



Position Paper

Inclusive Communication and the Role of Speech and Language Therapy

September 2016

First published in 2016

by the Royal College of Speech and Language Therapists

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020 7378 1200 www.rcslt.org

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Date for review: 2019

Procedure for reviewing the document: A group of experts working across sectors will be identified and asked to review the document to determine whether an update is required. Members can submit their feedback on the document at any time by emailing: info@rcslt.org

Reference this document as:

Money D., et al. (2016)

Inclusive Communication and the Role of Speech and Language Therapy

Royal College of Speech and Language Therapists Position Paper. RCSLT: London

This document is available from the RCSLT website: www.rcslt.org

Acknowledgements

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1. Introduction

Communication is central to our ability to learn, work, form and maintain relationships and to participate in society. Across all aspects of life, in education, care and enablement, huge demands are placed on our communication skills and this impacts everyone.

Everyone needs to be able to communicate to participate effectively in daily life. Recent policies across the four nations of the United Kingdom (UK) expect services and organisations to co-produce and engage with people who use their services. This requires reasonable adjustments to communication, to reduce barriers and inequality.

Speech and language therapists (SLTs) are key players in promoting communication inclusion. It is embedded firmly in some specialisms. However it is equally relevant across all speech and language therapy services. This position paper sets out the Royal College of Speech and Language Therapists' (RCSLT's) expectation that inclusive communication is integral to all SLTs' work in the future. It highlights the need for a consistent understanding and use of the term and to promote inclusive communication for all. It outlines roles for all SLTs, from working together with individuals through to working across communities and populations. It describes the need for SLTs to be involved with inclusive communication - in practice, audit, evaluation and research.

2. Purpose and benefits

This inclusive communication position paper is aimed at SLTs and the purpose of the paper is to:

1. Describe the need for SLTs to promote and practice inclusive communication and the risks of not doing this
2. Set out a definition of inclusive communication that can be used consistently by SLTs
3. Develop a shared understanding of terminology
4. Raise awareness and align previous strategic work on inclusive communication across the UK
5. Act as a guide for good inclusive communication practice
6. Outline the multi-level roles of SLTs in developing and implementing inclusive communication approaches
7. Recommend methods for evaluating, sharing and developing good practice in inclusive communication

The benefits of this position paper for the speech and language profession and individual SLTs are to:

- Provide personal and professional credibility for SLTs improving inclusive communication at all levels of practice
- Enable SLTs to feel confident about the quality of the advice they are giving and feel supported by professional consensus
- Ensure a consistent quality of inclusive communication speech and language therapy practice, providing a direct benefit to service users, communication partners and commissioners
- Create a baseline for evaluation, audit and research, to compare the impact of different approaches at different levels with a view to shaping future inclusive communication practice across the UK
- Increase efficiency by sharing already established inclusive communication standards and removing the need for SLTs to reinvent local standards
- Support SLTs to make a strong case (including reduction of risk) for inclusive communication activity at service and population level

3. Methodology

3.1 Working group

The RCSLT put a call out for volunteers to sit on a working group early in March 2013 and the group first met in May 2013. This was in response to increasing requests from RCSLT members for some formal guidelines to direct inclusive communication practice among speech and language therapy professionals.

A number of clinical areas of speech and language therapy and all four UK nations were represented in the working group.

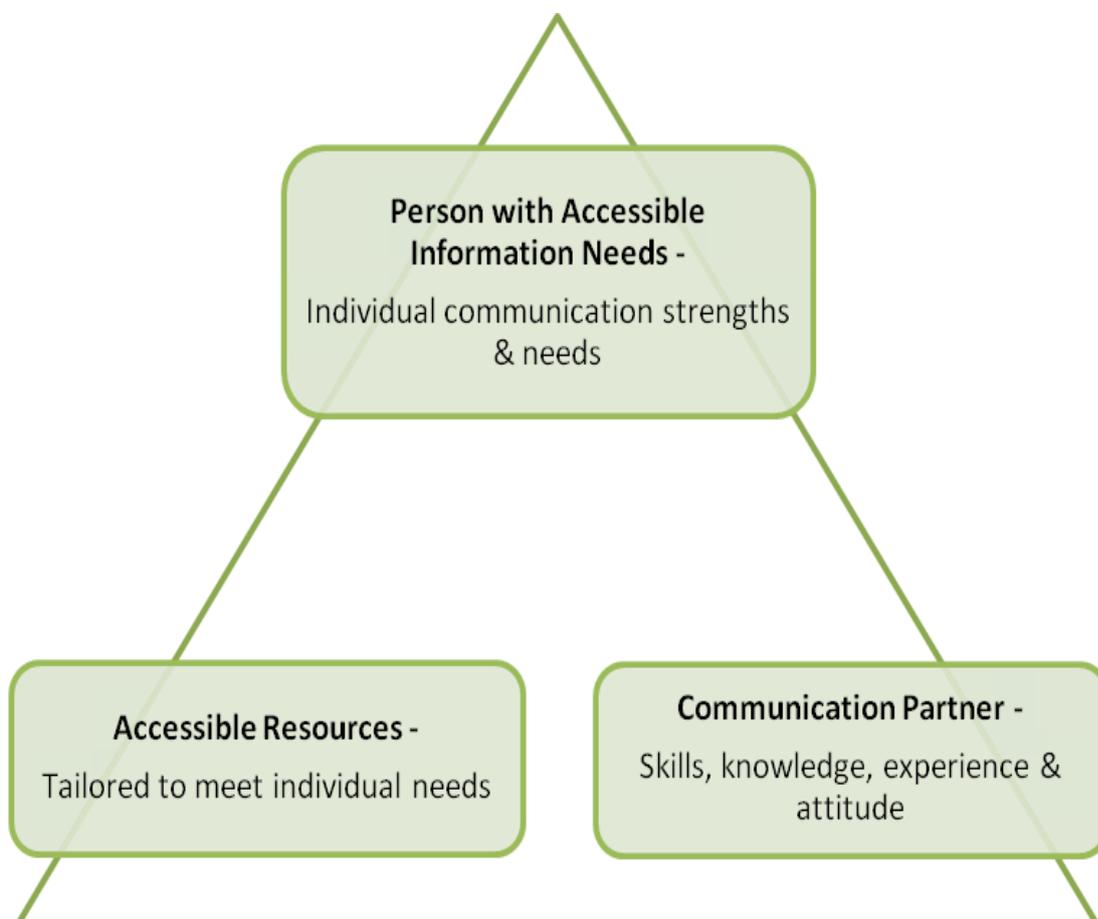
3.2 Literature search

There is limited primary research into inclusive communication practice. Mander (2013) carried out a detailed review of the literature within the field of learning disabilities and found seven relevant primary research studies. However these studies focused on communication resources rather than the impact of inclusive communication practice on people with communication needs. Three mixed method studies described a qualitative process of developing and/or appraising a specific accessible resource or guidelines as well as a quantitative element to investigate its effectiveness (Strydom et al, 2001; Rodgers and Namaganda, 2005; Boyden et al, 2009). Two qualitative studies attempted to answer broader questions relating to the human dimensions and experiences of accessible information. One explored the use of accessible information with a wider population (Owens, 2006) and the other explored issues relating to the implementation of a specific accessible resource (Jones et al, 2007).

Results were similar across different specialisms. Several researchers have identified themes or processes that need to be considered to improve accessibility. Howe (2008) identified seven environmental act barriers or facilitators for people with aphasia: (1) awareness of aphasia; (2) opportunity for participation; (3) familiarity; (4) extra support for communication; (5) communication complexity; (6) message clarity; and (7) time available for communication. O'Halloran et al (2012) also identified seven themes that promote accessibility, relating to the healthcare provider's knowledge, communication skills, attitudes and individual characteristics, together with the presence of family, the physical environment, and hospital systems. They concluded that removing barriers and maintaining factors that facilitate communication may contribute towards communicatively accessible stroke units.

