



Augmentative and Alternative Communication (AAC) Services Standards

(Version 1.2)

August 2012



Table of Contents

Introduction

- Page 1 Rationale for developing AAC Service Standards
 - Page 6 Fundamental Quality Statements for AAC Services
 - Page 7 Audit
 - Page 7 The Assessment Process
 - Page 15 Training to support Implementation
 - Page 16 On-going implementation
 - Page 21 Appendix 1 - Numbers of individuals
 - Page 22 Appendix 2 - Current commissioning arrangements
 - Page 25 Appendix 3 - Additional Key Policy Papers and Good Practice Documents
 - Page 26 Appendix 4 - Communicative Competence
 - Page 27 Appendix 5 - Glossary
 - Page 28 References
- Tables - AAC Service Quality Statements

Quality Standard for AAC Services

Introduction

This Quality Standard will provide accepted and recognised quality statements against which an AAC Service can be measured.

This will help:

- individuals who use AAC, their families and support workers, to understand what they should be able to expect from current services and the standard that services should aim to achieve after they undertake a reasonable period of development.
- AAC service providers to know what standards they are expected to deliver currently and which to aim to deliver in future.
- those commissioning AAC Services by providing a set of minimum standards against which to measure the services being purchased.

The person or individual who uses AAC will be referred to as the 'AAC speaker' or 'he' throughout the document. The document covers both child and adult services in England currently.

This document has been created and reviewed by a number of professionals, family members and carers and will be further reviewed in 18 months time. The review will be led by a Communication Matters trustee with a review panel of six, including at least one person who uses AAC, and circulated to the Communication Matters membership with a consultation period of a month.

In the meantime, please pass comments to Patrick Poon admingroups@communicationmatters.org.uk





Rationale for developing AAC Service Standards

A person with a communication impairment can be supported to communicate using AAC techniques and equipment. Communication impairments may result from conditions such as cerebral palsy, learning difficulties, autism or, for adults, may be a symptom of a range of conditions including stroke, cancer, brain injury and neurological diseases such as Parkinson's, Multiple Sclerosis or Motor Neurone Disease. Over the last 20 years the potential for AAC Services to support people with communication impairment has increased significantly, due to the technological advances of specialist and mainstream communication technologies. A history of under funding, a lack of commissioning good practice and a lack of support to practitioners such as Speech and Language Therapists¹ has led to an unacceptably unequal level of AAC Service provision across England. This has been noted in relation to children and young people's AAC Services in 2008 in the Bercow Report² and in 2010 by Jean Gross in the Office of the Communication Champion (OCC) Report³.

It is important to have guidance in this area as there is no statutory body that oversees the provision of AAC Services, strategies and equipment. These services are provided by a wide range of organisations, including statutory, third sector and independent practitioners. These standards provide the measure by which those providing AAC Services can be assessed.

Consultation

This work originated at a meeting at the Communication Matters Conference 2007, which resulted in the AAC Code of Conduct. Consultation on the AAC Services Standards took place from September 2009 - January 2011.

This document has been developed with input from people who use AAC, their families and support workers as well as professionals. Opportunities to participate and to provide feedback on the developing Standards were created. Publication in the Communication Matters email newsletter informed approximately 3,500 people. In addition, targeted consultation of the Standard was undertaken at the Communication Matters Conference 2010 with families and individuals who use AAC. At the heart of this work is the right of people of all ages to be consulted as experts about services that are relevant to them.

What is Augmentative and Alternative Communication (AAC)?

Augmentative and Alternative Communication (AAC) includes a "... range of techniques which support or replace spoken communication. These include gesture, signing, symbols, word boards, communication boards and books, as well as Voice Output Communication Aids (VOCAs)." www.communicationmatters.org.uk

Communication Matters is the sole organisation in the UK that champions the needs of people who could or would benefit from AAC strategies and equipment regardless of age, condition or geography. Members include people who use AAC and their families, support workers, professionals working in the field as well as manufacturers and distributors of communication systems and associated equipment.

Communication Matters' vision :

"A world where all individuals have a right to a 'voice'
through the provision of equipment and ongoing support services."



Quality Standard for AAC Services

Why do we need a Quality Standard for AAC Services?

People of all ages with speech, language and communication needs have the right to be consulted, to access education, training, work and to communicate with family and friends and their wider social networks. In order to meet this right, those who need AAC to convey their thoughts, feelings, wishes and opinions need support through the provision for assessment, introduction and implementation of AAC strategies and equipment. This provision needs to be offered and delivered in a timely manner.

