstances, depending on the context and method of communication, the messages conveyed by people with complex communication needs may be subject to interpretation or influence by others. It is Disability Services Queensland's policy to respond appropriately to the message conveyed. In the first instance, this response must ensure that the possibility of interpretation or influence over the content of the message is minimised. Where this information is sensitive or life changing in nature, and is communicated by methods other than speech there is a need to:

- clarify the meaning of the message;
- confirm that the person with complex communication needs intended that meaning to be interpreted; and
- validate that the person with complex communication needs was the author of the message.

For the purposes of this Policy, *Validation* is the process used to determine whether sensitive or life changing information has been independently communicated by the person with complex communication needs. A validation process requires the person to communicate the sensitive or life changing information on a second occasion where factors that may have influenced the person's initial communication are identified and controlled. The validation will NOT attempt to determine the truthfulness or otherwise of the initial communication.

The *Procedure for Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech* details the actions, roles and responsibilities of relevant Disability Services Queensland staff in implementing this Policy. In using these procedures, confidentiality must be maintained in line with Disability Services Queensland's *Personal Information Privacy Statement*.

This Policy and supporting Procedure aim only to clarify and validate the authorship and intent of a message communicated by methods other than speech. They do not assist in determining the truthfulness or accuracy of any message communicated by people with complex communication needs, or action to be taken in response to the content of the message. The content of the message must be responded to according to other relevant policies and procedures including:

- *Preventing and Responding to the Abuse, Assault and Neglect of People with a Disability*;
- *Critical Incident Reporting Policy*; and
- *Procedure for Complaints regarding Disability Services Queensland Services*.

When supporting adults with complex communication needs to make decisions regarding sensitive or life changing circumstances, consideration must also be given to the requirements of the *Powers of Attorney Act 1998 (Qld)* and the *Guardianship and Administration Act 2000 (Qld)*. These Acts set out the requirements for supporting adults with impaired decision-making capacity. Disability Services Queensland must adhere to the requirements of these Acts when supporting adults with complex communication needs to make decisions.

The *Powers of Attorney Act 1998 (Qld)*, the *Guardianship and Administration Act 2000 (Qld)* detail 11 General Principles that are essential to decision-making for adults with complex communication needs. In part, these include:

- *Presumption of capacity* – an adult is presumed to have capacity for a matter;
- *Encouragement of self-reliance* – the importance of encouraging an adult to become as self-reliant as practicable; and
- *Maximum participation, minimal limitations and substitute judgement* – an adult has the right to participate to the greatest extent practicable, in decisions affecting the adult's life.

Where sensitive or potentially life changing circumstances arise formal Guardians and informal decision-makers should be involved in the process of providing and seeking information from people with complex communication needs regarding the decisions that affect their lives.

Roles and Responsibilities

Executive Directors, Directors and Regional Directors are responsible for ensuring that all relevant staff are aware of and implement this Policy and the supporting *Procedure for Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech*.

Delegations

Executive Director / Director / Regional Director

Links:

Definitions

1. For the purposes of this Policy *Sensitive and Life Changing Information* includes any information which has substantial social, emotional, physical, practical, financial and/or legal consequences for the person, their family or staff. *Sensitive and Life Changing Information* includes (but is not limited to):
 - i) **Critical Information:**
 - a) Information concerning suspected abuse, assault or neglect as identified in the Policy and Operational Procedure for *Preventing and Responding to the Abuse, Assault and Neglect of People with a Disability*; or
 - b) A reportable critical incident as identified in the *Critical Incident Reporting Policy*.
 - ii) **Support arrangements**
Any change(s) to the manner in which disability services or supports (paid and unpaid) are provided, including change(s) to:
 - a) Accommodation and living arrangements;
 - b) Service provider or carer; or
 - c) other service provision arrangements.
 - iii) **Other Personal Matters**
Any other personal matter that may have significant impact on the person, or their family and friends including:
 - a) Change(s) to significant activities: schooling/employment/education or other significant activity;
 - b) Health and medical issues;
 - c) Financial affairs;
 - d) Relationships; or
 - e) Emotional wellbeing.
2. For the purposes of this Policy *Communication Methods Other than or in Addition to Speech* include (but are not limited to):
 - i) Use of one or more of the following means of representing language: gestures, signed languages, objects, pictures, symbols, words or letters with communicative intent; and

- ii) Using one or more of the following methods of communication: pointing to a communication board, display or electronic communication device either independently or via Facilitated Communication; key word signs or other communication method.

3. For the purposes of this Policy, *Validation* is the process used to determine whether sensitive or life changing information has been independently communicated by the person with complex communication needs. A validation process requires the person to communicate the sensitive or life changing information on a second occasion where factors that may have influenced the person's initial communication are identified and controlled. The validation will NOT attempt to determine the truthfulness or otherwise of the initial communication.

4. *Communication*

Any act by which one person gives to or receives from another person information about that person's needs, desires, perceptions, knowledge, or affective states. Communication may be intentional or unintentional, may involve conventional or unconventional signals, may take linguistic or non-linguistic forms, and may occur through spoken or other modes.

(National Joint Committee for the Communicative Needs of Persons with Severe Disabilities (1992. Guidelines for meeting the communication needs of persons with severe disabilities, ASHA, 34(Suppl. 7), 2-3.)

5. *Complex Communication Needs*

Some people have complex communication needs associated with a wide range of physical, sensory and environmental causes which restrict/limit their ability to participate independently in society. They and their communication partners may benefit from using Augmentative or Alternative Communication (AAC) methods either temporarily or permanently.
(Balandin, S. Message from the President. The ISAAC Bulletin 2002, 67:2)

For many people, their complex communication needs will be associated with Severe Communication Impairment. Severe communication impairment is the term used to describe: "Those for whom gestural, speech, and/or written communication is temporarily or permanently inadequate to meet all of their communication needs. For those individuals, hearing impairment is not the primary cause for the communication impairment. Although some individuals may be able to produce a limited amount of speech, it is inadequate to meet their varied communication needs."

(American Speech-Language-Hearing Association 1991 cited in Beukelman, D. and Mirenda, P., (1998) Augmentative and Alternative Communication: Management of Severe Communication Disorders in Children and Adults, 2nd Ed, Brookes Publishing, Baltimore)

6. *Communication support*

Communication support is a planned approach to increasing the effectiveness and efficiency of communication for people with complex communication needs and to provide developmentally appropriate opportunities to acquire new communication skills.

"The aim of Communication support is to develop a communication system that increases the individuals meaningful participation in daily activities."

(National Joint Committee for the Communication Needs of Persons With Severe Disabilities (2002) "Supporting documentation for the position statement on access to communication services and supports: Concerns regarding the application of restrictive "eligibility" in Communication Disorders Quarterly Volume 23, Issue 3.)

Communication support is planned, inclusive of all stakeholders, goal oriented and systematically implemented, monitored and reviewed.

7. *Multi-modal Communication*

The use of multiple components or methods of communication.

8. *Communication Partner*

Any person who talks to or interacts with another person – in this case, any person who talks to or interacts with a person with complex communication needs.

9. *Interviewer* – For the purposes of this Policy an Interviewer is the person identified to coordinate and conduct the validation process for an individual.

10. *Communication Support Person* – for the purposes of this Policy the Communication Support Person is the person identified to assist in establishing an effective communication process between the person with complex communication needs and the interviewer during the validation interview.

Strategic Context

- This Policy links to Disability Services Queensland Strategic Plan 2002 – 2006: Strategic Direction 7: Increasing Safeguards and Advocacy.

Operational Procedures - *Procedure for Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech* attached.