These studies demonstrate that the challenge of providing information is more complex than the provision of accessible information. It involves the whole process - respecting people as individuals and finding ways of making SLTs responsive and sensitive to what people with high communication needs 'tell' them (Thurman et al, 2005). Inclusive communication is about reducing barriers to communication, for everybody, everywhere. It therefore focuses on the process of making communication inclusive or accessible. For many this requires individualised approaches and specific support, as illustrated by the Triangle of Accessibility (fig.1) below (Mander, 2009). The Triangle of Accessibility clearly demonstrates that inclusive communication is a process requiring targeted, individualised resources together with appropriate communication partners.

Figure 1: The Triangle of Accessibility



Communication partners can access various learning and development resources to support their inclusive communication skills and knowledge. These range from workshops and courses to guidance around how to develop and use written accessible resources. Examples of guidance include, amongst many, Mencap – Am I

making myself clear (2009) and the Stroke Association – Making information accessible for people with aphasia (2012). Mander (2015) found a shift towards seeing information as a process of supporting understanding and comprehension needs.

The working group for this position paper identified a gap in the evidence around processes communication partners use, the outcomes and the impact of inclusive communication practice. To meet this gap, the working group developed a two-part survey for RCSLT members to build clinical evidence and expertise around inclusive communication processes, outcomes and impact. This expert consensus informed the position paper and then underwent a further process of member consultation.

3.3 Member survey

The inclusive communication member survey was an online survey distributed across the RCSLT membership. The survey was divided into two parts. The first part, completed by 254 members, was aimed at defining and reaching a consensus on what inclusive communication means and capturing a record of what inclusive communication work SLTs are involved in.

The second part, more qualitative, was targeted at those who completed the first survey and had agreed to further contribution. It was completed by 102 SLTs who are involved in inclusive communication work. This second part focused on the models of inclusive communication practice, evidence, benefits and effectiveness.

3.4 Writing of the guidelines

In May 2013, the initial working group set out a plan to develop the paper, a process which took three years to complete.

Initially the members of the working group were allocated sections and individual tasks, such as the development and analysis of the member survey. Although coordinated by the nominated person, the group made decisions collaboratively through the process.

Following the consultation (see below), the working group discussed the findings which informed the purpose, structure and content of the final paper. The final paper was completed by a small group of RCSLT members. Following discussions between working group members, the paper went through several drafts for consultation.

3.5 Member consultation

The profession was alerted to the position paper being in development and was subsequently invited to review the document and make comments.

The draft was made available to appropriate RCSLT members; relevant clinical excellence networks, hubs, RCSLT board members and staff. Forty-four responses were received from the four UK nations. All submitted comments were discussed, approved or rejected, tracked and stored. The paper was re-drafted as appropriate.

The purpose and benefits of this position paper are specifically for the speech and language therapy profession (see chapter 2). Therefore there were no external consultations on the paper and no consultations with service users. Additionally the working group was mindful of the principles of inclusive communication which is not just a resource approach but a tailored process of inclusion. It is envisaged that, once published as a position paper, SLTs will share understanding and awareness around terminology, needs and roles and use appropriate processes of co-production and involvement.

4. Making the case for inclusive communication

4.1 Who benefits from inclusive communication?

Everyone needs to be able to communicate to participate effectively in daily life. Effective communication allows us to live independently, build and maintain relationships, to work, to be educated, to manage our affairs and, of critical importance, to assert our own free will in the world. Communication underpins the outcomes that individuals and governments value. Without effective communication it is very difficult to participate in the world around us.

The ultimate aim of inclusive communication is to reduce communication barriers, and subsequent prejudice and exclusion of and from society. The social model of disability sees disability as created by social barriers rather than individual impairment (Walmsley, 2001). It is these social barriers that are the ultimate factors defining who is disabled and who is not. Inclusive communication supports all members of society to be equal by reducing communication barriers for all people with communication difficulties.

Most people experience communication challenges at some point because of illness, or stress and anxiety associated with challenging situations, for example, when they are in unfamiliar surroundings or doing an unfamiliar task. For people in the UK with speech, language and communication difficulties, communication challenges are a regular experience. For them, inclusive communication is paramount.

Speech, language and communication difficulties create inequality and can arise at any time across the lifespan and anywhere. Optimum communication for individuals in places where they live and work reduces the risks of exclusion, inequality and poor health and wellbeing associated with disability. Optimum communication promotes more effective education, health, social care and access to justice, through more successful understanding, discussion and negotiation.

Inclusive communication requires a commitment and the ability to support people both at vulnerable times and throughout their lives. Reasonable adjustments to meet everybody's inclusive communication support needs are a step towards better outcomes for all individuals and the wider community, enabling greater independence and participation.

SLTs are key players in promoting communication inclusion and as such can make a substantial contribution to important policy goals such as increasing health

literacy, promoting person-centered care, public health and health inequality initiatives.

Inclusive communication is embedded firmly in some speech and language therapy specialisms. For example, in services for people with learning disabilities or with aphasia, SLTs are supporting people to use their natural or retained communication strengths through inclusive communication strategies, to address barriers within specific contexts, such as using a chart in a café (see [RCSLT inclusive communication webpage](#) for further examples). Many learning disability and stroke multi-disciplinary teams (MDTs) expect to work as partners with SLTs on inclusive communication.

Inclusive communication however is relevant across all speech and language therapy services. In fact it is not just about best practice within the field of speech and language therapy. Inclusive communication is set within a legal framework and it is RCSLT's expectation that inclusive communication is integral to all SLTs.

4.2 Making the case

4.2.1 The economic case

Inclusive communication improves the likelihood that people will be able to access the right service at the right time, and benefit from that service first time, every time. Implementation of quality inclusive communication practice therefore has a high potential to save money and time for individuals, communities and countries.

Being socially included and connected with access to employment, education, health, social care, justice and culture are primary factors for protecting and promoting an individual's health and wellbeing, and for creating fair, safe and prosperous communities. Communication underpins these factors; conversely, communication barriers are high-risk factors for poor health and wellbeing, community cohesion and the public purse.

The Scottish Government commissioned a review of the literature (Law et al, 2007) on the lived experience of people with communication support needs, and reported that in comparison with the general population, people with communication support needs are more likely to:

- experience negative communication within education, healthcare, the criminal justice system and other public services;
- have difficulty accessing information required in order to utilise services;
- be misjudged in terms of cognitive and educational level;
- be unemployed or employed at an inappropriately low level;
- live in socially deprived areas; and

- be victims of, or be convicted of, crime.

A study using data from a UK birth cohort of 17,196 children followed them from school entry to adulthood. The study found that, even after adjustment for a range of other factors, speech and language difficulties at age five are significantly associated with poor literacy, mental health and employment outcomes at age 34 (Law et al, 2009).

Outcomes for young people with identified communication support needs can be negative in the extreme. In relation to employment, a study of young, unemployed men found that more than 88% were described as presenting with language impairment, having some degree of difficulty with language (Elliott, 2011) with rates of 66-90% of young offenders with speech, language and communication needs (SLCN) reported (Bryan et al, 2007). In Polmont Young Offenders Institute, 26% of young men were found to have clinically significant communication impairment and 70% have difficulties with literacy and numeracy (Polmont, 2003). More recent studies in adult prisons and work by intermediaries (England, Wales, Northern Ireland) has added to the weight of evidence linking SLCN with involvement in the criminal justice system (as witness, victim and/or accused) (RCSLT, 2012).