The World Health Organisation (WHO) recognises disability as a universal human experience. WHO has shifted focus from the medical cause to the social impact of all health conditions, including speech impairments. The implication is that personal, professional and service outcomes can be measured not just via the provision of equipment and resources but also by improving the individual's access to the environment. Approximately 0.6% of the population will require AAC at some point in their lives. (See Appendix 1 for further details on prevalence).

Application of the Quality Standard for AAC Services

This Quality Standard is intended to document the minimum service levels that any person who needs AAC can expect through child or adult services.

Currently, a broad range of individuals and organisations provide AAC Services. This includes statutory, third sector and private practitioners (who include speech and language therapists, engineers, rehabilitation professionals, educational assistive technology and Access to Work practitioners) as well as equipment suppliers. As a result, models of AAC Services vary widely across the country.

Currently, there are three main groups of service providers:

Local Service (a team or an independent professional)	The community, local authority or health based team of individuals and organisations who provide assessment and on-going support to a disabled adult or child. These include specialist Speech and Language Therapists (SLTs) with AAC skills with allocated time to deliver a service and some access to a pooled budget for equipment. Many local teams lack expertise, funding and time to deliver an AAC service. The OCC Report estimates that around one in five local teams do not have SLT team members with sufficient AAC competence.
AAC Assessment Service (including independent 'consultant' level professionals) ⁴	Specialist AAC Services may sit at local, regional or national levels ⁵ . Regional and national services are currently provided by the statutory, voluntary or independent sector.
Suppliers	The AAC Service provided by suppliers is limited to their own range of equipment ⁶ .

The document provides a common set of requirements that apply to AAC Services including Independent Assessors. While AAC suppliers are not obliged to comply with the Quality Standard, they are requested to be aware of and support the Standard.



Quality Standard for AAC Services

The Quality Statements in this document aim to:

- promote equality of access and quality of services
- support the provision of AAC strategies and equipment appropriate to individual needs, preferences and choices
- respect and protect human rights
- support local teams to develop their expertise and skills
- require clear AAC recommendations for individuals so funding can be made available for equipment and strategies required to develop the communication skills of the client.

For information on Services in your area please see
www.communicationmatters.org.uk/page/resources/aac-assessment-services

A whole model of equipment service has been proposed in the Specialised Services National Definitions Set. This is based on the idea of a 'hub and spoke' model of provision. Some AAC Services currently run a 'hub and spoke' model as a result of the Communication Aids Project (2002-2006). Local teams ('spokes') provide the first line of assessment and on-going intervention with referral to other relevant services ('hubs') when appropriate.

In this model, "expert assessment, followed by demonstration, trial and provision of a range of electronic and non-electronic communication devices" will be provided by the hub(s). Training and on-going support for the 'spokes' are seen as being essential to the 'hubs' role. Training at the local level for the AAC speaker and their immediate environment could be carried out by the 'spokes'. Appropriate arrangements for follow-up and re-assessment are essential. Many AAC / communication systems become redundant because of the lack of a systematic review process. (The Specialised Services National Definitions Set (2nd Edition 2007) Definition 5 "The Assessment and Provision of Equipment for People with Complex Physical Disabilities")

Implementation of recommendations and strategies is key to successful AAC Outcomes. This work may be carried out by the local team or independent practitioner.

Jean Gross (Communication Champion) stated in her report on the provision of AAC for children and young people in England (2010) that:

- the annual cost of providing Voice Output communication Aids (VOCAs) to every child who needs one is in the region of £6.5 million.
- if one in ten children who needed a device was supplied with a VOCA and associated services and as a result were able to enter permanent employment, there would be an estimated benefit of £310 million to the economy over the individual's life.

"Equipment for ...disabled people provides a gateway to their independence, dignity and self-esteem... it improves quality of life; it enhances their life chances through education and employment... It is no exaggeration to say that these services have the potential to make or break their quality of life". Audit Commission Report: Assistive Technology – Independence and Well Being (2004)

The Communication Bill of Rights asserts the basic rights of people to affect, through communication, the conditions of their existence. All people have specific communication rights in their daily interactions. These rights are summarized from the Communication Bill of Rights put forward in 1992 by the National Joint Committee for the Communication Needs of Persons with Severe Disabilities.