Related Government Guidelines or Policy

- *Policy on Communication Support for People with Complex Communication Needs, 2004*
- *Guidelines for the Use of Facilitated Communication, 2004*
- *Procedure for Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech, 2004*
- *Preventing and Responding to the Abuse, Assault and Neglect of People with a Disability – Policy and Operational Procedure; 2003*
- *Critical Incident Reporting Procedure; 2003*
- *Policy and Procedure for Complaints regarding Disability Services Queensland Services; 2001*
- *Disability Services Queensland Personal Information Privacy Statement; 2003*
- *HR Policy: Ethics and Conduct; 2003*
- *Duty of Care in Client Services, 1994*

(electronic signature)

Linda Apelt

Director General

Procedure for Responding to Sensitive or Life Changing Information Communicated by Methods other than Speech

Initial Communication

In the initial instance of communication of sensitive or life changing information it is the responsibility of the communication partners present to clarify, document and report the information in the following manner.

Clarification

1. **Clarify the meaning and intent of the message including:**
 - i) Confirm that the words used were those intended;
 - ii) Obtain relevant information without leading – eg by asking open ended questions;
 - iii) Clarify the person's understanding of key words (eg: abuse); and
 - iv) Confirm the person's expectations of communicating the information, particularly their desire for action to be taken.
2. **Clarify the likely response to the information:**
 - i) Inform the person if there is an obligation to report the information – explain who will be told and why;
 - ii) If there is no obligation to report, clarify whether the person desires action to be taken;
 - iii) Provide general information regarding the nature of that action, the likely process and possible outcomes and how to withdraw or stop the process.

Documentation

1. Document details of the sensitive or life changing information as for any other instance. Refer to *Preventing and Responding to the Abuse, Assault and Neglect of People with a Disability* for details of the information to be documented.
2. In addition, document the particulars of the communication process:
 - i) time and date of the communication;
 - ii) communication partners;
 - iii) method of communication, eg: symbols, words;
 - iv) strategies used eg: pointing and speech, Facilitated Communication;
 - v) prompting or facilitation used and to what level;
 - vi) observations of behavioural/emotional or other information, eg: increased anxiety;
 - vii) vocabulary available to the person eg: symbol board – 20 words,
 - viii) any distinctive features of language used;
 - ix) that the two step clarification process was undertaken and by whom; and
 - x) any other relevant information.

Reporting and Responding

1. Reporting Initial Communication

Communication partners present at the initial communication, where they suspect the information is sensitive or potentially life changing, will report that information to their line manager as soon as possible where:

- i) There is an obligation to do so because the information constitutes a critical incident, or possible instance of abuse, assault or neglect or where not reporting would be a breach of the duty of care to the person; or where
- ii) Further action is requested by the person.

No other action can be taken independently by communication partners.

The line manager will instigate responses as required, and ensure that the Manager is notified of the event.

2. Immediate Responses to Communication of *Critical Information*

Where critical information, as defined by this Policy, has been communicated reference and direction for responses must be sought from the:

- i) *Preventing and Responding to the Abuse, Assault and Neglect of People with a Disability Policy, 2003* and the
- ii) *Critical Incident Reporting Policy, 2004*.

3. Need for Validation

When the communication of Sensitive or Life Changing information is reported, a validation process may be required. Validation of the communication is required:

- i) If the matter is of a sensitive or life changing nature, as determined by the Manager; and
- ii) If the information is conveyed using Facilitated Communication; or
- iii) Where there is a possibility that the person's communication may have been influenced, as determined by the Manager.

The Manager will make determinations based on all available information and by seeking specialist advice where necessary.

Validation

For the purpose of this Policy, validation is a process used to determine whether sensitive or life changing information has been independently communicated. The validation process requires the person to communicate the sensitive or life changing information on a second occasion where factors that may have influenced the person's initial communication are identified and controlled. The validation will NOT attempt to determine the truthfulness or otherwise of the initial communication.

Roles of Participants in the Validation Process

1. The Manager, Community and Specialist Services Directorate will identify an appropriate person(s) to conduct the validation. The validation process will usually require the identification of a person to conduct the interview (Interviewer) and a person to support the communication process during the interview (Communication Support Person). The needs/preferences of the person with complex communication needs will be considered in determining appropriate people to conduct the validation process.
2. The Interviewer will:
 - i) Have knowledge of the investigative processes used by Disability Services Queensland;
 - ii) Be Informed of the circumstances;
 - iii) Be impartial and unbiased;
 - iv) Have a general understanding of the communication method(s) being used; and
 - v) Coordinate and conduct the validation process including:
 - (a) Determine an appropriate time and venue giving primary consideration to the needs of the person;
 - (b) Ensure that the Communication Support Person has no knowledge of the details of the sensitive or life changing information;
 - (c) Develop a process for eliciting information from the person without compromising the impartiality of the communication support person;
 - (d) Document and report the validation process as required; and
 - (e) Declare at any stage if their impartiality has been compromised.

3. The Communication Support Person will:
 - i) Have expert knowledge of and extensive practical experience in the method(s) of communication being used;
 - ii) Have no knowledge of the nature of the sensitive or life changing information;
 - iii) Be impartial and unbiased;
 - iv) Be adequately briefed regarding the particular communication methods and strategies used by the person; including an opportunity to meet the person prior to the validation at the request of the person, the Communication Support Person or the Interviewer;
 - v) Be aware of and consider the impact of culture on communication; and
 - vi) Declare at any stage if their impartiality has been compromised.

4. During the validation interview:
The role of the Interviewer is to:

- Conduct the interview including asking appropriate questions and using appropriate communication method(s) to elicit information from the person;
- Be aware of and respond to the needs and best interests of the person particularly regarding the person's emotional state;
- Provide general information regarding possible future steps and possible outcomes;
- Respond to questions of the person;
- Confirm that action is required or is requested by the person; and
- Keep a record of the interview.

The role of the Communication Support Person is to:

- assist in establishing an effective communication process between the person and the interviewer including:
 - Feedback to the Interviewer regarding effectiveness of the communication process and suggestions for improving communicative effectiveness;
 - Utilise multiple methods of communication as appropriate to the needs of the person to assist in obtaining independent, uninfluenced communication;
 - Where Facilitated Communication is used, take the role of facilitator;
 - Ensure messages are understood and interpreted appropriately by both communication partners.

5. During the validation interview, the person will be asked to repeat the details of the sensitive or life changing information as communicated in the initial communication.
6. The Interviewer and Communication Support Person will provide independent reports of the validation interview, based on their role in the process, to the Manager, Community and Specialist Services Directorate.

Determining Validity

1. The communication will be deemed to be valid where there is agreement on the major points of fact communicated in both the initial communication and the validation process. The Manager, Community and Specialist Services Directorate will determine if the initial communication has been validated, based on the reports of the validation interview, and seeking specialist advice where necessary.
2. Where new or different information is communicated during the validation interview, the Manager, Community and Specialist Services Directorate will consider the need to conduct an additional validation interview to validate the new information. This decision will be made according to the criteria for determining the need for validation detailed above.

3. Where the communication is deemed valid, the line manager will instigate action appropriate to the nature of the information and according to relevant Disability Services Queensland Policies and Procedures.
4. Where the validity of the communication cannot be determined, the line manager will determine if further action is warranted in accordance with Disability Services Queensland Policies and Procedures. In doing so, the Manager will:
 - i) Give no regard to the content of the person's initial communication;
 - ii) Consider all other available information; and
 - iii) Consider the need for any party to access debriefing, counselling or other support.

