

Promoting communication in children with complex needs

About this guide

This guide gives explores the challenges of promoting communication in children with severe visual impairment and complex needs. Written by Ian Bell, Teacher and Speech and Language Therapist, Ian has considerable experience of children with special needs, including those with severe visual impairment and complex needs, and those with autism. This guide looks at three helpful communication strategies to allow children with visual impairment and complex needs to get the most out of their education.

It is part of our **Complex Needs** series. At the end you will find the full series listed, and details of where to find them.

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1. Three helpful strategies

Promoting communication in children with severe visual impairment and complex needs is a major challenge. Children in this group vary so widely with regard to their precise disabilities and skills that it is really only possible to provide general principles. Something that works with one child may not work with another.

The strategies for promoting communication can be divided into 3 broad categories:

1. augmenting speech
2. interacting with the child
3. using objects and events.

2. Augmenting speech

Augmenting speech is a major topic. It is mentioned here as it is important to view it alongside interacting with the child and using objects and events, as being one of the three interdependent categories of strategies available to us for promoting communication in children with severe visual impairment and complex needs.

3. Interacting with the child

In our 'Becoming a sensitive communication partner' guide (part of the RNIB Complex Needs series of guides), written by Caroline Knight, Caroline describes strategies to employ when interacting with children. This section develops the theme of being sensitive by describing strategies in which the emphasis is on what adults do.

Many children with severe visual impairment and complex needs are rather passive and lack spontaneity. Yet being spontaneous - taking the initiative - is essential for communicating effectively.

Caring adults are naturally concerned when a child has few skills, and often feel the need to provide a lot of stimulation to encourage development. Unfortunately, when it comes to communication, this can be counter-productive: the more we stimulate the child, the less the child is free to take the initiative - to be spontaneous.

To promote spontaneous communication, we need to back off - we need to "ALLOW":

Always

Look,

Listen,

Observe,
Wait.

Case study

Bob is developmentally very young; he has a little vision, being able to see a bright object up to 30cm away on his right; and he has cerebral palsy, and cannot use his hands to manipulate objects.

His teacher, Sue, provides a wind-up musical toy for Bob, placing it where he can see it. He smiles and waves his hands while the music is playing, and stops when the music stops. Bob does nothing to communicate that he wants it again. However, Sue interprets Bob's smiling and waving as indicating that he enjoys the toy. She winds it up again and does this several times over a period of a few minutes. But she hasn't ALLOWed Bob to communicate spontaneously.

Sue can do so, however, using the ALLOW approach. When the toy stops, instead of winding it up again, Sue looks at Bob, and listens - she observes, and waits. She notices he vocalises quietly and reaches out slightly towards the toy. Sue interprets that as "I want the toy again" and winds it up. After a few days, Bob vocalises louder and reaches better: he is communicating spontaneously.

Modelling

For children using a symbolic means of expression (eg speech, sign, or a communication aid), modelling is useful. This strategy requires two staff to work together, so its use must be agreed in advance.

For example, Afzal asks Sue, her teacher, for help putting on her coat by holding it out to someone. Instead of helping the child herself, Sue involves her assistant, Steve, who is waiting close by. Sue says "OK, Afzal. Ask Steve - say 'Help'." Steve helps Afzal to put her coat on.

Sue and Steve also set up other situations in which Afzal needs help, giving them plenty of opportunities to use the modelling strategy. Soon, Afzal spontaneously says "Help" in a variety of situations.

4. Using objects and events

This section describes strategies in which the emphasis is on the use of objects and events.

Sabotage

Sabotage is useful with children who use a symbolic means of expression (eg speech, sign, or a communication aid).

For example:

- at snack time, give a child who asks for a drink an empty cup; one who asks for apple some banana; or give an un-peeled banana to a child who cannot peel it;
- in art, give the child some paper and a paintbrush, but no paint;
- in music, give the child a drum, but no stick.

In each of these situations, ALLOW the child to communicate in some way before intervening. Sabotage can involve causing an unexpected event, such as a stack of bricks falling down. Follow this by ALLOWing the child to comment in some way (for a pre-verbal child, the comment might be a gesture or vocalisation).