Quality Standard for AAC Services

Each person has the right to:

- request desired objects, actions, events and people
- refuse undesired objects, actions, or events
- express personal preferences and feelings
- be offered choices and alternatives
- reject offered choices
- request and receive another person's attention and interaction
- ask for and receive information about changes in routine and environment
- receive intervention to improve communication skills
- receive a response to any communication, whether or not the responder can fulfil the request
- have access to AAC (Augmentative and Alternative Communication) and other AT (Assistive Technology) services and devices at all times
- have AAC and other AT devices that function properly at all times
- be in environments that promote one's communication as a full partner with other people, including peers
- be spoken to with respect and courtesy
- be spoken to directly and not be spoken for, or talked about in the third person while present
- have clear, meaningful and culturally and linguistically appropriate communications

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

The United Nations Convention on the Rights of People with Disabilities was ratified in 2008 and has 50 Principles. Article 3 contains General Principles of the Convention

- Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons
- Non-discrimination
- Full and effective participation and inclusion in society
- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
- Equality of opportunity
- Accessibility
- Equality between men and women
- Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities

www.un.org/disabilities/default.asp?navid=13&pid=150

The Quality Standard for AAC Services as set out in this document is the first step in providing a coherent national document against which AAC speakers and their families/support workers, professionals and commissioners can measure their skills, knowledge and methods of working.





Fundamental Quality Statements for AAC Services

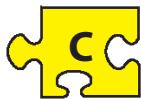
The quality statements are written from the perspective of the AAC speaker and should be taken to mean the individual themselves and/or their family or support worker who is authorised to make a decision with and on behalf of that individual if they are a child or someone without the ability to make decisions independently.

1. I can expect to have the right to equal access to an AAC service regardless of:
 - age or time of onset of impairment
 - severity of impairment
 - geographical location
 - economic status
 - linguistic or cultural background
2. I can expect to be involved in an assessment process that is demonstrably impartial, independent and objective.
3. I can expect to receive a high quality, fair and personal service from an AAC service.
4. I can expect the professionals working with me to share information, knowledge and skills.
5. I can expect the professionals working with me to communicate effectively with each other for my best interests.
6. I can expect all members of the AAC service to have the required skills, knowledge and competencies.
7. I can expect my knowledge, skills and experience to be valued and acknowledged.
8. I can expect to be involved as an active participant throughout the whole decision making process.
9. I can expect that, if my needs for AAC cannot be addressed by my current team, a referral will be made to a team with the appropriate knowledge, skills and experience
10. I can expect my local SLT/ AAC team, and the AAC specialist service to have a care pathway that describes their part in the management of my AAC needs.
11. I can expect to be informed where to go for a second opinion if the AAC service does not meet my needs.

The Quality Statements are presented in Appendix 1 with:

- a description of how each statement can be measured;
- what is needed to meet the statement;
- a rationale for each statement.





Audit

The Quality Statements describe the level of quality that AAC speakers can expect the AAC Service to meet or aspire to so the performance of the AAC Service can be measured against these Statements.

The Quality Statements in this document apply across all AAC Services to ensure that the services provided are safe and of an acceptable quality. The aim is to deliver improvements in the health, education and wellbeing of the AAC speaker.



The Assessment Process

Early identification

Quality Statement 12:

I can expect my local SLT/AAC team to identify that I have a need for AAC at the earliest opportunity.

The AAC Service has a significant role in raising awareness of AAC in order to promote early identification of need, and early referral to appropriate services. This should be achieved through training, signposting and working directly with local services. It is essential that 'front line' services are aware of the opportunities AAC can offer a client who has difficulties with speech, language and communication. Early referral will feed into the Care Pathway, leading to sound evidence based decisions about who needs AAC support and when that support should be introduced.

Without awareness raising, there is a risk that some AAC speakers will not receive the support, strategies and equipment that will enhance and develop their communication and learning. This can lead to limited:

- opportunities for social interaction
- control of one's environment
- development/restoration of language skills
- initiation of communication
- learning opportunities
- development of life skills
- participation in education and employment.

This may result in:

- lack of or loss of identity
- depression
- passivity
- reduced learning opportunities
- increased isolation
- increased risk of harm/abuse
- failure to develop skills to full potential resulting in many lost life opportunities
- a significant reduction in quality of life.

(Communicating Quality 3 RCSLT 2006)

Quality Standard for AAC Services

All those working in the field of AAC must be aware of the potential risks of ignoring the need of 'wait and see' if communication skills and speech development is unacceptable.

Quality Statement 13

I can expect my local team to know how to manage my AAC needs. If they are not able to then they need to know which specialist AAC Service to refer to.