4.2.2 The demographic case

The communication profile across all four nations is changing. People are living longer, including many with long-term conditions associated with communication difficulties; for example, children and young people with complex additional support needs, frail older people, and people living with Alzheimer's disease and other types of dementia. Future populations will include increasing numbers of people requiring more effective and universal communication support.

4.2.3 The policy case

National strategies and policies emphasise the need for services to be person-centred, rights- and asset-based, and developed using a co-production model. This requires universal inclusive communication approaches so individuals with speech, language and communication difficulties experience reduced inequalities, and have more positive experiences of safe and effective services across all the dimensions of health, social care, education and employment. Self-management and informed choice runs through policies and strategic direction requiring individuals to make and express an informed choice, whatever their communication strengths and weaknesses.

Services are required to evidence:

- **Empowerment:** a core pillar of the human rights based approach outlined in the Human Rights Acts Article 10 (1998) and Scottish National Action Plan on Human Rights.
- **Participation:** of people in decisions that affect them. There is a need for greater consistency to ensure meaningful participation of people in decisions that affect their lives.
- **Person-centred service provision:** requiring services to interact and communicate with actual and potential service users in ways that work for their service users.
- **Rights-based services:** applying equality and human rights laws.
- **Asset-based approaches:** using the assets of an individual and/or community to problem solve. This requires service providers to take an inclusive view.
- **Co-production:** requiring all parties to listen, to understand each other and to facilitate equal expressions of opinions and choices no matter their communication needs and abilities.

4.3 Risks of communication exclusion

Failure to make reasonable adjustments to meet communication needs will mean individuals will continue to be vulnerable to a range of risks (Five Good Communication Standards, RCSLT, 2013). These risks are caused by people misunderstanding or being misunderstood across all dimensions of education, treatment, social care, support and enablement.

Misunderstanding or being misunderstood leads to heightened probability of occurrence of risks, associated with:

- Health inequality (Locke et al, 2002), lower standards of healthcare, misdiagnosis, diagnostic overshadowing, taking medication wrongly or not effectively following health advice, inpatient admissions and inadequate treatment of serious medical conditions
- Poor health literacy, meaning individuals struggle to recognise, obtain, and understand basic health information which they need to make appropriate health decisions and to access the services which prevent or treat illness and enable them to self-manage their health and wellbeing (NHS Education for Scotland, 2014)
- Withdrawal and social isolation as inclusive communication is essential to building relationships, interacting and participating in family life, making friendships and being part of the wider community. These are all fundamental for citizenship and humanity and central to a good quality of life (Bercow, 2008)

- Poor mental wellbeing. Communication difficulties and negative experiences, across any dimension of care, enablement and support, can lead to low mood, anxiety and depression
- Increased vulnerability and a heightened risk of abuse (Sylvestre et al, 2015) and neglect, alongside hate crime
- Increased presentation of behaviours which challenge services, indicate mental distress or offend, leading to increased involvement with the criminal justice system (Bryan et al, 2007) or safeguarding incidents. Avoidance of these very costly outcomes depends on access to optimum communication support, understanding and therapeutic input, in a rapid and timely manner
- Legal challenges based on continuing failure to design, commission and provide best-practice services, in contravention of legal responsibilities and the demand for increased person-centredness and co-production of service design and delivery (Equality Act, 2010)
- Transitions, for example, the transition from childhood, illness, death of a carer, becoming a parent
- Lack of access to information required to use services, for example, social services or welfare services (Law et al, 2007)
- Reduced ability to engage in education and work (Elliot, 2009; Law et al, 2009). This leads to misjudgement in terms of cognitive and educational level, resulting in unemployment or people being employed at an inappropriately low level
- Reduced housing opportunities and welfare. This can lead to overuse of specialist services and 'out of area' placements
- A lack of person-centred approaches leading to reduced choices and involvement in everyday decisions, as well as participation in wider community and leisure opportunities
- Staff teams consistently overestimating an individual's abilities, impacting negatively on staff perceptions and affecting the individual's overall care (Law et al, 2007)

4.4 Current terminology

Prior to this position paper, various terminologies have been used interchangeably. The term inclusive communication is also referred to as good communication, total communication and accessible information. Some terms are synonymous and there is overlap between them all. There has been a lack of a shared definition of what both SLTs and others mean by these various terms (Lewer, 2009). Below are listed the terms associated with this field of practice and their respective common definitions.

4.4.1 Inclusive communication

Inclusive communication aims to make services more accessible for everyone. Most definitions of inclusive communication include statements about values, social inclusion and communication environments. The term encompasses all levels of practice: population (relating to everyone, everywhere); targeted (relating to high risk SLCN communities and services); and specialist (relating to specific individual needs). This term and definition is not new.

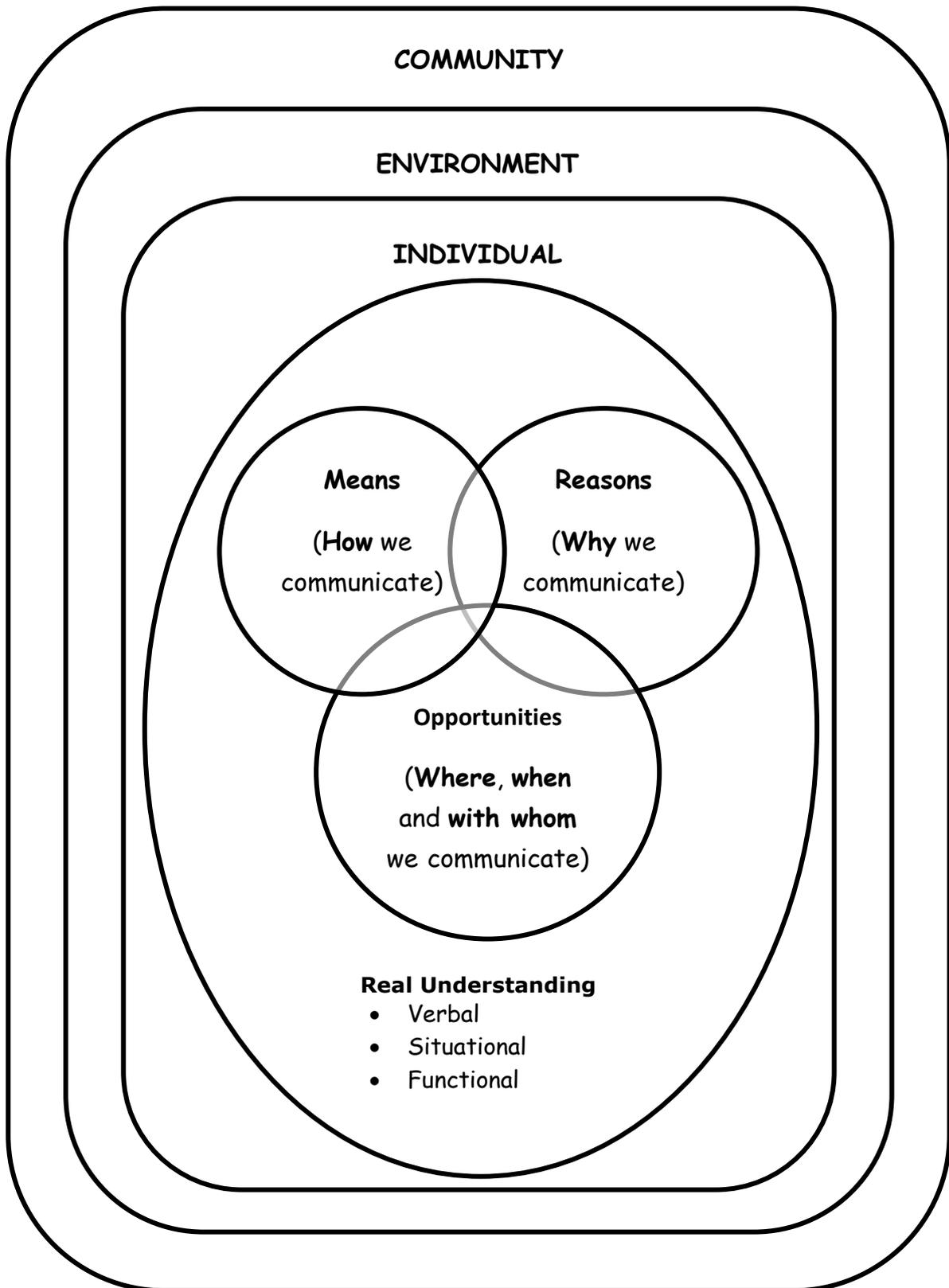
In Scotland, inclusive communication is an established term endorsed and used by the Scottish Government since 2009. The definition of inclusive communication from the co-produced Talk for Scotland Toolkit (Communication Forum Scotland, 2009) is: 'Inclusive communication makes use of the broadest range of methods to help people to understand and express themselves'.

