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Communication  
**Matters**

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# Book of Abstracts

CM2016 National AAC Conference  
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Communication  
**Matters**  
more than just talking

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## Table of Contents

A BREATHING-CONTROLLED AAC SYSTEM . . . . .	1
Dr. David Kerr (Loughborough University), Dr. Kaddour Bouazza Marouf (Loughborough University), Dr. Atul Gaur (University Hospitals of Leicester NHS Trust), Mr. Antony Sutton (Loughborough University)	
A COMPARISON OF GRAPHIC SYMBOL LEARNING BY CHILDREN WITHOUT DIS- ABILITIES ACROSS TWO INSTRUCTIONAL STRATEGIES. . . . .	2
Dr. Yvonne Lynch (Manchester Metropolitan University), Dr. Martine Smith (Trinity College Dublin)	
AAC FROM SCRATCH: CHALLENGES TO DEVELOPING A NEW SERVICE . . . . .	3
Dr. Deborah Skeil (Christian Medical College, Vellore), Dr. Judy David (Christian Medical College, Vellore), Mrs. Bindhu Synthia (Christian Medical College, Vellore), Mrs. Veena Prabhu (Christian Medical College, Vellore), Mrs. Reetha Stephen (Christian Medical College, Vellore), Dr. Boobena Chandy (Christian Medical College, Vellore), Mr. Sivakumar Balasubramanian (Christian Medical College, Vellore)	
AAC FROM SCRATCH: THE CHALLENGE FINDING CULTURALLY APPROPRIATE PICTURES . . . . .	4
Dr. Deborah Skeil (Christian Medical College, Vellore), Dr. Judy David (Christian Medical College, Vellore), Dr. Boobena Chandy (Christian Medical College, Vellore), Mrs. Veena Prabhu (Christian Medical College, Vellore), Mrs. Reetha Stephen (Christian Medical College, Vellore), Mrs. Bindhu Synthia (Christian Medical College, Vellore), Mr. Sivakumar Balasubramanian (Christian Medical College, Vellore)	
AAC HACKING - THE WHOLE PACKAGE. . . . .	5
Mrs. Kate Mc Callum (SCOPE Beaumont Callege), Mr. Fil Mc Intyre (SCOPE Beaumont Callege)	
ACHIEVING AND MAINTAINING AAC TEAM BUY-IN . . . . .	6
Ms. Lindsey Paden Cargill (Bridgeway Academy)	
AZULEJOE AND COMMUNIKATE PROJECT . . . . .	7
Mrs. Kate Mc Callum (eQuality Time), Dr. Joe Reddington (eQuality Time)	
BALANCED LITERACY APPROACH FOR PUPILS WHO USE AAC. WHERE ARE WE NOW - A CASE STUDY. . . . .	8
Ms. Rosie Clark (Woodlands School), Ms. Sarah Smith (Woodlands School), Ms. Stacey Ladbrook (Woodlands School)	
BARS, BEER AND BRAWLS: AAC IN CHAUCER'S CANTERBURY TALES . . . . .	9
Ms. Helen Dunman (Chailey Heritage Foundation)	
BECOMING AN AAC SPECIALIST: THE ROAD LESS TRAVELLED . . . . .	10
Mrs. Hester Mackay (Kent & Medway Communication and Assistive Technology Service), Ms. Alison Battye (Kent & Medway Communication and Assistive Technology Service), Ms. Maria Touliatou (Kent & Medway Communication and Assistive Technology Service), Ms. Rachel Dormedy (Kent & Medway Communication and Assistive Technology Service)	
CHALLENGES DEVELOPING AAC CORE VOCABULARIES ACROSS LANGUAGES AND CULTURES: LESSONS LEARNT FROM TAWASOL . . . . .	11
Mrs. E.A. Draffan (University of Southampton), Mrs. Nadine Zeinoun (Mada Assistive Technology Center), Mrs. Amatullah Kadous (Hamad Medical Corporation), Dr. Ouadie Sabia (University of Southampton), Prof. Mike Wald (University of Southampton), Mr. David Banes (David Banes Access and Inclusion), Dr. Amal Idris (Hamad Medical Corporation)	
CHANGES TO THE PRAGMATICS PROFILE FOR CHILDREN WHO USE AAC . . . . .	12
Mrs. Suzanne Martin (ACE Centre), Ms. Katherine Small (ACE Centre)	
CHOICE MAKING AND PREFERENCES... WHAT'S THE DIFFERENCE? . . . . .	13
Ms. Kim Bates (Great Ormond Street Hospital), Ms. Kate Macleod (Great Ormond Street Hospital)	

---

CHOOSING YOUR WORDS: TEACHING LANGUAGE WITH CORE WORDS AND DE- SCRIPTIVE TEACHING . . . . .	14
Ms. Jennifer Marden (AssistiveWare)	
COME ON WORLD, LET'S SIGN OUT LOUD!!! . . . . .	15
Mrs. Kate Mc Callum (Beaumont College), Mrs. Sally Featon (Beaumont College)	
COMMUNICATION ACCESS IN THE UK-MOVING FORWARD . . . . .	16
Mrs. Catherine Harris (Chair of Communication Matters)	
COMMUNICATION, A POWERFUL TOOL . . . . .	17
Mr. Martin Pistorius (Author)	
CONSTRUCTING HEPHAPRENEURIAL CAREERS IN THE FOFA PROJECT FOR PEO- PLE WITH COMPLEX COMMUNICATION NEEDS . . . . .	18
Ms. Refilwe Morwane (University of Pretoria), Dr. Maximus Sefotho (University of Pretoria), Prof. Juan Bornman (University of Pretoria)	
COULD YOU BE A MYSTERY CUSTOMER? . . . . .	19
Mrs. Catherine Harris (Chair of Communication Matters), Mr. Toby Hewson (JUSTDIFFENT)	
DEAFNESS AND AAC . . . . .	20
Mrs. Claire Hayward (Access to Communication and Technology), Mrs. Catriona Burke (Access to Communication and Technology)	
DELIVERING THE NHSE SPECIALISED AAC SERVICE CONTRACT - WHAT HAVE WE LEARNED SO FAR? . . . . .	21
Ms. Anna Reeves (ACE Centre), Mr. Gary Derwent (Compass Assistive and Rehabilitation Tech- nology Service)	
DESCRIBING EYE-POINTING IN CHILDREN WITH SEVERE PHYSICAL DISABILITIES	22
Dr. Michael Clarke (University College London), Ms. Amie Woghiren (Talk Speech and Language Therapy), Ms. Rosie Cooper (University College London), Ms. Gurveen Panesar (University College London), Ms. Laura Croucher (University College London), Dr. John Swettenham (University College London), Mr. Tom Griffiths (Great Ormond Street Hospital), Ms. Katie Price (University College London), Dr. Jenefer Sargent (Great Ormond Street Hospital)	
DISABILITY POLITICS: PAST TO PRESENT . . . . .	23
Dr. Angharad Beckett (University of Leeds)	
ENGAGING FAMILIES TO INTERACT USING AAC . . . . .	24
Mrs. Gayle Porter (Cerebral Palsy Education Centre (CPEC))	
EVALUATING AND ADAPTING AN AAC WORKSHOP WITHIN AN UNDERGRADU- ATE MEDICAL CURRICULUM. . . . .	25
Prof. Annalu Waller (University of Dundee), Dr. Ching Wa Chung (University of Dundee), Mrs. Kathleen Cummins (University of Dundee), Dr. Jennifer Kennedy (University of Dundee), Mr. Alan Mcgregor (University of Dundee)	
EVIDENCING MAKATON TRAINING: STRENGTHENING OUR EVIDENCE BASE . . .	26
Mrs. Elizabeth Knight (The Makaton Charity), Mrs. Wendy Lee (Wendy Lee Ltd)	
EXPLORING THE RELATIONSHIP BETWEEN DEVELOPMENTAL AGE AND USE OF EYE-GAZE CONTROL TECHNOLOGY IN TYPICALLY DEVELOPING CHILDREN	27
Mr. Tom Griffiths (Great Ormond Street Hospital), Dr. Michael Clarke (University College London), Dr. John Swettenham (University College London), Ms. Emily Upton (University College London)	
EYE GAZE - SOFTWARE FOR OLDER, EMERGENT USERS . . . . .	28
Mr. Fil Mc Intyre (SCOPE Beaumont Callege)	
EYE POINTING - CHOREOGRAPHING THE CONVERSATION . . . . .	29
Dr. Celia Todd (Cornwall Partnership NHS Foundation Trust)	
FAMILY PERSPECTIVES ON AUGMENTATIVE AND ALTERNATIVE COMMUNICATION	30
Mrs. Deborah Pugh (Greenfields Specialist School for Communication/University of Northampton)	
FROM EHCP TO WORK EXPERIENCE: USING TALKING MATS© TO ENSURE THAT CHILDREN AND YOUNG PEOPLE ARE AT THE HEART OF DECISION MAKING	31

---

Ms. Cassandra Mc Donald (St Mary's Bexhill & College), Mrs. Lee Ann Govender (St. Mary's School & 6th Form College)	
FROM FUN TO FUNCTIONAL WITH EYE GAZE . . . . .	32
Ms. Andrea Mc Guinness (AT therapy), Mrs. Hayley Power (AT therapy)	
FUNVIS: EXAMINING FUNCTIONAL NEAR VISION IN CHILDREN WITH SEVERE CEREBRAL PALSY WHO RELY ON LOOKING SKILLS TO COMMUNICATE . . . . .	33
Dr. Michael Clarke (University College London), Ms. Laura Croucher (University College London), Ms. Gurveen Panesar (University College London), Ms. Rosie Cooper (University College London), Mr. Tom Griffiths (Great Ormond Street Hospital), Dr. John Swettenham (University of Leeds), Mrs. Joanne Randeree (Great Ormond Street Hospital), Ms. Katie Price (University College London), Dr. Jenefer Sargent (Great Ormond Street Hospital)	
HOW I COMUNICATE. . . . .	34
Mr. Jeremy Briers (Jeremy Briers)	
IDENTIFYING APPROPRIATE SYMBOL COMMUNICATION AIDS FOR CHILDREN - CLINICAL DECISION MAKING . . . . .	35
Ms. Liz Moulam (Manchester Metropolitan University), Dr. Janice Murray (Manchester Metropolitan University), Mr. Simon Judge (Barnsley Assistive Technology), Dr. Yvonne Lynch (Manchester Metropolitan University), Mr. Stuart Meredith (Manchester Metropolitan University)	
IMMEDIATE AND LONG-TERM AAC INTERVENTION PLANNING . . . . .	36
Ms. Lindsey Paden Cargill (Brid), Mr. Mark Street (Liberator Ltd)	
INTER-DISCIPLINARY WORKING - SUPPORTING THE USE OF HIGH TECH EYE-GAZE FROM EARLY REHABILITATION INTO THE COMMUNITY . . . . .	37
Ms. Beth Yerbury (The Children's Trust, Tadworth, Surrey), Ms. Vicky Healy (Surrey Communication and Assistive Technology)	
INTRODUCING LAMP ACROSS 3 SPECIAL SCHOOLS . . . . .	38
Mrs. Hayley Power (Center for AAC and Autism), Ms. Andrea Mc Guinness (Center for AAC and Autism)	
IPAD SWITCH SCANNING FOR AAC . . . . .	39
Mr. Gary Derwent (Compass Assistive and Rehabilitation Technology Service)	
LANGUAGE INTERVENTION FOR ADOLESCENTS USING AAC: A CONVERSATION-BASED APPROACH DURING PERSONAL COLLAGE BUILDING . . . . .	40
Prof. Gloria Soto (San Francisco State University), Dr. Michael Clarke (University College London)	
MAKING MAKATON MUSICAL: MOTIVATING THE COMMUNICATION DEVELOPMENT OF CHILDREN WITH SEVERE LEARNING DIFFICULTIES THROUGH THE USE OF SONG, PERSONAL STORIES AND A.A.C. . . . .	41
Mrs. Charlotte Parkhouse (Riverside School), Mr. Gareth Smith (Riverside School)	
MOUNTING ASSISTIVE TECHNOLOGY TO WHEELCHAIRS: CHALLENGES FOR SERVICE PROVIDERS . . . . .	42
Mr. Paul Hewett (ACE Centre)	
MY ROAD TO INDEPENDENCE, WORKING WITH PERSONAL ASSISTANTS AND THE CHALLENGES OF USING AAC WITH NEW PEOPLE . . . . .	43
Ms. Helen Quiller (Individual AAC user and a Trustee of the organisation 1Voice Communicating Together)	
NHSGREATER GLASGOW AND CLYDE FACILITIES DIRECTORATE AAC TRAINING PROJECT . . . . .	44
Mrs. Jean Alexander (NHS Greater Glasgow and Clyde), Ms. Lesley Ann Shand (NHS Greater Glasgow and Clyde, Facilities)	
OCCUPATIONAL THERAPY IN AAC - A REVIEW OF THE LITERATURE . . . . .	45
Mr. Will Wade (ACE Centre), Ms. Nadia Browning (ACE Centre), Ms. Samantha Bradley (ACE Centre), Ms. Lisa Farrand (ACE Centre)	

---

ORGANISING VOCABULARY FOR NON-ELECTRONIC COMMUNICATION BOOKS AND ELECTRONIC SPEECH GENERATING DEVICES: SIMILARITIES AND DIF- FERENCES . . . . .	46
Mrs. Gayle Porter (Cerebral Palsy Education Centre (CPEC))	
PROMOTING AND DEVELOPING AAC ACROSS WEST DUNBARTONSHIRE . . . . .	47
Mrs. Gillian Callander (NHS Greater Glasgow and Clyde, CLDT Inverclyde), Mrs. Sheila Downie (Service Manager/SLT Manager, Specialist Childrens Services in West Dunbartonshire - part of NHS Greater Glasgow and Clyde.)	
REFLECTIONS ON EMBEDDING TOM AAC INTO THE WORKING PRACTICE OF A SPECIALIST SERVICE. . . . .	48
Ms. Nicola Randall (Barnsley Assistive Technology)	
REVIEW OF A LOCAL AAC SERVICE: MOVING FORWARD . . . . .	49
Ms. Louise Walters (Gloucestershire Care Services NHS Trust)	
SMILE THERAPY FOR AAC . . . . .	50
Mr. Daniel Cooper (Whittington Health)	
SUPPORTING PERSONAL NARRATIVE ELICITATION: IDENTIFYING DISCRETE MOMENT OF INTEREST EVENT CUES WITHIN DIGITAL VIDEO FOOTAGE . . . . .	51
Mr. Christopher Norrie (University of Dundee), Prof. Annalu Waller (University of Dundee), Dr. Douglas Potter (University of Dundee)	
SYNAESTHESIA: AN EXPLOSION OF THE SENSES AND THE IMPACT ON THINKING AND LEARNING . . . . .	52
Ms. Beth Moulam (Individual AAC user)	
TEACHING SENTENCE DEVELOPMENT THROUGH SHAPE CODING . . . . .	53
Ms. Gillian Rumble (Independent Speech and Language Therapist)	
THE DO'S AND DON'TS OF AAC . . . . .	54
Dr. David Niemeijer (AssistiveWare), Ms. Jennifer Marden (AssistiveWare)	
THE INTERPLAY BETWEEN LANGUAGE AND LEARNING FOR THE STUDENT WHO RELIES ON AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC) . . . . .	55
Ms. Marion Stanton (Communication and Learning Enterprises Limited), Ms. Gillian Hazell (AAC- Consultancy)	
THE TEAM BEHIND MY CHILD . . . . .	56
Mrs. Joanna Van Berckel (Parent of AAC User), Ms. Andrea Mc Guinness (AT therapy)	
THE USE OF ELECTROMYOGRAPHIC SWITCHES AS AN ACCESS SOLUTION . . . . .	57
Mr. Will Wade (ACE Centre), Ms. Samantha Bradley (ACE Centre)	
UNSPOKEN PROJECT – SPEECHLESS . . . . .	58
Ms. Kate Caryer (Unspoken CIC)	
VOICE BANKING: A SURVEY OF ROLES, SKILLS AND TRAINING NEEDS . . . . .	59
Mr. Richard Cave (Royal Hospital For Neuro-disability)	
VOICE OUTPUT COMMUNICATION AID GROUPS FOR ADULTS WITH LEARNING DISABILITIES . . . . .	60
Ms. Catrin Williams (5 Boroughs Partnership NHS Foundation Trust), Ms. Grace Law (5 Boroughs Partnership NHS Foundation Trust), Mrs. Diane Roberts (5 Boroughs Partnership NHS Foundation Trust), Ms. Debra Cowap (5 Boroughs Partnership NHS Foundation Trust)	
WELCOME TO EYE GAZE CLUB - THE FIRST RULE OF EYE GAZE CLUB IS THAT YOU DO SPEAK ABOUT EYE GAZE CLUB . . . . .	61
Mrs. Helen Dixon (Cumbria Partnership NHS Foundation trust)	
WHAT TO CONSIDER WHEN MATCHING COMMUNICATION NEEDS WITH ACCESS: EYE GAZE SYSTEMS - SWITCHES – JOYSTICKS . . . . .	62
Ms. Nadia Browning (ACE Centre), Ms. Ruth Williams (ACE Centre), Ms. Tammy Travers (ACE Centre)	
WHY COMMUNICATION (STILL) MATTERS . . . . .	63

---

Ms. Rebecca Marriott (AAC user), Mrs. Wendy Marriott (Parent of AAC User), Ms. Sarah Marriott (Sibling of AAC user)	
WHY IS IT IMPORTANT FOR SELF-DIRECTING AAC USERS TO BE ABLE TO USE THEIR DEVICES IN PERSONAL TRANSPORT? . . . . .	64
Mr. Patrick Bates (Individual AAC user), Mr. Simon Stevens (Independent Consultant)	
WILL ANYONE LISTEN TO US? WHAT MATTERS TO YOUNG PEOPLE WITH COMPLEX AND EXCEPTIONAL HEALTH NEEDS AND THEIR FAMILIES DURING HEALTH TRANSITIONS . . . . .	65
Ms. Margo Mackay (Talking Mats Ltd)	
YOUTH AAC CONFERENCE: A SUSTAINABLE APPROACH TO AAC AWARENESS RAISING FOR YOUNG PEOPLE IN GREATER GLASGOW . . . . .	66
Mrs. Jean Alexander (NHS Greater Glasgow and Clyde), Mrs. Donna Baillie (Glasgow City Council Education Department), Ms. Rowan Punt (Capability Scotland), Mr. David Wallace (PACE Theatre Company), Mr. Andy Robinson (Glasgow Life), Mrs. Anne Galbraith (NHS Greater Glasgow and Clyde)	
“I DON’T ENJOY FOOD LIKE I USED TO” THE VIEWS OF PEOPLE WITH DEMENTIA ABOUT MEALTIMES . . . . .	67
Dr. Joan Murphy (Talking Mats Ltd)	
HELPFUL TO DO IT TOGETHER. ENSURING TEAMS ARE EQUIPPED TO SUPPORT PEOPLE WHO USE AUGMENTATIVE AND ALTERNATIVE COMMUNICATION. . . . .	69
Ms. Laura Renfrew (NHS Greater Glasgow and Clyde), Mrs. Carol Taylor (NHS Greater Glasgow and Clyde), Ms. Nicola Woodside (NHS Greater Glasgow and Clyde)	
1VOICE - COMMUNICATING TOGETHER . . . . .	70
Mrs. Kate Mc Callum (1Voice - Communicating Together)	
AACTIONING EFFECTIVE CARE THROUGH AACTIONMAKERS:IMPROVING THE SUSTAINABILITY AND EFFICIENCY OF AUGMENTATIVE AND ALTERNATIVE COMMUNICATION SERVICES . . . . .	71
Mrs. Deborah Jans (Keycomm- Lothian Communication Technology Service, NHS Lothian), Dr. Phillipa Rewaj (Keycomm- Lothian Communication Technology Service, NHS Lothian)	
ACE-LP: AUGMENTING COMMUNICATION USING ENVIRONMENTAL DATA TO DRIVE LANGUAGE PREDICTION . . . . .	72
Mr. Rolf Black (University of Dundee), Dr. Per Ola Kristensson (University of Cambridge), Prof. Stephen Mckenna (University of Dundee), Dr. Jianguo Zhang (University of Dundee), Prof. Analu Waller (University of Dundee), Dr. Sophia Bano (University of Dundee), Dr. Zulqarnain Rashid (University of Dundee), Mr. Christopher Norrie (University of Dundee), Dr. Alissa Melinger (University of Dundee)	
ARE YOU READY YET? A CASE FOR REGULAR, DIRECT, LONG TERM INTERVENTION. . . . .	73
Mrs. Kim Mears (TherapyThread)	
ASSESSING THE LITERACY LEARNING NEEDS OF STUDENTS WHO RELY ON AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC) . . . . .	74
Ms. Marion Stanton (Communication and Learning Enterprises Limited), Ms. Saffron Murphy Mann (Communication and Learning Enterprises Limited)	
DEVELOPING SHARED READING FOR PUPILS WHO USE AAC (A CASE STUDY OF SHARED READING BETWEEN EYFS AND KS2) . . . . .	75
Ms. Sarah Smith (Woodlands School), Ms. Stacey Ladbrook (Woodlands School)	
E-SALT: VIDEO COACHING VIA SMART PHONE TECHNOLOGY TO SUPPORT EARLY SPEECH AND LANGUAGE THERAPY FOR VERY YOUNG CHILDREN WITH NON-PROGRESSIVE MOTOR DISORDERS . . . . .	76
Ms. Katy Stockwell (Newcastle University), Mrs. Ebtisam Abdulqader (Newcastle University), Dr. Madeline Balaam (Newcastle University), Dr. Anna Basu (Newcastle University), Mr. Dan	

---

Jackson (Newcastle University), Ms. Roisin Mcnaney (Newcastle University), Prof. Patrick Olivier (Newcastle University), Dr. Lindsay Pennington (Newcastle University)	
ESTABLISHING POTENTIAL FOR USING EYE GAZE TECHNOLOGY . . . . .	77
Mrs. Karen Al Khina (Kent & Medway Communication and Assistive Technology Service), Mrs. Christine Cotterill (Kent & Medway Communication and Assistive Technology Service)	
EYE GAZE TECHNOLOGY, EXPLORING IT'S WIDER APPLICATIONS . . . . .	78
Mrs. Helen Burnford (Bobath Children's Therapy Centre Wales), Ms. Catharina Van Der Walt (Bobath Children's Therapy Centre Wales)	
FACTORS RELATED TO HIGH TECH AAC USE IN ADULTS WITH NEURODEGENERATIVE CONDITIONS . . . . .	79
Dr. Catherine Foy (Chailey Communication Aid Service)	
IMPLEMENTING THE COMMUNICATION ACCESS PROJECT (CAP) IN A PHYSICAL DISABILITY SERVICE . . . . .	80
Ms. Danielle Daly (Central Remedial Clinic), Mrs. Alison Blake Knox (Central Remedial Clinic)	
KNOWLEDGE EXCHANGE OPPORTUNITY FOR PEOPLE WHO USE AAC AND SLT STUDENTS . . . . .	81
Dr. Amanda Hynan (Leeds Beckett University), Mrs. Andrea Kirton (Barnsley Assistive Technology Team), Ms. Sally Darley (Barnsley Assistive Technology Team)	
LINGUISTIC AND CULTURAL CHALLENGES FOR A BILINGUAL AAC ENVIRONMENT IN THE ARAB REGION. . . . .	82
Mrs. Ea Draffan (University of Southampton), Ms. Nadine Zeinoun (Mada Assistive Technology Center), Mr. Amatullah Kadous (Hamad Medical Corporation), Mr. Ouadie Sabia (University of Southampton), Mr. Mike Wald (University of Southampton), Mr. David Baines (David Banes Access and Inclusion), Mr. Amal Idris (Hamad Medical Corporation)	
RAISING AWARENESS OF AAC IN PARTNERSHIP WITH SCOTTISH AMBULANCE SERVICE . . . . .	83
Mrs. Jean Alexander (NHS), Mr. Douglas Wp Shepphard (Scottish Ambulance Service), Mr. James Harrison (Scottish Ambulance Service), Ms. Pauline Downie (NHS), Ms. Rowan Punt (Capability Scotland)	
SURVEY OF WORKING PRACTICES OF SLTS IN IRELAND IN THE FIELD OF AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC) . . . . .	84
Mr. Muireann Mc Cleary (Central Remedial Clinic), Dr. Martine Smith (Trinity College Dublin), Dr. Yvonne Lynch (Manchester Met)	
TALKING MATS TRAINING ACROSS AYRSHIRE AND ARRAN - 3 HEALTH AND SOCIAL CARE PARTNERSHIP FUNDED PROJECTS . . . . .	85
Mrs. Linda Page (NHS Ayrshire and Arran), Mrs. Lisa Clunie (NHS Ayrshire and Arran)	
TAXONOMIC AND THEMATIC SEMANTIC ORGANISATION OF ADULTS WITH CEREBRAL PALSY . . . . .	86
Dr. Alissa Melinger (University of Dundee), Prof. Annalu Waller (University of Dundee)	
THE IMPACT OF EYE GAZE TECHNOLOGY IN A 2YR OLD CHILD WITH SPINAL MUSCULAR ATROPHY (SMA TYPE1) . . . . .	87
Ms. Megan Clayton (The Portland Hospital for Woman and Children)	
THE USE OF TALKING MATS® APPROACH TO FACILITATE IMPROVED COMMUNICATION WITH OLDER ADULT PATIENTS WHO HAVE COMMUNICATION SUPPORT NEEDS OR ALTERNATIVE OR AUGMENTATIVE COMMUNICATION (AAC). 88	
Dr. Joan Murphy (Talking Mats Ltd, Co Director), Mrs. Jean Alexander (NHS Greater Glasgow and Clyde, AAC Project), Ms. Ann McClinton (NHS Greater Glasgow and Clyde, Person Centred Health and Care Programme)	
TOWARDS A PRACTICAL FRAMEWORK FOR MATCHING USERS WITH AAC DEVICES	89
Ms. Mashaal Alsaleh (University of Sheffield), Prof. Roger Moore (University of Sheffield)	
VOICE BANKING - TAKING CONTROL . . . . .	90

