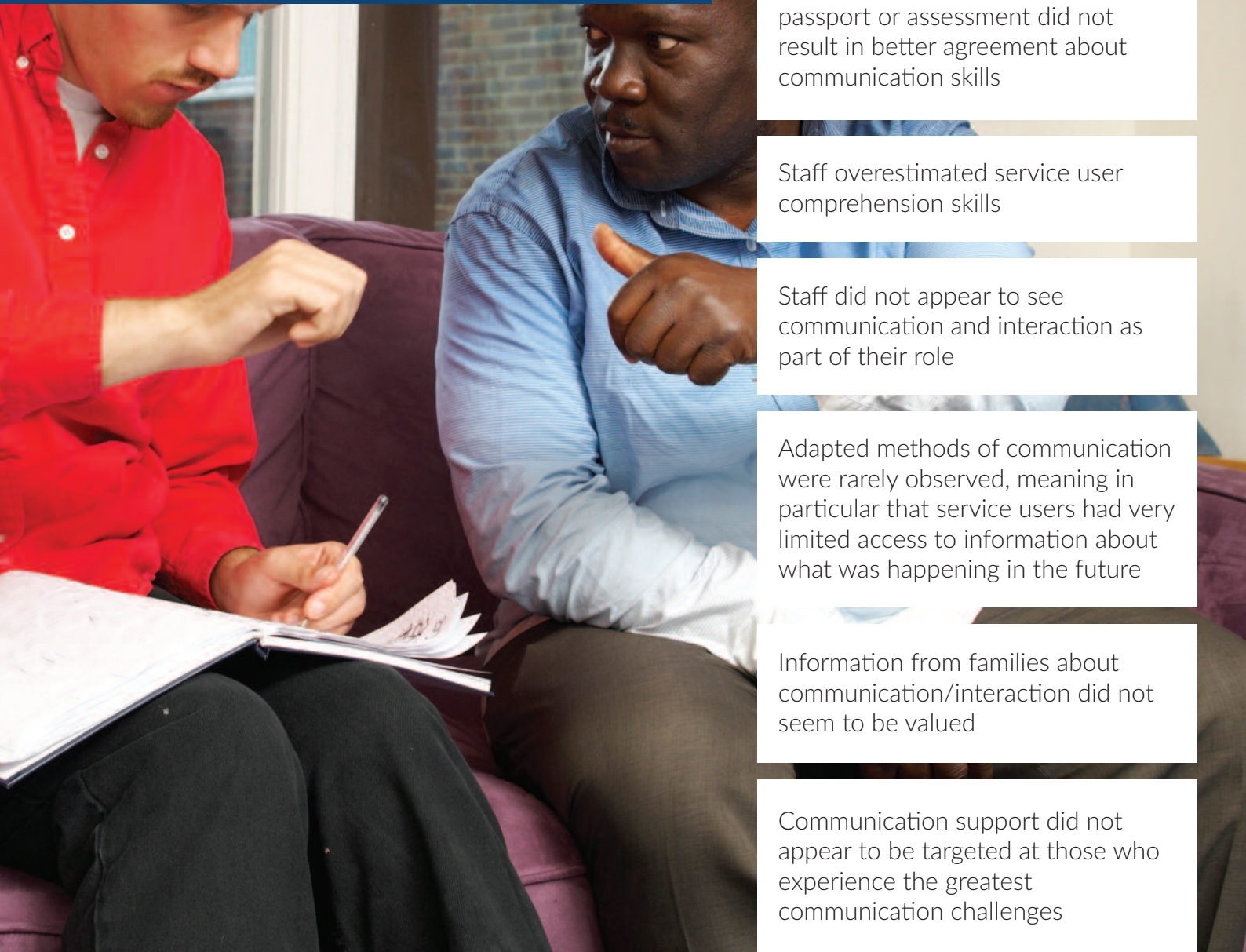


Evaluating the impact of communication passports

RESEARCH FINDINGS



Communication passports in the study were generally poor; having one did not result in better communication

Having either a communication passport or assessment did not result in better agreement about communication skills

Staff overestimated service user comprehension skills

Staff did not appear to see communication and interaction as part of their role

Adapted methods of communication were rarely observed, meaning in particular that service users had very limited access to information about what was happening in the future

Information from families about communication/interaction did not seem to be valued

Communication support did not appear to be targeted at those who experience the greatest communication challenges



BACKGROUND

At least 45% of people with learning disabilities experience serious problems with communication. Communication passports are a tool for supporting people who cannot easily speak for themselves by making information from formal assessments easily accessible to all. A good communication passport accurately describes communication strengths and needs, and contains information about the person in a very clear way.

Parents and practitioners provide positive evaluations, however the majority of studies looking at communication passports have focused on descriptions rather than evaluations of use, and have rarely sought views from people with intellectual and developmental disabilities (IDD).

This study aimed to explore the use of communication passports and the quality of communication in adult social care for people with IDD. It aimed to look at whether having a communication passport resulted in better communication.