The toolkit recommends use of all means by which human beings understand the world and express themselves. These are listed below in broadly simple to complex developmental order, concluding with reading and writing, the most complex means of understanding and expressing themselves:

- Routines
- Environmental sounds, smells, taste
- Facial expression
- Head and body language, eye pointing
- Place/location
- Objects
- Gesture
- Photographs
- Symbols and drawings
- Verbal language
- Signing
- Written word

Inclusive communication is not a new concept. Figure 2 (pg. 17) illustrates this tiered model of inclusive communication, published in 2002 by Money and Thurman, describing a model towards inclusive communication highlighting individual, environment and community levels.

Figure 2: A Model of Inclusive Communication (Money and Thurman, 2002)



The Scottish Government's (2011) definition of inclusive communication: 'Means sharing information in a way that everybody can understand. For service providers, it means making sure that you recognise that people understand and express themselves in different ways. For people who use services, it means getting information and expressing themselves in ways that meet their needs. Inclusive communication relates to all modes of communication: face to face, written information, online information and telephone' (pg.04).

Outside Scotland, the Inclusive Communication Network's 'Valuing communication, valuing lives: A model for communication passports' describes inclusive communication as an approach that: 'Seeks to create a supportive and effective communication environment, using every available means of communication to understand and be understood. Inclusive communication means using the right communication type at the right time based on an individual's needs' (MCN CCQ, 2013).

4.4.2 Total communication

Most definitions of total communication are person centred and tend to focus on an individual's needs first and then how the individual is supported within their community. There tends to be less focus on the universal application of strategies in these definitions. This definition is taken from the [Total Communication website](#):

'Total communication is a process that ensures that all forms of verbal and non-verbal communication are recognised, valued and actively promoted within an individual's environment. Our aim is to ensure a 'common language' is adopted for all people to help make a consistent and positive difference to everybody's lives. The tools of total communication are gesture, body language, signing, facial expression, objects of reference, photographs, drawings, symbols, written words, vocalisation, intonation, verbalisation and access to modern technology. It is focussed on individuals and an awareness of and ability to use whatever is right for an individual – inclusive of all.'

A different definition of total communication is used in the education of hearing impaired children. In this instance the term total communication means formal signs with speech and writing, and sometimes Sign Supported English. British Sign Language signs are also usually included.

4.4.3 Accessible information

Accessible information means different things to different people. Accessible information is generally concerned with developing resources, making written information easier to understand for people who find reading hard, such as

people with learning disabilities or difficulties, dementia and aphasia. Different words are used to describe accessible information, for example:

- Easy read or easier read
- Aphasia-friendly information
- Making information easier
- Easier to understand information
- Simple words and pictures
- Easy write or easy info

Generally these terms mean using easy words (ie, used commonly in everyday interaction) and pictures (eg, symbols, cartoons and/or photographs), writing in short, simple sentences (ie, one point/sentence in the order people are expected to do, see, understand something) and without any abbreviations or professional jargon. There is not a legal definition of what easy read information must look like; however, a minimum standard for easy read information has been created in consultation with people who regularly make or commission easy read information (DH, 2009).

Accessible information approaches can focus on the process, not just the resource, considering individual's strengths and needs, the communication partner's skills, knowledge and experience and then tailoring the accessible information for a specific person (see fig. 1, Triangle of Accessibility, pg. 8). The term accessible information can now describe wider means and purpose of communication, beyond simply understanding printed or online visually mediated communication. In 2014, services in England adopted the Accessible Information Standard (see chapter 6). The Accessible Information Standard is not just about written information in different formats, but includes making sure that people get the support with communication that they need, such as interpreters, advocates, communication partners and communication tools, such as an aid or a communication passport, to help them both understand and express themselves.

4.5 Consensus around inclusive communication definition and terminology

The first part of the RCSLT member survey (section 3.3, pg. 9) sought to both define inclusive communication and develop a consensus opinion on terminology. The results confirmed that although members were positive about the term there was disagreement and/or confusion about definitions of inclusive communication. There appeared to be regional variation as well as differences between speech and language therapy specialisms. There also seemed to be overlap between the terms 'inclusive communication' and 'total communication',

with some respondents discussing the use of total communication strategies within a wider context of inclusive communication.

It is not beneficial to have a variety of terms in use. One broad term with one definition, used by RCSLT and its members, would create greater consistency and understanding - not just within the profession but also for our service users and service providers and commissioners. It would also enable clearer referencing within national policies and strategy.

RCSLT's Board of Trustees agreed that 'inclusive communication' is the preferred term of the organisation. A unified term and definition will lead to improved profile and identity for the term used and the speech and language therapy profession. It is an umbrella term that encompasses other terms that may be established in local use.

4.5.1 Defining inclusive communication

Inclusive communication encompasses all means of understanding and expression and all tools which enable and support communication. This includes strategies to overcome high level language difficulties, through to creative and multi-modal techniques to engage people with profound and multiple learning disabilities.

The RCSLT vision is for all individuals with SLCN – permanent or transient, formally identified or not – to experience and benefit from inclusive communication. It is a necessary foundation to achieving successful outcomes including independence and community participation.

Inclusive communication practice recognises that inclusion is not absolute for an individual with SLCN, and that what counts as inclusive for one person will not necessarily be so for someone else (Mander, 2013).

Inclusive communication practice means not solely focusing resources on the needs of relatively few individuals. It is also concerned with communication partners and their knowledge, skills and attitudes towards communication inclusion. Communication partners, in all their interactions, must be able to use strategies and resources effectively to enable communication inclusion for as many people as possible, to the greatest degree possible.

Inclusive communication is about both the identified and unidentified communication needs of the general population. Every community includes people with SLCN all the time. Therefore, to ensure equality, inclusive

communication approaches are required to benefit the entire population and society - inclusive communication for everyone, everywhere, all the time.

Inclusive communication practice therefore encompasses three different levels:

- 1. Individual level** - ensuring individuals can use inclusive communication tools or methods to understand information and express themselves in ways that utilise their communication strengths and meet their communication needs. This means that:
 - Individuals get the professional and personal support needed to enable them to communicate to their full potential
 - Whatever communication methods (verbal or non-verbal) work best for an individual are used consistently by everyone communicating with the individual
 - Communication partners (family, friends, support workers and others) are fully involved in identifying what works best for individuals. They understand and value individuals' communication, listen and take time to support their communication and maximise involvement.