---

Mr. Matthew Hollis (MND Association)	
WHAT ARE THE FACTORS THAT SUPPORT OR INHIBIT VOICE OUTPUT COMMUNICATION AID USE? : LIGHTWRITER SL40 USER PERSPECTIVES . . . . .	91
Mrs. Katherine Broomfield (Gloucestershire Care Services NHS Trust), Ms. Sam Harding (Bristol Speech and Language Therapy Research Unit), Ms. Lydia Morgan (Bristol Speech and Language Therapy Research Unit), Ms. Karen Sage (Sheffield Hallam University)	
WHAT DOES THE LITERATURE TELL US ABOUT DECISION MAKING AROUND SYMBOL COMMUNICATION AIDS FOR CHILDREN? . . . . .	92
Dr. Yvonne Lynch (Manchester Metropolitan University), Prof. Juliet Goldbart (Manchester Metropolitan University), Mrs. Liz Moulam (Manchester Metropolitan University), Mrs. Andrea Kirton (Barnsley Assistive Technology Team), Mr. Simon Judge (Barnsley Assistive Technology Team), Dr. Janice Murray (Manchester Metropolitan University)	
‘COMPLEX COMMUNICATION NEEDS : NURSING THE PATIENT WITH MOTOR NEURONE DISEASE , A PALLIATIVE CARE PERSPECTIVE . . . . .	93
Mrs. Fiona Kerr (NHS Greater Glasgow and Clyde, Palliative Care Team), Mrs. Jean Alexander (NHS Greater Glasgow and Clyde)	
“BECAUSE THERE ISN’T ONE”: JOURNEY TOWARDS A COMPREHENSIVE ASSESSMENT TOOL FOR AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC) FOR ADULTS . . . . .	94
Ms. Laura Renfrew (NHS Greater Glasgow and Clyde), Ms. Nicola Woodside (NHS Greater Glasgow and Clyde)	
AAC - CHOOSING THE RIGHT SOLUTION . . . . .	96
Mr. Steve Smith (Dad In A Shed), Mr. Russell Smith (Dad)	
CROSS PLATFORM USE OF PREDICTABLE - FROM SMARTPHONE TO EYE TRACKING . . . . .	97
Ms. Rebecca Bright (Therapy Box)	
DIGITAL TALKING MATS: PHASE 2 . . . . .	98
Dr. Joan Murphy (Talking Mats Ltd), Ms. Margo Mackay (Talking Mats Ltd)	
FIRST WORDS - TRANSITIONING TO AAC . . . . .	99
Mr. Dougal Hawes (Smartbox), Ms. Andrea Mc Guinness (Center for AAC and Autism)	
GIVING PUPILS A VOICE IN THE CLASSROOM – CLICKER COMMUNICATOR . . . .	100
Mr. Jordan Butel (Crick Software Ltd)	
INSIGHT - INTELLIGENT LEARNING ANALYTICS FOR STUDENTS WITH COMPLEX NEEDS . . . . .	101
Ms. Sandra Thistlethwaite (Inclusive Technology Ltd)	
INTRODUCING THE NEW CHAT FUSION . . . . .	102
Mr. Dave Hershberger (Saltillo Corporation), Ms. Rachel Smitheman (Saltillo Corporation)	
IT’S EASY WITH EASYCHAT . . . . .	103
Mr. Mark Street (Liberator Ltd)	
LOW TECH COMMUNICATION SUPPORT AND TRAINING, WITH RESOURCES, FOR LITERACY AND CURRICULUM ACCESS . . . . .	104
Ms. Marion Stanton (Communication and Learning Enterprises Limited), Ms. Saffron Murphy Mann (Communication and Learning Enterprises Limited)	
MAGIC CARPET, MULTIMODAL ACCESS & COMMUNICATION . . . . .	105
Mr. Lee Blemings (Sensory Guru Ltd)	
MODERN MOUNTING – CONTEMPORARY SOLUTIONS FOR TRADITIONAL CHALLENGES . . . . .	106
Mrs. Esther Dakin (Smile Smart Technology Ltd), Mr. Matthew Tennent (Smile Smart Technology Ltd), Mr. Billy Hunter (Smile Smart Technology Ltd)	
SCORE VOCABULARY PACKAGE FOR MIND EXPRESS . . . . .	107
Mr. Ian Foulger (TechCess Communications Ltd)	



---

THE PATHWAY TO AAC, LITERACY AND LEARNING WITH SNAP SCENE AND BOARDMAKER ONLINE . . . . .	108
Mrs. Tina Voizey (Tobii Dynavox)	
THE PROXPAD – TOUCHY FEELY SUPPORT FOR COMMUNICATION AND LEARNING	109
Mrs. Sandra Hartley (Logan Technologies)	
TOBII DYNAVOX UPDATE . . . . .	110
Mrs. Tina Voizey (Tobii Dynavox), Mr. Rob Gregory (Tobii Dynavox)	
UPDATE FROM LIBERATOR . . . . .	111
Mr. Mark Street (Liberator Ltd)	
WHAT’S NEW AT SMARTBOX . . . . .	112
Mr. Nick Ward (Smartbox), Mr. Dougal Hawes (Smartbox)	
WHAT’S NEW FROM TECHCESS? . . . . .	113
Mr. Ian Foulger (TechCess Communications Ltd)	
WHAT’S NEW IN PROLOQUO2GO AND PROLOQUO4TEXT . . . . .	114
Dr. David Niemeijer (AssistiveWare)	
WIDGIT ONLINE - CREATE, SAVE AND SHARE SYMBOL RESOURCES . . . . .	115
Ms. Amy Follows (Widgit Software)	

# **PLATFORM PRESENTATIONS**

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# A BREATHING-CONTROLLED AAC SYSTEM

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Spoken communication can be seriously affected by disorders like aphasia, dysarthria and slurring, arising from trauma, stroke, ALS etc. A significant number of such patients have their spontaneous breathing efforts preserved. During a breathing cycle there are characteristic elements like air flow, pressure, periodicity and phase that can be easily modified at will. We describe a system where these modifications in breathing pattern can be used as signals to select and trigger computer generated speech.

Normal speech communication rates reach 150-200 wpm. Existing AAC devices are much slower, with users generally producing up to 12-15 wpm. Users tend to be passive, providing only answers to closed questions involving one word, need-driven responses. The system we have designed has an inherently wider bandwidth, with the potential to provide an opportunity for users to initiate and maintain narrative or discursive communication, at much faster rates.

The working principle of the device involves the capture and processing of variations in normal breathing patterns generated during spontaneous ventilation. These signals are then analysed to establish their correlation with known exemplars in a database. The appropriate word or phrase is then produced using pre-recorded or synthesised speech.

The system is primarily aimed at users with normal cognitive ability, and who are capable of breathing spontaneously. For example, after elective surgery on the larynx, during a long stay in ITU, or those in the early stages of a progressive, degenerative disorder. The ultimate goal of this concept, with an emphasis on response speed and dialogue richness, should provide the capability of automatically learning the user's "vocabulary" in terms of their range of modulated breath patterns, over a period of time.

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# A COMPARISON OF GRAPHIC SYMBOL LEARNING BY CHILDREN WITHOUT DISABILITIES ACROSS TWO INSTRUCTIONAL STRATEGIES.

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Abstract ID: 197 - Abstract Submission

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Dr. Yvonne Lynch<sup>1</sup>, Dr. Martine Smith<sup>2</sup>

<sup>1</sup>Manchester Metropolitan University, <sup>2</sup>Trinity College Dublin

A myriad of factors influence whether or not a child achieves communicative competence using an AAC system. These include intrinsic and extrinsic factors (the resources the child brings to the language-learning task and the language learning supports within their communicative environments) as well as the interaction between these factors. From a clinical perspective, a key goal is to assess the role played by extrinsic factors and identify how best to manipulate those factors to support the aided language acquisition process. The teaching strategies used appear to be an important factor that influences the ability to recognize and use symbols.

The present study investigated graphic symbol learning in children without disabilities across two learning conditions; a direct intervention using an aided language stimulation (ALS) instructional strategy and a direct intervention using a mand-model (MM) instructional strategy.

The results indicated that learning to use graphic symbols to communicate is a very challenging task for young children and that an ALS strategy may be more supportive of early symbol learning than an MM strategy. In addition, the ALS condition appeared to be more supportive of multi-symbol utterance production and fewer errors were observed in this context. Features of the two instructional strategies that may be facilitative or inhibitive of early graphic symbol learning will be explored and possible clinical implications will be discussed. Qualitative analysis of the data highlighted a mismatch in terms of how the children used the symbols in the therapy setting and performance on the post intervention assessment. Based on these findings, a multi-dimensional model of graphic symbol knowledge is proposed and possible clinical implications of the contrasting findings from the intervention approaches will be outlined.

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# AAC FROM SCRATCH: CHALLENGES TO DEVELOPING A NEW SERVICE

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Abstract ID: 167 - Abstract Submission

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Dr. Deborah Skeil<sup>1</sup>, Dr. Judy David<sup>1</sup>, Mrs. Bindhu Synthia<sup>1</sup>, Mrs. Veena Prabhu<sup>1</sup>,  
Mrs. Reetha Stephen<sup>1</sup>, Dr. Boobena Chandy<sup>1</sup>, Mr. Sivakumar Balasubramanian<sup>1</sup>

<sup>1</sup>Christian Medical College, Vellore

Christian Medical College, Vellore is a large tertiary care unit in India. Patients come for treatment from all over South Asia with increasingly complex rehabilitation needs and now also requiring Communication aids.

Our aim: a trained and dedicated AAC team to assess, prescribe and train people to use appropriate low cost electronic and paper based communication aids with a long term distance user training program.

There are many challenges. Training is needed, we have a multidisciplinary team but with NO specific training in AAC. So, we find information on AAC on the internet and read cheap secondhand (older) textbooks. We meet regularly to discuss patients needs plus one team member reads and then teaches the others.

There are very basic issues to be addressed; tables to be added to the units own wheelchairs, supportive static chairs for those walking; sound reduction in the treatment rooms as several clients are treated together and a variety of mice/switches needed to access computers.

Many excellent assessment and treatment materials are freely available online but are not culturally appropriate. Images and situations commonly used in the UK are alien to most of our patients and translations into at least 4 different languages are required. We therefore need to draft assessment forms and guidelines with culturally appropriate words, contexts and pictures, especially remembering those with concrete thinking. Then translate them.

The hospital has no dedicated electronic communication aids. So we use a basic windows computer or android tablet with software freely available to download, however most of the software does not work!

We are well aware that we are far better equipped than most units and will share anything we learn to help others develop their services. Hopefully our efforts are better than nothing!

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# AAC FROM SCRATCH: THE CHALLENGE FINDING CULTURALLY APPROPRIATE PICTURES

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Abstract ID: 168 - Abstract Submission

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Dr. Deborah Skeil<sup>1</sup>, Dr. Judy David<sup>1</sup>, Dr. Boobena Chandy<sup>1</sup>, Mrs. Veena Prabhu<sup>1</sup>,  
Mrs. Reetha Stephen<sup>1</sup>, Mrs. Bindhu Synthia<sup>1</sup>, Mr. Sivakumar Balasubramanian<sup>1</sup>

<sup>1</sup>Christian Medical College, Vellore

## Introduction

Christian Medical College Vellore is a large tertiary care unit in India providing rehabilitation services to people from all over India and beyond. Patients are coming for treatment with ever increasing complexity and now also requiring Communication aids.

We have a multidisciplinary team including speech therapists, Occupational therapists, Bioengineering and doctors but none have specific training in AAC. All the team are committed to the project but adding this on to their usual work load.

Our long term goal is a trained and dedicated AAC team to assess, prescribe and train people to use appropriate low cost electronic and paper based communication aids.

## The Challenge

Pictures are needed for speech and language therapy to assess language, for treatment and as part of many communication aids per se. We found many freely available pictures for communication aids such as ARASSAC. However many images were culturally inappropriate such as food symbols with a plate, knife and fork when most Indians use their hands or a spoon to eat.

Also images, photos and symbols, of people were usually Caucasians with pale skin.

## Our Solutions so Far

Firstly we started taking pictures but found it hard to get good quality images. We then looked at pictures available online. However, copyright prevents the legal use of most images on the net. Creative commons images are free but mean labelling every print with who took the picture etc. Public domain images are freely available, needing no attribution and we could alter and use them as needed and meet our specification.

We have a first selection of public domain images to try with end users and further images are still needed especially of Indians doing activities of daily living. Further work on tagging/labelling the images and making them available online to others is planned.

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# AAC HACKING - THE WHOLE PACKAGE.

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Abstract ID: 95 - Abstract Submission

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Mrs. Kate McCallum<sup>1</sup>, Mr. Fil McIntyre<sup>1</sup>

<sup>1</sup>SCOPE Beaumont College

As said by Beukelman & Mirenda 1998, “Everyone can communicate. Everyone does communicate.”

In order to make access to AAC as easy and functional as possible, we hack. We put together bespoke items to facilitate access to AAC. In some cases we find we are doing the same hack time and time again. Other hacks are quite unique and bespoke. We will share a range of solutions we have put in place to help resolve some of the problems faced by our students who use AAC, their families and our staff to support the everyday use of AAC.

These can range from using, on-body tactile signing systems, through to Objects of Reference, page turners for someone with reduced hand function or more complex auditory scanning systems to access a VOCA.

We will share ideas and demonstrate practical solutions which will include, communication book mounts and colour coding systems for all chargers that help to minimise mistakes when charging different equipment. Home-made, cost effective alternatives to boards and wedges, sensory stories/boxes and reflective dot's used by people who use a head mouse. Practical solutions to protect switch wires from continually being broken or damaged and discuss wearable low tech communication ideas. We will demonstrate sensory feedback through the use of a SubPak and EyeGaze used with someone with profound hearing loss and much much more.

The hacks we perform have enabled many of our student to functionally access AAC sometimes for the first time in their lives. Sharing practice is an invaluable aspect of the work we do in the hope that people will find something that helps them or those they work with.

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# ACHIEVING AND MAINTAINING AAC TEAM BUY-IN

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Abstract ID: 93 - Abstract Submission

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Ms. Lindsey Paden Cargill<sup>1</sup>

<sup>1</sup>Bridgeway Academy

Despite the growing awareness and use of speech-generating devices (SGDs) in the pediatric population, many teams continue to struggle with achieving and maintaining “buy-in” by some team members. It is easily agreed that the most successful intervention in communication is based on collaborative and interdisciplinary cooperation between family, therapists, teachers and other support staff. No one group is more or less likely to be less informed about or less willing to implement SGDs. Identifying the underlying causes of hesitation to become involved and equipping team members with strategies will increase the supported SGD users’ ability and willingness to use their devices.

Bridgeway Academy is an education and therapy center for children with developmental disabilities in Columbus, Ohio. In its ten years of operation, Bridgeway Academy has seen its AAC-using population grow from three to 73. The success of Bridgeway Academy’s students is largely attributed to the “buy-in” of their parents, teachers and therapists.

Bridgeway Academy’s speech therapy team has identified the underlying causes of hesitant team members’ resistance (e.g., misconceptions about AAC, lack of understanding of how to provide intervention, feeling intimidated by technology) and has developed a set strategies aimed at addressing those hesitations (e.g., direct training, immersive SGD language practice, peer mentoring).

Successful SGD use relies on full willingness and participation by all supporting team members. Advocates, supporters and trainers must identify reasons for limited team member acceptance and involvement and utilize strategies to overcome these obstacles to achieve “buy-in” and ultimately increase the potential for success by the student.



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# AZULEJOE AND COMMUNIKATE PROJECT

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Abstract ID: 176 - Abstract Submission

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Mrs. Kate McCallum<sup>1</sup>, Dr. Joe Reddington<sup>1</sup>

<sup>1</sup>eQuality Time

In April, Nesta's Challenge Prize Centre in partnership with Leonard Cheshire Disability and with support from the Department for Work and Pensions awarded the inaugural Inclusive Technology Prize, with £50,000 prize money, to AzuleJoe, a tool that will help give people with communication difficulties a voice.

We'll be showing off some really cool Technology and outline a vision of where we want to go next.

Our session is a continuation of one that we ran in the Hague and at ISACC. AzuleJoe is a nonprofit community project rather than a product: we understand that providing the kit is less than half the battle. So after the demos we'll be asking people for the changes that they want to see, and we'll try to connect those people with people who can make the change.

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# BALANCED LITERACY APPROACH FOR PUPILS WHO USE AAC. WHERE ARE WE NOW - A CASE STUDY.

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Abstract ID: 137 - Abstract Submission

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Ms. Rosie Clark<sup>1</sup>, Ms. Sarah Smith<sup>1</sup>, Ms. Stacey Ladbrook<sup>1</sup>

<sup>1</sup>Woodlands School

After initial training last January, we started to implement Balanced Literacy Instruction, based on the work of Karen Erickson and David Koppenhaver from the Centre for Literacy and Disability Studies, University of North Carolina Chapel Hill at Woodlands School in Surrey, with pupils with complex needs. The initial results were very promising and were shared at the Communication Matters conference last year.

A year later, 3 of the class teachers attended a 5 day literacy intensive course in the UK, run by Jane Farrall and Sally Clendon, leading experts in the implementation of Balanced Literacy Instruction.

This case study will give an overview of Balanced Literacy Instruction and the elements of learning for pupils with complex needs, that have been extensively researched. Practical examples of the strategies used to implement literacy instruction with pupils who use AAC will be shown and progress seen and problems encountered will be discussed.

The importance of having a robust AAC system will be highlighted as a necessary factor in the teaching of literacy.

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# BARS, BEER AND BRAWLS: AAC IN CHAUCER'S CANTERBURY TALES

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Abstract ID: 114 - Abstract Submission

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Ms. Helen Dunman<sup>1</sup>

<sup>1</sup>Chailey Heritage Foundation

My aim was to devise a drama project which stimulated the desire to communicate and so enable progress in communication skills for each student. The group all have severe physical disabilities and complex sensory and medical needs. Learning needs ranged from PMLD to SLD.5 students used low tech AAC, 6 ,no tech and 1, high tech.

Method- I turned our chapel into a mediaeval pub as authentically as possible. Real tankards; barrels; bottles; smells (including real horse manure!) The session format was repeated every week: costumes on;objects of reference given out;targets shared;procession to the 'pub'; visiting in small groups 3 areas in the pub, in rotation; finishing by gathering around the 'fire' for a short tale and a chat. Students repeated the same sensory experiences every week and responses were noted. I became the 'landlord' and ran the session in role. Students using the Chailey Communication System (CCS) prepared questions beforehand. Big Macks were used in the 'pub' and for the 'Miller's Tale'. Our (early) VOCA user used it to insult someone and start a (pre-arranged) 'fight'. During the session I communicated disgusting facts which some students were asked about and communicated answers using CCS . PMLD students were helped to explore sensory items, respond to them and in some cases , make choices.

Results- The set up and environment stimulated an increased willingness to communicate at all ability levels. PMLD students showed increased responsiveness and some showed consistent 'yes/no' responses to certain objects and indicated a positive response to the question 'more?'. The 'landlord' was rude and funny and several less motivated CCS users showed an unusual willingness to communicate with 'him'. The VOCA user managed to initiate a conversation, without prompting , 4 times and we had a great time !

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# BECOMING AN AAC SPECIALIST: THE ROAD LESS TRAVELLED

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Abstract ID: 115 - Abstract Submission

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Mrs. Hester Mackay<sup>1</sup>, Ms. Alison Battye<sup>1</sup>, Ms. Maria Touliatou<sup>1</sup>, Ms. Rachel Dormedy<sup>1</sup>

<sup>1</sup>Kent & Medway Communication and Assistive Technology Service

We are a diverse group of professionals including a teacher, a therapy assistant and two speech and language therapists who have worked for a year in specialist Alternative and Augmentative Communication (AAC) services in both children and adult teams. The aim of this presentation is to share our experience of transitioning to work within an AAC specialist multi-disciplinary team.

We aim to show that there is more than one path that leads to a Hub AAC career. We will explore the balance between previous experience and having the right mindset to undertake this kind of work as well as considering potential misconceptions about who is right for the job.

We will outline how the specialist multi-disciplinary team works and how to adapt to it. We will look at the similarities between our transition experiences including the themes of transferable skills, time management, continuing professional development and having confidence while still being able to say when you don't know. We will then present more about our individual journeys and the challenges we have faced relating to our own professions.

Finally we will look at professional development and how to find a balance between hands on experience, formal training, wider reading and coming to an acceptance that we will not know everything. We will explore how we have managed our own and others' expectations of being 'the experts'.

We will conclude with reflections on how we work with the wider community and the bigger picture of how we inspire people to engage with AAC, whether this be on a local, national or international scale.

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# CHALLENGES DEVELOPING AAC CORE VOCABULARIES ACROSS LANGUAGES AND CULTURES: LESSONS LEARNT FROM TAWASOL

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Abstract ID: 64 - Abstract Submission

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Mrs. E.A. Draffan<sup>1</sup>, Mrs. Nadine Zeinoun<sup>2</sup>, Mrs. Amatullah Kadous<sup>3</sup>, Dr. Ouadie Sabia<sup>1</sup>, Prof. Mike Wald<sup>1</sup>, Mr. David Banes<sup>4</sup>, Dr. Amal Idris<sup>3</sup>

<sup>1</sup>University of Southampton, <sup>2</sup>Mada Assistive Technology Center, <sup>3</sup>Hamad Medical Corporation, <sup>4</sup>David Banes Access and Inclusion

Word Frequency lists are often used as a tool for language learning with the most commonly used words providing the basis for vocabulary building. These types of lists have also provided the foundation for many core vocabularies on alternative and augmentative communication (AAC) boards and devices used by individuals with speech and language difficulties. Particular lists may have been adapted to suit the user, the tasks undertaken and the environment, but they tend to encompass between 60-80% of the total words communicated. However, where bilingual AAC users of markedly different languages are concerned, an awareness of the subtleties of morphology and syntax can impact on the make-up of word lists. Direct translations are not an option, as use of many parts of speech differ and diacritics, affixes and suffixes can alter meaning and usage. This paper aims to provide an insight into the issues that arise when working with single word lists, in particular in Arabic and English. It will describe how symbol labels and their concepts may need to be adapted to suit orthographical representations, parts of speech along with the provision of examples of use because word order can change word forms. Two very contrasting languages may also impact on the implementation of AAC support with subjects of discussion ranging from typography for digital devices, lingua-cultural aspects of conversational language where written language is very different (as in a diglossic language such as Arabic) and lexical concepts and their symbol representation having different labels.

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# CHANGES TO THE PRAGMATICS PROFILE FOR CHILDREN WHO USE AAC

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Abstract ID: 177 - Abstract Submission

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Mrs. Suzanne Martin<sup>1</sup>, Ms. Katherine Small<sup>1</sup>

<sup>1</sup>ACE Centre

The Pragmatics Profile of Everyday Communication Skills in Children (Revised) by Hazel Dewart and Susie Summers (1995) is a tool familiar to speech and language therapists working with verbal children.

The Pragmatics Profile was developed from a belief that conventional approaches to clinical work by speech and language therapists needed to be supplemented with information about how children communicate in everyday interactions, in a variety of environments and with different communication partners.

For many years, speech and language therapists working with children who are non-verbal and use AAC have used The Pragmatics Profile to add value to their assessment process. This has posed challenges as the wording of questions and examples of prompts provided are written with verbal children with no physical difficulties in mind.

ACE Centre has been working to adapt The Pragmatics Profile, as suggested by Dewart and Summers (1995), to change specific wording to account for differences experienced by non-verbal children using AAC. Examples have been modified to demonstrate more appropriate experiences of children with a physical disability who use AAC. Consideration has been given to the way children using AAC may differ in their use of gestures and other non-verbal behaviours.

This session will summarise the origins of The Pragmatics Profile and the adaptations ACE Centre has suggested for children with a physical disability who use AAC. We will discuss the challenges we experienced in the adaptation process and how we have sought to gain feedback about these changes.

Discussion will also include how this process has led to questions and reflections about the value of information The Pragmatics Profile can generate. We will discuss how information gained can be integrated into existing communication target setting for children who use AAC.

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# CHOICE MAKING AND PREFERENCES... WHAT'S THE DIFFERENCE?

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Abstract ID: 204 - Abstract Submission

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Ms. Kim Bates<sup>1</sup>, Ms. Kate Macleod<sup>1</sup>

<sup>1</sup>Great Ormond Street Hospital

Choice making is defined as “The act of an individual’s selection of preferred alternatives from among several familiar options.” Shevin and Klein 1984.

“Making choices supports a child’s independence, decision making and self-determination, all skills necessary for a child to interact competently in social and educational environments across his or her lifespan.” Jolivet et al 2009.