RTI RELEASE

**Implementation Plan 2004-05
Communication Support for People with Complex Communication Needs Policy Framework**

Outcome	Implementation strategies	Timeframe
<p>All relevant Disability Services Queensland staff will be aware of, and have access to, the policy framework.</p>	<ul style="list-style-type: none"> - Develop an information package focusing on practice. Appropriate C&SS staff will conduct staff information sessions in all regions in both AS&RS and C&SS directorates. - Publish the policy documents on Infonet. - Liaise with Marketing and Communications to publish practice guidelines. - Liaise with Marketing and Communications to publish articles in Departmental newsletters - Advise non-government agencies of policy framework through sector publications. 	<p>Within 3 months of endorsement of policy.</p>
<p>Relevant non-government agencies will be made aware of the policy framework.</p>	<ul style="list-style-type: none"> - Integrate information into: <ul style="list-style-type: none"> - Disability Services Queensland Induction Package - Local Induction processes - Certificate III - Direct Support Work - Accommodation Support Manual - C&SS Guidelines - Develop an introductory workshop on complex communication needs for all staff, families and carers with versions focused on communication for young children and communication for adults. 	<p>Within 3 months of endorsement of policy.</p>
<p>The policy, procedures and practice guidelines will be integrated into relevant documents.</p>	<ul style="list-style-type: none"> - Audit existing equipment and physical resources available to Departmental services. - Identify and purchase additional equipment and other items required to provide communication support services (excluding items obtainable through Smart State funding). - Develop specialist facilitated communication training, including a program for training presenters. - Identify training as a priority for Learning and Development. 	<p>Within 6 months of endorsement of policy.</p>
<p>Ensure basic information about complex communication needs and the range of communication support strategies is available to staff, families and carers as appropriate.</p>	<ul style="list-style-type: none"> - Develop an introductory workshop on complex communication needs for all staff, families and carers with versions focused on communication for young children and communication for adults. 	<p>Within 6 months of endorsement of policy.</p>
<p>Agreed basic communication equipment and other items will be provided to specialist staff.</p>	<ul style="list-style-type: none"> - Develop specialist facilitated communication training, including a program for training presenters. - Identify training as a priority for Learning and Development. 	<p>Within 6 months of endorsement of policy.</p>
<p>Specialised training in facilitated communication will be developed¹</p>	<ul style="list-style-type: none"> - Develop specialist facilitated communication training, including a program for training presenters. - Identify training as a priority for Learning and Development. 	<p>To be determined, subject to funding.</p>

Community and Specialist Services Directorate
11 February 2005

¹ In accordance with the DSQ Budget Review Committee 20 August 2004 decision, funding is to be sought for this strategy from Learning and Development funds.



Craig Hodges/Disability

11/02/05 16:47

To Lauri Andriske/Disability@Disability

cc

Subject Draft implmentation plan

Hi Lauri

As discussed, I have attached a draft copy of the summary implementation plan for BOM consideration on 10 March 2005. The draft document contains the timeframes and amendments as discussed.

Please advise if you are happy with this document.



Attachment3.doc

Craig Hodges
Disability Strategic Policy
Policy Directorate
Disability Services Queensland

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Fax: (07) 322 47910
E-mail: craig.hodges@disability.qld.gov.au

RTI RELEASES

Implementation Plan 2004-05 Communication Support for People with Complex Communication Needs Policy Framework

Outcome	Implementation strategies	Timeframe
All relevant Disability Services Queensland staff will be aware of, and have access to, the policy framework.	<ul style="list-style-type: none"> - Develop an information package focusing on practice. Appropriate C&SS staff will conduct staff information sessions in all regions in both AS&RS and C&SS directorates. - Publish the policy documents on Infonet. - Liaise with Marketing and Communications to publish practice guidelines. - Liaise with Marketing and Communications to publish articles in Departmental newsletters - Advise non-government agencies of policy framework through sector publications. 	Within 3 months of endorsement of policy.
Relevant non-government agencies will be made aware of the policy framework.	<ul style="list-style-type: none"> - Advise non-government agencies of policy framework through sector publications. 	Within 3 months of endorsement of policy.
The policy, procedures and practice guidelines will be integrated into relevant documents.	Integrate information into: <ul style="list-style-type: none"> - Disability Services Queensland Induction Package - Local Induction processes - Certificate III - Direct Support Work - Accommodation Support Manual - C&SS Guidelines 	Within 6 months of endorsement of policy.
Ensure basic information about complex communication needs and the range of communication support strategies is available to staff, families and carers as appropriate.	<ul style="list-style-type: none"> - Develop an introductory workshop on complex communication needs for all staff, families and carers with versions focused on communication for young children and communication for adults. 	Within 6 months of endorsement of policy.
Agreed basic communication equipment and other items will be provided to specialist staff.	<ul style="list-style-type: none"> - Audit existing equipment and physical resources available to Departmental services. - Identify and purchase additional equipment and other items required to provide communication support services (excluding items obtainable through Smart State funding). 	Within 6 months of endorsement of policy.
Specialised training in facilitated communication will be developed ¹	<ul style="list-style-type: none"> - Develop specialist facilitated communication training, including a program for training presenters. - Identify training as a priority for Learning and Development. 	To be determined, subject to funding.

Community and Specialist Services Directorate
11 February 2005

¹ In accordance with the DSQ Budget Review Committee 20 August 2004 decision, funding is to be sought for this strategy from Learning and Development funds.

Implementation Plan for Guidelines in Communication Support for People with Complex Communication Needs.

Phase 1 2004/2005 - Revised November 2004.

CSS in file

2004-05

1. Policy Implementation - Minimum Requirements

Policy Awareness	Strategies	Risk if not Implemented	Estimated Cost	Possible Work Unit	Recommended Timeframe
Staff Awareness	<ul style="list-style-type: none"> Develop an information package focusing on practice. Package to be shared with speech and language pathologists who can conduct staff information sessions in all regions in AS&RS and C&SS Directorates. Policy documents to be published on Infonet Liaise with Marketing and Communication to develop a publication for use by staff, highlighting the issues raised in the policy Liaise with Marketing and Communications re: Articles in Departmental newsletters Advise Non-Government Agencies of availability on the Web Policy. 	High - staff will not be aware of new requirements	\$ 20,826 (AO6 midpoint x 13 weeks including employee expenses and 5% operating costs)	Package to be developed by a Senior Service Development Officer with appropriate content knowledge - speech & language pathologist.	Phase 1 Within 6 months of Policy approval (March 2005 - August 2005)
Integrate Policies, Procedures and Practice Guidelines into relevant documentation	<ul style="list-style-type: none"> Integrate information into: <ul style="list-style-type: none"> Disability Services Queensland Induction Package Local Induction processes Certificate III - Direct Support Work Accommodation Support Manual C&SS Guidelines 	High - will result in long term reduction in awareness of the policy and limited implementation / compliance.	\$1000 Estimated cost of internal publication.	C&SS - Senior Service Development Officer	Phase 1 Within 6 months of Policy approval (March 2005 - August 2005)

2. Learning & Development - Minimum Requirements

Updating Learning and Development	Current Practice	Strategies	Risk if not implemented	Estimated Cost	Work Unit	Recommended Timeframe
Basic knowledge of complex communication needs and the range of communication support strategies	Direct support staff: Introductory instruction provided through induction and Certificate III training and inclusion in refresher sessions. Speech and Language Pathologists: Basic knowledge provided through tertiary qualification Managers and Other staff: Incidental instruction from specialist staff and on the job knowledge	Development of an introductory workshop on complex communication needs for all staff, families and carers with versions focused on communication for young children and communication for adults	High Basic instruction is required to support policy implementation	Developed by Disability Services Queensland (AO6 midpoint x 2 weeks including employee expenses and 5% operating costs) \$3,204	Preferred Approach - Develop by Disability Services Queensland Human Resource Services	Phase 1 Within 12 months of Policy approval (February 2005)
Specialised training in Facilitated Communication	Facilitated Communication Basic, Advanced and Instructors Courses run infrequently and require urgent updating	Facilitated Communication specialist training including program for training presenters. Identify as a priority for Learning and Development.	High - a high risk strategy requiring specialist training that is not available elsewhere at this time	\$55,602 AO7 x 6 months Funding to be sought from Learning and Development.	Human Resource Services	Phase 1 Within 12 months of Policy approval (February 2006)

3. Specialist Service Provision - Minimum Requirements

Addressing Service Delivery Needs	Strategies	Risk if not Implemented	Estimated Cost	Possible Work Unit	Recommended Timeframe
Provide Equipment and Physical Resources	Speech and Language Pathologists to develop a list of the basic resources required by each Area Office to provide communication support services. Senior Speech and Language Pathologist to conduct an audit of existing equipment. Purchase equipment where required.	Medium -- staff may have limited access to the equipment required to provide basic communication support services.	\$50,000	C&SS facilitated by the Senior Service Development Officer	Phase 1 June 2005

Estimated Cost:

OPERATIONAL

Staff Awareness and Integrating Policies and Procedures
Workshop Development
Internal Brochure printing

AO6 x 13 weeks \$20,826
AO6 x 2 weeks \$3,204
 \$1,000

\$25,030

CAPITAL

Equipment Purchase

\$50,000

PHASE 1 2004/ 2005

TOTAL

\$75,030

Implementation Plan for Guidelines in Communication Support for People with Complex Communication Needs.