Enticing

Another strategy for children who have some vision is "enticing". Place a favourite item in view, but just out of reach. In some cases this will mean placing it in a clear plastic container which the child cannot open. Again, ALLOW the child to communicate in some way before intervening.

Interrupting

Routines can be used to promote spontaneous communication by interrupting them and adopting the ALLOW approach. At first, this should be tried with a really familiar routine.

For example, Susie has been to the school office many times; Mike, the administrator, always says "Susie, Hello!" and hands her a cuddly bear. Susie vocalises "ah". Instead of giving Susie the

bear, Mike says, "Susie, Hello!" and waits. Susie vocalises "ah", which Mike interprets as a request for the bear and gives it to her. When the child is familiar with routines being interrupted, sabotage can be used. For example, Moses enjoys a rocking boat. He knows the routine: going to the play area, being placed in the rocker, moving his trunk to make the boat rock, and participating in the song "Row, row, row your boat". He joins in by chanting "oh, oh, oh". This routine can be sabotaged by starting another song, and pausing. The pause ALLOWS Moses to chant "oh, oh, oh", communicating which song he wants.

Choice

There are many opportunities to provide choice. If the child is using a symbolic means of expression, a simple question may be appropriate: "Which instrument do you want?"

At an earlier stage you may need to present alternatives: "Which instrument do you want? Drum or tambourine?" Beware of children merely echoing the second option. But, even if you suspect the child has done so, respect their choice.

For children without symbolic communication, you may need to demonstrate each option briefly and pause. If the child has no vision, and so cannot choose using eye gaze, you may need to judge their choice by interpreting facial expression, arm movements, or vocalisations.

5. Summary

These strategies of ALLOWing, modelling, sabotaging, enticing, interrupting and offering choice can be very useful. But their effectiveness relies on them being used by all those who come into contact with the child, and in all the situations the child regularly experiences.

6. Further guides

The full **Complex Needs** series of guides includes:

- Special Schools and Colleges in the UK

Assessment

- Functional Hearing Assessment
- Functional Vision Assessment

Communication

- Becoming a sensitive communication partner
- Promoting communication with children with complex needs
- Alternative & Augmentative Communication (AAC)
- Using Touch with children with complex needs
- Objects of reference

In the classroom

- Developing Play
- Creative and Musical sessions for children with complex needs
- Sensory Stories
- Information Communication Technology (ICT) for children with complex needs
- Multi-sensory Learning Environments

The staff Team

- The role of the Intervenor
- The role of the QTVI and other professionals:
 - 1) Best of Both: Visual impairment and Physiotherapy
 - 2) Best of Both: Visual impairment and Occupational therapy
 - 3) Best of Both: Visual impairment and Speech and language Therapy
 - 4) Best of Both: Visual impairment and Specific medical needs and medication
 - 5) Best of Both: Visual impairment and orthoptics (clinical and functional vision assessment)

Understanding complex needs

- Attachment, development and children with sensory needs
- Sensory Integration

In addition, you may also be interested in the following series of guides, all of which are relevant to children, young people and families:

- Supporting Early Years Education series
- Removing barriers to learning series
- Teaching National Curriculum Subjects series
- Complex needs series
- Further and Higher education series

We also produce a number of stand-alone guides, on a range of topics, which may be of interest, please contact us to find out what we have available.

All these guides can be found in electronic form at www.rnib.org.uk/guidanceonteaching. For print, braille, large print or audio, please contact the RNIB Children, Young people and Families (CYPF) Team at cypf@rnib.org.uk or call on 0121 665 4235.

For further information about RNIB

Royal National Institute of Blind People (RNIB), and its associate charity Action for Blind People, provide a range of services to support children with visual impairment, their families and the professionals who work with them.

RNIB Helpline can refer you to specialists for further advice and guidance relating to your situation. RNIB Helpline can also help you by providing information and advice on a range of topics, such as eye health, the latest products, leisure opportunities, benefits advice and emotional support.

Call the Helpline team on 0303 123 9999 or email helpline@rnib.org.uk

If you would like regular information to help your work with children who have sight problems, why not [subscribe to "Insight"](#), RNIB's

magazine for all who live or work with children and young people with sight problems.

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