How is making a choice different to indicating a preference?

Choice making is an inherent part of Speech and Language Therapy and by reviewing the literature we will look at the prerequisite skill required for indicating preferences and making meaningful choices. How are the skills of indicating a preference and a choice different? And how do these skills fit into a developmental framework and biopsychosocial model? We will look at the current literature to examine the existing models for choice making.

It is also important to consider how children provide their responses: what skills are needed to indicate a meaningful choice or preference and are different response methods comparable? We will explore how we use our knowledge to support development of these skills through practical application.

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# CHOOSING YOUR WORDS: TEACHING LANGUAGE WITH CORE WORDS AND DESCRIPTIVE TEACHING

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Abstract ID: 80 - Abstract Submission

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Ms. Jennifer Marden<sup>1</sup>

<sup>1</sup>AssistiveWare

You've got a core word vocabulary system set up for your students, but you're not sure what to do next. You know it's important to model so your students can see language being used on their systems. But how do you plan your lessons around core words? Which words should you model in what combinations? How can you model increasingly complex syntax? What about modeling a variety of communication functions? And what do you do about curriculum topic specific vocabulary? Where will you find the time to program in "velociraptor", "lava", and "abdication"?

This session will offer helpful hints in two areas. First, how do you choose what core words and core word combinations to model for your students? We will present a framework called 3 W's – Words, Whys, and Ways. Words are the specific core words we choose to model for our students. Whys are the reasons why we communicate – the pragmatic communication functions such as requesting, commenting, telling stories, asking questions, giving opinions, teasing, etc. Typically our students who use AAC get stuck in requesting and responding to multiple-choice questions. But there's so much more to talk about! The third W is ways, by which we mean syntax and morphology – the ways we put words together and change their form to create sentences. We'll share templates for creating lesson plans that combine all the 3 W's so you can move your students forward towards full communication.

Finally, we'll cover the basics of the Descriptive Teaching Model. Developed by Gail Van Tatenhove, this model helps you to use the core words you know your students need to learn for everyday functional communication in place of the curriculum topic specific vocabulary it takes you so long to program in and teach.



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## COME ON WORLD, LET'S SIGN OUT LOUD!!!

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Abstract ID: 47 - Abstract Submission

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Mrs. Kate McCallum<sup>1</sup>, Mrs. Sally Featon<sup>1</sup>

<sup>1</sup>Beaumont College

Sign Out Loud continues to go from strength to strength. Come On World... details the positive impact Makaton can have on the lives of people who have difficulties with both expressive and receptive language. You will hear personal stories about why we are so passionate about Makaton. Why we set up 'Sign Out Loud' and how it helps people learn in a fun and active way through popular music. Since Communication Matters 2015, Sign Out Loud has, featured in the Makaton advent calendar. Supported a charity single, It won't be long till Christmas, in aid of 'Help the North Flood appeal' which entered the top 100 of the UK charts. We won the public vote and were finalists at 'Charity Stars, supporting 1Voice - Communicating Together and performed at the Accessible festival. We presented at ISAAC, in Toronto, Canada. We have also been busy developing our International and Love Songs albums. All this along with our day to day SOL sessions at college and with Beaumont College Record and Theater Companies.

Come on World, let's Sign Out Loud..... Promises to be a loud, fun, energy packed, practical session where we share with you the techniques we use to enable the world to learn and use sign every day.

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# COMMUNICATION ACCESS IN THE UK-MOVING FORWARD

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Abstract ID: 111 - Abstract Submission

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Mrs. Catherine Harris<sup>1</sup>

<sup>1</sup>Chair of Communication Matters

In November 2011 a new symbol for communication access was launched in Australia by Scope's Communication Resource Centre. This was the culmination of five years' work by people with complex communication needs (CCN), in partnership with the Communication Access Network (CAN) in Victoria and key stakeholders. Communication access is an important part of removing barriers to equal citizenship for all. It is a part of the United Nations Declaration of the Rights of Person with Disability (2006) of which the UK is a signatory. This affirms that communication access is a right not a privilege and that all people should be treated with dignity and respect. In 2015 the keynote speakers at the Communication Matters Conference were Denise West and Brett Reynolds from the ScopeVic Communication Access for All project in Victoria state. They inspired us by sharing their story and there was, and continues to be, much interest and enthusiasm for this initiative from the AAC community and beyond. Since the Conference, Communication Matters trustees have been working towards initiating a similar project across the UK. This presentation will update delegates on the progress to date. We have been working in collaboration with the RCSLT and the Stroke Association and a Stakeholders Day was facilitated in June to launch a service user consultation with the intention of launching a communication symbol for the UK in January 2017. We hope to involve AAC users in the training programme and information will be shared as to what this could involve. Success of the project will depend on involvement from both professionals and service users in the field of AAC and we are looking for 'champions' to support the project.

This is an exciting project which is gaining momentum. Come and be part of the movement!

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# COMMUNICATION, A POWERFUL TOOL

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Abstract ID: 228 - Abstract Submission

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Mr. Martin Pistorius<sup>1</sup>

<sup>1</sup>Author

We communicate in many ways, most of us never think about what that ability brings to our lives. Our words, however we communicate them are among our most powerful tools. My journey through life has taught me to appreciate what a precious gift the ability to communicate is. In this presentation I will share my experiences, the lessons I have learnt and my gratitude for the ability to communicate. Proving that communication really does matter.

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# CONSTRUCTING HEPHAPRENEURIAL CAREERS IN THE FOFA PROJECT FOR PEOPLE WITH COMPLEX COMMUNICATION NEEDS

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Abstract ID: 103 - Abstract Submission

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Ms. Refilwe Morwane<sup>1</sup>, Dr. Maximus Sefotho<sup>1</sup>, Prof. Juan Bornman<sup>1</sup>

<sup>1</sup>University of Pretoria

**Aim:** People with disabilities rarely enjoy equal opportunities in constructing their careers. Disability and employment continue to be an Achilles heel of many countries and economies despite of equity policies. People with severe disabilities often present with lack of required job specific skills moreover those with CCN, often present with lack of required job specific skills such as literacy and functional skills. Fofa is an empowerment project aimed at young adults with severe disabilities. The project was conceptualized in 2005 with the aim of improving the youth's personal lives to expose them to available options for employment to facilitate development, empowerment and leadership skills. Hephapreneurship (a neology that promotes transcendence of disabilities) emphasises abilities over disabilities. Hephapreneurial careers are constructed to suit lifelong learning and work needs of young adults with severe disabilities.

**Methods:** A transformative paradigm guided this participatory action research. A Convenient sampling technique was used and eight persons with ages ranging from 19 to 35 participated in the study. Interviews were conducted with participants and they were asked about their dreams beyond high school. The photo stories of all eight participants were analysed and interpreted.

**Results:** This presentation will focus on a discussion of the results and a description of their "life stories with limited communication opportunities and exposure to life and working"

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## COULD YOU BE A MYSTERY CUSTOMER?

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Abstract ID: 112 - Abstract Submission

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Mrs. Catherine Harris<sup>1</sup>, Mr. Toby Hewson<sup>2</sup>

<sup>1</sup>Chair of Communication Matters, <sup>2</sup>JUSTDIFFENT

The Communication Access project is gaining momentum! Since September 2015, having been inspired by the Keynote speakers, Communication Matters have been sharing the vision with other UK charities. A stakeholders day was held in June to promote the project and to start a service user consultation with the aim of selecting a symbol with agreed standards for the UK. The launch for the symbol is planned for January 2017.

As part of this initiative we are keen to involve AAC users as mystery customers. This presentation will outline what is involved in being a mystery customer and what we hope to achieve.

We would like to gather some baseline data on the experience of people with communication difficulties in a range of settings. Being a mystery customer can be fun and educational for those concerned. It can be adapted for use with different age groups and varying conditions both congenital and acquired. A template will be introduced to guide the process.

During the conference there will be the opportunity to test out the questionnaire around the campus with the potential to feedback on the experience.

This session is aimed at AAC users and their support workers in the first instance. However, we are looking for 'champions' to be involved in this initiative and so the session is open to all. Teachers and staff from specialist FE colleges may find the content particularly interesting and useful.

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## DEAFNESS AND AAC

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Abstract ID: 166 - Abstract Submission

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Mrs. Claire Hayward<sup>1</sup>, Mrs. Catriona Burke<sup>1</sup>

<sup>1</sup>Access to Communication and Technology

A high proportion of deaf individuals also have an additional disability, which may preclude the expressive use speech, and may suggest that the expressive use of sign language is also not feasible. We present a brief review of the research around deaf people and AAC use. Case studies will be presented which will include both deaf adults and children. We provide a framework for evaluating communication opportunities and considerations for AAC assessment and provision for deaf people; and discuss how changes in the technology use of deaf people over time may impact on this. We will share ideas, strategies and resources we have found useful with the clients we have worked with, and report on our developing links with national organisations which represent deaf people.

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# DELIVERING THE NHSE SPECIALISED AAC SERVICE CONTRACT - WHAT HAVE WE LEARNED SO FAR?

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Abstract ID: 124 - Abstract Submission

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Ms. Anna Reeves<sup>1</sup>, Mr. Gary Derwent<sup>2</sup>

<sup>1</sup>ACE Centre, <sup>2</sup>Compass Assistive and Rehabilitation Technology Service

Since January 2015, NHS England has been commissioning specialised AAC services from identified providers across the country on a regional basis. Whilst the starting point for delivering these services has varied across the different providers, they are all required to meet and evidence compliance with every element of the service specification that NHS England has now ratified. A minimum dataset has been established and is being reported on a regular basis to NHS England by all services and national AAC data is now beginning to emerge relating to children and adults who meet the defined NHS England specialised AAC service eligibility criteria.

Collaboration across the services has led to the coordination of a number of work streams to address a range of emerging issues, including eligibility guidance, raising awareness with local commissioners, coordination and development of training for local AAC professionals and equipment management.

The establishment and development of the minimum dataset is now enabling initial interrogation of data to inform answers to an increasingly wide range of questions. To date, these include referral patterns, service performance, equipment profiles and emerging data implications for local AAC professionals, services and commissioners.

This presentation will focus on lessons learnt to date – what has been achieved, what are the future challenges and how can the evolving data be used to inform on improving service provision. This presentation will be delivered from the perspective of two of the NHS England commissioned services – ACE Centre, providing specialised AAC services for the North West and Wessex & Thames Valley regions and Compass Assistive and Rehabilitation Service, providing specialised AAC services for adults in West London.

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# DESCRIBING EYE-POINTING IN CHILDREN WITH SEVERE PHYSICAL DISABILITIES

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Abstract ID: 156 - Abstract Submission

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Dr. Michael Clarke<sup>1</sup>, Ms. Amie Woghiren<sup>2</sup>, Ms. Rosie Cooper<sup>1</sup>, Ms. Gurveen Panesar<sup>1</sup>, Ms. Laura Croucher<sup>1</sup>, Dr. John Swettenham<sup>1</sup>, Mr. Tom Griffiths<sup>3</sup>, Ms. Katie Price<sup>1</sup>, Dr. Jenefer Sargent<sup>3</sup>

<sup>1</sup>University College London, <sup>2</sup>Talk Speech and Language Therapy, <sup>3</sup>Great Ormond Street Hospital

For children with cerebral palsy affecting their whole body who have little or no functional speech, the use of looking skills is a major way in which to interact with the world around and communicate with others. For example, by pointing with their eyes to an object (i.e. looking between an object and a communication partner) they might signal interest in that object. Looking skills can also be used as an access method to augmentative and alternative communication (AAC) systems and tools, and as a response modality in language and cognitive assessment.

Many children develop effective looking skills for communication, and for clinicians and families these children's looking behaviours can be straightforward to understand. For some children however there is no agreement between clinicians about looking behaviours that constitute intentional eye-pointing.

In order to support clinicians to describe looking skills in relation to eye-pointing we have established a new, simple descriptive scale. The scale has been developed through the following procedures: (i) a literature review was performed, using the principles of systematic review, in order to explore how eye-pointing is commonly described; (ii) focus group discussions were conducted to develop the descriptive scale's content, form and ease of use; (iii) enhancement of the scale was carried out through an online survey using purposive sampling to target relevant audiences; (iv) the inter-rater and test-retest reliability of the scale is being tested.

In this presentation the clinical and theoretical issues underpinning eye-pointing will be discussed; the descriptive scale will be presented, and its applications discussed. Feedback from delegates is welcomed.



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# DISABILITY POLITICS: PAST TO PRESENT

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Abstract ID: 229 - Abstract Submission

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Dr. Angharad Beckett<sup>1</sup>

<sup>1</sup>University of Leeds

In this presentation I will explore the development of the UK disabled people's movement and celebrate its achievements to date. I will describe the role that the Social Model of Disability - the movement's 'Big Idea' - has played in disabled people's struggle for equality and social justice. The Social Model has operated as an important device for exposing disabling barriers within the social environment. It has created a new collective body - 'disabled people' - understood as an oppressed group. It has allowed for certain statements to be made by disability activists e.g. 'disabled by society, not by our bodies' and other statements to be challenged e.g. 'biology is destiny'. It has allowed disabled people to reject tragedy models of disability, become self-empowered and develop new political identities/subjectivities.

I will discuss how disabled people (together with their allies) have employed this disability 'politics' to challenge traditional understandings of disability and cultural representations, place 'access' and 'inclusion' in all aspects of life firmly onto the political agenda, fight for the right to live independently, experience inclusive education, have equal opportunities in employment and be recognised as sexual beings.

Whilst celebrating the achievements of the past 40 years, I will also consider the battles being fought for disability equality today. I will highlight the ongoing challenge posed by the processes of 'ableism'. These processes include a range of psychological, social, economic, cultural, imaginary and technological conditions all of which privilege certain ways of being and living; promote idealised concepts of what it means to be able-bodied; value certain types of person and personhood more than others; build environments around the needs of normative citizens; and create institutional bias towards autonomous and independent bodies. The audience will be encouraged to resist these ableist processes and consider the question 'where next for disability politics?'

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# ENGAGING FAMILIES TO INTERACT USING AAC

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Abstract ID: 164 - Abstract Submission

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Mrs. Gayle Porter<sup>1</sup>

<sup>1</sup>Cerebral Palsy Education Centre (CPEC)

As parents and professionals strive to improve communication opportunities for a child with complex communication needs (CCN), a lot of attention can become focussed on assessing, selecting and acquiring a communication aid. Unintentionally, parents can be left with the impression or hope that the aid will “fix” their child’s communication. How do we turn perceptions of “The device will fix my child’s communication” into understanding and participation in the interactive process essential for their child’s communication development?

Children typically learn to communicate during everyday interactions with their family and friends. When a child has CCN, interactions with family and friends will continue to be the critical influence on their communication and language development. However, these interactions will now also need to incorporate the use of alternative forms of communication. In order to create an aided language-learning environment, families need to develop fluency using the AAC system. Parents are faced with learning to communicate in a foreign form they have most likely never experienced or seen used by competent users of AAC.

This presentation will outline the systematic approach developed at the Cerebral Palsy Education Centre (Melbourne, Australia) to introduce families to AAC.

1. Developing critical perceptions and understanding the purpose of AAC
2. Problem-solving habits for autonomous communication at any time
3. Strategies for developing partners’ fluency to provide receptive input
4. Modelling and coaching - not just telling!
5. Ongoing collaboration

Practical ideas and strategies that have been found to be effective for engaging families to create an aided language-learning environment will be shared. Some of the examples will be specific to teaching partners to provide aided language stimulation using a Pragmatic Organisation Dynamic Display (PODD) language organisation, but the underlying principles of partner training can be applied to engaging families to use a range of AAC systems.

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# EVALUATING AND ADAPTING AN AAC WORKSHOP WITHIN AN UNDERGRADUATE MEDICAL CURRICULUM.

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Abstract ID: 128 - Abstract Submission

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Prof. Annalu Waller<sup>1</sup>, Dr. Ching-wa Chung<sup>1</sup>, Mrs. Kathleen Cummins<sup>1</sup>, Dr. Jennifer Kennedy<sup>1</sup>,  
Mr. Alan McGregor<sup>1</sup>

<sup>1</sup>University of Dundee

Attitudes of healthcare professionals can be a barrier to disabled people accessing adequate health-care. The University of Dundee's Medical School developed and evaluated a pilot workshop on AAC for medical students in 2012 1. The challenge of integrating this type of training in medical education is important 2 and is being addressed in Dundee where AAC is an integral part of undergraduate medical training.

Members of the StraightTalking AAC User Group (STG) play a central part in this training, initially engaging with students in small groups after a tutor delivered an 'academic' introductory lecture on AAC. However, as a result of a focus group held to discuss their views of the workshop, the volunteers are now actively involved in both the design and delivery of this lecture. The volunteers felt that having the lecture delivered by people who use AAC themselves would increase the impact of the workshop.

The results of the focus group will be presented together with a report on how the workshop has been redesigned with members of the STG and integrated into the medical training in Dundee. The presentation will also reflect on a workshop delivered at the 2015 UK Council of Clinical Communication's conference on Communication Teaching in Undergraduate Medical Education 3.

## References:

1 McKenzie, P., Cummins, K., Waller A. (2013). Educating undergraduate medical students in AAC. Paper presented at: Communication Matters Symposium, Leicester, UK.

2 General Medical Council. (2009) Tomorrow's Doctors: Outcomes and Standards for Undergraduate Medical Education. GMC. ([http://www.gmc-uk.org/education/undergraduate/tomorrows\\_doctors\\_2009.asp](http://www.gmc-uk.org/education/undergraduate/tomorrows_doctors_2009.asp)) (Accessed on 17 April 2015).

3 Chung, C., Kennedy, J., Waller, A. (2015). Developing a communication workshop with volunteers with severe communication difficulties: benefits and challenges. Workshop presented at: Communication in Undergraduate Medical Education, UK Council of Clinical Education, Manchester, 11th March 2015.

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# EVIDENCING MAKATON TRAINING: STRENGTHENING OUR EVIDENCE BASE

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Abstract ID: 152 - Abstract Submission

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Mrs. Elizabeth Knight<sup>1</sup>, Mrs. Wendy Lee<sup>2</sup>

<sup>1</sup>The Makaton Charity, <sup>2</sup>Wendy Lee Ltd

## Method/Activities/Techniques

Our aim was to develop an efficient and accessible system to evidence impact of Makaton training on practice and ultimately on the end users.

Currently, many of our 1100 tutors collect data to evidence the quality and impact of Makaton training. As a charity, our evaluations consistently show 95% of attendees positively evaluate workshops, with enthusiasm to put newly learned skills into practice. Although this is extremely positive, our ultimate aim is to capture change in practice and impact on end users.

Over the past two years, we have worked with our Makaton tutors capturing current strategies and their views on how we shift our evidence base to more consistently include practice change and impact on users. We did this through Makaton tutor study days and through an expert group of tutors keen to take their evidence based practice to the next level.

## Results/Findings

Tutors valued evidence relating to practice, though found it more challenging to collect. We also found variation in how data was being collated, analysed and managed.

We have worked with our tutors, building on their work to support increased consistency and more robust methodology. We believe we have a workable solution; identifying priorities, collecting evidence on practice and shaping a range of mini projects to evidence impact on end users, and a model that can be adapted for a range of needs.

## Conclusions

Although challenging, we believe in the importance of evidencing the impact of our training. This evidence will support continued best practice and can be utilised by the charity and by Makaton tutors to support local commissioning and marketing of services. We are convinced there will be many lessons to learn on the way, but are looking forward to putting our strategy into practice.

## References

<https://www.thecommunicationtrust.org.uk/projects/what-works-training/training-database/>

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# EXPLORING THE RELATIONSHIP BETWEEN DEVELOPMENTAL AGE AND USE OF EYE-GAZE CONTROL TECHNOLOGY IN TYPICALLY DEVELOPING CHILDREN

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Abstract ID: 83 - Abstract Submission

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Mr. Tom Griffiths<sup>1</sup>, Dr. Michael Clarke<sup>2</sup>, Dr. John Swettenham<sup>2</sup>, Ms. Emily Upton<sup>2</sup>

<sup>1</sup>Great Ormond Street Hospital, <sup>2</sup>University College London

The use of eye-gaze control technology as a method to access computers and AAC devices is increasingly widespread for children with severe motor impairments. Often such technologies are introduced to children at a young developmental age, with the goal of teaching them the core skills needed to make use of the access method.

To date, there exists comparatively little evidence regarding the underlying cognitive processes involved in using the eyes as an access and control method (Light & McNaughton, 2013). The aim of this study was to examine the age at which typically developing children were able to learn to use eye-control technology to play a basic cause and effect game. Thirty (30) children aged 18 - 47 months were introduced to a simple activity consisting of learning the functions of two different onscreen buttons and using this knowledge to complete a cause and effect task. The cognitive and receptive language ages of all children in the study were also tested using standard instruments. Relationships between child developmental age and performance on the eye-gaze control game were examined.

The results of this study showed that typically developing children with a developmental age between 18-24 months were not able to complete the task reliably, despite being developmentally mature enough to understand cause and effect. Children developmentally aged over 32 months were able to complete both the learning phases and the final task.

This presentation will provide background to the study and presenters will demonstrate some of the resources used, present the findings and discuss the implications of this study for future research design and clinical practice.

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# EYE GAZE - SOFTWARE FOR OLDER, EMERGENT USERS

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Abstract ID: 133 - Abstract Submission

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Mr. Fil McIntyre<sup>1</sup>

<sup>1</sup>SCOPE Beaumont College

The amount and range of activities for eye gaze users has increased over the last few years. However there is still a very limited number of software titles and much of the content is aimed at younger users.

Beaumont College have been working to develop a new suite of eye gaze activities which are more appropriate for the needs of their population. Students at Beaumont are aged 19-21, many of whom are emergent eye gaze users, so require introductory, skill building activities.

A partnership between Beaumont College and Lancaster University has enabled the development of a software package which will allow selection of images. This will tie into individual's motivations and ensure that images presented are appropriate for the user.

This session will outline the design process which included input from Speech and Language Therapists, Occupational Therapists and Assistive Technologists. The software will be showcased so that feedback can be sought and ideas for future iterations.

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# EYE POINTING - CHOREOGRAPHING THE CONVERSATION

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Abstract ID: 79 - Abstract Submission

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Dr. Celia Todd<sup>1</sup>

<sup>1</sup>Cornwall Partnership NHS Foundation Trust

Eye gaze is important for many reasons. It is used to indicate who is being addressed or what is being refer to (Dickerson et al 2005), to gather feedback of other's reactions and to indicate turns in conversation. Eye gaze patterns affect impressions of interest, credibility and engagement.

This presentation will explore the theory and recent research relating to eye gaze and discuss the findings of research that used Conversation Analysis to explore turns in talk. It will focus on a case study of Cate, a young adult with cerebral palsy in conversation with her family and paid carers. Cate frequently used her eyes to bring people into the conversation or indicate who was able to provide the information she was unable to give. Although Cate had a Voice Output Communication Aid she was often reluctant to use this as focussing on the screen to create a message "tied up" one of her most powerful and controlled communication tools - her eyes!

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# FAMILY PERSPECTIVES ON AUGMENTATIVE AND ALTERNATIVE COMMUNICATION

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Abstract ID: 127 - Abstract Submission

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Mrs. Deborah Pugh<sup>1</sup>

<sup>1</sup>Greenfields Specialist School for Communication/University of Northampton

This presentation will discuss a small scale research study exploring the perspectives of twelve families of children who were using Augmentative and Alternative Communication Systems (AAC). The families were using a range of AAC systems from communication books and Picture Exchange Communication systems to high tech voice output communication aids such as mobile devices with apps, tablet computers and eye-gaze technology. The research explored the experiences of the 'whole' family including parents, children and young people using AAC and their siblings. Twenty-five parents and children were interviewed using a variety of flexible qualitative methods including a 'draw and tell' approach for younger children and 'Talking Mats', a framework to support children with complex communication needs to express their views.

A constructivist grounded theory was used to gain an understanding of the participants' experiences. The core category, 'Finding a Voice', emerged from the analysis of the data as families expressed the desire for their child with complex communication needs to gain a voice through the use of AAC. A trajectory was identified which provides a framework underpinning the families' continuous progress towards 'Finding a Voice' for their child. The four phases in the trajectory: Loss of Voice, Prioritising a Voice, Gaining a Voice and Sustaining a Voice encapsulate the strategies parents used in implementing AAC in the home. Dynamic conditions associated with daily family life and routines resulted in parents redefining family roles and shifting priorities to allow the implementation of AAC. The findings show that although the use of AAC systems in the home can be challenging, parents in the study viewed successful communication as a high priority for their children.

These findings give a greater insight into the perspectives of families using AAC systems with implications for professional practice.