Phase 2 2005/2006 - Revised November 2004.

4. Specialist Service Provision - Minimum Requirements

Addressing Service Delivery Needs	Strategies	Risk if not implemented	Estimated Cost	Possible Work Unit	Recommended Timeframe
Speech and Language Pathologists Induction Program	Develop a comprehensive induction program that incorporates familiarisation with requirements of the policies and procedures, and develops a program for professional development over time	Reduced access to specialist staff with appropriate expertise and training to undertake learning and development activities for other staff groups.	\$8,269 AO6 x 1 month	C&SS	Phase 2 Within 12 months of Policy approval (September 2005)

5. Policy Implementation - Additional Strategies

Strategies	Details	Risk if not implemented	Estimated Cost	Work Unit	Recommended Timeframe
1. AS&RS - Practice Mapping	<ul style="list-style-type: none"> Identify current practice in communication support and areas where change is required. Develop an action plan for improving practice for consideration by Board? 	Medium - implementation can continue but without a planned approach. Implementation resources may be poorly targeted.	\$49,616 (AO6 x 6 months - used as 0.5 FTE over 12 months)	AS&RS	Phase 2 Within 12 months of Policy approval (September 2005)

\$15,000
Travel and other costs

ATTACHMENT 1

Strategies	Details	Risk if not Implemented	Estimated Cost	Work Unit	Recommended Timeframe
2. C&SS Practice Mapping	<ul style="list-style-type: none"> Identify current practice in communication support and areas where change is required. Develop an action plan for improving practice for consideration by Board? 	Medium – implementation can continue but without a planned approach. Implementation resources may be poorly targeted.		C&SS	Phase 2 Within 12 months of Policy approval (September 2005)
3. Transitional advice and mentoring – time limited to 6 months.	<ul style="list-style-type: none"> Regional contact person identified to provide advice, information sessions, increase awareness of communication issues and compliance with Procedures – link with Policy Directorate implementation 	Medium		C&SS	Phase 2 For 6 months post Policy approval (April 2004 - September 2005)

6. Learning & Development - Additional Strategies

Strategies	Current Practice	Risk if not implemented	Estimated Cost	Work Unit	Recommended Timeframe
<ol style="list-style-type: none"> Web-based discussion groups and forums. Develop and support regional and statewide networks of communication specialists 	Limited networking through professional group networks and through existing client teams and multidisciplinary teams	Low – however limited cost with potentially broad benefit	\$4,962 AO6 x 0.1 FTE over 6 months	C&SS	Phase 2 2005/06

ATTACHMENT 1

Strategies	Current Practice	Risk if not implemented	Estimated Cost	Work Unit	Recommended Timeframe
<p>3. Development of a self-paced education kit in complex communication needs for staff of Disability Services Queensland – build on introductory workshop, reinforce and extend skills.</p>	<p>Direct support staff: Introductory instruction provided to through induction and Certificate III training Speech and Language Pathologists: Basic knowledge provided through tertiary qualification Managers and Other staff: Incidental instruction from specialist staff and on the job knowledge</p>	<p>Low – however this is a low, non-recurrent cost with potentially broad impact</p>	<p>Developed by Disability Services Queensland: \$ 8,269 (A06 x 1 month) Development outsourced: \$12,600 (140 hours @ \$90/hr)</p>	<p>Human Resource Services</p>	<p>Phase 2 2005/06</p>
<p>4. A Learning Centre on communication support on the Disability Services Queensland website - information for both adults and children services</p>	<p>Programs available through tertiary education providing some basic instruction Professional associations and special interest groups provide some opportunities professional development.</p>	<p>Low – however this is a low, non-recurrent cost with potentially broad impact</p>	<p>Developed by Disability Services Queensland: \$4,134 (A06 x 2 weeks) \$20,000 (4 x \$5,000 per kit)</p>	<p>Human Resource Services</p>	<p>Phase 2 2005/06</p>
<p>5. Development of specialist information kits for: - Speech and language pathologists - Occupational therapists and physiotherapists - Psychologists - Direct Support Workers</p>	<p>Professional associations and special interest groups provide some opportunities professional development.</p>	<p>Low – however this is a low, non-recurrent cost with potentially broad impact</p>	<p>Human Resource Services Outsourced to specialist agency eg: University of Qld</p>	<p>Human Resource Services Outsourced to specialist agency eg: University of Qld</p>	<p>Phase 2 2005/06</p>

7. Specialist Service Provision – Additional Strategies

Service Delivery Needs	Strategies	Risk if not Implemented:	Estimated Cost	Possible Work Unit	Recommended Timeframe
1. Profiling Need	<p>Comprehensive assessment of the communication support needs of Disability Services Queensland clients.</p> <p>Develop proposals for meeting needs, including staffing requirements, policy implementation requirements.</p> <p>Proposals to be considered by Board of Management / Budget Review Committee for consideration in 2005/06 budget.</p>	<p>Ongoing issues in service delivery are not addressed.</p> <p>Ability of Disability Services Queensland to meet Quality Standards compromised over the long term.</p>	\$99,232 (AO6 x 12 months)	C&SS	<p>Phase 2 2004/05</p> <p>Project recommendations to be considered in 2005/06 budget process</p>
2. Pilot Project: Resource Officers – Communication Support	<p>Trial introduction of 10 Resource Officers – Communication Support in selected Professional and Specialist Services teams statewide for a 2-year period.</p> <p>Evaluate the impact on the quality and consistency of communication support services and levels of unmet need.</p> <p>BRC Project Brief attached.</p>	<p>Low reduced implementation and compliance with Policies and Procedures in Communication Support.</p> <p>Service delivery issues remain.</p>	<p>2004/05</p> <ol style="list-style-type: none"> \$77,424 - Project Officer - AO6 x 1 FTE over 6 months then 0.5 FTE over 6 months \$380,145 - Resource Officers - AO4 x 10 FTE over 6 months \$25,000 - Equipment and Resource (\$2,500 per position) \$50,000 - Evaluation <p>2005/06</p> <ol style="list-style-type: none"> \$49,616 - Project Officer AO6 x 12 months 0.5 FTE \$760,290 - Resource Officers AO4 x 10 FTE \$50,000 - Equipment and Resources (\$5,000 per 	C&SS	<p>Phase 2</p> <p>Project commencing 2004/05</p> <p>Pilot running 2005 & 2006</p>

Service Delivery Needs	Strategies	Risk if not Implemented	Estimated Cost	Possible Work Unit	Recommended Timeframe
			position) 2006/07 1. \$24,808 - Project Officer - AO6 x 0.5 FTE over 6 months 2. \$380,145 - Resource Officers - AO4 x 10 FTE over 6 months 3. \$25,000 - Equipment and Resource (\$2,500 per position)		

Lauri Andriske/Disability

To Christine McBride/Disability@Disability

05/05/05 14:32

cc

Message History

Subject re implementation plan for CC Needs project.