Each AAC Service should include signposting to other sources of information and support e.g. other AAC Services, equipment suppliers' information. There will be an element of repetition as services are likely to have the same or very similar sources of information. However, this will help local services, clients and their family refer appropriately to an AAC Service and manage the AAC Speaker's needs.

Referral

Quality Statement 14:

At the point of referral, I can expect to receive information about the AAC Service to which I have been referred including the relevant service response timescales.

There are many points of referral to an AAC Service. AAC is a life-long need in many instances and referrals may be made by a variety of professionals, by family members, personal assistants and the individual themselves. When a medical diagnosis carries a risk of the client not developing/recovering communication skills an immediate referral should be made to the appropriate service as determined in the care pathway.

This may result in a referral to a local AAC specialist or local AAC specialist team. This will ensure that the individual's communication needs can be assessed, equipment trialled and / or provided so intervention can commence as required.

Quality Statement 15:

I can expect referrals to be made in a timely manner, with comprehensive information provided as agreed in my local team's care pathway planning process.

Anyone who needs AAC should be referred as early as possible. With a child or young person this should be at as early an age as possible. With those who have acquired disabilities, it should be as soon it is clear that speech is deteriorating , unintelligible or absent. Even if this will only be for a short time, there are strategies and tools that may be helpful in the short term. It is inappropriate to wait to see if speech will develop. Evidence shows that the implementation of AAC does not prevent the development of speech in children. Where an adult has an acquired or progressive communication impairment, additional social and emotional factors will affect the appropriate timing of the assessment for introducing AAC.

The care pathway should support the local SLT/AAC team to know how to move through the AAC assessment process.

Prior to the assessment itself, there will need to be planning and information gathering so the most effective use can be made of the time in contact with the AAC speaker and those supporting him

Most AAC Services operate an open referral procedure, although it is likely that each AAC service will have its own referral process.

If an initial discussion / assessment at a local level has shown that the individual has complex communication needs, a referral needs to be directed to the specialist AAC Service. This may be a local, regional or tertiary service.



Quality Standard for AAC Services

A referral can take place via telephone, e-mail or in writing. This may provide sufficient information for an assessment to be planned or further information may be needed, e.g.

- supporting evidence on what has been achieved by other agencies
- information from previous assessments
- a description of the AAC speaker's present performance
- a description of equipment used previously/ currently
- anticipated outcomes of the assessment
- a video showing specific skills and tasks.
- skills and knowledge developments made or needed by the local team

The AAC Service can plan most effectively when they have information from the range of professionals involved with the AAC speaker.

Consent

Quality Statement 16:

I can expect that my consent to participate in the AAC process will be obtained, recorded and regularly confirmed.

No referral should begin without permission from the individual or those who have parental responsibility. If there is no-one who has responsibility for the person needing AAC a Best Interests meeting with relevant professionals may be necessary.

At the point of referral, the AAC speaker should be given a time frame within which the assessment should take place. This time frame should conform to the prioritisation policy of the AAC Service from service to service.

Quality Statement 17:

I can expect that AAC Services will comply with their stated service response timescales.

There should be good communication between services when more than one AAC Service is involved. There should be a named person within each Service for the AAC speaker. This will ensure that information is passed between the referrer and Service in a timely manner. The AAC speaker and his family will also know who to contact for information regarding the assessment.

Quality Statement 18:

I can expect my local team to ensure I have a named AAC key worker who will act as a point of contact for all AAC teams involved in my care and who will regularly keep me informed of changes. This key worker may change over time.

Many AAC Services have regular planning meetings to manage their workload. In these instances, the referral information may be discussed at a referral meeting and a decision made as to what sort of assessment and / or support will be offered and where to see and work with the AAC speaker.

The AAC Service will notify the referrer and AAC speaker/his family of any dates for assessment, review or training. It is reasonable to expect an assessment (or support) from the AAC Service within 18 weeks of referral (NHS waiting time directive). However, if the AAC speaker has a degenerative progressive condition, the assessment should take place much sooner, e.g. within one month of referral.



Quality Standard for AAC Services

Assessment

Assessment for AAC is not a one off event, it is a process. There will be an initial assessment, trials of equipment, regular reviews and further assessments as required. This section sets out the process from the first point of contact between the AAC Service and the AAC speaker. For clarity this will be referred to throughout Section 3 as the Assessment. Any assessment or discussion will be organised to enable the AAC speaker to participate to the best of his abilities

Quality Statement 19:

I can expect roles and responsibilities to be made clear to me throughout the assessment process, with key contacts identified within each team.