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# FROM EHCP TO WORK EXPERIENCE: USING TALKING MATS© TO ENSURE THAT CHILDREN AND YOUNG PEOPLE ARE AT THE HEART OF DECISION MAKING

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Abstract ID: 223 - Abstract Submission

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Ms. Cassandra McDonald<sup>1</sup>, Mrs. Lee-ann Govender<sup>2</sup>

<sup>1</sup>St Mary's Bexhill & College, <sup>2</sup>St. Mary's School & 6th Form College

The revised SEN code of Practice (2001) brought the importance of pupil participation and voice to the fore. The revised SEN Code of Practice and the Children and Families Act (2014) reinforced the importance of children and young people being at the heart of planning their future provision and support. EHCPs were introduced in 2014, with a crucial part of the process being children and young people having their views and aspirations heard, with this being particularly at times of transfer. For those with Speech, Language & Communication needs, the challenge is to ensure that we are not just paying 'lip service' to their views being heard and directly recorded. As a service, part of the way that we met this challenge is through the use of Talking Mats©. Talking Mats provides a visual tool to support young people in making important life decisions. It means that what is being asked is much more accessible to them, and supports them in responding. Their voice can then be directly 'heard' rather than being paraphrased by those that support them. Using Talking Mats© has allowed them to:

- Be actively engaged in discussions
- Consider a wider range of issues
- Enjoy the process
- Be less anxious and being asked and responding to questions
- Be less reliant on others
- Tell us when there is something we have not thought of
- Provides evidence of their views and thoughts
- Feel comfortable in taking more time to consider and respond
- 'Hold on' to what is being discussed
- Access more abstract concepts

We will share practical examples of our experiences and explain how we have used this tool successfully for decision making linked to a range of decision making processes.

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## FROM FUN TO FUNCTIONAL WITH EYE GAZE

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Abstract ID: 72 - Abstract Submission

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Ms. Andrea McGuinness<sup>1</sup>, Mrs. Hayley Power<sup>1</sup>

<sup>1</sup>AT therapy

Last year we presented a single case study ‘Learning Language for the Long Term’ charting the progress one of our clients had made from cause and effect fun with eye gaze through to functional communication. We had ensured the vocabulary offered gave a long term learning pathway using the principles of motor planning at a simple communication level in order to make sure vocabulary remained in consistent places and did not move as further vocabulary was added. This was achieved despite the young person not being able to target smaller locations.

This communication system has made considerable progress in the last year and we have also implemented this system with a number of other people we support with communication.

We are also beginning to use this method to develop AAC systems for people moving from ‘fun to functional’ with switches.

We would like to share our growing success with this method of working that we are developing and would welcome comments and advice from the Communication Matters community.

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# FUNVIS: EXAMINING FUNCTIONAL NEAR VISION IN CHILDREN WITH SEVERE CEREBRAL PALSY WHO RELY ON LOOKING SKILLS TO COMMUNICATE

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Abstract ID: 155 - Abstract Submission

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Dr. Michael Clarke<sup>1</sup>, Ms. Laura Croucher<sup>1</sup>, Ms. Gurveen Panesar<sup>1</sup>, Ms. Rosie Cooper<sup>1</sup>, Mr. Tom Griffiths<sup>2</sup>, Dr. John Swettenham<sup>3</sup>, Mrs. Joanne Randeree<sup>2</sup>, Ms. Katie Price<sup>1</sup>, Dr. Jenefer Sargent<sup>2</sup>

<sup>1</sup>University College London, <sup>2</sup>Great Ormond Street Hospital, <sup>3</sup>University of Leeds

Children with cerebral palsy often rely on their looking skills to communicate with others including to access high and low tech AAC systems. It is well recognised however that children with severe cerebral palsy affecting their whole body are particularly vulnerable to problems with aspects of the visual system. This may manifest not only in impairments in visual functions (such as low visual acuity, visual field defects, and other disorders related to the broader class of deficits known as cerebral visual impairment), but also difficulties with functional vision (using looking skills effectively).

Where support is available for clinicians to examine aspects of functional vision, instruments typically require children to have reached particular developmental thresholds that preclude developmentally younger children, or they are dependent on children's ability to manipulate objects, point or speak as a response modality.

There exists a long-standing concern therefore that functional vision is not routinely assessed in young children with the most severe physical disabilities, and that difficulties with looking behaviours can often be present in children without drawing professional comment.

This presentation will describe a new simple screening procedure that is being constructed to examine the presence or absence of behaviours that are indicative of normal functional vision in children with severe cerebral palsy. The visual skills screened are: (i) gaze fixation, (ii) gaze shifting, (iii) tracking moving objects.

Important features of the procedure are that it is designed to be carried out by non-vision specialists and without the need for extensive training beyond familiarisation with the procedures, and that it should take no more than 10-15 minutes to complete.

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## HOW I COMUNICATE.

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Abstract ID: 121 - Abstract Submission

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Mr. Jeremy Briers<sup>1</sup>

<sup>1</sup>Jeremy Briers

How I communicate – Abstract

Originally I used a combination of facial expressions and eye pointing to show my interest in things around me.

From the age of about 3 I would look at things to “tell” Mum what I wanted. Then I started saying “yes” and “no” as well as nodding or shaking my head. At my first school, the staff relied on me to help with the daily register by telling them which children were present.

At 8 I went to a special school in Essex where I learnt to use a Bliss Board and operate a Possum switch with my chin.

I moved away from home for the first time at 17 and went to Dame Hannah Rogers School in Devon to continue improving my communication. I really enjoyed life there.

When I was 21 I moved to Kent and used a specially adapted “talker”. I was assessed for a Liberator which led to me going to Portland College in Nottingham for 3 years. I made good progress in communication, Maths and English, and was awarded a prize, which I received from Princess Anne at a special ceremony.

I continued my studies at Hereward College, Coventry for another 3 years. After staying at home for a short time, I moved back to Devon in 2003 to Cornerways in Tavistock.

Through a Communication Matters Roadshow I heard about Tobii Eye Gaze. I was assessed to see if I could use this faster system of “talking” by North Bristol NHS Trust. I now use my own Smartbox using Eye Gaze.

I am very happy at Cornerways and work regularly with the University of St Mark and St John in Plymouth to liaise with new students on speech and language therapy courses.

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# IDENTIFYING APPROPRIATE SYMBOL COMMUNICATION AIDS FOR CHILDREN - CLINICAL DECISION MAKING

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Abstract ID: 210 - Abstract Submission

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Ms. Liz Moulam<sup>1</sup>, Dr. Janice Murray<sup>1</sup>, Mr. Simon Judge<sup>2</sup>, Dr. Yvonne Lynch<sup>1</sup>, Mr. Stuart  
Meredith<sup>1</sup>

<sup>1</sup>Manchester Metropolitan University, <sup>2</sup>Barnsley Assistive Technology

The I-ASC project is funded by the National Institute of Health Research and aims to understand the current decision making processes when assessing children for symbol communication aids. This will involve working with specialised and local assessment centres, children and young people who use AAC, their families and other professionals closely linked to what happens now.

This double session will give those who use AAC and their families the opportunity to find out more about this ground-breaking study and how their views and experiences can be included.

The research is being conducted by Manchester Metropolitan University, Barnsley Hospital and the University of Leeds. Running over 3 years there are several different elements that will come together to produce best practice clinical decision making guidance resources that can be used by everyone involved in the process, including families new to the assessment process.

The research questions are aimed at understanding what is perceived as important in terms of symbol communication aid provision; how decisions are currently made; and what barriers and facilitators impact on these decisions. Understanding and agreeing the range of attributes that should be considered in these decisions, related to the child, the family and the communication aid. Then establishing how professionals currently make decisions (their stated preferences); how they consider these attributes. Finally, a major part of the study is exploring how this process takes account of the perspectives of all involved; specifically, how children, parents and clinicians perceive the effectiveness of existing and historic recommendations. We want to hear from children and families undergoing their first assessment, from those who might be having a review of their communication needs, and from anyone who has been through an assessment whilst they were at school and still use symbol communication (this includes pictures and/or text devices).

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# IMMEDIATE AND LONG-TERM AAC INTERVENTION PLANNING

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Abstract ID: 92 - Abstract Submission

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Ms. Lindsey Paden Cargill<sup>1</sup>, Mr. Mark Street<sup>2</sup>

<sup>1</sup>Brid, <sup>2</sup>Liberator Ltd

Whilst the selection of the best-fit AAC solutions for an individual can be taxing, long-term planning for the AAC user's goals and development can be even more extensive and overwhelming.

Device programming, intervention strategies, goal writing and progress monitoring are essential elements to the provision of effective communication support for AAC users in their immediate and future language development and use.

The first step in goal planning is to presume competence in an individual despite their previous performance. There are many documented examples of individuals who succeed greatly despite not meeting presumed pre-requisites for AAC use.

It is essential to consider vocabulary that is relevant for an individual's current needs but even more important to look into the future to language skills and vocabulary that will be important to the individual years into the future. Whilst topic and interest-based vocabulary may be easy to teach and support, therapists, parents and teachers need to instruct vocabulary that maintains relevance across settings, topics and the lifespan. In addition to the provision of core and relevant topic-based vocabulary for the creation of spontaneous, novel utterances, it is important to consider the speed and necessity of phrase-based vocabulary use.

One of the most effective AAC intervention strategies is to teach language in the natural environment. It is important for the AAC user to understand the power and pleasure associated with communicating with other individuals.

The application of a total communication approach is likewise an essential piece of an individual's long-term planning. Vocalisations, facial expressions and gestures can add to an individual's message significantly.

Finally, goal writing and progress monitoring is a vital piece to the intervention puzzle. Goals must be measurable and achievable and outcomes must be monitored to ensure the success of the intervention.

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# INTER-DISCIPLINARY WORKING - SUPPORTING THE USE OF HIGH TECH EYE-GAZE FROM EARLY REHABILITATION INTO THE COMMUNITY

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Abstract ID: 200 - Abstract Submission

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Ms. Beth Yerbury<sup>1</sup>, Ms. Vicky Healy<sup>2</sup>

<sup>1</sup>The Children's Trust, Tadworth, Surrey, <sup>2</sup>Surrey Communication and Assistive Technology

This case study follows a child from the implications of a serious RTA through multi-agency working to a smooth transition from inpatient to community.

We will explain how the early intervention provided by the team at The Children's Trust (TCT) was closely followed by the introduction of the local specialist SLT for AAC. Eye gaze technology was introduced, provided and supported at an early stage. The local therapist liaised with staff to support use of eyegaze in all settings to ensure consistency of use and support. Early provision of eye gaze technology ensured the equipment could be used during rehabilitation where the amount of practice and support was more than in the community. This allowed the child to learn a new access method before discharge. Post-discharge the child was seen immediately ensuring that no skills were lost and that there was clear evaluation of future needs.

We will describe how input by the multi-disciplinary team led to observable changes in the child's performance (TOMS/GAS).

The key to success was working together – the specialist rehab team and local AAC service liaised closely throughout the child's placement and discharge. The family were engaged with the local therapist and liaised at TCT. Continuity between placements ensured consistent input and favourable outcomes which led to family satisfaction. We will show videos from the family to support this.

Collaborative working ensured a smooth transition to community and integration into school. Outcomes were maximised due to liaison and early provision of equipment. Going forward we had a strong case for continuing support in the community.

We will discuss the importance of the early provision of AAC for children with ABI. Often low-tech systems are inappropriate and it is necessary to progress straight to high-tech devices. Children following this pathway would not qualify for NHS funding.

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# INTRODUCING LAMP ACROSS 3 SPECIAL SCHOOLS

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Abstract ID: 52 - Abstract Submission

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Mrs. Hayley Power<sup>1</sup>, Ms. Andrea McGuinness<sup>1</sup>

<sup>1</sup>Center for AAC and Autism

This study aims to show how the introduction of LAMP (Language Acquisition through Motor Planning) has been used across 3 special primary schools in the North West of England. The study describes how the 5 key elements (readiness to learn, joint engagement, consistent and unique motor plans, auditory signals and natural consequences) have been integrated into the classroom to develop increased spontaneity in expressive communication with a range of individuals. Pupils have a range of systems, some have high tech voice output devices and some are using the words for life application on iPad.

LAMP has been introduced over the last 12-18 months within these schools and this has increased the accessibility of communication to a number of pupils across the schools. One of the three is moving towards becoming a centre of excellence and this study describes the steps towards this. Staff have increased expectations of what pupils can achieve and this in itself is shifting attitudes towards a more positive and inclusive environment to develop a model of communication for all.

Pupils who had previously been exposed to a simplified communication system are showing increased progress with LAMP and pupils are encouraged to express a wider range of language functions, such as commenting and questioning as well as requesting things that they want or need.

There are ongoing challenges and this study aims to look at how to address these and continue and extend the model to develop a communication accessible environment to all.



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# IPAD SWITCH SCANNING FOR AAC

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Abstract ID: 171 - Abstract Submission

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Mr. Gary Derwent<sup>1</sup>

<sup>1</sup>Compass Assistive and Rehabilitation Technology Service

This presentation will explore the built-in switch scanning options available on the iPad and how this can be implemented for AAC and other purposes. The presentation will demonstrate the options available and how these have developed over the last few versions of iOS. The focus will be on key developments in the latest version of iOS. The presentation will consider the differences between switch scanning options included in some AAC apps and contrast these with the built-in iOS options. Using switch scanning options provided by an individual AAC app is often simpler and more intuitive than iOS built-in switch scanning but also prevents the user from changing between apps and using switch scanning for other purposes. This is an advantage for some users but not for others. Options for implementing AAC as part of overall switch access to an iPad will be discussed.

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# LANGUAGE INTERVENTION FOR ADOLESCENTS USING AAC: A CONVERSATION-BASED APPROACH DURING PERSONAL COLLAGE BUILDING

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Abstract ID: 151 - Abstract Submission

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Prof. Gloria Soto<sup>1</sup>, Dr. Michael Clarke<sup>2</sup>

<sup>1</sup>San Francisco State University, <sup>2</sup>University College London

A number of factors are thought to influence language learning in children using AAC, including the characteristics of adult-child interactions in which they engage. Features of adult-child conversation that are understood to facilitate children's language development include adult input in the form of recasts and expansions of children's utterances that model more advanced forms of how to use and combine language. However, conversational interaction involving children using AAC does not appear to facilitate language acquisition in the same way as it does for children developing typically.

This presentation will describe the rationale, procedures and results of a conversation-based intervention, conducted through a personal collage building activity, designed to improve the expressive vocabulary and grammatical skills of adolescents with developmental delays who use AAC.

A single case multiple probe across participants design was used to assess the language development of four teenagers who used speech generating devices. For each child, one-to-one conversational intervention centred on discussion around a collage-building activity using personal or magazine photographs chosen by the teenager. During the discussion the clinician used a range of strategies to elicit language use by the young person including: (1) open-ended, contingent questions and verbal redirection; (2) recasting of simple utterances into more complex ones, and (3) verbal models and prompts.

Intervention took place twice a week for a total of 12 weeks. To determine whether the teenagers generalised newly learned language skills, they met with a typically speaking peer at every sixth session to carry out a conversation about a topic of their choice.

Participants showed marked improvements in their use of spontaneous independent clauses, a greater diversity in their use of expressive vocabulary, and more use of pronouns, verbs, and bound morphemes. These improvements were also sustained and generalised.

Clinical and theoretical implications of this work will be discussed.

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# MAKING MAKATON MUSICAL: MOTIVATING THE COMMUNICATION DEVELOPMENT OF CHILDREN WITH SEVERE LEARNING DIFFICULTIES THROUGH THE USE OF SONG, PERSONAL STORIES AND A.A.C.

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Abstract ID: 199 - Abstract Submission

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Mrs. Charlotte Parkhouse<sup>1</sup>, Mr. Gareth Smith<sup>1</sup>

<sup>1</sup>Riverside School

This presentation describes how a specific intervention to support the communication of three pupils with Severe Learning Difficulties at Riverside School, Bromley, Kent was developed over the course of an academic year. A weekly session format was used with the aim of exploring the following developments in Makaton usage with these learners: signing accuracy, conversation agency, structuring signed sentences and engagement via personal story telling.

The session structure was discussed and developed with the pupils, thus introducing ideas that may not have been otherwise used, such as a 'freestyle dance and sign activity' (Freestyle Signing) which became the culmination of every session. Through this development process, music became the vehicle for bringing all of the strands and ideas together. A song format provided motivation as well as the context for repetition and consolidation. We identified 'signed personal story songs' (Sing a Story) as the element which added most to the purpose and value of the pupils' communication development.

Initially, the level of the pupils' signing accuracy and vocabulary became a barrier to the development of their conversation agency during the 'Sing a Story' activity. A bespoke communication app (Swiftkey Symbols) was therefore introduced to facilitate pupils to instigate a broader range of personal conversation topics with confidence. Swiftkey Symbols thus provided the graded progression which enabled pupils to put ideas into sign. A shared certainty of topic between pupils and facilitators provided a nurturing context to develop signing accuracy. This ensured pupils felt secure enough to take risks with verbalising and signing new words.

Incidental outcomes of the sessions were also observed such as increased self-confidence in communicating with other peers, development of a group identity and peer collaboration opportunities. This intervention has supported the holistic wellbeing of the pupils and achieved a positive impact on their entire education.

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# MOUNTING ASSISTIVE TECHNOLOGY TO WHEELCHAIRS: CHALLENGES FOR SERVICE PROVIDERS

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Abstract ID: 183 - Abstract Submission

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Mr. Paul Hewett<sup>1</sup>

<sup>1</sup>ACE Centre

This paper describes the challenges that exist when mounting electronic assistive technology to wheelchairs and the measures that should be in place to maximise the safety of system and clients. We measure the impact of adding the assistive technology on the static stability of the wheelchair.

The aim of this paper is to describe the work we have done with a load cell system to investigate the actual impact of mounting assistive technology has on the static stability of wheelchairs, and how this can complement the WRAMP (Wheelchair Risk Management and Mounting Process) Group guidelines due to be published in summer 2016.

Increased levels of funding for some types of assistive technology, in particular augmentative and alternative communication is leading to an increased need to mount assistive technology, and the technology used for accessing those devices, to a range of powered, mobility and school wheelchair products.

With several agencies involved with providing assistive technology it can be difficult for the service providers involved to identify who has done what. In some cases, it may be difficult to identify where equipment has come from at all.

Historically a tilt test has been used in many wheelchair services as a measure of safety when any modifications are made to the wheelchair. It can be argued that it is not a relevant test, and may not always be appropriate. Static stability testing has been discouraged for a number of reasons by the MHRA.

A useful package of safety testing is presented in this paper, which includes the recent changes to the WRAMP Guidelines.

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# MY ROAD TO INDEPENDENCE, WORKING WITH PERSONAL ASSISTANTS AND THE CHALLENGES OF USING AAC WITH NEW PEOPLE

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Abstract ID: 34 - Abstract Submission

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Ms. Helen Quiller<sup>1</sup>

<sup>1</sup>Individual AAC user and a Trustee of the organisation 1Voice Communicating Together

In this paper I will be talking about my journey and experiences of Independent living. The huge impact my lack of normal speech and need for the use of AAC has on my care needs and how this affects the level of understanding needed from the people working with me. The many challenges my communication difficulties add to my care needs, when working with new and different PA'S. This has given me many different experiences in life, some good, some bad, some frustrating, others quite comical. I would like to share my thoughts and views on the meaning of the word Independence and what my independence means to me. As my view and understanding of this word has changed over the years. I have now learnt that true independence isn't about what I can do for myself physically, it's about having the freedom and control to do what I want and control my own life. I will be exploring and discussing how vital it is for my staff to form and develop a good understanding of my communication needs and wishes with the people who enable and support you. I will be addressing how my latest AAC has helped my confidence in group situations, and made me less dependent on my PA'S to communicate for me, or be at my side the whole time to help with my communication at all times.

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# NHSGREATER GLASGOW AND CLYDE FACILITIES DIRECTORATE AAC TRAINING PROJECT

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Abstract ID: 145 - Abstract Submission

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Mrs. Jean Alexander<sup>1</sup>, Ms. Lesley-Ann Shand<sup>2</sup>

<sup>1</sup>NHS Greater Glasgow and Clyde, <sup>2</sup>NHS Greater Glasgow and Clyde, Facilities

The Greater Glasgow and Clyde(GGC) AAC Project was established following ‘A Right to Speak’ (Scottish Government, 2012) to support implementing locally agreed recommendations. Recommendation 3 stated; “All AAC service providers should develop and implement a population based approach to the provision of support for people who require to use AAC equipment and services, ensuring that needs are recognised and responded to appropriately within the wider community”. The project team worked in partnership with a variety of agencies to deliver this.

Facilities (laundry, catering, portering, domestic, admin and estates) are frontline staff, and are often the first point of contact for patients and visitors when entering hospital. This AAC Project team worked in partnership with Facilities, on the development of a bespoke training programme. The AAC Project team delivered basic awareness session to associate director, general manager and site and deputy site managers within Facilities. Following this, senior management in the directorate agreed the training would be beneficial to all facilities staff, who regularly interact with patients. This Direct training to the frontline workforce ensued, to enable staff’s understanding of communication issues that may arise, and how to communicate with people who use AAC in the workplace.

Seven AAC Champions were identified from supervisors across all areas of Facilities and provided with training using IPAACKS; supported through the AAC online modules 1-5, to underpin their role. This legacy approach ensures the AAC Champion will be the point of contact for future staff training needs. The AAC training has been integrated into the Facilities induction programme, and all existing staff received training. To date, 648 NHSGGC Facilities staff have received AAC training. There are now discussions into development of picture symbol key rings for facilities staff to use when interacting with patients to aid comprehension.

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# OCCUPATIONAL THERAPY IN AAC - A REVIEW OF THE LITERATURE

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Abstract ID: 120 - Abstract Submission

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Mr. Will Wade<sup>1</sup>, Ms. Nadia Browning<sup>1</sup>, Ms. Samantha Bradley<sup>1</sup>, Ms. Lisa Farrand<sup>1</sup>

<sup>1</sup>ACE Centre

A number of authors document that the Occupational Therapist (OT) is a useful team member to facilitate a thorough assessment and provide ongoing input into the implementation of AAC (NHS England 2016, Beukelman & Mirenda 2005, Silverman 1995). Some authors discuss the OT's role in positioning and support and some have discussed their is a further role that is less defined (McCallum, Harrison 2013). The purpose of this study is to conduct a matrix method literature review of published research on the role of occupational therapy within the field of AAC. Peer-reviewed original research articles, published between the years 1970 and 2016 were included in the review. The presentation aims to discuss the findings of this review including themes generated and potential areas of development for training and development.

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# ORGANISING VOCABULARY FOR NON-ELECTRONIC COMMUNICATION BOOKS AND ELECTRONIC SPEECH GENERATING DEVICES: SIMILARITIES AND DIFFERENCES

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Abstract ID: 165 - Abstract Submission

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Mrs. Gayle Porter<sup>1</sup>

<sup>1</sup>Cerebral Palsy Education Centre (CPEC)

Dynamic display communication books and page sets for speech generating devices (SGDs) are used to provide access to larger vocabularies than can be presented on a static display. The challenge is how to organise vocabulary across multiple pages / screens in a way that supports people to most efficiently meet their varied communication requirements. SGDs can support more independent communication with speech and print output. However, the operational parameters of SGDs can also present some significant limitations. The availability of multiple systems provides the individual with possibilities to select the most effective / preferred method they have available to communicate in any situation.

In an attempt to ease the transition between systems, a direct copy of the already completed layout into the other system is often recommended. But is a direct copy the most appropriate option to support efficient communication when electronic devices and non-electronic books have different physical parameters and functionalities?

This presentation will explore the similarities and differences between dynamic display communication books and SGDs including:

- Smart-partner operating system versus a computer operating system
- Differences in size, shape of display, page turns
- Speech and other SGD functions
- Multi-modal communication with paper books

Experiences gained over the last 20 years applying Pragmatic Organisation Dynamic Display (PODD) principles to both (paper) communication books and page sets for dynamic display SGDs will be used to illustrate variations in vocabulary organisations needed to capitalise on, and accommodate for, these differences. In PODD, vocabulary is organised with consideration to communication function and conversational discourse requirements. A range of vocabulary organisations may be used with efficiency to meet varying communication requirements being the determining factor. There is a focus on supporting the individual's communication autonomy and accessibility to (learn to) communicate at any time.



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# PROMOTING AND DEVELOPING AAC ACROSS WEST DUNBARTONSHIRE

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Abstract ID: 136 - Abstract Submission

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Mrs. Gillian Callander<sup>1</sup>, Mrs. Sheila Downie<sup>2</sup>

<sup>1</sup>NHS Greater Glasgow and Clyde, CLDT Inverclyde, <sup>2</sup>Service Manager/SLT Manager, Specialist Childrens Services in West Dunbartonshire - part of NHS Greater Glasgow and Clyde.

## Summary:

The West Dunbartonshire AAC Project set out to increase AAC knowledge and skills of staff and to establish a bank of AAC equipment for lending and training of staff across Health, Education and Social Work, in order to meet recommendations 4 and 6 of A Right to Speak (2012)

## Method:

West Dunbartonshire HSCP had a multi-agency AAC Partnership group which identified the need for an AAC coordinator to take forward recommendations from A Right to Speak. They successfully applied for funding from NHS Education (Scotland), appointing an AAC coordinator for two days a week over approximately 18 months.

A survey was conducted to gather information about levels of AAC knowledge and skills across Health, Education and Social Work and to identify any pathways for accessing AAC support and equipment already in place.

The action plan identified the need for:

- training across staff groups
- an accessible bank of equipment for training and assessment
- AAC equipment to meet the needs of people across all abilities and ages

## Results:

- A survey at the end of the project showed increased awareness of AAC and the needs of people with communication difficulties.
- A variety of staff groups had accessed AAC awareness training.
- An AAC equipment kit had been established with clear pathways for borrowing equipment.
- Some equipment had been borrowed for assessment purposes. In some cases recommendations for AAC were made following these loans.
- A web page set up on the local council website.

## Conclusion:

The AAC coordinator assisted the multi-agency AAC group to progress the AAC agenda and increase the profile of AAC. AAC was prioritised and training was developed and rolled out across staff groups.