KEY QUESTIONS INCLUDED:

- What communication skills and difficulties people had by reviewing files, observations, interviews and formal communication assessments?
- How staff communicated with the person, assessed through direct observation and interviews with staff, service users (using Talking Mats) and carers?
- What people understood about communication through interviews with staff and carers?
- Were there differences in the quality of staff knowledge of, and support for, communication between those with and without a communication passport (by comparing data collected through interviews, observations and assessments)?



METHODS

Interviews about communication took place which were compared with assessed communication needs and observed communication and interaction.

The research team approached 24 services, supporting 224 people, of whom 53 were described (on the telephone) as being users of communication passports. Four services agreed to take part with support provided by five providers:

- A Local Authority residential home for up to 24 people
- Three residential homes, two providers, for 8, 5 and 5 people
- Supported living, up to nine people, direct care provided by two providers.

There were 29 service users in total, with 10 passport users. No participants were assessed as having the capacity to consent to take part in this research and so consultee views were sought. The study was unable to recruit participants who had passports of good quality.

Full data was collected on 24 participants. Three participants died. Two participants withdrew consent.

The research team:

- Interviewed 60 staff – the average length of the interviews was 24 minutes; they ranged from 11 to 31 minutes
- Interviewed five family members – the average length of the interviews was 31 minutes; they ranged from 25 to 35 minutes
- Interviewed (using Talking Mats®) four service users. Talking Mats is an interactive visual resource which supports people with communication challenges to express their views
- Received 28 completed questionnaires about individuals
- Observed for 24 individuals for an average of 40 minutes (ranging 15–60 minutes) to explore:
 - engagement in meaningful activity, communication and relationships
 - the quality of staff support
 - communication in use
- Looked at existing communication assessments in the files of the eight people who had them.

They carried out 18 communication assessments and had assessment data on 22 individuals. Communication assessments involved a combination of formal and informal assessments and were carried out by a speech and language therapist. These included some direct assessments (for example, asking people to point to pictures) and some checklists that were completed by staff.

FINDINGS

WHAT COMMUNICATION SKILLS AND DIFFICULTIES WERE PEOPLE REPORTED TO HAVE?

Staff described people needing a variety of communication modes, with most people being described as needing verbal communication (86%). Gestures were needed by 44%, signed communication by 7% and symbols by 20%.

For 16 people (66.6%), their attempts to communicate appeared to be effective most or all of the time. Those who staff rated as using verbal communication (13 people) were more likely to have communication that was effective most or all of the time; this difference was statistically significant.

In terms of comprehension skills, a third of people were assessed as needing context and situation in order to comprehend, 23% of people were assessed as understanding at least some key words, 23% were assessed as being able to understand at least two key ideas in an utterance, the remaining 23% were assessed as being able to understand more abstract language.

There were discrepancies between the assessed and reported comprehension skills:

- Staff agreed about level of comprehension for just over half of participants (55%)
- There was a match between assessed level and level recorded in files for only half of the participants. Where there was disagreement, the information in the files was likely to be an overestimation
- When staff reported level of comprehension was compared to assessed level of comprehension, staff reports matched the assessed level for nearly two-thirds of the participants but the level of absolute agreement was fairly weak. Where there was disagreement, the information from staff was likely to be an overestimation.

HOW DID STAFF COMMUNICATE WITH THE PERSON?

People were observed to receive contact of any type from staff for 15%

of the time on average (range 0–47%). This equates to an average of nine minutes in every hour.

For one third of individuals, communication from staff was rated as appropriate for most or all of the time. Ratings of appropriateness were based on the extent to which staff adapted their communication to meet the needs of the service user. For example, whether they used communication that was within the person's understanding skills or whether they used appropriate modes of communication. Like previous research (e.g. Beadle-Brown, 2015) those people with verbal communication skills received better support for communication.

During the observations, there was very limited formal use of alternative and augmentative communication, with many interactions being only verbal, despite service users needing additional support from visual means of communication. Ninety-two percent of people were observed to have only verbal communication used with them at some point. For gesture this was 88%, gesture plus verbal was 67%, and

Characteristics of the service users who participated

Gender	52% male and 48% female
Ethnicity	96% white British
Average age	57 (range 39–86)
ABS score average	117 (range from 27–201)
ABS scores below 151	22
Physical disability	24%
Hearing loss	7%
Visual loss	21%
Mental health difficulty	21%
Autistic	17%
Epilepsy	17%
At least one behaviour described as challenging	93%



FINDINGS

speech plus sign was 4%. There were no occasions on which staff used signed communication only, objects of reference or photos/symbols.

When the observed staff communication was assessed for complexity and compared to assessed participant comprehension level, there was match for just under two thirds of participants but the level of absolute agreement was fairly weak. Where there was disagreement, staff communication was likely to be too complex.

When the observed staff communication was assessed for complexity and compared to level of complexity staff reported using, there was agreement for 70% of participants but again, the level of absolute agreement was fairly weak.

WHAT WERE THE VIEWS OF PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES?

In the interviews that were carried out using Talking Mats, participants reflected that staff tended to do things for people rather than support people to do things for themselves. Participants reported having little choice over activities. They also reported that some people that they lived with were their friends and some were not.