The AAC Service will consider all aspects of the client's AAC needs. At the beginning of the assessment, it is essential that all involved are clear about the purpose of the assessment.

The AAC Service must make clear that the assessment recommendations may be for strategies only and may not include provision of AAC equipment at this stage. In addition, all those involved should be aware that any recommendations can only be effective if appropriately supported by the team around the AAC speaker. Everyone should feel fully included in the assessment process.

Quality Statement 20:

I can expect the timing, length, venue, and format of the assessment will take into account my needs and preferences and be structured to ensure that I can participate to my full potential

Where should the assessment take place?

A number of factors will influence the choice of venue for the assessment:

- collaborative working often means a large number of people attending an assessment and the choice of venue should reflect this. For example, a crowded room is not likely to provide a relaxed environment for the AAC speaker.
- it is often useful to see the AAC speaker communicating in their own environment with his regular communication partners. However, these settings may not be an ideal venue for an initial assessment.
- travel to a hospital or Centre for an assessment may be difficult for some individuals.

An assessment will be most effective in a quiet environment with limited distractions for an initial assessment. Therefore, solutions may include:

- an initial meeting, followed by the assessment involving only a few key people, then a discussion meeting where the conclusions from the assessment are discussed with all those involved.
- two rooms linked with a two-way mirror or a CCTV link, so key assessment people are with the AAC Speaker in one room and everyone else is in another room. All those in the second room are led through the assessment with a member of the assessment team describing and discussing what is happening as the assessment progresses
- video conference link between a local team and the AAC Service to discuss the assessment or even for the AAC Service to observe and guide the assessment remotely. (This needs very careful thought as it could be very disruptive for some AAC speakers).

Quality Standard for AAC Services

Who will be involved in the assessment?

As part of the assessment preparation, the AAC Service must consider:

- who will work with the individual
- what equipment will be required
- how to engage the individual.

This will include preparing resources that will be needed for the assessment to make it as relaxed a situation as possible for the AAC speaker. If possible, the AAC speaker should enjoy the assessment and not feel he is being 'tested'.

Quality Statement 21:

I can expect that the AAC team will apply their knowledge and skills to consider the broad range of AAC options that are available, to meet my requirements.

How long will the assessment take?

The length of time required to identify a suitable AAC system will vary i.e.:

- one assessment session
- several assessment sessions
- following a trial or loan of equipment.

Regardless of the length of the overall assessment, it is important to be sensitive to the AAC speaker's ability or willingness to participate in an assessment. The length of the assessment will vary depending on the AAC speaker's needs, and the requirements of the assessment.

The assessment should offer individuals the opportunity to practically interact with a range of adaptive equipment and / or strategies. This will help to establish the most appropriate equipment needs. Individual preferences and aspirations should be incorporated into any recommendation.

Quality Statement 22:

I can expect that the AAC Service can provide me with the opportunity to use a range of AAC equipment and strategies.

Off-the-shelf resources (from AAC applications to computer software) will need to be customised or personalised to meet the AAC speaker's individual communication and learning needs. This has implications for the AAC Service in terms of time to gather information and prepare materials. Although this could be time consuming and increase the hidden costs of an assessment, time spent preparing suitable materials will result in a more satisfactory assessment for all.

Following the Assessment

The assessment will use a collaborative decision-making process based on the most comprehensive and relevant information available. Adequate time should be allowed for discussion, review of the assessment and allocation of responsibilities.

Quality Statement 23:

When required as part of the assessment process, I can expect to be offered a trial of equipment and/or strategies for a period of time sufficient to indicate how effective these will be.

At this point a trial or loan of equipment may be needed or a recommendation for specific strategies and/or equipment may be made. If a loan or trial is appropriate, the AAC speaker will need to use the recommended



Quality Standard for AAC Services

equipment / strategies in his own environment. The team around the AAC speaker in the local service are key in assessing the suitability of the equipment and / or strategies recommended. It may be that more than one piece of equipment or approach will need to be trialled. In this instance there should be as short a time period between the equipment trials as possible. The AAC speaker should have two key contacts identified. One of these should be from the AAC Assessment team and the second a person in the AAC speaker's environment or from the local professionals supporting him.

In some instances, it may be that a second opinion is required. The AAC speaker should be fully involved in any discussion around this issue.

Trialling equipment

When an AAC speaker trials equipment, there must be good support from the AAC Service and local team working together regularly to ensure the best possible outcomes for the AAC speaker. A trial forms part of the whole assessment process, and the outcome of the trial will be discussed by all those involved to reach an agreement on the suitability of the equipment/approach that has been trialled.