Hi Christine

As requested I have attached the implementation plan.

To date we are moving with equipment allocation to all the regions and have asked for Managers finalise their requests with their staff so that there is no duplication with Smart State allocations and equipment for FECS.

I have approached Paula Cuneo and developed the PO specifications re the development of content for the Introductory workshop and she has agreed to undertake the task and we are waiting for a quote for her services. She plans to commence soon so as to complete the work by the end of June.

Leiza Rooney and Morag Gilchrist will be working on the necessary amendments to the Cert III for RCO training as well as promoting the policy and guidelines to all staff.

The contact with Communications and Marketing can be done when I get back from leave as Jill now thinks that I can proceed with that component.

I will be on leave from 11th may and returning 20 th june. I will let you know who will be the contact person while I am away assuming there is one.
best wishes



Policy Implementation Plan Revised Oct 04complexC.doc



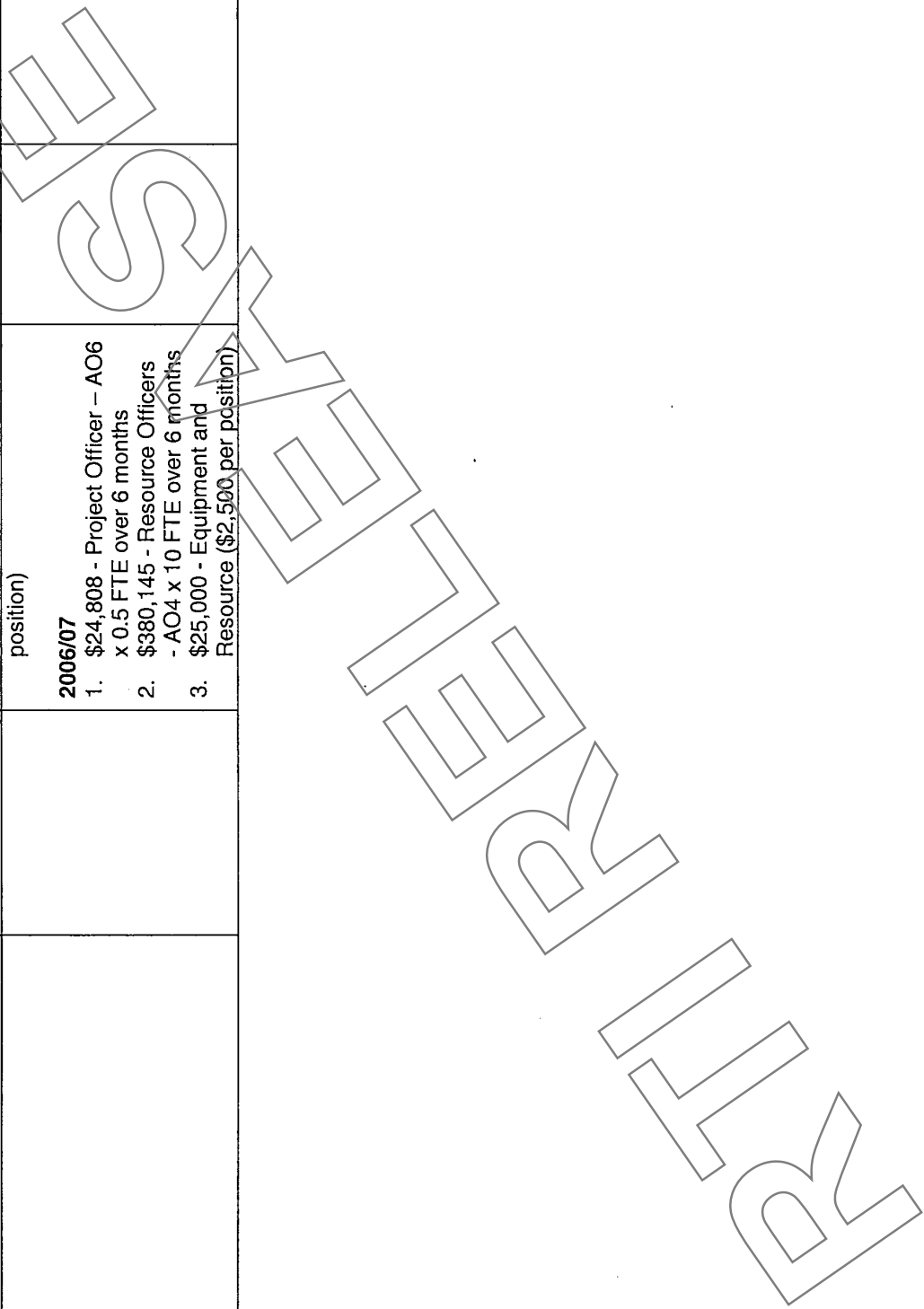
Lauri draft implementation plan carig hodes.doc

Lauri Andriske
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7. Specialist Service Provision – Additional Strategies

Service Delivery Needs	Strategies	Risk if not Implemented	Estimated Cost	Possible Work Unit	Recommended Timeframe
<p>1. Profiling Need</p>	<p>Comprehensive assessment of the communication support needs of Disability Services Queensland clients.</p> <p>Develop proposals for meeting needs, including staffing requirements, policy implementation requirements.</p> <ul style="list-style-type: none"> Proposals to be considered by Board of Management / Budget Review Committee for consideration in 2005/06 budget. 	<p>Ongoing issues in service delivery are not addressed.</p> <p>Ability of Disability Services Queensland to meet Quality Standards compromised over the long term.</p>	<p>\$99,232 (AO6 x 12 months)</p>	<p>C&SS</p>	<p><u>Phase 2</u> 2004/05</p> <p>Project recommendations to be considered in 2005/06 budget process</p>
<p>2. Pilot Project: Resource Officers – Communication Support</p> <p>Evaluate the impact on the quality and consistency of communication support services and levels of unmet need.</p> <p>BRC Project Brief attached.</p>	<p>Trial introduction of 10 Resource Officers – Communication and Specialist Services teams statewide for a 2-year period.</p>	<p>Low - reduced implementation and compliance with Policies and Procedures in Communication Support.</p> <p>Service delivery issues remain.</p>	<p><u>2004/05</u></p> <ol style="list-style-type: none"> \$77,424 - Project Officer - AO6 x 1 FTE over 6 months then 0.5 FTE over 6 months \$380,145 - Resource Officers - AO4 x 10 FTE over 6 months \$25,000 - Equipment and Resource (\$2,500 per position) \$50,000 - Evaluation <p><u>2005/06</u></p> <ol style="list-style-type: none"> \$49,616 - Project Officer AO6 x 12 months 0.5 FTE \$760,290 - Resource Officers AO4 x 10 FTE \$50,000 - Equipment and Resources (\$5,000 per 	<p>C&SS</p>	<p><u>Phase 2</u></p> <p>Project commencing 2004/05</p> <p>Pilot running 2005 & 2006</p>

Service Delivery Needs	Strategies	Risk if not Implemented	Estimated Cost	Possible Work Unit	Recommended Timeframe
			position) 2006/07 1. \$24,808 - Project Officer – AO6 x 0.5 FTE over 6 months 2. \$380,145 - Resource Officers - AO4 x 10 FTE over 6 months 3. \$25,000 - Equipment and Resource (\$2,500 per position)		



Implementation Plan 2004-05 Communication Support for People with Complex Communication Needs Policy Framework