All participants reported that staff at home just used verbal communication. One participant reported that staff at college did use signed communication when they were interacting with her. Two participants reported that they used signed communication when they were communicating with someone with whom they lived.

UNDERSTANDING OF COMMUNICATION

In the qualitative interviews, staff appeared to misunderstand choice, comprehension skills, ways in which people might signal lack of

understanding and people's need for information about future events. Some staff appeared to think they had a choice about whether or not to use additional forms of communication.

Staff reported a variety of ways in which they gained information about communication including:

- Learning from files or from other staff or "learning as you go"
- Only three staff mentioned getting information about communication from families
- Only three staff mentioned getting information from SaLT report (relating to two individuals)
- Only two staff mentioned training in communication.

Staff perceptions of their role appeared to be at odds with what is needed for good communication, for example, seeing their role as task focused rather than on spending time with individuals.

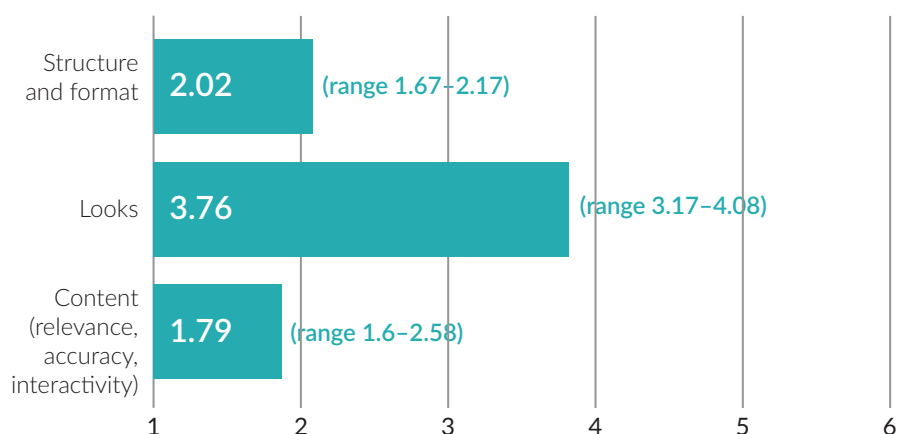
When comparing those with and without communication passports:

- Previous research had little information about the use of

communication passports. This research rated the quality of communication passports using an audit tool developed by Millar (2006) and found that passports in use are of poor quality (Figure 1). There was limited individualisation, passports were not accessible, information on communication was vague

- Staff communication was not rated as 'more appropriate' if person had a communication passport, which is not surprising given the quality of the passports that existed
- Staff communication was not rated as 'more appropriate' if person had a speech and language therapy assessment
- There was no significant difference on the level of agreement in terms of comprehension skills between people who did and did not have a communication passport.

Figure 1: Quality of communication passports (1 = unsatisfactory to 6= excellent)



CONCLUSIONS & IMPLICATIONS

The quality of support for communication, including communication passports, was generally poor. This was a reflection of:

- Lack of knowledge about service user communication strengths and needs
- Lack of knowledge about how to address communication needs
- Missed opportunities to engage in communication and interaction
- Lack of knowledge about (and value given to) alternative and augmentative communication
- Misunderstandings about choice
- Lack of knowledge about the need for structure and predictability
- Differences in understanding about the role of staff in supporting engagement in activities, communication and relationships.

The implications of these findings for services are as follows:

- There is a need for better (statutory) training about communication and interaction
- In order to create opportunities for communication and interaction, staff need skills in person-centred active support, alternative and augmentative communication and providing positive and enabling environments
- Better information is needed regarding an individual's communication strengths and needs, both from formal assessments and from sharing information across teams and between families and those working in services
- Practice leadership is needed to ensure that staff have the support and motivation to provide skilled support
- Current statutory training provides limited information on the above elements of practice and including these elements should be considered by those commissioning, providing and regulating training for staff and managers of social care services
- Good support for communication is a key factor in preventing and reducing behaviour that is described as challenging.

The findings from this study therefore have implications for policy related to the Transforming Care agenda in terms of both core and specialist services.

Future research is needed. A useful starting point might be to find better ways of identifying information about service user communication. Following this, researching interventions around supporting staff to better understand and meet service user communication needs is needed.

COMMENT

“These findings are not surprising. It is good to have these findings as when I try to tell people what it is like, people don't believe me”.

Family carer member

REFERENCES

Beadle-Brown J, Leigh J, Whelton B, Richardson L, Beecham J, Bäumker T, Bradshaw J (2016) Quality of life and quality of support for people with severe intellectual disability and complex needs, *Journal of Applied Research in Intellectual Disabilities*, 29, 5, 409–421.

Millar S (2006/2007) *An Evaluation of Attitudes to Passports*, CALL Centre, Edinburgh.

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The study represents independent research funded by the National Institute for Health Research (NIHR) School for Social Care Research (NIHR SSCR). The views expressed are those of the authors and not necessarily those of the NIHR SSCR, NIHR or Department of Health and Social Care,