- 2. Environments, organisational and service level** - ensuring that communication needs are no longer a barrier to access or inclusion in a place, service or organisation through consistent use of inclusive communication practice. This means that environments, services and organisations:
 - Have leaders who understand the economic, legal and policy arguments for quality-assured inclusive communication practice and promotes and encourages a positive vision for and attitude towards inclusive communication best practice
 - Apply a shared, evidence-based definition of quality inclusive communication practice
 - Have joined up, comprehensive inclusive communication strategies in order to make the vision of a communication inclusive organisation a reality. Policies and strategies take into account the full range of communication abilities and needs of actual and potential populations accessing the service. Needs are planned for rather than responded to because every community or group may include people with communication support needs (Communication Forum Scotland, 2010; RCSLT, 2013)
 - Ensure sustained and sustainable investment of both time and money to ensure effective implementation of the inclusive communication strategy. Quality communication tools, approaches, training and technology are freely available without professional, financial or commercial barriers

- Integrate inclusive communication strategies, as standard, in to all communications/interactions between service provider and actual potential users. Communications include all signage; such as face-to-face interactions (from receptionist onwards), printed materials, leaflets, forms, online communication, phone services, focus groups and conferences
- Provide comprehensive learning and development programmes for communication partners to enable effective implementation of inclusive communication
- Have a means of regulating, monitoring, evaluating and continuously improving inclusive communication practice

3. Community or population level - ensuring comprehensive, coherent implementation of policy and practice standards which takes into account the diverse communication strengths and needs of whole communities and populations. This means that:

- There is widespread understanding of the economic, legal and policy arguments for quality-assured inclusive communication practice among national and local government leaders and key stakeholders
- Local and national government have and 'own' a shared vision for and of an inclusive communication nation
- Local and national government apply a shared, evidence-based definition of quality inclusive communication practice, including quality standards and indicators of these standards
- Local and national government:
 - have a joined up, comprehensive national inclusive communication strategy to deliver their shared vision
 - provide sustained and sustainable investment of both time and money to ensure effective implementation of the inclusive communication strategy
 - demonstrate best inclusive communication practice throughout services
 - have a means of regulating, monitoring, evaluating and continuously improving inclusive communication practice

5. Legislation and policy

Position papers seek to capture the most up-to-date evidence base and best practice principles for a given clinical area. This will be common to all parts of the UK, and indeed beyond. But the context for delivering services in that clinical area may vary between England, Scotland, Wales and Northern Ireland due to legislative, regulatory, national and local policy differences.

To ensure that a position paper has a longer shelf-life, an up-to-date summary of relevant laws, regulations, policies and guidance can be accessed on the [RCSLT inclusive communication webpage](#). This ensures that position statements are relevant to the whole of the UK, and the context can be updated as soon as it changes. Where it is unavoidable, relevant documents have been referenced within the main text (always for all four nations). Local context should also be researched when considering taking forward recommendations from a position paper.

European and UK-wide legislation supports inclusive communication. It is not just about best practice within the field of speech and language therapy. Various laws across the four UK nations covering equality, rights and capacity set inclusive communication within a legal framework. All these highlight the need for practicable steps to be taken to support individual communication needs, are fundamental for treating individuals with compassion and dignity and providing person-centred care.

6. Inclusive communication standards and principles

6.1 Five Good Communication Standards (UK-wide)

Following the Winterbourne View scandal, it was clear that patients with learning disabilities and/or autism in hospital settings were at risk because of poor communication. This was not just at an individual level, but also at the level of services and organisations that they used. Communication breakdown was clearly an environmental risk factor as staff were not generally interacting with the people they supported in a way that enabled individuals to achieve greater levels of independence, participation or integration (Mansell, 2007). This indicated the need to develop the communication environment and the RCSLT (2013) recommended Five Good Communication Standards around reasonable adjustments to maximise engagement, involvement and inclusion at an individual and service level. Requested and supported by the UK government, and endorsed by the then named RCSLT Council, the five standards are universally applicable across the life span and conditions.

The Five Good Communication Standards:

1. There is a detailed description of how best to communicate with individuals
2. Services demonstrate how they support individuals with communication needs to be involved with decisions about their care and their services
3. Staff value and use competently the best approaches to communication with each individual they support
4. Services create opportunities, relationships and environments that make individuals want to communicate
5. Individuals are supported to understand and express their needs in relation to their health and wellbeing

The Five Good Communication Standards are intended as a practical resource to support families, carers, staff, professionals, providers and commissioners to make a difference to the lives of individuals. As a result of these standards, all stakeholders should know:

- What good communication looks like
- Whether good communication is happening
- About useful resources to promote good communication

The Five Good Communication Standards aim to support individuals to make and understand choices, express feelings and needs, and involve themselves in the world around them. The support needed will vary from person to person

but the implementation of the standards should mean individuals are able to say or experience (Thurman, 2009):

- Whatever communication methods work best for me are used and valued
- People communicate effectively with me because of their underpinning knowledge, skills and attitude
- People actively listen to me and take time to support my communication
- I get the professional support I need to communicate to my full potential
- The communication tools, techniques or technology I need are freely available to me
- Policies and strategies that affect me take into account my communication and include me in appropriate ways

The Five Good Communication Standards are increasingly cross referenced by key publications and embraced across wider learning disability services and broader specialisms. The Five Standards are relevant for a wide audience, underpinned by inclusive communication, and have been reframed as below to easily be adapted for different populations (Money, 2015; RCSLT Bulletin, October):

1. There is good information that tells you how best to communicate with someone
2. People are helped to be involved in making decisions about their care and support
3. Others are good at supporting someone with their communication
4. People have lots of chances to communicate
5. People are helped to understand and communicate about their health

6.2 Communication Support Principles and Principles of Inclusive Communication (Scotland)

The principles of inclusive communication were developed in Scotland, following a Scottish Government literature review of the lived experience of people with communication support needs (campaigned for and supported by RCSLT as a member of Communication Forum Scotland (CFS)).

The Scottish Government commissioned CFS to carry out the Civic Participation Network Project for people with Communication Support Needs. The four-year project (2010-2014) included co-production of the Talk for Scotland Toolkit, which sets out 6 Communication Support Principles, designed to facilitate effective communication between service providers and people living with communication support needs – regardless of why someone has a communication support need.

The Principles operate at the organisational/service and population level – covering all care groups and all environments, communication modalities and communication partners. The Talk for Scotland toolkit provides practical tools and guidance to support organisations – including government – to implement these principles. The toolkit was promoted through co-produced training across Scotland.

Still referred to regularly in Scotland, the 6 Communication Support Principles recommend that service providers:

1. Recognise that every community or group may include people with communication support needs
2. Find out what support is required
3. Match the way they communicate to the ways people understand
4. Respond sensitively to all the ways an individual uses to express themselves
5. Give people the opportunity to communicate to the best of their abilities
6. Keep trying

Following a change of personnel in the Scottish Government, the decision was made to publish the Principles of Inclusive Communication document. Informed by leaders of the Civic Participation Network Project these reflect the previously promoted 6 Communication Support Principles. The principles are accompanied by performance indicators to ensure communication is more inclusive within public authorities in Scotland.

Like the 6 Communication Principles, the Principles of Inclusive Communication were designed to cover all care groups and all environments, communication modalities and communication partners. They recognise people need similar communication supports wherever they are communicating. Their personal communication capacities don't change as they move between environments and communication partners but the barriers they experience are dependent on the supports available in any given environment, or provided by any given communication partner.