A multi-agency approach was essential to maintain work begun during the project and ensure sustainability when funding ended.

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# REFLECTIONS ON EMBEDDING TOM AAC INTO THE WORKING PRACTICE OF A SPECIALIST SERVICE.

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Abstract ID: 185 - Abstract Submission

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Ms. Nicola Randall<sup>1</sup>

<sup>1</sup>Barnsley Assistive Technology

## Aim:

This presentation shares a critical appraisal of the Therapy Outcome Measure adapted for AAC services (TOM AAC), based on Barnsley Assistive Technology Team's experience of trialling and implementing this over the course of one year.

## Activities:

Barnsley Assistive Technology nominated a team member to act as "TOMS Champion". The TOMS Champion provided training to contextualise TOM AAC, initiated use of TOM AAC within the team and offers ongoing support with the aim of embedding this outcome measure into working practice. Guidance notes were developed and are regularly reviewed. Quarterly sessions are held to encourage discussion and reflection of the experience of using TOM AAC. Processes are agreed, the inter-rater reliability of the team is monitored and complex clients are presented.

## Findings:

This presentation will critically appraise the use of the measure for this specialist service: highlighting areas of TOM AAC that work well and those where changes are proposed to promote more consistent use of the measure. Additionally clinicians' reflections of using this measure will be analysed and considered in relation to the inter-rater reliability achieved by the team during this trial period.

## Conclusions:

This presentation acknowledges that implementing an outcome measure requires time and commitment, but can be a crucial tool for demonstrating the value of your team. TOM AAC is well-evidenced and can provide a firm basis for monitoring client outcomes. However each service must carefully apply the measure to ensure it is used consistently and provides relevant data.

## References:

- Boa, S. (2014) Outcome Measures in AAC. *Communication Matters*. 28(2), 14-16.
- Enderby, P. and John, A. (2015). *Therapy Outcome Measures for Rehabilitation Professionals*. Third Edition. Guildford: J&R Press Ltd.
- NHS Education for Scotland (2014). *Testing the Reliability and Validity of the Therapy Outcome Measure for AAC: Final Report*. <http://www.talkingmats.com/wp-content/uploads/2014/11/TOM-AAC-Final-report-Oct-2014.pdf>

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# REVIEW OF A LOCAL AAC SERVICE: MOVING FORWARD

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Abstract ID: 180 - Abstract Submission

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Ms. Louise Walters<sup>1</sup>

<sup>1</sup>Gloucestershire Care Services NHS Trust

This presentation is for Clinical and Professional Experience. The aim is to share our experience of reviewing our Local AAC Service.

Provision of Augmentative and Alternative Communication (AAC) within England is now defined by the “Hub and Spoke Model” (NHS England, 2016). Now that the Specialised Centres have been established and are funded by NHS England the focus is on the development of the Local AAC services. The remit of a Local AAC Service has now been clearly outlined in the National Commissioning for AAC & Alternative Access (NHS England, 2016). Gloucestershire Adult Speech & Language Therapy (SLT) has provided an established AAC service at a local level for approximately 20 years now. In order to ensure that the AAC service continues to meet the national guidelines for the remit of a Local AAC service we have undertaken a review. The aim of this presentation is to provide an opportunity for shared learning and discussion with delegates by describing:-

The current Local AAC service in Gloucestershire.

The Review process undertaken

The strengths and weaknesses of the service

The outcomes/solutions identified by the review.

This has been a very positive experience and created a focused approach for the service to develop and move forward. It is an exciting time for the development of AAC service provision in England. Local AAC Services have a key role in the delivery of this national service provision and in developing their relationships with the Specialised Centres.

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# SMILE THERAPY FOR AAC

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Abstract ID: 88 - Abstract Submission

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Mr. Daniel Cooper<sup>1</sup>

<sup>1</sup>Whittington Health

Description of smiLE (strategies and measurable interaction in Live English)therapy: “smiLE Therapy is a structured, specific therapy for students with special communication needs. It focuses on the ‘live’ face-to-face interaction between these students and people unfamiliar with their needs, in everyday life situations. Originating in the work of Karin Schamroth and Laura Threadgill, Specialist Speech and Language Therapists in 2002, smiLE Therapy was developed specifically for Deaf/hearing impaired students. Since 2009, Karin Schamroth has adapted smiLE Therapy for children and young adults who are hearing and have other communication needs due to Specific Language Impairment, Learning Disabilities, Physical Disabilities and Austistic Spectrum Disorders.

smiLE Therapy teaches specific communication strategies to manage real situations, such as at the newsagent, in an office, cafe, train station, asking for directions etc. with confidence. smiLE Therapy is systematic, fulfills the learning needs of students and has clear goals and outcomes.”

From <http://www.smile-interaction.com/>

This project describes the challenges and opportunitites in adapting smiLE therapy for an AAC group in a special school. The group consisted of four students with dedicated AAC systems but who had a reluctance in using these systems in the school and home settings with familiar communication partners. Through video analysis of real-world interactions, the students rated their communicative performance both before and after role playing therapy intervention, using unfamiliar communication partners. The project also captures the impressions of unfamiliar communication partners who don’t regularly interact with those using communication aids and how those impressions can be fed back to someone using AAC, creating empathy for those who don’t have experiences with AAC. Ideas for improving outcomes will also be discussed.

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# SUPPORTING PERSONAL NARRATIVE ELICITATION: IDENTIFYING DISCRETE MOMENT OF INTEREST EVENT CUES WITHIN DIGITAL VIDEO FOOTAGE

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Abstract ID: 130 - Abstract Submission

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Mr. Christopher Norrie<sup>1</sup>, Prof. Annalu Waller<sup>1</sup>, Dr. Douglas Potter<sup>1</sup>

<sup>1</sup>University of Dundee

The aim of this project was to assess the feasibility of harnessing digital video as a technical tool to assist people without functional speech to engage in a beneficial type of interactive communication. An individual's participation in such discourse plays a crucial role in the development of personal identity, interpersonal bonding, and mastery of language. Sharing one's personal narrative is a pivotal element. However, for people with CCN who rely upon current AAC methods to supplement their speech, access to constructive spontaneous discourse is often restricted, impacting their access to the benefits of this key developmental mechanism. Ergonomic challenges in the interface design of aided communication devices often result in low output speeds not conducive to the flow of natural conversation. Therefore people who use AAC are often confined to simple transactional utterances, typically not afforded the enriching opportunity to hone their pragmatic communication skills, to share their personal experiences, and to learn from the experiences of others - potentially a socially isolating deficit, with long-term implications. Accordingly, a small-scale study was designed to evaluate a proposed solution to part of this problem by utilising video to capture and manually mark for retrieval key moments throughout each participant's day. This study took the form of an ethnographic investigation, deploying qualitative research techniques to glean insights into the feasibility of the proposed system. The results were promising, and based upon these, it is hoped research into a fully developed prototype, with automated elements, may be designed in follow up projects.

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# SYNAESTHESIA: AN EXPLOSION OF THE SENSES AND THE IMPACT ON THINKING AND LEARNING

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Abstract ID: 71 - Abstract Submission

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Ms. Beth Moulam<sup>1</sup>

<sup>1</sup>Individual AAC user

Synaesthesia is a little known condition; often thought to be genetic, yet it can be drug induced, or develop after brain damage at any age.

Synaesthesia is a condition where a sensation in one of the 5 senses triggers a sensation in another sense. For example, people taste numbers or hear colours, others feel words, some see numbers spatially, or are visual thinkers and all generally learn differently. Research suggests synaesthete's brains are wired differently and this varies by person as multiple senses come into play. In the general population around 7:100 people are affected, recent studies with those on the autistic spectrum suggest prevalence in this cohort around 19:100. Research with children finds a high occurrence at age 6, with the skills being lost a year later, yet 2-3 synaesthetes remain in every classroom, developing these skills through maturation to adulthood.

Six years ago I discovered I was a visual thinker, this made me ask friends who used AAC how they thought. Of the 10 I asked, (all with good levels of literacy, aged 16 to 50), 7 came back confirming they were picture or visual thinkers too. This is clearly not robust research! Yet it made me start to think about whether people who use AAC might think differently, because our brains have needed to discover new neural pathways, and our basic literacy was often learned using our second language of symbols and pictures. I discovered I have synaesthesia 2 years ago, this knowledge has explained much of how I think and has had a profound effect revolutionising both my life and university studies.

This session will explore what synaesthesia is, who might experience it, and draw on research of how it might manifest itself for different groups, and will include my own experiences as a case study.

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# TEACHING SENTENCE DEVELOPMENT THROUGH SHAPE CODING

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Abstract ID: 132 - Abstract Submission

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Ms. Gillian Rumble<sup>1</sup>

<sup>1</sup>Independent Speech and Language Therapist

It is often the case that for the low tech AAC user 'key word is king' and their vocabulary will be rich in nouns and verbs. This is not the case, however, for high tech AAC device users where the ultimate aim should be to achieve the ability to create novel and grammatical sentences using a combination of core and fringe vocabulary.

It is at the early stages of this transition to high tech AAC that difficulties arise in teaching the student the rules of grammar and syntax in a meaningful and accessible way. It is the case that a high proportion of AAC users have limited literacy skills and limited access to written sentences. Although they may present with good receptive language skills, there is often a difficulty in visualising the shape of a sentence and how to initiate a grammatical utterance.

This presentation reports on the use of Shape Coding as technique for teaching grammar and syntax. Shape Coding was developed by Susan Ebbels, SLT of Moor House School as a method of teaching grammar to children with SLI. The approach uses shapes, colours and arrows to make the grammatical rules of English explicit. The student learns that words and phrases can be coded into different shapes (nouns, verbs, prepositions, adjectives etc.) and that a sentence can be represented by a combination of shapes. The author will report on the experience of using this strategy to develop sentence use with AAC users. It is a technique that is suitable for all AAC devices that have access a large core vocabulary. In this presentation, the principles of shape coding will be introduced and case studies will be included.

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# THE DO'S AND DON'TS OF AAC

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Abstract ID: 85 - Abstract Submission

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Dr. David Niemeijer<sup>1</sup>, Ms. Jennifer Marden<sup>1</sup>

<sup>1</sup>AssistiveWare

Everyone who is attending Communication Matters can agree that communication matters, and that not being able to communicate using speech should not be a barrier to communicating your thoughts and feelings to others. You'll see a wide variety of impressive technical solutions designed to address the challenge of non-speech communication in the exhibit hall – we're lucky to live in a time when there are many good choices available for increasingly affordable prices. But once you've got your new kit home, what do you do with it? How do you teach someone new to communication and language how to use an AAC system to communicate? As you may imagine, there are many answers to these questions, but we would like to propose a set of basic AAC Do's and Don'ts that can guide you on your AAC journey. Originally developed by Jane Farrall, an internationally known speech pathologist and expert in AAC and literacy, and David Niemeijer, CEO of AssistiveWare, they were later expanded into a popular series of blog posts and a downloadable poster. The principles discussed include:

- Modeling
- Comprehensive, robust vocabulary
- High, open expectations for all
- Having AAC available at all times
- Converse, don't quiz

Come join us to hear our Do's and Don'ts and share your own thoughts! Everyone has something to say!



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# THE INTERPLAY BETWEEN LANGUAGE AND LEARNING FOR THE STUDENT WHO RELIES ON AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC)

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Abstract ID: 181 - Abstract Submission

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Ms. Marion Stanton<sup>1</sup>, Ms. Gillian Hazell<sup>2</sup>

<sup>1</sup>Communication and Learning Enterprises Limited, <sup>2</sup>AAC-Consultancy

Students who rely on AAC face an extraordinary challenge in terms of language development, literacy development and access to the curriculum. Many are able to be included in the mainstream but only if significant accommodations are provided, most of which are outside of the scope of the usual advice and regulations for students in the UK.

This session examines a number of the language development options available to the student who relies on AAC and then juxtaposes this with the demands of the mainstream curriculum.

The session will explore how the teaching of symbol based communication vocabularies compares with the teaching of communication via spelling with word prediction and suggest how each approach might support curriculum access.

There will be discussion on how symbol based vocabularies can support literacy development versus text based literacy supporting the development of language. We will explore a variety of commercially available vocabularies and graphic symbol systems/languages in relation to the development of literacy.

Literacy development as well as Curriculum and literacy access will be discussed in relation to the literacy model developed by CandLE and the 4-Blocks approach to literacy as adapted by Karen Erickson and David Koppenhaver.

The session will draw on research in the area of vocabulary and literacy support for AAC users as well as practitioner experience in the development of resources for curriculum access and vocabulary development for communication. There will be suggestions for ways forward in bringing together these vital skills so that students who need to use AAC can develop the skills they need while minimising the time demands and optimising their access to AAC. There will also be discussion of ways in which students can be involved in the decision making process in regard to their access to vocabularies and the learning environment.

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## THE TEAM BEHIND MY CHILD

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Abstract ID: 186 - Abstract Submission

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Mrs. Joanna van Berckel<sup>1</sup>, Ms. Andrea McGuinness<sup>2</sup>

<sup>1</sup>Parent of AAC User, <sup>2</sup>AT therapy

Born with APGARS of 0, 0 and 0, my son Kit (8) was resuscitated at 13 minutes and admitted to NICU. Kit had zero brain activity, multi organ failure and we were told to prepare for the worst. I found myself as a first time mother, alone in a world I never knew existed.

Today, Kit presents as a fabulous, vibrant, lively and intelligent boy with Quadriplegic Athetoid Cerebral Palsy. Early years intervention has played a major part in ensuring he is enabled, confident, enjoying independent mobility, speaking on his talker and above all, happy, healthy and thriving.

It has taken 8 years to build a solid team for Kit. Without these dedicated people, Kit would not be making the amazing progress he is today. Initially, it was daunting when faced with the prospect of managing these specialists. Combine this with the overwhelming responsibility of trying to fulfil these therapeutic aims, whilst endeavouring to have 'normal family life'.

We've gathered Kit's TA, SaLT and IT specialist to contribute to this presentation to discuss the challenges and rewards of working together. We will share Kit's progress over the years and discuss some of the most significant areas of progress to include his access to AT and AAC, his communication and literacy development and inclusion in a mainstream school.

This presentation will be of interest to families and professionals alike. Families will be able to listen and reflect on our experience of taking on therapy and education targets while keeping the child and the family at the centre. Professionals will gain a unique perspective of how their input can impact on this family life.

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# THE USE OF ELECTROMYOGRAPHIC SWITCHES AS AN ACCESS SOLUTION

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Abstract ID: 119 - Abstract Submission

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Mr. Will Wade<sup>1</sup>, Ms. Samantha Bradley<sup>1</sup>

<sup>1</sup>ACE Centre

For clients who typically have very limited movement or unreliable movements eye-gaze technology and specialist switches are often the main method of accessing a communication device (Najafi et al 2008, Goosens & Crain 1992, Caves 2000). A number of research articles have suggested the potential use of electromyographic (EMG) sensors as a specialist switch (Baretto (2000), Fager et al (2012), Gryfe et al (1996) Naves et al (2012)) however few articles demonstrate their use with people with disabilities. This presentation aims to discuss 3 case studies in which commercial EMG switches have been trialled. For the clients discussed the attachment issues and appearance outweigh the benefits that come with accessing a system reliably and efficiently. Future research is required to identify any longer term muscle fatigue and sensor use.

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# UNSPOKEN PROJECT – SPEECHLESS

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Abstract ID: 227 - Abstract Submission

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Ms. Kate Caryer<sup>1</sup>

<sup>1</sup>Unspoken CIC

SPEECHLESS - you don't need speech to have a voice.

Her biggest disability is the people around her. Rebecca Walker is a 19 year old who wants to be outspoken and

fiercely independent but for this she needs a voice.

Speechless tells a coming of age tale of someone with Cerebral Palsy without speech, and her encounters with some

interesting characters along the way. This production will be shocking and confront ignorance face-on, as well as

being darkly humorous.

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# VOICE BANKING: A SURVEY OF ROLES, SKILLS AND TRAINING NEEDS

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Abstract ID: 162 - Abstract Submission

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Mr. Richard Cave<sup>1</sup>

<sup>1</sup>Royal Hospital For Neuro-disability

In April 2016, over 100 Speech and Language Therapists (SLTs) were sent an online survey collating their views, skills and needs around Voice Banking. All had registered to attend the May 2016 London AAC Clinical Excellence Network (CEN) and were assumed to have an interest in AAC. This was a practical survey to inform clinical practice, and not a formal research project

Information was collected in a number of areas:

- Job role and the client groups worked with.
- General awareness of Voice Banking.
- Level of skills and experience already gained in helping clients complete Voice Banking.
- Which parts (if any) of the Voice Banking process they see as part of their SLT role and who would be responsible for other parts.
- Their level of confidence managing clinical scenarios relating to Voice Banking, for example if a family member asked in a meeting if voice banking would be suitable for the client and what the steps would be.
- Finally, the SLTs were asked if they thought the functional benefits of Voice Banking justified the time and effort required.

This presentation will discuss the survey outcomes and how they will be used to propose training and guidelines for SLTs in the London area.

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# VOICE OUTPUT COMMUNICATION AID GROUPS FOR ADULTS WITH LEARNING DISABILITIES

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Abstract ID: 172 - Abstract Submission

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Ms. Catrin Williams<sup>1</sup>, Ms. Grace Law<sup>1</sup>, Mrs. Diane Roberts<sup>1</sup>, Ms. Debra Cowap<sup>1</sup>

<sup>1</sup>5 Boroughs Partnership NHS Foundation Trust

Since the development of communication applications for touch screen devices, we have seen a movement from VOCA's being a dedicated communication device to being seen as a personal computer with multiple uses. The speech and language therapists within the Halton Community Learning Disability Team identified the need to develop an innovative approach to AAC intervention for their service users which would develop conversational skills and promote social inclusion. This led to the team developing a VOCA group which aimed to; develop users skills and confidence in using their aid, encourage use of the aid in the community, raise the awareness of the role of the communication partner in supporting a client with a VOCA, support staff to develop their skills in becoming an effective communication partner and to provide a chance for users to interact with other VOCA users in order to increase social acceptance. The project involved a communication partner training session in 2014, group sessions once a week for 6 weeks in 2014 (known as level one) and group sessions once a week for 6 weeks in 2015 (known as level two). Level one worked on developing users' skills and confidence in a group environment. Level two focused on more community based sessions such as shopping, and accessing parks and pubs. Our presentation would cover the outline of the group, the group outcomes, challenges and reflections. Key challenges discussed in our write up include technical issues, carer compliance, and carer engagement. We are in the process of writing this project up for the RCSLT's Bulletin magazine and have been nominated for our trust's staff recognition awards.

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# WELCOME TO EYE GAZE CLUB - THE FIRST RULE OF EYE GAZE CLUB IS THAT YOU DO SPEAK ABOUT EYE GAZE CLUB

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Abstract ID: 37 - Abstract Submission

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Mrs. Helen Dixon<sup>1</sup>

<sup>1</sup>Cumbria Partnership NHS Foundation trust

In Cumbria there are a number of young people using eye gaze now or probably in the future. These young people are in most cases in different schools so do not have the opportunity to see others using their own methods or communicating in a more advanced way. 1 Voice has shown the benefits of access to role models.

Eye gaze club started as a one off but has now become a regular session most holidays. Both low and high tech methods are used, some bring their own high tech systems, others use either an e tran frame, their own low tech systems or take turns using a returned eye gaze system.

The activities are adaptable to different systems and abilities. The members take turns to direct the activities for example choosing who plays their instrument in a band, whether they should play fast or slowly and the volume it should be.

Eye gaze club has given 2 girls the opportunity to develop both their eye pointing and particularly their eye gaze skills in a situation where using your eyes to communicate is normal. This is otherwise done at home and school where it is unusual and so an object of interest and to a certain extent worry to both staff, pupils and families. By using the system in eye gaze club the children develop and demonstrate their skills so that when they receive their own systems it is hoped later this year it will feel a natural means of communication to them.

As a side benefit not only are the young people able to see others using eye pointing and eye gaze the parents also support each other and share resources and experiences beyond those mainly seeing eye gaze in a therapeutic situation are able to share.

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# WHAT TO CONSIDER WHEN MATCHING COMMUNICATION NEEDS WITH ACCESS: EYE GAZE SYSTEMS - SWITCHES – JOYSTICKS

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Abstract ID: 187 - Abstract Submission

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Ms. Nadia Browning<sup>1</sup>, Ms. Ruth Williams<sup>1</sup>, Ms. Tammy Travers<sup>1</sup>

<sup>1</sup>ACE Centre

Determining the access method that best meets the communication needs of a client is often a difficult task within a multidisciplinary AAC assessment. Eye gaze systems are widely recommended and although they can provide a very good access method to speech generating devices there are often wider considerations. They do not always meet the client's communication needs and abilities and/or may not be appropriate within their particular environment. Switches can be considered challenging both physically and cognitively. Joysticks are widely used to control power wheelchairs but less used to access speech generating devices. Other access methods are also included in this presentation e.g. head pointer. This presentation aims to highlight the pros and cons of each of these access methods as well as to expose the features and training strategies that can contribute to the success of an access method. A variety of case studies are used to illustrate the content of this presentation and to promote clinical thinking. This presentation is based on Evidence-based practice and the cases are founded on The Human Assistive Technology (HAAT) model (Cook, A. & Polgar, J. 2008.) Participants are invited to contribute throughout the presentation.



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# WHY COMMUNICATION (STILL) MATTERS

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Abstract ID: 205 - Abstract Submission

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Ms. Rebecca Marriott<sup>1</sup>, Mrs. Wendy Marriott<sup>2</sup>, Ms. Sarah Marriott<sup>3</sup>

<sup>1</sup>AAC user, <sup>2</sup>Parent of AAC User, <sup>3</sup>Sibling of AAC user

Rebecca is an AAC user who has been attending the Communication Matters conference for over 15 years. She gets so much out of it that it has become one of the highlights of her year, which she looks forward to so much so that she will be checking her Mum's diary for the dates of the next one even on the drive home. In this platform Rebecca explains why Communication Matters has so much importance for her, and looks at how attending the conference has shaped her AAC journey over the years and significantly enriched her relationships with both family and non-family members. She discusses her experiences of how she has tried to implement new ideas, software, and technology which she has learnt about through both the formal sessions and social opportunities at the conference, as well as some of the obstacles she has faced doing so.

Rebecca's Mum and sister also reflect on what they have gained from attending CM with Rebecca and the ways in which the conference has positively influenced their own communication and relationships with Rebecca in numerous ways. Overall this platform aims to share a personal experience story of the impact of attending CM from the perspective of both an AAC user and their family members.

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# WHY IS IT IMPORTANT FOR SELF-DIRECTING AAC USERS TO BE ABLE TO USE THEIR DEVICES IN PERSONAL TRANSPORT?

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Abstract ID: 41 - Abstract Submission

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Mr. Patrick Bates<sup>1</sup>, Mr. Simon Stevens<sup>2</sup>

<sup>1</sup>Individual AAC user, <sup>2</sup>Independent Consultant

The requirements and expectations of AAC users with severe impairments have radically changed in the last 10 years. Many of them are now considered to be able to ‘self-direct’ their lives including employing and managing their own personal assistants. The rise of smartphones and tablets has made multimedia communication on the move a norm, and therefore there is consumer demand for technology considered AAC to provide an equal range of features.

Many NHS providers of AAC require users not to use wheelchair mounted AAC devices in personal transport for health and safety reasons based on therapeutic outcomes. However, denying self-directing users a voice in personal transport, when they are the employer of the driver, raises fundamental ‘choice and control’ and safeguarding issues. If self-directed users can not ‘direct’ in personal transport, are they being denied their fundamental rights and responsibilities?

The paper explores the practical, policy and wider implications of current NHS policy in this matter, and the wider issues in terms of the conflict between framing need in terms of therapy and in terms of the pursuit of normalised standard social outcomes. In examining the purpose of AAC, and whether the remit of AAC is still a valid singular service, the paper will conclude by questioning if personal health budgets are a future solution to conflicting outcomes, putting the wishes of self-directing AAC users at the forefront.

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# WILL ANYONE LISTEN TO US? WHAT MATTERS TO YOUNG PEOPLE WITH COMPLEX AND EXCEPTIONAL HEALTH NEEDS AND THEIR FAMILIES DURING HEALTH TRANSITIONS

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Abstract ID: 73 - Abstract Submission

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Ms. Margo Mackay<sup>1</sup>

<sup>1</sup>Talking Mats Ltd

The National Managed Clinical Network (NMCN) for Children with Exceptional Healthcare Needs (CEN) is aware of the anxieties faced by young people with complex/exceptional needs when approaching Transition from child to adult healthcare.

The majority of young people with exceptional needs find it difficult to make their voices heard. This project used Talking Mats (an interactive communication resource which uses symbols to enable people to express their views) to explore the opinions of young people and their parents about the Transition process to identify issues and make recommendations to improve service delivery

Using evidence from literature, the Talking Mats team and CEN two main topics for exploration were identified:

- 1.Young People's experiences of visiting the GP
- 2.Their attendance at hospital (as an inpatient or outpatient).

Interviews were video recorded, transcribed and analysed thematically.

This project was unique as it involved and empowered young people with complex health needs and their families. It aimed to capture the complexity and variation of Transition services from the perspective of both the young person and their parents. It planned to collect the problems and fears but also evidence of good practice and suggestions to give hope for the way ahead.

The project gathered a wealth of information from young people and parents about their experience of Transition to adult health services.