Outcome	Implementation strategies	Timeframe
All relevant Disability Services Queensland staff will be aware of, and have access to, the policy framework.	<ul style="list-style-type: none"> - Develop an information package focusing on practice. Appropriate C&SS staff will conduct staff information sessions in all regions in both AS&RS and C&SS directorates. - Publish the policy documents on Infonet. - Liaise with Marketing and Communications to publish practice guidelines. - Liaise with Marketing and Communications to publish articles in Departmental newsletters 	Within 3 months of endorsement of policy.
Relevant non-government agencies will be made aware of the policy framework.	<ul style="list-style-type: none"> - Advise non-government agencies of policy framework through sector publications. 	Within 3 months of endorsement of policy.
The policy, procedures and practice guidelines will be integrated into relevant documents.	Integrate information into: <ul style="list-style-type: none"> - Disability Services Queensland Induction Package - Local Induction processes - Certificate III - Direct Support Work - Accommodation Support Manual - C&SS Guidelines 	Within 6 months of endorsement of policy.
Ensure basic information about complex communication needs and the range of communication support strategies is available to staff, families and carers as appropriate.	<ul style="list-style-type: none"> - Develop an introductory workshop on complex communication needs for all staff, families and carers with versions focused on communication for young children and communication for adults. 	Within 6 months of endorsement of policy.
Agreed basic communication equipment and other items will be provided to specialist staff.	<ul style="list-style-type: none"> - Audit existing equipment and physical resources available to Departmental services. - Identify and purchase additional equipment and other items required to provide communication support services (excluding items obtainable through Smart State funding). 	Within 6 months of endorsement of policy.
Specialised training in facilitated communication will be developed	<ul style="list-style-type: none"> - Develop specialist facilitated communication training, including a program for training presenters. - Identify training as a priority for Learning and Development. 	To be determined, subject to funding.

Community and Specialist Services Directorate
11 February 2005

¹ In accordance with the DSQ Budget Review Committee 20 August 2004 decision, funding is to be sought for this strategy from Learning and Development funds.

Katie Holm/Disability

05/04/05 12:23

To Christine McBride/Disability@Disability

cc Justine Devlin/Disability@Disability

Subject Fw: Attached image data.

Christine,

for your corp file pls.

k.

----- Forwarded by Katie Holm/Disability on 05/04/2005 12:22 PM -----



Hannah Kelly/Disability

04/04/2005 05:52 PM

To Justine Devlin/Disability@Disability, Katie Holm/Disability@Disability

cc

Subject Fw: Attached image data.

Hi Katie / Justine,

Linda has approved your decision paper on : Policy Review and Development : Communication support for People with Complex Communication needs - pse see scanned signature below., rgds H

Hannah Kelly
Executive Officer
Boards of Management

Department of Aboriginal and Torres Strait Islander Policy
Disability Services Queensland
Department of Communities

Phone (07) 324 75132

Fax 07 3224 7329

Mobile

Email hannah.kelly@disability.qld.gov.au

----- Forwarded by Hannah Kelly/Disability on 04/04/2005 05:50 PM -----



Konica@families.qld.gov.a

u

05/04/2005 02:25 AM

To hannah.kelly@disability.qld.gov.au

cc

Subject Attached image data.



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DISABILITY SERVICES QUEENSLAND BOARD OF MANAGEMENT

MEETING DATE: 10 March 2005

AGENDA ITEM: Policy Review and Development: Communication Support for People with Complex Communication Needs

BOARD PAPER

- | | |
|--|---|
| <input type="checkbox"/> Authority to Proceed
<input type="checkbox"/> Cabinet Submission
<input checked="" type="checkbox"/> Decision Paper | <input type="checkbox"/> Information Paper
<input type="checkbox"/> Presentation/Demonstration |
|--|---|

MESB RECEIVED
 30 MAR 2005
 Ref: BR05/0483

PURPOSE:

1. To seek Board of Management Endorsement of the revised *Practice Guidelines: Communication Support for People with Complex Communication Needs* (Attachment 1).
2. To inform the Board that the Disability Services Queensland Budget Review Committee approved the allocation of funding to implement the policy.
3. To inform the Board that the previously considered *Communication Support for People with Complex Communication Needs Policy* and associated procedures are to be forwarded to the Director-General and the Minister for endorsement (Attachment 2).

BACKGROUND:

- On 13 May 2004, the Board of Management gave in-principle endorsement to policy and procedures concerning communication support for people with complex communication needs, pending consideration of detailed options for implementation by the Disability Services Queensland Budget Review Committee.
- The Board also noted that, in order to align the documents to the new business model, the practice guidelines were to be redrafted into two separate documents tailored to the needs of staff in the Community and Specialist Services Directorate and the Accommodation Support and Respite Services Directorate.

RECOMMENDATIONS

That the Board of Management:

Endorsed

1. Endorse the revised *Practice Guidelines: Communication Support for People with Complex Communication Needs* (Attachment 1).
2. Note the Disability Services Budget Review Committee approved the allocation of funding to implement the policy on 20 August 2004. ✓
3. Note the previously considered *Communication Support for People with Complex Communication Needs Policy* and associated procedures are to be forwarded to the Director-General and the Minister for endorsement (Attachment 2).

<p>ENDORSED: MANAGER/ ACTION OFFICER Name: Katie Holm</p> <p style="font-size: 1.2em; font-style: italic;">Katie Holm</p> <p>Insert date 23/02/05</p>	<p>ENDORSED: EXECUTIVE DIRECTOR Name: Clare O'Connor</p> <p style="font-size: 1.2em; font-style: italic;">Clare O'Connor</p> <p>Insert date</p>	<p>ENDORSED: ASSISTANT DIRECTOR- GENERAL Name: Bette Kill</p> <p style="font-size: 1.2em; font-style: italic;">Bette Kill</p> <p>Endorsed by BOM: Date: 18/5 Decision No. 185</p>	<p>APPROVED/NOT APPROVED: DIRECTOR-GENERAL Name: Linda Apelt</p> <p style="font-size: 1.2em; font-style: italic;">Linda Apelt</p> <p>Insert date 30/3/05</p>
<p>COMMENTS/ REQUIREMENTS: add comments</p>	<p>COMMENTS/ REQUIREMENTS: add comments</p>	<p>COMMENTS: add comments</p>	<p>COMMENTS: add comments</p>

DISABILITY SERVICES QUEENSLAND

Summary of the use of Facilitated Communication Training supported by Disability Services in April 2009

"Facilitated Communication Training (FCT) is a strategy which may enable some people with complex communication needs to point to objects, pictures, symbols, words and letters for communication purposes." (Facilitated Communication Training Program (1997). Department of Families, Youth and Community Care.)

In March 2006 Community and Specialist Service Development Branch (C&SS DB) undertook a scoping exercise to gather information on the support needs of people who have been introduced to the strategy of facilitated communication training. Since this time a number of activities have focussed on increasing support for people and their support teams currently using FCT.

In March 2009 Senior Managers Professional and Specialist Services were sent the data from the previous scoping exercise and asked to update the information about people supported to use FCT in their service centre. The results were collated in April 2009 and summarised below. A comparison is made between results from 2006 and 2009. More detailed information relating to individuals' use of the strategy of FCT is attached in the table titled *Facilitated Communication Training use within Disability Services at April 2009*.

Total number of service users identified who have been assessed as viable candidates for FCT

In 2009:	93 people
In 2006:	75 people

The variation in numbers between 2006 and 2009 is related to:

- broader parameters of the 2009 scoping exercise (inclusive of people receiving funding packages);
- people who have more recently been assessed to be FCT users; and
- people not captured in the 2006 scoping exercise who had previously been identified as FCT users.

The increase in identification of people who used FCT in the past may relate to:

- an increased organisational awareness of the strategy of FCT resulting from the work of the CCN team; and
- an increased awareness of people's communication histories.

Of the 21 people identified since the 2006 scoping activity 9 people are currently using FCT and 12 people are not. Three individuals not being supported to use the strategy of FCT had passed away since the 2006 scoping exercise.

Service users identified as currently using FCT

In 2009:	34 people
In 2006:	21 people

The increase in people using FCT between 2006 and 2009 relates to:

- people resuming the use of FCT with training provided to client teams by the Complex Communication Needs team (CCN team) of C&SS DB
- local trained facilitators recommencing support to individuals identified as FCT Users
- people not previously identified under the 2006 scoping activity
- broader parameters of 2009 scoping

Service users identified as having been assessed as viable candidates for FCT, who are currently not using the strategy.