The Principles were also actively co-promoted across agencies in Scotland and continue to be used and referred to by the Scottish Government and underpin ongoing inclusive communication projects, these principles are:

1. Communication accessibility and physical accessibility are equally important
2. Every community or group will include people with different communication support needs

3. Communication is a two-way process of understanding others and expressing yourself
4. Be flexible in the way your service is provided
5. Effective user involvement will include the participation of people with different communication support needs
6. Keep trying

The Principles of Inclusive Communication have continued to be promoted by the Scottish Government and subsequent commissioned national projects.

An examination of the implementation of inclusive communication practice was reported in a Scottish Government commissioned report 'The Joe Report: Making Scotland an Inclusive Communication Nation for him and for everyone else' (2011).

Although The Principles of Inclusive Communication were valued by both national and local government, the report identified simply having principles (or standards) is not enough. Assets required to comprehensively mainstream inclusive communication practice throughout public services included ownership and leadership by organisational senior staff; shared, evidence-based definitions of quality inclusive communication practice; realistic and sustained investment and a means of regulating inclusive communication practice. RCSLT, along with people with communication support needs and partner organisations, have made campaigning to establish an inclusive communication nation a strategic priority (2015-18). See also the [RCSLT inclusive communication webpages](#).

6.3 Accessible Information Standard (England)

Since July 2016 all organisations providing NHS or adult social care in England follow the Accessible Information Standard: 'The aim of the standard is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need' (NHS England, 2015). This includes making sure that people get information in different formats if they require, but also making sure that people get any support they need to express themselves; such as interpreters, advocates or other communication partners (NHS England, 2015).

Whilst targeted at the individual level it mobilises wide-scale systemic change across organisations that provide health and social care. It is not just about providing patient leaflets and letters in different formats such as large print, braille, via e-mail, in an audio format or in easy read. It also includes supporting people to communicate through using a hearing aid, lip-reading, or using a communication tool such as an aid or a communication passport. Notably it

covers arranging communication support for appointments, overnight stays in hospital, and for long-term care in care homes. It recognises that many people who benefit from accessible information will require additional support with communication through use of broader strategies.

The Accessible Information Standard requires all health and social care services to do five things:

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

7. The role of the SLT

7.1 Why inclusive communication is relevant to all SLTs

Inclusive communication is everyone's role. However, SLTs have unique knowledge and skills to develop awareness, knowledge and understanding in others in order to maximise inclusive communication in all areas.

SLTs have a unique core theoretical knowledge of speech, language and communication. They bring specialist clinical skills focused on optimising an individual's communication capacity and improving quality of life. SLTs apply the social model of intervention to communication disability. They are well equipped to enable the best possible understanding between people with communication disabilities and their families, carers, staff and the wider community.

As such, SLTs are key players in leading and developing inclusive communication practice (in partnership with others) for individuals, environments, services, organisations, communities and populations. However, capacity, demand and commissioning will influence how much time SLTs can spend fulfilling their roles at these levels. This will be different between nations, localities, providers and specialisms.

The RCSLT inclusive communication survey in 2013 asked members about their inclusive communication practice and 95.3% of SLTs, out of 254 respondents, stated that their current role included inclusive communication work. The survey provided much information about the myriad of activities SLTs are undertaking at different levels related to implementation of inclusive communication practice. As predicted, roles and practice vary and examples of practice can be found on the [RCSLT inclusive communication case studies webpage](#). The respondents reported that:

- 41.5% (n=105) worked with inclusive communication across all levels
- 58.5% (n=149) worked solely at the individual level
- More than three quarters stated their inclusive communication activity included learning and development, making resources and adapting environments
- 15% (n=38) had established inclusive communication standards in place with more than two thirds having none

7.2 Speech and language therapy roles at individual level

The credibility and value of speech and language therapy depends on its commitment to and ability to help people at the most vulnerable times of their lives. Regardless of age or clinical pathway, all SLTs bring unique expertise in assessing and describing an individual's preferred means of understanding, expressing themselves and interacting. This expertise has the primary aim of helping both the person and those around them develop the most meaningful communication – so that an individual's experience, needs and wants are better understood. This in turn enables service providers to communicate their messages and open up options and opportunities effectively for the individual.

At an individual level speech and language therapy services are engaged in person centered and individualised support of communication. To communicate effectively, it is essential that everyone understands and values an individual's speech, language and communication strengths and needs. Individuals should be supported and involved, together with the people who know them best, to develop a rich understanding of the best ways to interact together. SLTs facilitate development of this rich understanding and enable people to implement the best interaction strategies.

SLTs are key professionals, providing inclusive communication interventions, preventing health inequalities for individuals. People with SLCN may not be able to express discomfort or pain in a way that others understand or recognise. Therefore, information about the individual should include details of how the person communicates pain and distress, and people need to be trained to use this information and react appropriately. Staff also need to be aware of potential health risks and relevant referral pathways.

Individuals with SLCN are often either excluded from patient experience feedback processes or included in a tokenistic way. There is a risk that their needs and opinions are assumed, misinterpreted or ignored. For individuals, this will be improved if they receive information and are supported to express themselves in ways that meet their needs. All evaluation methods at the individual level will require inclusive feedback techniques for example; easy read questionnaires, Talking Mat approaches and one-to-one communication support (Mander and Rigby, 2014).

Speech and language therapy roles at an individual level include:

- Assessment of individual communication needs and strengths/assets
- Formulation and planning of interventions

- Specific communication interventions including description of communication strengths (typically 'communication profiles') and design and provision of individualised communication support strategies and resources
- Training, advice, mentoring and supervision of staff/co-working or supervising MDT colleagues to address the communication needs of individuals, ie, to enable them to implement strategies known to minimise communication difficulties and optimise and build on an individual's communication strengths/assets
- Evaluation and research
- Developing resources

7.3 Speech and language therapy roles at environment, service and organisational level

Inclusive communication seeks to create a supportive and effective communication environment, using every available means of communication to enable individual users to understand and be understood. Services and organisations need to demonstrate how they are supporting the inclusion and involvement of people with SLCN through use of innovative and creative solutions to communication differences.

SLTs are the key professionals to develop awareness, knowledge and skills in others in order to maximise communication. Where levels of risk and complexity are lower, direct speech and language therapy involvement may not be required, however speech and language therapy should be available to contribute to training and ongoing support and consultation to others. Others need to know when and how to access speech and language therapy support and resources.

Inclusive communication depends on services and organisations recognising that staff with a positive attitude, and the knowledge and skills to adapt their communication levels, styles and methods, is key. Staff should be aware of factors that impact on communication: sight, sensory integration, comprehension and expressive language abilities, and especially hearing. They need to know how to make reasonable adjustments to their communication, recognising that people understand and express themselves in different ways.

Staff need to understand that what they say and how they say it matters, and can impact positively or negatively on an individual's health and wellbeing in the short, medium and long term. Staff also need to understand how good communication underpins informed consent and capacity, as well as the broader benefits of inclusive communication.

Speech and language therapy services need to understand the inclusive communication needs of their local services and organisations, and enable them to achieve local standards, policies and strategies. SLTs should be available to contribute to the learning and development of multi-disciplinary, cross agency and cross sector colleagues, as well as educators, employers, carers and others who might interact with individuals with SLCN.

Additionally, speech and language therapy services have a responsibility to model good inclusive communication practice to other services and organisations by demonstrating good inclusive communication practice across every aspect of their own service – from working with individuals to speech and language therapy service planning and enabling access to speech and language therapy.