Suggestions for improvements were:

- Transition courses for parents
- More specialist nurses
- Early preparation
- Transition wards for young people
- Training for doctors and nurses about complex needs
- Parental emotional support
- Longer appointment times

“We felt there wasn't the same relationship now she's 18, that she shouldn't really be here. The relationship changed. The consultants said.....she should be transitioned over. We don't' know who we're going to see – it's all a bit vague” (parental quote)

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# YOUTH AAC CONFERENCE: A SUSTAINABLE APPROACH TO AAC AWARENESS RAISING FOR YOUNG PEOPLE IN GREATER GLASGOW

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Abstract ID: 141 - Abstract Submission

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Mrs. Jean Alexander<sup>1</sup>, Mrs. Donna Baillie<sup>2</sup>, Ms. Rowan Punt<sup>3</sup>, Mr. David Wallace<sup>4</sup>, Mr. Andy Robinson<sup>5</sup>, Mrs. Anne Galbraith<sup>1</sup>

<sup>1</sup>NHS Greater Glasgow and Clyde, <sup>2</sup>Glasgow City Council Education Department, <sup>3</sup>Capability Scotland, <sup>4</sup>PACE Theatre Company, <sup>5</sup>Glasgow Life

The AAC Project Greater Glasgow and Clyde (GGC) was established following ‘A Right to Speak’ (Scottish Government, 2012) to support locally agreed implementation of recommendations. Project activity was influenced by opportunities to crosscut with other strategies to maximise sustainability and ensure longer term outcomes were embedded. As part of recommendation 3; “All AAC service providers should develop and implement a population based approach to the provision of support for people who require to use AAC equipment and services, ensuring that needs are recognised and responded to appropriately within the wider community” the project team worked in partnership with other agencies to organise a Youth AAC Conference (YAAC). Pupils from secondary schools across Glasgow attended the conference in which they were shown a performance developed by PACE Theatre Company. The performance combined dance and acting, and was intended to be an interactive approach to communicating the challenges faced, and methods to support those who use AAC to communicate. The performance was interspersed with interviews from senior managers from health, education and leisure, and video clips of people who use AAC to communicate talking about achievements, ambitions and challenges.

The performance was followed by interactive workshops with the themes; active, respected and achieving – from the GIRFEC wellbeing indicators. The workshops, supported by Glasgow Life youth coaches, encouraged pupils to discuss and reflect upon the impact that communication impairment may have in each of these areas.

A delegate pack provided by Glasgow Life and the GGC AAC Project included a USB stick preloaded with a presentation. The pupils were encouraged to return to their school and deliver the presentation to either a class or whole school assembly, or senior management team, significantly increasing the target audience. Further plans are in development to cascade this across the Greater Glasgow and Clyde area.

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# “I DON’T ENJOY FOOD LIKE I USED TO” THE VIEWS OF PEOPLE WITH DEMENTIA ABOUT MEALTIMES

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Abstract ID: 70 - Abstract Submission

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Dr. Joan Murphy<sup>1</sup>

<sup>1</sup>Talking Mats Ltd

## Background:

Mealtimes involve two of our most fundamental human needs, the basic physiological requirements for nourishment and interpersonal involvement (Shune, 2015). Mealtimes are particularly important for people with dementia as they may develop difficulties both with eating as a source of nutrition and with the social aspects of mealtimes. Difficulties with eating and drinking can be distressing for all concerned and can have serious implications for a person’s health and well-being (Maher, 2013).

Wherever possible it is important to involve the person with dementia and give them decision-making power to decide what, where and when they would like to eat.

## Aim:

This presentation will discuss a project funded by the Miss EC Hendry Charitable Trust which gathered information from the first-hand experience of people with dementia about changes in their eating and drinking.

## Methods:

Three focus groups involving people with dementia were run in three centres in Central Scotland. . In total 13 people with dementia took part. In one venue three spouses also attended. A member of staff from each dementia centre was also present at each group. A selection of symbols from the Talking Mats Eating & Drinking resource were used to stimulate and focus discussions

## Findings:

The people who took part in this study felt that there were significant changes in their eating and drinking since their diagnosis of dementia. The results of the discussions were collated and analysed thematically. The following themes will be discussed and illustrated :

Mealtimes; Where to eat; Changes in taste; Appetite; Remembering to eat or drink; Thirst; Texture; Energy; Things that might help

## References:

Shune, S. (2015). Moving beyond the isolated swallow: Dysphagia in the context of the shared mealtime.

Maher, D. &. (2013). Malnutrition in the Elderly: An Unrecognized Health Issue. Journal of Nursing.

# **POSTER PRESENTATIONS**

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# HELPFUL TO DO IT TOGETHER. ENSURING TEAMS ARE EQUIPPED TO SUPPORT PEOPLE WHO USE AUGMENTATIVE AND ALTERNATIVE COMMUNICATION.

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Abstract ID: 117 - Abstract Submission

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Ms. Laura Renfrew<sup>1</sup>, Mrs. Carol Taylor<sup>1</sup>, Ms. Nicola Woodside<sup>1</sup>

<sup>1</sup>NHS Greater Glasgow and Clyde

**Background:** People with complex communication needs should have access to high quality assessment and support. Individual staff and teams should be able to identify the necessary skills, knowledge and values to enable service users to reach their potential.

**Aims:** The purpose of this study was to identify the knowledge and skills required by staff working in a multi-disciplinary rehabilitation service using a self assessment framework called IPAACKS (Informing and Profiling AAC Knowledge and Skills) and to evaluate how the process improved staff knowledge and confidence.

**Method:** Thirteen staff members from different disciplines met twice over 3 months to complete the IPAACKS framework and create individual knowledge and skills profiles. Confidence levels for their identified knowledge strands were collected pre and post process. Participants also completed a questionnaire.

**Results:** Participants identified the key AAC strands for their jobs and the level of knowledge and skills required. Skills profiles were created for each profession and the team. Confidence ratings for each strand increased over the 3 months. The main themes from the data were that IPAACKS increased awareness of AAC and the needs of individuals who use AAC. There were benefits for the team in conducting the process as a group. It also enabled the team to improve their knowledge and skills by following the learning and development plans. However, adequate time is needed to allow staff to complete the process.

**Conclusion:** Bringing a rehabilitation team together to work through the IPAACKS framework raised the profile of AAC users and improved confidence of individual staff members by identifying the knowledge and skills required. Teams can use this to develop training programmes and there is potential for this process to be transferred to other teams and services. Team managers can also identify staff development needs and help with recruitment and personal development reviews.

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# 1VOICE - COMMUNICATING TOGETHER

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Abstract ID: 125 - Abstract Submission

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Mrs. Kate McCallum<sup>1</sup>

<sup>1</sup>1Voice - Communicating Together

1Voice – Communicating Together provides networking and support to people who use augmentative and alternative communication (AAC) and their supporters.

We will discuss how 1Voice was started and tell you how the charity has grown since 2000. We will tell you about our role models and the work they do supporting younger people succeed in using their communication devices.

We will tell you about who runs 1Voice an it's day to day operations. We will discuss our diverse membership which includes: People who use AAC, Parents/Siblings, Carers and professionals.

Since the beginning of the charity, residential events have been the primary means of getting together. This is where major fundraising has been focused. When funds allow we aim to hold 1-2 residential events each year and is open to registered members. We attempted to vary the location, to reach people in different parts of the country. Our Events are motivating and encourage use AAC system, whilst having lots of fun. Events are important in providing networking opportunities, as sometimes it's the only time an AAC user see someone else that communicates like they do. Events generally themed activities which are also age-appropriate.

In 2008, recognising the need for local events, and the difficulty of some members not able to attend the semi-annual residential events, 1Voice began to form branches and 'pop-up' events. We will discuss how our branches work and highlight Lake's and Bay branch.

We will discuss our 'Speak Out' our newsletter published 3 x a year and of course we are on the internet/web, facebook and Twitter.

We will discuss the impact 1Voice has on the lives of AAC users and those around them and discuss or future plans including fund raising and our new 'No Voice for 1Voice' fundraising campaign.



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# AACTIONING EFFECTIVE CARE THROUGH AACTIONMAKERS:IMPROVING THE SUSTAINABILITY AND EFFICIENCY OF AUGMENTATIVE AND ALTERNATIVE COMMUNICATION SERVICES

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Abstract ID: 51 - Abstract Submission

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Mrs. Deborah Jans<sup>1</sup>, Dr. Phillipa Rewaj<sup>1</sup>

<sup>1</sup>Keycomm- Lothian Communication Technology Service, NHS Lothian

Improvement of AAC services has been of particular relevance in Scotland since the 2012 'Right to Speak' initiative. Keycomm, the AAC service in Lothian was looking to improve our service to patients by reducing waiting time for equipment and reducing the number of professionals patients had to see to acquire an AAC system. To ensure a continued effective service, we implemented the AActionmakers service delivery model.

In January 2015 AAC champions or AActionmakers were identified from six adult speech and language therapy teams within NHS Lothian. AActionmakers were provided with AAC assessment kits as an initial screening tool. In order to build capacity, an on site mentoring programme was also initiated along with AActionmaker Forums for training and support. We also set up systems to measure increased competencies over time as well as use of AActionmaker kits in situ.

Since implementation of the AActionmaker model the following outcomes and results have been obtained:

- a. Waiting time for providing AAC equipment from identification of need has fallen from an average of 66 days in 2014 to 11 days
- b. Percentage of adults requiring AAC who were assessed by Keycomm fell from 91.5% in 2014 to 63% in 2015
- c. However, there was no significant change in the number of equipment loans, from 138 in 2014 to 123 in 2015, indicating AAC needs in Lothian are still being met.
- d. Of patients assessed by AActionmakers, 28% were found to be unsuitable for AAC, therefore avoiding unnecessary referrals

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# ACE-LP: AUGMENTING COMMUNICATION USING ENVIRONMENTAL DATA TO DRIVE LANGUAGE PREDICTION

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Abstract ID: 102 - Abstract Submission

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Mr. Rolf Black<sup>1</sup>, Dr. Per Ola Kristensson<sup>2</sup>, Prof. Stephen Mckenna<sup>1</sup>, Dr. Jianguo Zhang<sup>1</sup>,  
Prof. Annalu Waller<sup>1</sup>, Dr. Sophia Bano<sup>1</sup>, Dr. Zulqarnain Rashid<sup>1</sup>, Mr. Christopher Norrie<sup>1</sup>,  
Dr. Alissa Melinger<sup>1</sup>

<sup>1</sup>University of Dundee, <sup>2</sup>University of Cambridge

Nonspeaking disabled people who use Voice Output Communication Aids (VOCA) speak an average of between 8 and 12 words per minute (wpm) compared to typical adult speech of 150-190 wpm 1. For some, e.g., Prof Stephen Hawking who relies on a single switch access, rates fall to 1-2 wpm 2.

Several research projects have demonstrated the potential of conversational language models to increase communication rates for personal narrative. However, system using these models require hand scripted paragraphs and training users to remember the existence and location of these 3. Other systems use data-to-text sentence generators to populate a narrative ontology with conversational topics 4,5.

The ACE-LP project which started in early 2016 aims to develop a communication system for nonspeaking people which will improve on the speed of communication by automatically populating the system with appropriate conversational items within an adaptive interface that provides control over timing and delivery whilst minimising physical and cognitive load. To achieve this, we will combine probabilistic language prediction with contextual data from sources such as video, audio and positional sensors, supplemented with user profiles and past experience. The ACE-LP project is in its very early stages and with this poster we will introduce our idea to seek discussion with and feedback from a specialist audience to inform our research and design.

References: 1 Tauroza S & Allison D. 1990. Speech rates in British English. *Applied Linguistics* 11. 2 New Intel-Created System Offers Professor Stephen Hawking Ability to Better Communicate with the World. 2014. Intel Corporation, Press Release. 3 Todman J, Elder L & Alm N. 1995. Evaluation of the content of computer-aided conversations, *AAC* 11. 4 Dempster M, Alm N & Reiter E. 2010. Automatic generation of conversational utterances and narrative for Augmentative and Alternative Communication: a prototype system. *NAACL-2010 Workshop on SLPAT*. 5...

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## ARE YOU READY YET? A CASE FOR REGULAR, DIRECT, LONG TERM INTERVENTION.

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Abstract ID: 129 - Abstract Submission

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Mrs. Kim Mears<sup>1</sup>

<sup>1</sup>TherapyThread

In a time when resources are stretched it is essential to be able to provide evidence for the effectiveness of treatment and to manage expectations of how long it may take to implement an approach. This paper will describe how 3 approaches were used with William\* and how it took over a year of therapy before he showed observable progress in his communication skills. William is a 13 year old boy with autism and complex behaviours that challenge. On beginning speech and language therapy in October 2014, William was able to communicate a few single words using signs and symbols and he was extremely challenging to engage in therapy. It was decided that therapy would use the approaches of Greenspan Floortime and Ayres Sensory Integration to enable William to be calm and able to engage in interaction and communication. Once he was sensory ready then the LAMP words for life app (language acquisition through motor planning) would be introduced. William was seen weekly in school, which was the provision made in his statement, and strategies were practised in class and at home. William made steady progress in his interaction and communication skills until LAMP WFL app was introduced after a year and it was immediately successful as he was 'ready'. It is felt that this long term, regular input laid the foundation for interaction skills and enabled him to engage in using AAC in a positive way. It also had an impact on William's general expressive language skills and reduced his aggressive behaviour. Work with William, and other similar children, can demonstrate that time and regular, direct input must be provided in order to be 'ready' to engage and as therapists we need to be advocating for this to enable success in implementing AAC.

\*not his real name.

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# ASSESSING THE LITERACY LEARNING NEEDS OF STUDENTS WHO RELY ON AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC)

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Abstract ID: 175 - Abstract Submission

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Ms. Marion Stanton<sup>1</sup>, Ms. Saffron Murphy-Mann<sup>1</sup>

<sup>1</sup>Communication and Learning Enterprises Limited

The difficulty that students who rely on AAC experience in literacy learning is well documented. Many of these students, including those who do not have significant learning difficulty, struggle to acquire literacy. One of the greatest challenges in remediating this is the assessment of what level of literacy the student needs to engage with in order to improve in spelling, reading, writing and grammar .

This session will suggest ways in which practitioners and families can begin to address the literacy needs of their students and will include:

- Examples of successes that CandLE has experienced with a number of individual students.
- The assessment approach that we are developing in order to establish the starting point for an intensive literacy programme.
- Suggestions for incorporating an intensive literacy programme into the general curriculum and even into the aspects of specialist curricula that pertain to physiotherapy and independent living skills.
- Using literacy to support language development.

Reference will be made to evidence based approaches including the 4-Blocks approach developed by Karen Erickson and David Koppenhaver. The tension between delivery of therapy and the development of literacy skills in specialist settings is recognised as is the difficulty of fitting a literacy programme into a busy, mainstream curriculum for those who are in mainstream settings.

High and low tech approaches will be discussed and the elements of an intensive literacy programme will be outlined. There will be some reference to a range of available literacy programmes but the session will emphasise teaching practice rather than reliance on ready-made commercial resources. Ways of engaging students in the literacy experience, even the reluctant learner, will be explored.

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# DEVELOPING SHARED READING FOR PUPILS WHO USE AAC (A CASE STUDY OF SHARED READING BETWEEN EYFS AND KS2)

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Abstract ID: 140 - Abstract Submission

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Ms. Sarah Smith<sup>1</sup>, Ms. Stacey Ladbrook<sup>1</sup>

<sup>1</sup>Woodlands School

Woodlands School is a school from pupils aged between 2-19 years old who have complex learning and communication needs, including ASD and PMLD. The school won the Shine a Light Award for Augmentative Alternative Communication in 2015.

Throughout the primary school, including the EYFS, there is a focus on supporting the implementation of Balanced Literacy Instruction, a strategy for teaching literacy, that is designed to support pupils with Special Educational Needs to develop literacy skills. This strategy is used alongside PODD and other AAC systems.

This case study focuses on an EYFS class and a KS2 class, who both use a range of AAC including; Makaton, touch cues and high and low tech PODD systems. We have incorporated these communication methods across the curriculum on a daily basis. This has enabled us to focus on developing key literacy skills such as reading, writing and communication.

One important aspect of the Balanced Literacy Programme is shared reading. We will discuss how EYFS and KS2 have linked together to develop a shared reading time. The study will show how emergent and conventional learners with Special Needs can support one another to develop key literacy skills.

Throughout this Case Study we will show how children have developed their confidence with reading and peer relationships. We will discuss the progress that has been made and what the next steps will be.

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# E-SALT: VIDEO COACHING VIA SMART PHONE TECHNOLOGY TO SUPPORT EARLY SPEECH AND LANGUAGE THERAPY FOR VERY YOUNG CHILDREN WITH NON-PROGRESSIVE MOTOR DISORDERS

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Abstract ID: 44 - Abstract Submission

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Ms. Katy Stockwell<sup>1</sup>, Mrs. Ebtisam Abdulqader<sup>1</sup>, Dr. Madeline Balaam<sup>1</sup>, Dr. Anna Basu<sup>1</sup>, Mr. Dan Jackson<sup>1</sup>, Ms. Roisin Mcnaney<sup>1</sup>, Prof. Patrick Olivier<sup>1</sup>, Dr. Lindsay Pennington<sup>1</sup>

<sup>1</sup>Newcastle University

Speech and language therapy for very young children with complex communication needs often involves parents delivering therapy tasks, as they are the child's main communication partner and can embed tasks within daily routines. Therapists may video interaction between parents and their child, to help parents reflect on the potential effects of their conversation style on their child's communication. Therapists may also use the video to coach parents in prompting their child to produce new communication skills. Today, smartphone technology has developed to the point where video sharing is fast and easy. Around 88% of adults aged 20-45 now own a smartphone, making this a potentially powerful medium for therapy delivery.

We aim to examine if a smartphone app can be used to coach parents to deliver therapy. The app will allow parents to share videos of therapeutic activities and give/receive feedback from a speech and language therapist via video annotation. The app is being designed collaboratively with parents and local therapists to ensure that its features are acceptable and useful.

We are piloting the app with 8 parents of children aged 1-3 years who have motor disorders. Therapy is focussing on coaching parents to use communication-boosting strategies. There are home visits once a week and video sharing between visits for parents to share progress, achievements and request guidance. We are currently using single case experimental design to analyse change in child vocalisation pre, during and post therapy.

We envisage the app to be adaptable to any remote coaching intervention, not just for this client group. For AAC users this could mean sharing videos of skills used in different contexts and sharing of videos by parents and professionals to track skills and support their child's communicative development.

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# ESTABLISHING POTENTIAL FOR USING EYE GAZE TECHNOLOGY

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Abstract ID: 154 - Abstract Submission

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Mrs. Karen Al Khina<sup>1</sup>, Mrs. Christine Cotterill<sup>1</sup>

<sup>1</sup>Kent & Medway Communication and Assistive Technology Service

The Kent and Medway Communication and Assistive Technology (KM CAT) Service is one of the NHS England Commissioned AAC Hubs and we have been receiving an increasing number of referrals relating to the use of eye gaze technology.

To meet the Service's assessment criteria, a child or young person (CYP) must, amongst other things, have developed beyond cause and effect understanding. However the widening availability of eye gaze technology has opened up whole new possibilities for CYPs who may previously have had no functional means of accessing technology.

Despite an overhaul of existing referral paperwork and the creation of an extensive new form it has remained difficult to establish whether some CYPs with complex learning, physical (and medical) needs have the potential to move beyond cause and effect and consistently and successfully use Augmentative and Alternative Communication (AAC).

As a Service we have become increasingly concerned that some referrals may get rejected due to a lack of this supporting evidence. Equally, for some complex CYPs, who have been accepted for an assessment, it has become evident that establishing whether a high-tech device and eye gaze technology (offering an access solution), is often not feasible within a one-off assessment of a few hours. The result being that we may too quickly reject a solution that might ultimately prove successful.

Our presentation provides an overview of the work subsequently undertaken by some members of the KM CAT Team to establish a framework for an alternative, extended assessment pathway - including the creation of supporting documentation and training for parents and professionals in order to gather and log the essential evidence required to support more robust decision-making for the provision of appropriate AT.

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# EYE GAZE TECHNOLOGY, EXPLORING IT'S WIDER APPLICATIONS

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Abstract ID: 150 - Abstract Submission

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Mrs. Helen Burnford<sup>1</sup>, Ms. Catharina Van Der Walt<sup>1</sup>

<sup>1</sup>Bobath Children's Therapy Centre Wales

**Introduction:** Children with severe physical involvement due to cerebral palsy (Gross Motor Function Classification level IV or V), or allied neurological conditions, often have reduced active participation in communication and play. Eye gaze technology can support participation in communication, recreation and environmental control, for children with whole body involvement and difficulty with alternative access methods.

**Objective:** To use eye gaze to motivate a child to use their eyes functionally to participate in play and communication.

**Method:** A single case report of a 10-session therapy block, followed by a 2-month loan period using the eye gaze equipment at home. The structure of the intervention enabled the family to continue to practice with the equipment immediately following the therapy block, providing them with a realistic opportunity to explore the reality of using eye gaze technology as part of play and for communication, in a practical setting. The child found it difficult to use their hands functionally and lacked motivation to engage in any interaction with others. The block aimed to increase the child's motivation to use eye gaze to engage in play and communication. Baseline measures were set using objective data (Tobii Gaze Viewer) at the beginning of the block. This data was used to set GAS (Goal Attainment Scaling) goals to measure changes in ability to access the entire computer screen, and to be able to focus and dwell eyes on a target point of the screen during cause and effect games.

**Results:** All GAS goals improved by two points, and parental reported outcomes showed sustained improved postural and head control.

**Conclusion:** The potential for using eye gaze technology combined with specific therapeutic handling can achieve positive outcomes for communication and improve sustained postural control.



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# FACTORS RELATED TO HIGH TECH AAC USE IN ADULTS WITH NEURODEGENERATIVE CONDITIONS

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Abstract ID: 173 - Abstract Submission

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Dr. Catherine Foy<sup>1</sup>

<sup>1</sup>Chailey Communication Aid Service

**Introduction:** Successful implementation of high tech communication aids depends on a range of different factors including the severity of medical condition at introduction of a device, support and attitude of the conversation partner, the skills and knowledge of supporting staff, availability of technical support and ease of use.

**Aims:** The aim of our investigation was to determine what factors influenced whether introduction of a high tech communication aid was judged to be successful by the client and what local referring therapists felt was needed for a device to be implemented successfully in our cohort.

**Methodology:** At the beginning of 2015 Chailey Communication Aid Service was commissioned and setup as a new service covering East and West Sussex, Brighton and Hove and Surrey. At the end of our first year we sent out questionnaires to clients with neurodegenerative conditions and referring speech and language therapists to explore communication aid use, clients' thoughts about their device and client and therapist views on what makes a successful implementation. We also extracted clinical information from the referral forms regarding diagnosis, condition duration, rate of progression, physical abilities and speech intelligibility at the time of referral.

**Results:** Initial results suggest that clients rely on their remaining speech where ever possible and when this becomes too difficult or tiring they then use their high tech communication aids in addition to other communication strategies, including message boards and A-Z charts with partner assisted scanning. Communication partner support was judged to be vital to the successful use of a device.

**Conclusion:** Clients view a high tech communication aid as another strategy to assist in making their thoughts, needs, opinions and personality known. Successful implementation was found to be reliant on support from carers around the client and the need for the client to have opportunities to express themselves.

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# IMPLEMENTING THE COMMUNICATION ACCESS PROJECT (CAP) IN A PHYSICAL DISABILITY SERVICE

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Abstract ID: 86 - Abstract Submission

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Ms. Danielle Daly<sup>1</sup>, Mrs. Alison Blake-Knox<sup>1</sup>

<sup>1</sup>Central Remedial Clinic

Summary: Taking inspiration from the work of Denise West, Scope Victoria in Australia and Barbara Collier, CDAC Canada, the CAP was undertaken by the SLT Dept in CRC Dublin in July 2015.

Communication Access means that everyone can get their message across. “Communication Access occurs when people are respectful and responsive to individuals with communication disabilities, and when strategies and resources are used to support successful communication” (Communication Resources Centre, Scope 2013).

The overall aim is to create a communication accessible service for all those with communication disabilities. This poster will outline the background and roll-out of our project.

Method:

1. Identify suitable participants from Adult AAC users on SLT caseload. Letters were sent inviting participants to become involved in the project.
2. A group meeting was held with the adult AAC users where SLTs presented information on communication access outlining the background to the campaign internationally and our plan for the CRC service.
3. Participants completed a communication access checklist which was developed using a range of sources (iCan questionnaire, Communication Bill of Rights ASHA).
4. The findings were used to create individual video recordings relating to personal experiences of communication access issues in our service. These were used in a presentation delivered to staff to launch the project.
5. Training packages were developed for staff.

Results/Findings:

Our service is not yet a communication accessible environment for all our service users, but there is increased awareness of our aim. Staff and service users are eager to participate and training packages are being developed and delivered.

Conclusion: Development of the project is ongoing.

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# KNOWLEDGE EXCHANGE OPPORTUNITY FOR PEOPLE WHO USE AAC AND SLT STUDENTS

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Abstract ID: 208 - Abstract Submission

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Dr. Amanda Hynan<sup>1</sup>, Mrs. Andrea Kirton<sup>2</sup>, Ms. Sally Darley<sup>2</sup>

<sup>1</sup>Leeds Beckett University, <sup>2</sup>Barnsley Assistive Technology Team

Leeds Beckett University and Barnsley NHS Assistive Technology Department ran an AAC-focused component of a Telehealth strand within a new module called Current Issues in Speech and Language Therapy (SLT). The module ran in the Spring of 2016 and aimed to offer third year students an opportunity to guide their own learning and assessment through offering a choice of teaching strands and assessment topics. This is inline with pedagogical trends seeking to promote student-centred learning within Higher Education Institutions.