In 2009: 59 people

In 2006: 54 people

The increase in people no longer using FCT relates to:

- broader parameters of 2009 scoping; and
- some people no longer supported to use FCT since the 2006 scoping.

Four people who were supported to use FCT in 2006 were no longer using the strategy. Service centres listed the following factors as contributing to this decrease:

- the lack of SLP services for the adult population and lack of access to other facilitators; and
- the deterioration in health, vision and other factors for FCT users.

Some service centres listed reasons for people not being supported to use or resume the use of FCT in 2009. The primary reasons given were access to training or a lack of access to SLP services and facilitators.

Maintaining access to multiple facilitators appears to have proven difficult in some locations. In one service centre, training and supervisory support to workshop participants was provided to three client teams (including both AS&RS and C&SS staff). When the primary facilitator (SLP) left the region the client teams did not continue to facilitate with service users.

It is evident in a couple of situations that a change in residence has resulted in a change of support staff which has impacted on a person's access to facilitation support.

Current users FCT 2009	Past users FCT 2009	Comparison of figures for people using FCT 2006 - 2009
Gold Coast summary		
0	1	— Same person not using FCT.
Beenleigh summary		
1	0	— A new FCT user arrived. — Two people who used FCT in 2006 have left the area. — Two people who were assessed as viable candidates, but not currently using FCT in 2006 have left the area.
Browns Plains summary		
3	1	— Three people moved to Browns Plains and have resumed the use of FCT. — The person who is not supported to use FCT was not listed in 2006.
Ipswich summary		
3	5	— One person who used FCT prior to 2006 is now supported to use it. — One person who used FCT in 2006 is not using FCT now. — Two people who used FCT prior to 2006 left the area. — Another previous FCT user was identified in 2009 but is not using FCT.
Toowoomba summary		
0	5	— The two people who were supported to use FCT in 2006 are now not supported to use it. — Three people and their teams received significant support to resume the use of FCT in 2008 for 12 months. Client teams have not been facilitating since the SLP left the office in December 2008.
Cairns summary		
1	2	— One person is now reported to use FCT. — Two people have used FCT but are not using it in 2009.
Townsville summary		
0	0	— No change.
Mackay summary		
1	0	— One new person is supported to use FCT.
Strathpine summary		
0	6	— Three people had used FCT prior to 2006. The change in numbers relates to service users moving, and service user histories being revealed. — Two people had been assessed as viable candidates but were not using FCT.
Sunshine Coast summary		
5	2	— Three people who are new to Disability Services are supported to use FCT.
Bundaberg summary		
0	2	— One person who had support to use FCT in 2006 no longer has support to use the strategy.
Maryborough summary		
0	12	— 14 people had used the strategy prior to 2006. Two of those people have since passed away.
Rockhampton summary		
1	5	— The same person is supported to use FCT. — One person who used FCT prior to 2006 has moved.

Current users FCT 2009	Past users FCT 2009	Comparison of figures for people using FCT 2006 - 2009
Wooloowin summary		
2	3	<ul style="list-style-type: none"> — One person who used FCT in 2006 has moved out of the area. — A new person is supported to use FCT.
Mt Gravatt summary		
4	8	<ul style="list-style-type: none"> — Three people used FCT prior to 2006. — Changes in numbers relate to service users moving, area boundaries changing and people becoming aware of service users' communication histories. — No one has been supported to resume the use of FCT since the 2006 scoping.
Wacol summary		
2	4	<ul style="list-style-type: none"> — One person is being supported to resume FCT. — One person who was supported to use FCT in 2006 has left the area — Three people had used FCT prior to 2006. The change in the number of past users relates to people moving between areas.
Goodna summary		
11	3	<ul style="list-style-type: none"> — In 2006 four people were supported to use FCT and 9 people had used FCT prior to 2006. — Three people new to Goodna service centre are using FCT. — Two people have successfully resumed the use of FCT. — One person assessed as a candidate does not use the strategy. — One person who had used FCT prior to 2006 has passed away.
TOTAL		
34	59	

**Facilitated Communication Training Use
within Disability Services
April 2009**

Service centre	Person	Currently using FCT yes / no / resuming	Contact number- service centre	Facilitators	Services
<p>Third party personal information</p> <p align="center">PTI RELEASE</p>					

NB: Disability Services policies regarding communication apply within Disability Services operated services (therapy and accommodation support). Services provided by other organisations (e.g. NGO accommodation support) are not required to comply with the communication policy suite.

Key: Not listed in 2006 scope.

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Third party personal information

PTI RELEASE

NB: Disability Services policies regarding communication apply within Disability Services operated services (therapy and accommodation support). Services provided by other organisations (e.g. NGO accommodation support) are not required to comply with the communication policy suite.

Key: Not listed in 2006 scope.

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Third party personal information

PTI RELEASE

NB: Disability Services policies regarding communication apply within Disability Services operated services (therapy and accommodation support). Services provided by other organisations (e.g. NGO accommodation support) are not required to comply with the communication policy suite.

Key: Not listed in 2006 scope.

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Third party personal information

RELEASSEE

Goodna Summary:

14 people have used FCT at some point

Nine use FCT currently

Two people are resuming the use of the strategy

Two people are not currently using the strategy.

Comparison

In 2006 four people used FCT and nine people had used FCT in the past.

Since then many of the people have recommenced using FCT.

A number of people who now use FCT were not listed in the 2006 report and may be new to DSQ or new to Goodna.

One person died Not included in totals.

NB: Disability Services policies regarding communication apply within Disability Services operated services (therapy and accommodation support). Services provided by other organisations (e.g. NGO accommodation support) are not required to comply with the communication policy suite.

Key: Not listed in 2006 scope.

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Third party personal information

FOR RELEASE

Wacol summary

Six people have used FCT at some point.
One person uses FCT currently.
One person is resuming the use of FCT.
Four people used FCT in the past.
Comparison:

NB: Disability Services policies regarding communication apply within Disability Services operated services (therapy and accommodation support). Services provided by other organisations (e.g. NGO accommodation support) are not required to comply with the communication policy suite.

Key: Not listed in 2006 scope.

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In 2006 two people were currently using FCT. Three people had used FCT in the past.
One person who did not use FCT in 2006 is resuming the use of FCT.
The other differences in numbers relate to people moving between areas.

Third party personal information

PTI RELEASE

NB: Disability Services policies regarding communication apply within Disability Services operated services (therapy and accommodation support). Services provided by other organisations (e.g. NGO accommodation support) are not required to comply with the communication policy suite.

Key: Not listed in 2006 scope.

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Third party personal information

Mt Gravatt summary

12 people have used FCT at some point.

Four people use FCT currently. Two people receive support from family members to do so.

Eight people used FCT in the past

Comparison:

The people currently using FCT have moved from other areas. One person who moved from another area wasn't using it there and isn't using it in Mt Gravatt. Some people were identified as having used FCT in the past, but are not using it now.