Speech and language therapy roles at environment, organisational or service level include:

- Assessing or auditing communication environments to identify attitudes, knowledge, skills and resources, strengths and needs
- Supporting development of positive inclusive communication environments, including supervision and training in application of appropriate communication strategies and resources for specific environments or services (ie, homes, schools, hospitals, prisons, day residential and nursing services)
- Supporting access to speech and language therapy services where appropriate
- Enabling services and organisations to make reasonable adjustments to communication to improve access to services
- Working with public health colleagues to improve access to health promotion materials

7.4 Speech and language therapy roles at population or community level

SLTs need to work together with local and national government, service providers, commissioners, key stakeholder and all public organisations to develop their understanding and ownership of inclusive communication. There is a role for influencing commissioning, contracting and staff development across agencies to raise issues around reasonable adjustments for people with communication disabilities. Organisations then need to demonstrate a commitment to inclusive communication at a strategic level, by anticipating that people with SLCN will be service users and therefore having inclusive communication strategies in place.

Clear reasonable adjustments must be described so people know what they can expect, services/providers know what adjustments they need to make, and commissioners and regulators know what they need to look for. Policies, strategies and standards are essential for sustainability and need to be woven into local, regional and national commissioning guidance.

Speech and language therapy services have a role in ensuring inclusive communication principles are embedded, not only in all aspects of their own service but also more widely at the level of large organisations and sectors (for example, Clinical Commissioning Groups (CCGs), health boards, public health services, education, culture, justice services) and whole communities - to ensure individuals get the support they need to communicate wherever and whenever they want to. This reflects both the social model of disability and underpins principles of independent living advocated by people with disabilities.

Work with individuals can help build inclusive communication capability in others, but for sustainability there is a need to build the capacity and capability for better inclusive communication across the health, education and social care and all other public services. A useful tool for building this capability could be setting standards within inclusive communication. The inclusive communication standards and principles described in chapter 6 are a good starting point for standards.

Speech and language therapy roles at population or community level include:

- Developing standards of good practice and guidance to achieving these at organisational, local community and national levels
- Leadership and support for national and local inclusive communication strategy development and implementation, advice and support to local and national government, services and commissioners on engaging and involving individuals with communication support needs
- Advising services on how to make reasonable adjustments to communication for individuals
- Developing and providing a range of learning opportunities in relation to communication, including multi-modal rolling training programmes at local, regional and national levels
- Supporting national and local organisations to develop more inclusive information, providing resources and skills to enable others to adapt information to meet the needs of people with communication needs
- Supporting organisational change/development programmes designed to mainstream inclusive communication approaches throughout organisations
- Communications with people for whom the service is being provided or

might be provided

For further examples across all three levels please see the [inclusive communication webpage](#).

8. Evaluating the impact of inclusive communication

National drivers and outcomes set out in law may vary across countries and specialisms but ultimate outcomes for an individual with communication needs will generally centre on respect, safety, involvement, capacity, healthier lifestyles and reasonable adjustments, independent living, health and wellbeing outcomes (for example, Rights and Equality Based Outcomes for Learning Disability Services, Professional Learning Disability Senate 2016). These are outcomes for all professionals, services and organisations to work towards.

Inclusive communication is a step towards this ultimate outcome. It is an interim outcome. Achieving the interim outcome of inclusive communication requires the effective implementation of the RCSLT's Five Good Communication Standards or the 6 Communication Support Principles (chapter 6), or some amalgam of both. But our overall ultimate outcome is that by achieving these inclusive communication standards or principles we reduce inequalities and risks for individuals with SLCN. More information on the [Theory of Change Model can be accessed on the RCSLT webpage](#).

In order to achieve the interim outcome of inclusive communication, SLTs will deliver the myriad of activities outlined in chapter 7. However, to date there is limited information on the impact of inclusive communication activity in respect of either interim or ultimate outcomes for individuals, services or organisations or communities.

8.1 Examples of impact from the RCSLT member surveys

The RCSLT member survey provided many examples of speech and language therapy activity, working together with other key stakeholders. Examples included activities about developing a range of resources to meet differing needs and this is exemplified by one response:

"We have been involved in safeguarding projects, including an easy read photo book about getting arrested, easy read safeguarding adult's process including ABE, PIA and special measures, easy read information about deprivation of liberty and different restrictions, eg, continual observation. However we have also developed bespoke resources for individuals such as their risk assessments, protection plans and supervision and treatments orders. Alongside this we provide an accessible training course 'Keeping YOU

Safe' to raise awareness of abuse for services users. We have developed a safeguarding adults Talking Mat resource."

These activities ensure effective use of information. This is key to achieving the ultimate outcome for individuals with inclusive communication needs – the need to access and act on information to make important life decisions. This ultimate outcome can only be achieved together with key stakeholders. The importance of co-production and working with stakeholders was demonstrated by examples of projects provided in response to the RCSLT member survey, with three respondents outlining the following examples:

- A service to tertiary surgical hospital
The aim was to share information with staff about patients admitted to hospital with known communication needs to ensure staff are aware of their individual skills and difficulties. This was achieved through information gathering with the patient, family and local services and the development of a communication passport or information sheet. If specific materials were also needed (eg, specific symbols, signs, adaptation to a VOCA, visual timetable, etc.), this was also put in place. Staff were trained to be aware of communication difficulties and strategies to support patients. A user audit of the communication passport service was carried out with positive findings.
- Good Information Group (GIG)
A group meets three times a year and has membership of service users, staff and carers from across all services for adults with learning disabilities. The group has developed inclusive communication standards and audited these standards. They share good practice on how to achieve the standards, hold showcase events and develop inclusive communication projects and resources. Inclusive communication resources developed include easy read photo book 'going to accident and emergency', hospital passport, personal place mat, photographic menu, accessible signage, sensory stories, easy read service leaflets.
- Communication Champions
SLTs worked together with a local social care provider to increase staff awareness of communication support needs of people with severe and enduring mental health problems, to increase their skills and confidence in using communication support techniques. They used a mixture of training sessions, workplace support and regular forums for sharing learning and problem solving with peers.

8.2 Measuring the impact of inclusive communication

Despite growing inclusive communication practice, the impact of inclusive communication has not been the focus of formal primary research to date. However there is some evidence across the profession of the impact of inclusive communication at different levels. The RCSLT member survey pre-dated the publication of the Five Good Communication Standards; however from the survey we know that 15% of respondents had developed local inclusive communication standards. These had mainly been developed as multiagency standards, co-produced with service users and carers. More than half had audited their standards to measure how successfully standards have been implemented, highlighted areas of good practice and helped share information. One third reported positive findings and one third reported anecdotal/informal positive evidence. The member survey asked for detail about any evaluated inclusive communication projects and the following examples of evaluation of inclusive communication standards were received:

- Using client and volunteer surveys alongside assessment scores of clients, positive outcomes are recorded year on year.
- A number of audits have highlighted positive implementation across homes and day centres. These include auditing coordinator roles and effectiveness, client's views and the views of organisations. All audits have received excellent feedback. All partner agencies have signed up to inclusive communication and it is now systemic and a recognised part of the tendering process. It is mandatory that all staff have foundation level training.
- One audit of communication passports showed that 100% of staff who responded:
 - felt it had helped them to communicate with the child/young person
 - would like to see more passports in the hospital setting
 - that it helped staff to care for the child/young person

One hundred percent of families who took the passport home with them after the hospital stay also reported they had used the passport since leaving the hospital setting (eg, with carers/respice settings).

- Audits have shown increased awareness of inclusive communication and an increase in the standards being achieved by services.

- Positive outcomes for levels of staff confidence, and quality of life and recovery indicators for people with mental health problems.
- Staff and parents trained: evidence of better understanding and inclusion in church life.