The project was funded by a grant from Leeds Beckett University to support curriculum innovation. The structure of the Telehealth strand aimed to introduce the students to the global issues of Telehealth (also known as Telepractice) within the Speech and Language Therapy profession. The AAC-focus was incorporated via a practical activity where students experienced Telehealth by linking up with clients who use AAC via Skype. People who use AAC are a relevant client group in light of the recent changes within NHS specialised services to the hub and spoke model. Large geographical areas may mean distance based service delivery techniques could be supportive. Technological advances can also increase opportunities for people who use AAC to exercise increased self-determination and self-representation online.

This poster will provide information about the outcomes of the AAC/Telehealth strand from the perspectives of people who use AAC, their facilitators and the students. These perceptions were gathered through two debrief discussions at the end of the online activity and subsequently via a questionnaire distributed to the students. The project, although small in scope, provided an opportunity for a knowledge exchange between SLT students and people who use AAC and allowed a tentative exploration of internet-based teaching and service delivery. The poster may be of interest to people who use AAC, educators, clinical staff and students.

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# LINGUISTIC AND CULTURAL CHALLENGES FOR A BILINGUAL AAC ENVIRONMENT IN THE ARAB REGION.

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Abstract ID: 230 - Abstract Submission

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Mrs. Ea Draffan<sup>1</sup>, Ms. Nadine Zeinoun<sup>2</sup>, Mr. Amatullah Kadous<sup>3</sup>, Mr. Ouadie Sabia<sup>1</sup>, Mr. Mike Wald<sup>1</sup>, Mr. David Baines<sup>4</sup>, Mr. Amal Idris<sup>3</sup>

<sup>1</sup>University of Southampton, <sup>2</sup>Mada Assistive Technology Center, <sup>3</sup>Hamad Medical Corporation,  
<sup>4</sup>David Banes Access and Inclusion

Tawasol symbols aim to bridge the gap with a freely available symbol collection that is culturally, environmentally, religiously and linguistically appropriate for the Arab AAC community. The team have taken a participatory approach with AAC users, teachers, therapists and parents collaborating in the design and development of all aspects of the symbols so that they can complement symbols already in use. Guidelines for development will be illustrated to support others in the development of symbols for different languages and cultures.

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## RAISING AWARENESS OF AAC IN PARTNERSHIP WITH SCOTTISH AMBULANCE SERVICE

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Abstract ID: 147 - Abstract Submission

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Mrs. Jean Alexander<sup>1</sup>, Mr. Douglas WP Sheppard<sup>2</sup>, Mr. James Harrison<sup>2</sup>, Ms. Pauline Downie<sup>1</sup>,  
Ms. Rowan Punt<sup>3</sup>

<sup>1</sup>NHS, <sup>2</sup>Scottish Ambulance Service, <sup>3</sup>Capability Scotland

A partnership between Scottish Ambulance Service, NHS GGC and NHS Lanarkshire AAC Projects, delivered customised one day training to key Scottish Ambulance staff covering Argyll, Glasgow and Clyde and Lanarkshire areas. This one day included basic awareness raising session, self assessment using IPAACKS (individual profiling of AAC knowledge and skills) and dedicated time to complete on line modules commissioned as part of the National Project by NES. Those identified staff members, will then become AAC Champions. This sustainable model of training the trainers will ensure participation of:

Clinical Training Officers.

Nominated champions from each large station.

Clinical Resilience and Development Officers (CRDO) were invited to attend training to then cascade to first responders. The process of establishing AAC Champions, will ensure capacity for roll out to SAS staff across the west, achieving a baseline level of awareness for all.

The outcome will be staff achieve an awareness of the different approaches that can be taken in meeting the communication support needs of others.

Release of staff supported by management enabled early work with positive feedback from Clinical Training Officers. The training provides service evidence of actions taken to address inequality and service improvement.

Additional benefits highlighted are this provides evidence of learning and skills development in the complex communication skills of staff.

Supports staff in responding in an inclusive way to those with communication support needs.

Future sustainability of training will be achieved through inclusion in the SAS Learning in Practise plan for 2016/2017, with intention to roll out the awareness raising training to the full pilot area. The pilot in 2015/2016, has potential for a national rollout in 2016/2017.

Targeting all incoming staff, AAC is now included as part of the VQ3 “communications” training for all new starts, and is delivered Scotland wide from May 2016

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# SURVEY OF WORKING PRACTICES OF SLTS IN IRELAND IN THE FIELD OF AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC)

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Abstract ID: 198 - Abstract Submission

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Mr. Muireann McCleary<sup>1</sup>, Dr. Martine Smith<sup>2</sup>, Dr. Yvonne Lynch<sup>3</sup>

<sup>1</sup>Central Remedial Clinic, <sup>2</sup>Trinity College Dublin, <sup>3</sup>Manchester Met

In 2015 a working group was established to develop guidelines for practice for speech and language therapists working in the field of Augmentative and Alternative Communication (AAC) in Ireland. To provide a context for the guidelines a survey of speech and language therapists working in Ireland was undertaken. The focus of the survey was the work practices of speech and language therapists in relation to AAC. Questions were posed regarding

- the experience of therapists in the area of AAC,
- their confidence in their skill base,
- the processes guiding their clinical decision making process and
- resources they used to inform decision making,
- their perception of the role of the SLT in AAC,
- the role of specialist services in the field of AAC ,
- barriers to AAC implementation and their training needs.

The survey was undertaken using Survey Monkey. 101 speech and language therapists responded from a cross a range of service settings. A range of responses were received. This poster presents the key findings of the survey and explores possible implications for practice and policy development.

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# TALKING MATS TRAINING ACROSS AYRSHIRE AND ARRAN - 3 HEALTH AND SOCIAL CARE PARTNERSHIP FUNDED PROJECTS

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Abstract ID: 123 - Abstract Submission

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Mrs. Linda Page<sup>1</sup>, Mrs. Lisa Clunie<sup>1</sup>

<sup>1</sup>NHS Ayrshire and Arran

Talking Mats is a visual framework that uses picture symbols to help children and adults communicate more effectively about what matters to them.

In November 2014, the Speech and Language Therapy Department submitted proposals to the Integrated Care Funds of the 3 Health and Social Care Partnerships (HSCP) in Ayrshire - East Ayrshire HSCP, North Ayrshire HSCP and South Ayrshire HSCP. The proposals outlined a plan to deliver Talking Mats Training to staff from across the health and social care partnerships in each area, and to 3rd/independent sector staff in each partnership.

The aim of delivering Talking Mats Training and encouraging and supporting staff to use Talking Mats, was to enable children and adults with communication support needs across Ayrshire and Arran to actively engage with services in each partnership, in order to give their views and to make decisions about their lives.

All 3 Health and Social Care Partnerships supported the delivery of Talking Mats training (2015-16) through their Integrated Care Funds and these projects have now finished.

The training proved very successful, and across the 3 HSCP areas over 600 staff attended the training. Talking Mats training courses were advertised widely across the HSCP's for staff to book a place on. Team specific training was also arranged. In order to receive their Talking Mats Certificate, staff attended 2 training sessions, each of 3 hours, and shared a film of a conversation using a Talking Mat.

All delegates were asked to complete pre and post course questionnaires via survey monkey. Analysis of the post course feedback has been very useful and has highlighted that Talking Mats is now being used widely with children and adults across the HSCP's in Ayrshire.

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# TAXONOMIC AND THEMATIC SEMANTIC ORGANISATION OF ADULTS WITH CEREBRAL PALSY

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Abstract ID: 126 - Abstract Submission

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Dr. Alissa Melinger<sup>1</sup>, Prof. Annalu Waller<sup>1</sup>

<sup>1</sup>University of Dundee

Grid-based AAC devices are organised in at least four ways: taxonomic (a hierarchical system of categories), schematic (thematic relations), alphabetic and idiosyncratic. Children normally progress from thematic to taxonomic organisations as the number of vocabulary items increase. However, 1 showed that thematic relations were preferred to taxonomic relations in word-sorting tasks with adults. If thematic organisations are more salient, more easily accessible, or more intuitive, then their efficacy within AAC devices might be under appreciated.

To evaluate the strength and availability of taxonomic and thematic conceptual organisations, 9 non-speaking adult users of AAC and 20 non-disabled university students sorted sets of 9 images into coherent groups. Pictures were selected such that valid groupings could be constructed based around taxonomic (e.g. unicycle, limousine, tractor – types of vehicle), thematic (e.g. bride, church, limousine – weddings), or phonological (e.g. limousine, lion, lake) similarity. For each set, there were two possible organisations. Choices across groups were compared, with proportion of organisation as the dependent variable. Consistent grouping along one dimension would produce a maximum score per trial of 6 pairs.

Results largely found similar patterns between groups, extending the observation that AAC users and non-disabled participants develop generally similar semantic organisations 2. Interestingly, all participants showed a strong preference (2:1) for thematic over taxonomic organisations, when these were in conflict. Phonological organisations were greatly dispreferred by both groups. Literacy did not encourage phonological sorting. These preliminary findings suggest that thematic organisations might be overlooked in AAC design. However, this study is preliminary; several limitations and suggestions for further work will be discussed.

References:

1 Lin, L. E., Murphy, L. G. (2001). Thematic Relations in Adults' Concepts. *Journal of Experimental Psychology*, 130(1), 3-28.

2 Balandin, S., & Johnson, H. (2001). Semantic organisation of adults with cerebral palsy. *Advances in Speech Language Pathology*, 3(1), 1-11.



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# THE IMPACT OF EYE GAZE TECHNOLOGY IN A 2YR OLD CHILD WITH SPINAL MUSCULAR ATROPHY (SMA TYPE1)

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Abstract ID: 46 - Abstract Submission

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Ms. Megan Clayton<sup>1</sup>

<sup>1</sup>The Portland Hospital for Woman and Children

Children with terminal illness are now living longer due to new methods and advances to keep children alive. With Children with Spinal muscular Atrophy (SMA) type 1, severe communication difficulties are predicted while cognitive development is reported to remain unaffected. With this comes the need to develop early communication systems for these young children to live fulfilling, lives whilst having independent thought and control of their environment. Eye gaze technology is not widely used with children to date, however new software has been developed to help support sensory play as well as communicative function using eye gaze tools embedded within a computer.

This poster will highlight how eye gaze technology has been used as a single case study on an intensive care unit with a 2 year old child with SMA type 1. It shows what assessment was used to evaluate potential for success , types of contexts it was used in and will discuss both positive and challenging aspects of it's use in this setting.

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# THE USE OF TALKING MATS© APPROACH TO FACILITATE IMPROVED COMMUNICATION WITH OLDER ADULT PATIENTS WHO HAVE COMMUNICATION SUPPORT NEEDS OR ALTERNATIVE OR AUGMENTATIVE COMMUNICATION (AAC).

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Abstract ID: 192 - Abstract Submission

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Dr. Joan Murphy<sup>1</sup>, Mrs. Jean Alexander<sup>2</sup>, Ms. Ann Mclinton<sup>3</sup>

<sup>1</sup>Talking Mats Ltd, Co Director, <sup>2</sup>NHS Greater Glasgow and Clyde, AAC Project, <sup>3</sup>NHS Greater Glasgow and Clyde, Person Centred Health and Care Programme

A Right to Speak (ScotGov 2012) set out 8 recommendations to improve provision to people who use AAC. Finding out “what matters?” to people using health and care services is crucial to delivering safe, effective, person-centred care; it’s essential to be able to communicate effectively.

Nursing staff in one unit shared the challenges they encounter when communicating with patients with Dementia; to meet patients changing needs, it’s essential staff is enabled to engage as effectively as possible using a variety of approaches and methods.

1. We tested using the Talking Mats© approach to explore how more effective communication could be facilitated, to find out “what matters?” and how this information could more effectively contribute to the patients plan of care and other nursing documentation such as “Getting to Know Me”

2. This informed the provision of recreational activity available on the ward.

A collaboration between the AAC Project; Program for PCHC and ward staff commissioned Talking Mats © team to work with two nursing teams.

What changes can we make to achieve improvement?

The Talking Mats© approach is a visual framework using three sets of picture communication symbols – topics, options and a visual scale – and a space on which to display these. Symbol sets include categories such as leisure and environment, communication, health and well-being, eating and drinking and social care.

How do we know that change is an improvement?

From the overwhelmingly positive feedback from staff and direct feedback from patients: “It (Talking Mats) has shown the person behind the dementia and shown how her memory is still there for many things. She was able to talk about what she liked doing in the past and voice her opinion even now on certain topics e.g. religion and the TV.” picture symbols to interact and communicate more effectively.

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# TOWARDS A PRACTICAL FRAMEWORK FOR MATCHING USERS WITH AAC DEVICES

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Abstract ID: 188 - Abstract Submission

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Ms. Mashaeh Alsaleh<sup>1</sup>, Prof. Roger Moore<sup>1</sup>

<sup>1</sup>University of Sheffield

Since there is no such thing as a typical disability, the customisation of assistive technology is an important design consideration. Moreover, a single patient may suffer from multiple disabilities at the same time. The physical ability of the patient can also limit the designer's ability to create a suitable assistive technology. As result, this increases the need to have a set of guidelines to help practitioners in choosing the appropriate technology. This research focuses on communication disorders. The main components to be considered in augmentative and alternative technologies are the message (signal or stimulus), the receiver (audience, receiver-decoder), the feedback, and the communication environment. The design and customisation of these AAC components can guarantee an acceptable level of performance that allows the user to communicate effectively. Several frameworks and models have been presented in the literature, aiming to characterise the assistive technologies in order to match these technologies with the intended users. However, to the best of our knowledge, these frameworks and models are manual, expert-based, and lack any description of the relationship between the technical aspects (performance measurements) of these technologies and the intended users. The main aim of this research, therefore, is to create and validate an overarching theoretical and practical framework that will be capable of characterising a wide range of alternative input technologies as well as determine the best way to interface them to the appropriate speaking device. Additionally, this framework will incorporate analysis of transfer rates from input to output technologies in order to address the lack of technical description in the existing frameworks and models. This analysis will depend on the intended users' characteristics (list of the characteristics) and the features of both the input and target output.

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# VOICE BANKING - TAKING CONTROL

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Abstract ID: 107 - Abstract Submission

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Mr. Matthew Hollis<sup>1</sup>

<sup>1</sup>MND Association

80-95% of people with motor neurone disease (MND) will experience communication difficulties during their illness. While MND may rob someone of their voice and impact on their ability to remain in control of their identity, voice banking is a process that can be used to help those with the disease maintain their individuality with a personalised synthetic voice. It is important to voice bank early following diagnosis to ensure the voice that is created is of good quality and may not be as costly as you might think.

All that is required is a computer or laptop and a suitable headset microphone. Once set up it is possible to take as long as is necessary, within the constraints of the disease, to record the required amount of phrases, and once completed the synthetic voice can be used in a number of devices or software programs.

Our poster will highlight the importance of voice banking, why it should be done and what is required to do it. We are currently collecting case studies which we will include extracts from to highlight where voice banking has worked well, and also emphasise what can happen if the process is left too late, after someone's voice has started to degrade.

We will show the outcomes of voice banking for people with MND and their friends or families. We will include our conclusions and recommendations to encourage and empower anybody who may feel they need to voice bank to do it early and ensure they maintain their identity even when their own voice is no longer effective.

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# WHAT ARE THE FACTORS THAT SUPPORT OR INHIBIT VOICE OUTPUT COMMUNICATION AID USE? : LIGHTWRITER SL40 USER PERSPECTIVES

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Abstract ID: 163 - Abstract Submission

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Mrs. Katherine Broomfield<sup>1</sup>, Ms. Sam Harding<sup>2</sup>, Ms. Lydia Morgan<sup>2</sup>, Ms. Karen Sage<sup>3</sup>

<sup>1</sup>Gloucestershire Care Services NHS Trust, <sup>2</sup>Bristol Speech and Language Therapy Research Unit, <sup>3</sup>Sheffield Hallam University

**Background:** The Lightwriter SL40 (Toby Churchill) is a voice output communication aid (VOCA) developed specifically for communication aid users who are able to directly access a keyboard. There is a paucity of evidence to guide clinical services in how they can best support VOCA users. Evidence from the users themselves is important, though gathering feedback from AAC users can pose challenges.

**Aims:** To carry out a service evaluation exploring the perspectives of experienced Lightwriter SL40 users about what supports or inhibits their use of VOCA

**Methods:**

**Participants:** Lightwriter SL40 users who received speech and language therapists (SLTs) support around provision and training of their VOCA and who have used their Lightwriter SL40 for more than 2 years.

**Format:** Face-to-face interview, using a topic guide provided to participants in advance of the interview to allow them to prepare answers.

**Analysis:** Interviews were transcribed and analysed using a content analysis to identify common themes. Data coding was checked by two independent coders.

**Results:** Six participants consented, five were interviewed and one completed the topic guide as a questionnaire. Participants described a range of factors that support and inhibit VOCA use and three over-arching themes were identified following qualitative analysis: personal, technology and environment. The impact that the supportive and inhibitive factors had on how individuals used their Lightwriter SL40 varied across the study group. All participants used their devices effectively yet all expressed a desire for more and ongoing support from clinical services.

**Conclusion:** Clinical services may benefit from focusing the support they provide to people when providing VOCAs by establishing a clear understanding of the desired outcomes of the individual, their attitude to AAC and their environment. There is a potential conflict between the support services that users want and the reality of what can be provided.

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# WHAT DOES THE LITERATURE TELL US ABOUT DECISION MAKING AROUND SYMBOL COMMUNICATION AIDS FOR CHILDREN?

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Abstract ID: 194 - Abstract Submission

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Dr. Yvonne Lynch<sup>1</sup>, Prof. Juliet Goldbart<sup>1</sup>, Mrs. Liz Moulam<sup>1</sup>, Mrs. Andrea Kirton<sup>2</sup>, Mr. Simon Judge<sup>2</sup>, Dr. Janice Murray<sup>1</sup>

<sup>1</sup>Manchester Metropolitan University, <sup>2</sup>Barnsley Assistive Technology Team

This poster presents findings from the first aspect of a three-year project funded by the National Institute for Health Research (NIHR) via their Health Services and Delivery Research Programme. The project is tagged as I-ASC and refers to the project title: 'Identifying appropriate symbol communication aids for children who are non-speaking: enhancing clinical decision making' (HS&DR: 14/70/153)

This project is led by Dr Janice Murray, Manchester Metropolitan University, in collaboration with Simon Judge, Barnsley Assistive Technology Service and Dr David Meads, University of Leeds.

The main aim of I-ASC is to enhance decision making around the provision of symbol communication aids.

This poster describes results from systematic reviews of the research literature.

Systematic reviews offer a way of appraising the published research evidence about a specific topic (research question). We have carried out three linked systematic reviews to help inform the I-ASC research project:

- (i) speech, language and communication development with specific reference to children using symbolic communication aids;
- (ii) the language and communication characteristics considered in decision making, with regards to both the child and the communication aid; and
- (iii) the process of clinical decision making associated with aided communication by allied health professions.

This poster is intended to focus on the first literature review looking at speech, language and communication development, however, we may include aspects of reviews (ii) and (iii). We will provide a summary of the method used to search and appraise the literature and the search strategy used. The method used in this systematic review has been published on PROSPERO (a national register of systematic reviews):[http://www.crd.york.ac.uk/prospero/display\\_record.asp?ID=CRD42016036785](http://www.crd.york.ac.uk/prospero/display_record.asp?ID=CRD42016036785)

The poster will provide a summary of the outcomes of this review in terms of the amount, quality and type of evidence found. It will also suggest how it has informed further aspects (work packages) of the on-going project.

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# ‘COMPLEX COMMUNICATION NEEDS : NURSING THE PATIENT WITH MOTOR NEURONE DISEASE , A PALLIATIVE CARE PERSPECTIVE .

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Abstract ID: 144 - Abstract Submission

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Mrs. Fiona Kerr<sup>1</sup>, Mrs. Jean Alexander<sup>2</sup>

<sup>1</sup>NHS Greater Glasgow and Clyde, Palliative Care Team, <sup>2</sup>NHS Greater Glasgow and Clyde

Palliative Care is a vital part of the support offered to people living with or dying from Motor Neurone Disease . The Palliative Care Nurse requires advanced verbal and non verbal communication skills in order to facilitate discussion about disease trajectory ,symptom management and the patients’ wishes for the future.

This process can be more challenging when there is a need for AAC strategies or devices

AIM: A case study of a hospice patient combined with a literature review was undertaken to establish what communication difficulties can be experienced by nursing staff caring for a patient with MND. The intention being to identify ways in which nurses can improve their knowledge of AAC to better care for this patient group; and identify assessment tools which can assist with achieving the most appropriate AAC methods.

Conclusions: Patients report frustration and dissatisfaction with care when communication is impaired. Nurses report similar frustration along with feelings of guilt and helplessness when they are unable to meet patients needs. Lack of time was perceived to be a major barrier to effective communication between nurses and patients. Nurses lack of knowledge of AAC was recognised as a barrier to effective communication. Findings confirmed holistic assessment is vital to achieving the most appropriate AAC, with a requirement for Nurses to become involved in this multidisciplinary process.

Next steps : Evidence suggests there is scope for increased education for nurses and student nurses to support their understanding of AAC and their ability to assess and support its use with patients. The use of the Communication Matters Case Study form (Murray et al. 2014) could be a useful tool to support this. This will be highlighted as part of the AAC project, taking forward, planned discussions with senior nursing and nurse educators, as part of a sustainability plan.

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# “BECAUSE THERE ISN’T ONE”: JOURNEY TOWARDS A COMPREHENSIVE ASSESSMENT TOOL FOR AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC) FOR ADULTS

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Abstract ID: 196 - Abstract Submission

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Ms. Laura Renfrew<sup>1</sup>, Ms. Nicola Woodside<sup>1</sup>

<sup>1</sup>NHS Greater Glasgow and Clyde

At present there is no universal AAC model for assessment (Raghavendra, Bornman, Granlund and Bjorck-Akesson, 2007). For individuals with complex communication needs, the goal is to support them to communicate as independently and effectively as possible (Beukelman & Mirenda 2005) and promote meaningful participation in daily life (Blackstone and Hunt-Berg 2003). Supported by the NHS Greater Glasgow and Clyde AAC project, two Speech and Language Therapists (SLTs) working in community rehabilitation teams attended MSc Masters modules on evidence based practice in complex communication needs. They recognised that to improve outcomes for adults who may require AAC, they had to ensure they were collecting information based on evidence based practice.

Although standardised assessments for speech, language, voice and cognitive linguistic function exist, it was recognised they alone do not adequately represent the complex presentation of some individuals and AAC. Furthermore, impairment specific assessments do not capture and reflect all the information provided by the wider network e.g. multi-disciplinary team, the individual, family, carers.

## Method

Based on examination of theoretical frameworks and best practice, an assessment tool was devised to include standard information on physical and communication impairment levels whilst incorporating frameworks such as WHO ICF(2001), Light’s Communication Competencies (1989), Beukelman and Mirenda’s assessment principles (2013) and Social Networks (Blackstone and Hunt-Berg 2003).

The assessment tool has been distributed for SLT peer review and is currently being piloted. The pilot is due to end in June 2016. It shall then undergo further review with the aim of being rolled out to other services involved in AAC assessment.

## Outcome/conclusion

There is an appetite for a comprehensive tool which allows the collation of the complex multi-faceted information involved in any AAC assessment process. This piece of work aims to fill this gap.



# **EXHIBITOR PRESENTATIONS**

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## AAC - CHOOSING THE RIGHT SOLUTION

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Abstract ID: 222 - Exhibitor Session

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Mr. Steve Smith<sup>1</sup>, Mr. Russell Smith<sup>2</sup>

<sup>1</sup>Dad In A Shed, <sup>2</sup>Dad

AAC covers a broad range of equipment, services, software and solutions, but how do you know what is the right one? Dad In A Shed believe that proper assessment and implementation is the key to finding the answer.

During the session all avenues of AAC will be explored, from the low tech, such as adapted styli, through mid tech switch access, and high tech devices such as iPads and Eyegaze Systems.

The benefits and drawbacks of each technology will be discussed and questions will be raised regarding what is currently driving the AAC market. Is it marketing, colleague recommendation, sticking to what you know or thorough assessment and trial of a range of devices that ultimately leads to the user's device?

The talk will focus on demonstrating that one product isn't necessarily the go to device that should always be implemented, it will explore the alternative access methods and discuss how to assess users with a range of equipment.

There will also be demonstrations of a range of kit, from low tech adapted styli and traditional products, through the most commonly used apps, up to high tech eye gaze systems.

Users will leave the session with a better understanding of the market and it's products and services as a whole, and with the knowledge of how the right implementation can make a massive positive impact on a user.