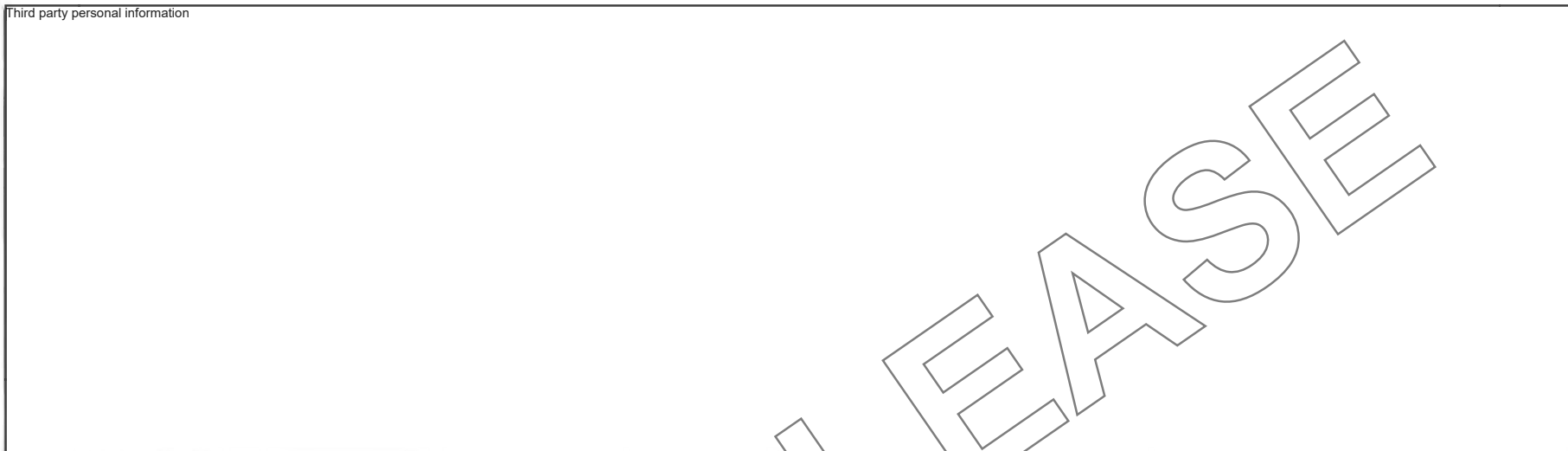
There has been no change in the FCT use of people who have been in Mt Gravatt since 2006.

NB: Disability Services policies regarding communication apply within Disability Services operated services (therapy and accommodation support). Services provided by other organisations (e.g. NGO accommodation support) are not required to comply with the communication policy suite.

Key: Not listed in 2006 scope.

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Third party personal information



Wooloowin summary

Five people have used FCT at some point.

Two people use FCT currently.

Three people have used FCT in the past.

Comparison:

One person using FCT has moved out of area and one additional person is supported to use FCT.

The principles of FCT are used in therapy sessions with several children; however, FCT is not identified as a primary communication access strategy for them.



NB: Disability Services policies regarding communication apply within Disability Services operated services (therapy and accommodation support). Services provided by other organisations (e.g. NGO accommodation support) are not required to comply with the communication policy suite.

Key: Not listed in 2006 scope.

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Third party personal information

PTI RELEASE

NB: Disability Services policies regarding communication apply within Disability Services operated services (therapy and accommodation support). Services provided by other organisations (e.g. NGO accommodation support) are not required to comply with the communication policy suite.

Key: Not listed in 2006 scope.

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Third party personal information

Maryborough summary

No one uses FCT currently

Twelve people have used it in the past

Comparison

This represents no change from the 2006 report, except that two people have passed away.

Bundaberg summary

No one uses FCT currently.

Two people used FCT in the past.

Comparison:

In 2006 one person was supported to use FCT. no longer has support in 2009.

NB: Disability Services policies regarding communication apply within Disability Services operated services (therapy and accommodation support). Services provided by other organisations (e.g. NGO accommodation support) are not required to comply with the communication policy suite.

Key: Not listed in 2006 scope.

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Third party personal information

RELEASSEE

Sunshine Coast summary

Seven people have used FCT at some point.

Five people use FCT currently.

Two people have used the strategy in the past.

Comparison

In 2006 two people used the strategy and one person had used it in the past. The new FCT users were not listed in the 2006 summary. The change does not represent people resuming the use of the strategy.

NB: Disability Services policies regarding communication apply within Disability Services operated services (therapy and accommodation support). Services provided by other organisations (e.g. NGO accommodation support) are not required to comply with the communication policy suite.

Key: Not listed in 2006 scope.

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Third party personal information

FOR RELEASE

Strathpine summary

Six people have used FCT at some point.

No one is supported to use the FCT currently.

Four people have used FCT in the past. Two people had been assessed as viable candidates.

Comparison:

NB: Disability Services policies regarding communication apply within Disability Services operated services (therapy and accommodation support). Services provided by other organisations (e.g. NGO accommodation support) are not required to comply with the communication policy suite.

Key: Not listed in 2006 scope.

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In 2006 Strathpine had three service users who were not supported to use FCT. One has moved to an area where is supported to use the strategy.

Third party personal information

Mackay summary

1 person uses FCT

No history provided re previous FCT users

Comparison:

The Mackay service centre did not have an individual summary in 2006.

Townsville summary and comparison

No one was identified as using the strategy or having used the strategy now or in 2006.

NB: Disability Services policies regarding communication apply within Disability Services operated services (therapy and accommodation support). Services provided by other organisations (e.g. NGO accommodation support) are not required to comply with the communication policy suite.

Key: Not listed in 2006 scope.

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Cairns summary Three people have used FCT at some point. No one is reported to have used it in the past. Comparison: This appears to represent an increase from 2006.
--

Third party personal information

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PTI RELEASE

NB: Disability Services policies regarding communication apply within Disability Services operated services (therapy and accommodation support). Services provided by other organisations (e.g. NGO accommodation support) are not required to comply with the communication policy suite.

Key: Not listed in 2006 scope.

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Third party personal information

Ipswich summary

Eight people have used FCT at some point.

Three people currently using FCT.

Five people not using FCT.

Comparison:

In 2006 three people were supported to use FCT and four people were not using FCT.

The numbers have stayed the same but some of the people have changed. One person who was using FCT is now not using it and one person who was not using FCT is now supported to use it.

One person has moved into the Ipswich area and is not supported to use FCT and one person has moved out of the area.

NB: Disability Services policies regarding communication apply within Disability Services operated services (therapy and accommodation support). Services provided by other organisations (e.g. NGO accommodation support) are not required to comply with the communication policy suite.

Key: Not listed in 2006 scope.

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<p>Browns Plains summary Four people have used FCT at some point. Three people use FCT currently. One person used this strategy in the past. Comparison The Browns Plains office did not submit a separate report in 2006. Three of the people listed moved from Ipswich.</p>					
<p>Third party personal information</p>					
<p>Beenleigh summary One person currently uses FCT. Comparison In 2006 two people receiving support used FCT and two people had used FCT in the past but did not use it in 2006. It seems those four people have all left the area.</p>					

NB: Disability Services policies regarding communication apply within Disability Services operated services (therapy and accommodation support). Services provided by other organisations (e.g. NGO accommodation support) are not required to comply with the communication policy suite.

Key: Not listed in 2006 scope.

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Gold Coast summary

No one uses FCT currently.

One person used FCT in the past.

Comparison

In 2006 the same person had used FCT in the past and was not using it then.

Third party personal information

Toowoomba summary

Five people have used FCT at some point.

Three people are currently FCT users but do not have access to facilitation support.

Two people who used FCT in the past are not supported to use FCT.

NB: Disability Services policies regarding communication apply within Disability Services operated services (therapy and accommodation support). Services provided by other organisations (e.g. NGO accommodation support) are not required to comply with the communication policy suite.

Key: Not listed in 2006 scope.

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Comparison

The two people who were supported to use FCT in 2006 are not supported to now. Three people who were not supported to use FCT in 2006 have had extensive training for their support team in 2008 but do not have access to facilitators.

Third party personal information

Rockhampton summary

Six people have used FCT at some point.

One person currently using FCT.

Five people have used FCT in the past.

Comparison:

In 2006 the same person was using FCT. Six people had used it in the past. One of those has since left the area.

NB: Disability Services policies regarding communication apply within Disability Services operated services (therapy and accommodation support). Services provided by other organisations (e.g. NGO accommodation support) are not required to comply with the communication policy suite.

Key: Not listed in 2006 scope.

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