However, stakeholders' report considerable differences and inconsistencies in implementation (Mander, 2015). The publication of the RCSLT Five Good Communication Standards and the Scottish Principles of Communication (chapter 6) should improve consistency and support the development of a greater evidence base. This evidence base will further improve through consistent use and definition of terminology and a clear understanding that inclusive communication is a process and not a resource. This foundation will allow comparative evaluation of different speech and language therapy approaches to implementing inclusive communication practice and help to create an evidence base which distinguishes good practice from 'less good' practice. Using common terminology and standards locally will make it easier to compare service evaluations, audits and research findings. Below is an example of an audit project using the Five Good Communication Standards:

'Using an audit tool based on the Five Good Communication Standards, a service demonstrated good progress towards being a communication friendly and accessible environment for people with intellectual disabilities and SLCN. It demonstrated improved staff awareness of what good communication looks like in practice. Staff developed specialist skills and roles within their team. The audit demonstrated improved team knowledge around two residents and their communication strengths and needs, thus improving the quality of care they receive.

The directors were very positive about the achieved outcomes and a subsequent CQC inspection. The service manager reported "I was able to show them the work and talk about the Five Good Communication Standards and this went down really well".

8.3 Methods to measure impact

Future evaluation, audit and research of inclusive communication approaches are paramount. We need to understand what speech and language therapy activities we provide and what the interim outcome is. Long term we need to demonstrate that speech and language therapy activities and achieving inclusive communication impacts on the ultimate outcomes for people with SLCN.

SLTs need to apply one or a number of a variety of methods to measure the impact of inclusive communication practice with individuals, environments,

services, organisations, communities and populations. Methods that could be applied include:

- **Patient Reported Outcome Measures (PROMs)** - aim to assess the quality of care delivered. This method focuses on evaluating the disabling effects of SLCN as reported by the individual. PROMs involve asking individuals about their quality of life before and after inclusive communication interventions.
- **Patient/service user feedback** - this method uses patient feedback to improve services and includes initiatives such as the Friends and Family Test (FFT) and 360° feedback. The FFT evaluates whether individuals would recommend local speech and language therapy services to their friends and family, whereas 360° feedback explores what individuals think about their SLT.
- **Patient-led assessments of the care environment (PLACE)** is a system for assessing the quality of patient environments. Traditional NHS PLACE assessments could be adapted to focus on how communication-friendly health and care environments are to individuals with SLCN.
- **Communication partner confidence questionnaires** can be used to collect quantitative data from communication partners pre and post interventions. This data can be used to evaluate the effectiveness of specific inclusive communication interventions, for example, training, peer support and clinical supervision. Questionnaires should be designed to cover specific topics covered in the inclusive communication interventions, for example, confidence in screening an individual's symbolic development, producing a symbol-based, easy-read resource, using gesture and signing.
- **Training evaluation** - evaluation forms and questionnaires should be used to evaluate the effectiveness of the training to ensure that the training is economically effective and provides the desired outcomes. The evaluation should explore how the trainees reacted to the training, what they learned, how they changed their behaviour and their perceptions of the impact on both their own and user's communication experience.
- **Competency framework** - competencies refer to the knowledge, skills and behaviours that communication partners must have (or acquire) and demonstrate to support inclusive communication effectively. Competency frameworks can be used pre- and post-intervention (such as a rolling training programme) to measure the nature, quality and spread of inclusive communication competences in any given staff team or organisation.
- **Clinical audit** is a way to find out if local services are being provided in line with standards and lets others know where their service is doing well, and where there could be improvements. Services should audit

themselves against national drivers such as the Scottish Government's "Talk for Scotland" Communication Principles and/or Principles of Inclusive Communication or RCSLT Five Good Communication Standards. In England, services will be required to measure performance against NHS England Accessible Information Standards.

- **Observation checklists** - an observation checklist is a list of things that an observer is going to look at when observing an environment. The checklists not only give an observer a framework for an observation but can also serve as a feedback form and contract of understanding with the communication partners. Repeated use of the same checklist pre intervention and at regular intervals post intervention could provide a useful source of data and learning tool for both the SLT and the services they are working for.
- **Patient stories** - allow for a more detailed evaluation of an individual's experience of inclusive communication interventions. Interviews are used to collect descriptive information. There are two main rationales for using patient stories. First, they can be used to celebrate good practice and highlight positive experiences of inclusive communication interventions. Second, they can be used to highlight difficulties or barriers with inclusive communication interventions, so that lessons can be learnt (see [Inclusive Communication webpage for case studies](#)).
- **User led "Secret Shopper" evaluations** - an NHS Education Scotland Project, Through a Different Door, supported people with communication support needs (with support from Talking Mats, Ltd.) to rate communication access to various NHS Scotland services. The approach used for this user evaluation of inclusive communication practice is [available here](#).
- **Economic impact assessment** - this method of evaluation considers the efficiency of inclusive communication interventions and whether they represent value for money. Cost-benefit analysis (CBA) is a method for comparing the costs and effects of an intervention in monetary terms. CBA is based on three elements: the effects of the intervention, the costs associated and the benefits of the intervention (ie, health and social care cost savings and quality of life gains). Prevention and local population health needs, as reported in local joint strategic needs assessments, can also be considered with economic evaluations.

9. Future steps

This position paper makes the case for inclusive communication and highlights the risks of communication exclusion. It introduces the umbrella term 'inclusive communication' for consistent understanding by SLTs across the nations and specialisms and contextualises documents such as the RCSLT Five Good Communication Standards and the Scottish Government 6 Communication Support Principles. It identifies the roles that SLTs may play at the different levels for individuals, environments, services and organisations and at a community or population level. It also highlights the gap in primary research but demonstrates the growing body of qualitative evaluation and audit. It identifies the need to evaluate the impact of inclusive communication and the different tools to achieve this.

The future for inclusive communication is exciting and SLTs are well positioned to play a key role. The RCSLT Board of Trustees agree that this is a priority area for action (RCSLT Strategy 2015-18) and RCSLT should be among the leaders in defining inclusive communication and outlining best practice. To achieve this, several areas need to be addressed by members of RCSLT. These include:

- Promoting use of consistent terminology within the profession
- Debating inclusive communication practice and subsequently delivering a consensus on quality standards (plus indicators) of inclusive communication best (known) practice across multiple agencies, sectors and communication needs
- Understanding the role and practice of speech and language therapy in conjunction with all the other stakeholders involved in inclusive communication locally and nationally
- Identifying speech and language therapy leaders and advisers in inclusive communication to use as a source of expertise, providing advice and training (introductory to advanced) for SLTs on good practice
- Ensuring inclusive communication is a live topic in both regional and national hubs and CENs
- Continuing to develop a [resource on the RCSLT website](#) linking examples of speech and language therapy and other inclusive communication work at the individual, environmental, organisational, service and population or community levels
- Establishing our speech and language therapy teams as communication inclusive, recognising that all SLTs have a role in implementing inclusive communication approaches
- Developing an evidence base which makes the legal, policy and economic case for investment in speech and language therapy inclusive

communication activity. To achieve this, research, evaluation and audit must be encouraged regarding:

- What constitutes good inclusive communication practice
- How SLTs can effectively support others to change their communication, through their speech and language therapy activities, leading to interim and ultimate outcomes for people with inclusive communication needs (see [RCSLT Theory of Change Model webpage](#))
- What the impact of speech and language therapy inclusive communication practice is - on whom and why
- Sharing inclusive communication evidence through presenting and publishing findings, including small-scale, single case study designs
- Using this evidence base to know what good speech and language therapy inclusive communication practice looks like and promoting consistent implementation of this, by developing guidance for SLTs on establishing good practice across all three levels, and agree evidence-based inclusive communication good practice standards and measurable indicators
- Identifying our local stakeholders and service users as partners to share this position paper, consult on and co-produce locally-relevant inclusive communication models

Addressing the above points will facilitate an evidence-based approach to inclusive communication, and the economic impact of SLTs working with inclusive communication for individuals, environments, services and organisations, and whole communities and populations.

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