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## CROSS PLATFORM USE OF PREDICTABLE - FROM SMARTPHONE TO EYE TRACKING

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Abstract ID: 215 - Exhibitor Session

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Ms. Rebecca Bright<sup>1</sup>

<sup>1</sup>Therapy Box

Therapy Box will demonstrate how their award winning app, Predictable, can be used across iOS, Android and Windows platforms. It has been designed to enable people who need the app to use it as their physical and communicative needs change. The range of accessibility features developed to cater to a range of physical needs; the intelligent word prediction and the ability to use voice and message banking, means it caters to a wide variety of AAC users. What more, it is now possible to use the app on Windows opening up the option for access via eye tracking. Our approach in making sure you can start with the app on an iPhone or Android smartphone, move to a larger tablet and switch and then on to eye tracking on a Windows device (without having to reprogramme your content) means that it has longevity and flexibility.

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## DIGITAL TALKING MATS: PHASE 2

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Abstract ID: 69 - Exhibitor Session

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Dr. Joan Murphy<sup>1</sup>, Ms. Margo Mackay<sup>1</sup>

<sup>1</sup>Talking Mats Ltd

This session will focus on the updated version of Digital Talking Mats.

Following a process of integrating feedback from our customers Phase 2 of the Digital Talking Mat (DTM) is now complete. The features include:

- Easy access to a wide range of symbol sets relating to health and well-being, structured in thematic groups. The design means you cannot lose or mix the symbols up.
- An intuitive design which automatically prompts the user through the Talking Mat framework
- An ability to import relevant photos or images from your camera role or web to personalise the mats or create sub-mats.
- A secure log on to protect confidentiality
- Storage of previous mats on the internal DTM filing system allows reflection and progress evaluation
- Facility to email completed mat, additional comments and action plan directly to relevant team members.

Our customers have told us that a subscription model is challenging for organisations to manage so we have shifted to a one off purchase. We understand that organisations will require their staff to have more than one log on and we have a scheme to allow people to do that at a significantly reduced cost.

The presentation will include a demonstration of the Digital Talking Mats in Action and explain the new purchasing model for individuals and organisations.

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## FIRST WORDS - TRANSITIONING TO AAC

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Abstract ID: 221 - Exhibitor Session

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Mr. Dougal Hawes<sup>1</sup>, Ms. Andrea McGuinness<sup>2</sup>

<sup>1</sup>Smartbox, <sup>2</sup>Center for AAC and Autism

In the age of tablets and smartphones, our children are conditioned to exciting, dynamic content that is designed to entertain. So what chance do we have of implementing a symbol based AAC solution for a child when the content appears bland and the benefits initially unclear to their young minds.

This talk focuses on the challenges of introducing children to assistive technology, alternative access and alternative communication. Through examples of software and resources that provide motivating, animated content, we will explore new approaches to this challenge.

Case studies will be used to illustrate how reluctant learners have been motivated by this approach to become competent communicators.

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## GIVING PUPILS A VOICE IN THE CLASSROOM – CLICKER COMMUNICATOR

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Abstract ID: 106 - Exhibitor Session

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Mr. Jordan Butel<sup>1</sup>

<sup>1</sup>Crick Software Ltd

Clicker Communicator is the child-friendly AAC app that gives a voice to learners with speech and language difficulties.

This session will focus on how Clicker Communicator enables children to take an active vocal part in the classroom. Jordan Butel will demonstrate how quick and easy it is to provide children with all the curriculum vocabulary they need, whether they are retelling a story, discussing a science experiment, taking part in a survey or talking about their likes and dislikes.

Jordan will explore the exciting range of free ready-made Vocabulary Sets that come with the app and also show you how to create your own subject-specific sets on the fly.

“Clicker Communicator is allowing teachers and parents to unlock what is in these children’s heads. They are finally able to tell us about their day and about their inner thoughts. They have all of these wonderful thoughts; we just needed Clicker Communicator to unlock them.”

- Amanda Mikulsky, Occupational Therapist

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# INSIGHT - INTELLIGENT LEARNING ANALYTICS FOR STUDENTS WITH COMPLEX NEEDS

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Abstract ID: 218 - Exhibitor Session

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Ms. Sandra Thistlethwaite<sup>1</sup>

<sup>1</sup>Inclusive Technology Ltd

Inclusive Technology are proud to announce the results of their two year Research and Development project to bring you a revolutionary new Individualised Learning System specifically designed for students with complex learning difficulties and disabilities.

Insight is the world's first intelligent learning system that provides objective and detailed measurement and analysis of early vision, cognition and interaction behaviours using eye gaze technology.

## Core Skills Assessment

- The first ever intelligent learning system to offer objective measurement of the core skills essential for early learning.
- Uses Intelligent Analytics, based on real data, designed to meet the needs of students with complex physical, intellectual and sensory disabilities.
- Ongoing assessment and analysis provides a true insight into abilities – a powerful tool for educators.

## Progression Map

- 100's of specially designed activities arranged in a Progressive Road Map of skills with small incremental steps to ensure success and motivation at each learning stage.
- Mapped to well-respected special education assessment and teaching techniques plus the latest clinical theories.
- A wide variety of new and exciting content to engage all learners.

## Intelligent Analysis

- Unique detailed analysis and interpretation of student's behaviours.
- Provides an invaluable insight into students' strengths and areas of difficulty helping inform teaching practice.
- Unique calibration and device independent analysis to include all learners.

## Progress Tracking

- Track performance in all learning goals to give a snapshot of overall skill progression.
- Evaluate performance over time.
- Compare individual's performance to that of similar peers' across the globe – another world first!

## Intelligent Scheduling

- Intelligent suggestions are offered to guide activity choices based on scores, skill progression plus data from peer groups.
- Activities are recommended across a range of learning goals to suit individualised learning styles.

Presentation includes case studies and current analysis reports.

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## INTRODUCING THE NEW CHAT FUSION

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Abstract ID: 54 - Exhibitor Session

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Mr. Dave Hershberger<sup>1</sup>, Ms. Rachel Smitheman<sup>1</sup>

<sup>1</sup>Saltillo Corporation

Introducing the New Chat Fusion and the latest devices from Saltillo.

We will be looking at the exciting new resources and features available for the latest Chat Fusion and NOVA chat devices including screen capture and data logging using the popular Realize Language resource, ideal for measuring effective AAC outcomes.

We will be looking at the range of access methods available on these popular Android AAC devices including the new ChatPoint Headpointing solution.



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## IT'S EASY WITH EASYCHAT

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Abstract ID: 58 - Exhibitor Session

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Mr. Mark Street<sup>1</sup>

<sup>1</sup>Liberator Ltd

easyChat is a new exciting vocabulary suite from Liberator, this presentation covers the range of vocabularies, features and is ideal for all ages with symbol and text based variants.

easyChat is a symbol based vocabulary program which uses the popular SymbolStix and PCS icon sets. It is available for the Accent range of communication devices. easyChat is easy to teach, easy to use and easy to support.

The suite of vocabularies include;

easyChat Phrases is ideal for the beginning communicator and with 28, 36 and 45 locations it offers a wide range of words, carrier phrases and sentences as well as “core” words for the opportunity to begin novel sentence building. easyChat Phrases is consistent with other easyChat vocabulary sets allowing the device user to transition to larger vocabularies easily and with minimal support or relearning.

easyChat is available in 36, 45 ,60 and 84 locations, easyChat is organised in an easy and intuitive way, with the most common words arranged by parts of speech on the easyCore home page. The extended interest, daily life and lesson based vocabulary is available from the easyTopics pages.

The easyCore home page makes sentence building quick and efficient giving access to the most frequently used words.

The easyTopics pages include a wide range of subjects and interests from authors to zoo animals. These UK vocabulary pages can enable the user to talk about their interests, school lessons and chat socially whilst reducing the need for hours of programming.

easyChat Words is a text based version of easyChat, offering the same great features and vocabulary but with literate individuals in mind.

easyChat supports the use of Environmental Controls, Mobile Phone Connectivity, easyComputer with access to Windows, Social Media, Email, Internet, Word Processing.

Access available by touch, switch, joystick, NuPoint HeadPointing and NuEye Eyegaze.

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# LOW TECH COMMUNICATION SUPPORT AND TRAINING, WITH RESOURCES, FOR LITERACY AND CURRICULUM ACCESS

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Abstract ID: 211 - Exhibitor Session

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Ms. Marion Stanton<sup>1</sup>, Ms. Saffron Murphy-Mann<sup>1</sup>

<sup>1</sup>Communication and Learning Enterprises Limited

The ability to demonstrate understanding of the purpose of a communication aid is an essential prerequisite for referral to specialist NHS services for a communication aid assessment. The use of a low tech communication system is an ideal way to begin to demonstrate this understanding and also a gateway to more sophisticated communication systems. Even when a high tech system is obtained a low tech back up will remain essential. CandLE have been working with a number of commercial and bespoke low tech communication systems and can offer support in developing a system to meet individual needs. Examples of the kind of systems we can support will be demonstrated.

Our training courses range from short, half day, taster sessions to two day intensive courses. The totality of the courses we offer would cover 6 days but institutions can mix and match from amongst a range including:

- . Making the best use of the iPad for communication and curriculum access.
- . Access to the mainstream curriculum for students with complex needs.
- . Literacy Programmes for students who rely on AAC at all levels of ability.
- . Assessment procedures to establish the literacy learning needs of individual students.
- . Using your high tech communication vocabulary for much more than talking.
- . Taking account of Neuro Motor issues when planning access to learning and communication.
- . Using AAC to support person centred planning in transitions and other times when person who relies on AAC needs to make decisions.

CandLE have recently obtained accreditation to deliver the AAC City and Guilds nationally. This is a course that students who rely on AAC can take in the use of their system.

All of the above will be described in this session with a question and answers slot built in.

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# MAGIC CARPET, MULTIMODAL ACCESS & COMMUNICATION

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Abstract ID: 225 - Exhibitor Session

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Mr. Lee Blemings<sup>1</sup>

<sup>1</sup>Sensory Guru Ltd

Magic Carpet has long been associated with sensory room exploration, offering a wealth of cause and effect learning and therapeutic activities. Until now, Magic Carpet has not really featured in a communication context.

Sensory Guru has spent the past two years redeveloping and refining Magic Carpet. The software now benefits from innovative new features like any device control; tools to make your own apps; 1000+ high quality apps, including a communication scene suite comprising over 100 apps with PCS Symbols, Text and Voice Output.

This new system offers something for users of all ages and abilities and can easily be tailored to meet the needs of any user owing to its support for motion, eyegaze, mouse and touch access.

This presentation will explore the enhanced potential for Magic Carpet as a therapeutic tool to be used with individuals and groups, and provide an overview of how effective it can be in learning, communication and leisure settings.

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# MODERN MOUNTING – CONTEMPORARY SOLUTIONS FOR TRADITIONAL CHALLENGES

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Abstract ID: 226 - Exhibitor Session

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Mrs. Esther Dakin<sup>1</sup>, Mr. Matthew Tennent<sup>1</sup>, Mr. Billy Hunter<sup>1</sup>

<sup>1</sup>Smile Smart Technology Ltd

Collaboration between professionals to provide effective mounting is essential to establishing maximum capacity for user independence.

In this talk we will emphasize what we see as the ‘nexus’ quality of mounting and it’s now pivotal role in the growing interdisciplinary world of assistive technology.

The progress in technological advancement and complex provision makes the need for a co-ordinated approach to mounting increasingly crucial. Whether using mounted devices for teaching, access or environment the fundamental tenet of today’s mounting theory must be to enable the greatest access, with the least encroachment upon the natural movement of the individual.

The move to lighter-weight mounting systems as pioneered by Rehadapt some 7 years ago has led the way to enabling ‘more amenable’ optimization of function. Today we would encourage the move to using the most discreet mounting options available, with the practice of minimal mounting. We champion the notion of ‘NEAT, DISCREET & PRACTICAL’.

Establishing historical mounting system benefits and their drawbacks, we move on to highlight the most effective contemporary resources. We will elaborate upon the very latest systems and practical theories for optimum enablement in the unique physical settings of the UK market. SMILE have developed adaptations to overcome the architectural challenges that the UK presents, challenges that standard European products do not account for. We shall focus upon good-fitting practices to advance awareness of the ‘Christmas tree effect’ seen in mount applications by those attempting to overcome the European-UK variance.

We will press for the need to reform the regressive perception of wheels and health on the one side against speech and education on the other. Progressive provision for optimum care requires an essential shift to maintain momentum with the technology we use, for a collaborative ‘holistic’ approach and a move away from now outdated divides.

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# SCORE VOCABULARY PACKAGE FOR MIND EXPRESS

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Abstract ID: 219 - Exhibitor Session

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Mr. Ian Foulger<sup>1</sup>

<sup>1</sup>TechCess Communications Ltd

‘Score’ a comprehensive core & fringe based AAC page set.

The basic idea of Score is to provide an AAC strategy based on an effective combination of core and fringe vocabulary. To support the language development of the AAC user is the first and foremost goal. As a result Score will help the users to improve their communication skills.

Score is a result of years of research at the University of Cologne. It consists of a set of tools, both low tech - like a communication binder - as well as high tech on a SGD. The materials differ in complexity but, all have the same structure and similar position of the words. The high frequency words (the core vocabulary) are provided as a frame around the topic pages (fringe block). This way the core vocabulary is always visible and accessible. The core vocabulary is organized by word classes taking the effectiveness of motor planning into account. The fringe vocabulary is alphabetically sorted by topics and sub-topics. On the SGD these topics appear in the central dynamic part. The selection and position of the core vocabulary is based on research data from a study performed by Prof. Jens Boenisch, University of Cologne, Germany. He collected and analysed speech samples in the San Francisco Bay area in 2011/2012.

While users learn to communicate with Score they have the opportunity to develop more and more language skills. Therefore the use of morphology is facilitated which is important, as it helps communicators to express more exactly and to be better understood. On the SGD the grammar functions are implemented in such a way that users can create, by trial and error if needed, grammatically correct sentences. Mistakes can easily be corrected during the sentence building.

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# THE PATHWAY TO AAC, LITERACY AND LEARNING WITH SNAP SCENE AND BOARDMAKER ONLINE

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Abstract ID: 216 - Exhibitor Session

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Mrs. Tina Voizey<sup>1</sup>

<sup>1</sup>Tobii Dynavox

Starting on the path towards AAC with a child or person with cognitive impairment whilst growing literacy and learning can be a complex and difficult task. Where to begin applying best practice and proven techniques whilst trying to keep things simple and straightforward can be a tricky combination. Adding a complex access method into the mix means options can become restricted resulting in interest and engagement shutting down.

In this session we will look at Snap Scene and Boardmaker Online which give adaptable and easy to use solutions for creating engaging, exciting and accessible resources for both end users and those supporting them.

We will demonstrate Snap Scene and how to take a photo, tag it with recordings and labels allowing anyone to communicate on the fly in a language enriched environment. It is the perfect tool for sharing information, expressing needs and wants, introducing new words and concepts which can then be combined to express more complex ideas. All whilst initiating and maintaining social interaction.

We will also walk through Boardmaker Online, a new technology based on a classic AAC staple. You will learn how to use the familiar interface to create engaging and inclusive materials, communication boards, games and activities. Whether starting off with a template, creating something from scratch or updating an older resource, we will show you how to breathe new life and higher levels of engagement into your symbol supported paper and play based provision.

And as Snap Scene and Boardmaker Online can be used on everything from iPads to eye gaze there is no need to worry about accessibility or inclusion whilst learners are put on the path towards finding their voice and the 'Power to Be You!'

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# THE PROXPAD – TOUCHY FEELY SUPPORT FOR COMMUNICATION AND LEARNING

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Abstract ID: 224 - Exhibitor Session

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Mrs. Sandra Hartley<sup>1</sup>

<sup>1</sup>Logan Technologies

The ProxPAD offers multisensory support for communication and learning. Its ease of use makes it adaptable for a wide range of settings and uses.

The session will explore ideas and experiences of how the ProxPAD can be used and what it can add to your clinical armoury. The ProxPAD offers tactile, motor, auditory and visual support in one small package.

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## TOBII DYNAVOX UPDATE

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Abstract ID: 217 - Exhibitor Session

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Mrs. Tina Voizey<sup>1</sup>, Mr. Rob Gregory<sup>1</sup>

<sup>1</sup>Tobii Dynavox

It's been an exciting year for the Tobii Dynavox UK team and product line!

We've seen our portfolio grow and our technologies move from strength to strength. We're in a position to provide better and bolder offerings and services. We're giving our current and future customers new and exciting device choices, accessibility solutions and software options whilst improving and enhancing older models and technologies.

Please join us for a session which will highlight the best of what's happened and what's to come all in our effort to give you the 'Power to Be You!'



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## UPDATE FROM LIBERATOR

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Abstract ID: 53 - Exhibitor Session

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Mr. Mark Street<sup>1</sup>

<sup>1</sup>Liberator Ltd

Liberator are renowned for offering a extensive range of Augmentative and Alternative Communication Devices and vocabulary options.

We will be exploring the new range of exciting vocabularies from Liberator and the latest in our AAC Solutions.

We will be looking at easyChat, Essence, The Grid 3 as well as looking at alternative access methods including Eyegaze and Headpointing on the Accent range.

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## WHAT'S NEW AT SMARTBOX

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Abstract ID: 195 - Exhibitor Session

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Mr. Nick Ward<sup>1</sup>, Mr. Dougal Hawes<sup>1</sup>

<sup>1</sup>Smartbox

Our annual presentation at CM looks back at all Smartbox releases over the past 12 months, as well as a look at what to expect in 2017.

We will be showing our full range of Grid Pad devices and exploring the different sizes, features and access options that are designed to suit different user needs. There will also be the chance to see some exciting Grid 3 developments, including new AAC resources.

CM conference is also a great opportunity to launch new products, so expect a surprise or two as we reveal what is coming soon from Smartbox.

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## WHAT'S NEW FROM TECHCESS?

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Abstract ID: 59 - Exhibitor Session

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Mr. Ian Foulger<sup>1</sup>

<sup>1</sup>TechCess Communications Ltd

Presentation showcasing new products from Techcess, including the new Zingui 2 and new features of Mind Express 4 including integrated support support for all major eye gaze devices.

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## WHAT'S NEW IN PROLOQUO2GO AND PROLOQUO4TEXT

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Abstract ID: 68 - Exhibitor Session

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Dr. David Niemeijer<sup>1</sup>

<sup>1</sup>AssistiveWare

In this session we will provide an overview of the new features in Proloquo2Go and Proloquo4Text, our popular AAC solutions. Proloquo2Go, our symbol-based AAC solution for iOS, now offers Gateway to Language and Learning as an in-app purchase. Gateway is a one of the original core word vocabularies, first introduced in 1998, with an emphasis on efficiency and support for language learning. Gateway has expanded and improved over the years, and Gateway for Proloquo2Go offers new features such as five vocabulary levels and grid sizes up to 10x14. Gateway joins Crescendo, the innovative core word vocabulary included with Proloquo2Go, giving even more options for symbol-based communication on a powerful and well-supported platform.

It's been a great year for Proloquo4Text as well. We've listened to feedback from our users and made the experience of communicating with our text-based AAC solution even easier. Come see the new full screen view and flip text features, which allow you have a conversation in a noisy environment by showing what you've typed. And, to have a full and unobstructed view of the Text Pad, hide the Quick Blocks with just one tap. We've also streamlined the edit mode, improved our built-in help, and made the iPhone user interface more consistent with the iPad version. And speaking of iPad, we now have full support for iPad Pro, with split view mode so you can have another app side by side with Proloquo4Text!

Whether you use symbols or text to communicate, we have something to show you. Join us to learn more about communicating with Proloquo2Go and Proloquo4Text!

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## WIDGIT ONLINE - CREATE, SAVE AND SHARE SYMBOL RESOURCES

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Abstract ID: 190 - Exhibitor Session

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Ms. Amy Follows<sup>1</sup>

<sup>1</sup>Widgit Software

In this session, Amy Follows will introduce you to Widgit Online, Widgit's innovative new online service.

- \*\* Create symbol resources quickly by using a wide range of templates
- \*\* Share resources with colleagues and classmates
- \*\* Choose to publish resources for the world to see
- \*\* 14,000 Widgit Symbols with free automatic symbol updates

See different examples of how primary, secondary and special schools have used Widgit Online to make an impact on the children's reading, writing and curriculum progress.

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## Author Index

- Abdulqader E. 76  
Al Khina K. 77  
Alexander J. 44, 83, 88, 66, 93  
Alsaleh M. 89  
Baillie D. 66  
Baines D. 82  
Balaam M. 76  
Balasubramanian S. 3, 4  
Banes D. 11  
Bano S. 72  
Basu A. 76  
Bates P. 64  
Bates K. 13  
Battye A. 10  
Beckett A. 23  
Black R. 72  
Blake-Knox A. 80  
Blemings L. 105  
Bornman J. 18  
Bouazza-Marouf K. 1  
Bradley S. 45, 57  
Briers J. 34  
Bright R. 97  
Broomfield K. 91  
Browning N. 45, 62  
Burke C. 20  
Burnford H. 78  
Butel J. 100  
Callander G. 47  
Cargill L. 6, 36  
Caryer K. 58  
Cave R. 59  
Chandy B. 3, 4  
Chung C. 25  
Clark R. 8  
Clarke M. 22, 27, 33, 40  
Clayton M. 87  
Clunie L. 85  
Cooper R. 22, 33  
Cooper D. 50  
Cotterill C. 77  
Cowap D. 60  
Croucher L. 22, 33  
Cummins K. 25  
Dakin E. 106  
Daly D. 80  
Darley S. 81  
David J. 3, 4  
Derwent G. 21, 39  
Dixon H. 61  
Dormedy R. 10  
Downie S. 47  
Downie P. 83  
Draffan E. 82  
Draffan E. 11  
Dunman H. 9  
Farrand L. 45  
Featon S. 15  
Follows A. 115  
Foulger I. 107, 113  
Foy C. 79  
Galbraith A. 66  
Gaur A. 1  
Goldbart J. 92  
Govender L. 31  
Gregory R. 110  
Griffiths T. 22, 27, 33  
Harding S. 91

---

Harris C. 16, 19  
Harrison J. 83  
Hartley S. 109  
Hawes D. 99, 112  
Hayward C. 20  
Hazell G. 55  
Healy V. 37  
Hershberger D. 102  
Hewett P. 42  
Hewson T. 19  
Hollis M. 90  
Hunter B. 106  
Hynan A. 81  
Idris A. 11  
Idris A. 82  
Jackson D. 76  
Jans D. 71  
Judge S. 35, 92  
Kadous A. 11  
Kadous A. 82  
Kennedy J. 25  
Kerr D. 1  
Kerr F. 93  
Kirton A. 81, 92  
Knight E. 26  
Kristensson P. 72  
Ladbroke S. 8, 75  
Law G. 60  
Lee W. 26  
Lynch Y. 2, 35, 84, 92  
Mackay H. 10  
Mackay M. 98, 65  
Macleod K. 13  
Marden J. 14, 54  
Marriott W. 63  
Marriott R. 63  
Marriott S. 63  
Martin S. 12  
McCallum K. 5  
McCallum K. 15  
McCallum K. 70  
McCallum K. 7  
McCleary M. 84  
McDonald C. 31  
McGuinness A. 99, 32, 38, 56  
McIntyre F. 5, 28  
Mcgregor A. 25  
Mckenna S. 72  
Mclinton A. 88  
Mcnaney R. 76  
Mears K. 73  
Melinger A. 72, 86  
Meredith S. 35  
Moore R. 89  
Morgan L. 91  
Morwane R. 18  
Moulam L. 92  
Moulam B. 52  
Moulam L. 35  
Murphy J. 98, 88, 67  
Murphy-Mann S. 74, 104  
Murray J. 35, 92  
Niemeijer D. 54, 114  
Norrie C. 72, 51  
Olivier P. 76  
Page L. 85  
Panesar G. 22, 33  
Parkhouse C. 41  
Pennington L. 76  
Pistorius M. 17

---

Porter G. 24, 46  
Potter D. 51  
Power H. 32, 38  
Prabhu V. 3, 4  
Price K. 22, 33  
Pugh D. 30  
Punt R. 83, 66  
Quiller H. 43  
Randall N. 48  
Randeree J. 33  
Rashid Z. 72  
Reddington J. 7  
Reeves A. 21  
Renfrew L. 69, 94  
Rewaj P. 71  
Roberts D. 60  
Robinson A. 66  
Rumble G. 53  
Sabia O. 11  
Sabia O. 82  
Sage K. 91  
Sargent J. 22, 33  
Sefotho M. 18  
Shand L. 44  
Shepphard D. 83  
Skeil D. 3, 4  
Small K. 12  
Smith R. 96  
Smith G. 41  
Smith S. 96  
Smith M. 2, 84  
Smith S. 8, 75  
Smitheman R. 102  
Soto G. 40  
Stanton M. 74, 104, 55  
Stephen R. 3, 4  
Stevens S. 64  
Stockwell K. 76  
Street M. 36, 103, 111  
Sutton A. 1  
Swettenham J. 22, 27, 33  
Synthia B. 3, 4  
Taylor C. 69  
Tennent M. 106  
Thistlethwaite S. 101  
Todd C. 29  
Touliatou M. 10  
Travers T. 62  
Upton E. 27  
Van Der Walt C. 78  
Voizey T. 108, 110  
Wade W. 45, 57  
Wald M. 11  
Wald M. 82  
Wallace D. 66  
Waller A. 25, 86  
Waller A. 72, 51  
Walters L. 49  
Ward N. 112  
Williams C. 60  
Williams R. 62  
Woghiren A. 22  
Woodside N. 69, 94  
Yerbury B. 37  
Zeinoun N. 11  
Zeinoun N. 82  
Zhang J. 72  
van Berckel J. 56