An action plan containing small steps should be agreed. This will set out how the AAC speaker can learn to use the device and so properly trial it. Training will also be needed to make sure the equipment will be used in the most effective way for and by the AAC speaker.

Quality Statement 24:

I can expect that the equipment that I trial and/or which is recommended for my use, will be provided to me with adaptations and programming in place to meet my needs.

Personalising and creating resources takes time. Supporting the introduction of new strategies and/or AAC equipment is also time consuming. Additional local resources may be needed to ensure that the team supporting the AAC speaker are able to make best use of the strategies being introduced and equipment provided.

Achievable targets should be set to measure:

- the AAC speaker's progress with the trial equipment
- environmental changes and adjustments needed to ensure the AAC speaker makes progress.

This will help the AAC Service to determine whether or not the equipment or strategy suits both the individual and the contexts where it will be used.

AAC speakers have commented that it is necessary to have input from an appropriate professional to provide training with new equipment and strategies. The AAC Service may provide initial training sessions but the local service should provide the on-going regular support and intervention thereafter.

Quality Statement 25:

I can expect that I, my family, support workers and my local team will be offered training on the techniques, devices and systems provided, whether on a trial, loan or permanent provision basis.

In some instances, AAC Services are able to provide equipment for a long-term loan period. However, not all services provide this type of support. There is a fine dividing line between an equipment trial and a loan. A loan may imply that the equipment is:

- being lent for a longer trial period
- being used until the client's own equipment arrives
- for the client to use for as long as it remains appropriate.



Quality Standard for AAC Services

Where equipment is trialled or loaned, there may be a need for the AAC speaker to insure it to cover loss and accidental damage (if possible). There may be issues of responsibility for equipment if the AAC speaker lives in a group home or is supported by a team of personal assistants. This will need to be dealt with on a case-by-case basis so the AAC speaker is not disadvantaged and denied the opportunity to use equipment they need.

Support for the AAC speaker and the equipment/strategies being used is critical. It is important to have access to someone who can answer simple programming issues and troubleshoot equipment problems with trial/loan equipment. This may be an identified member of the local service who has responsibility for maintenance of equipment or the supplier of the equipment. AAC Speakers and their support networks should be made aware of equipment suppliers contact details and help lines as well as their local point of contact. Ideally this support should be available in the evening as well as during the working day as required.

Decision making

Having conducted a thorough assessment, the AAC Service, together with the local team, AAC speaker and those supporting him, will draw conclusions and make recommendations for the most appropriate solutions

Quality Statement 26:

I can expect a clear rationale to be given for the AAC strategies and / or equipment that are trialled and recommended.

Quality Statement 27:

I can expect that, when a decision is made about equipment for long-term provision, a plan of implementation is agreed.

A key contact should be allocated to manage the plan to minimise any gap between the end of the equipment trial and delivery of long-term equipment and communication development interventions.

The local service's ability to support the AAC speaker's system will be constrained by time, experience and technical skills. Some environments may lack the resources to carry out all recommendations at the same time so it would be appropriate to negotiate a phased introduction of the assessment recommendations with the local team.

Quality Statement 28:

I can expect my local SLT/ AAC team to support my use of the AAC equipment that is provided, whether on a long-term loan or permanent provision basis.

Quality Statement 29:

I can expect my AAC team's proactive support when seeking funding or resources required to implement their recommendations.

Quality Statement 30:

I can expect my local commissioners to work across organisational boundaries to set up a budget for AAC equipment and services, and have a transparent policy agreed by all agencies on how decisions will be made about the use of the budget.

Report writing

Report writing will take place during the process of assessment, trial and loan (if appropriate). Quality Statements, apply to all reports written during the assessment process.

Quality Statement 31

Within one month of any assessment that I undertake I can expect to receive a report in clear English, that sets out the agreed action points and plan.



Quality Standard for AAC Services

A clear report should be written following each interaction between the AAC speaker and AAC Service. This includes at the end of a trial and at relevant points during a loan. These reports may be brief or as detailed as necessary depending on the need at the time. For example, there may be a detailed report written following an initial assessment with review reports written following the trial of equipment/strategies. The information included in reports should reflect the needs of the AAC speaker, their family and support staff as well as the local team. Training and on-going support must be identified together with roles and responsibilities.

Reports must be written in clear language, free from jargon, so they are meaningful to the AAC speaker and / or his family. Where relevant, key point and outcomes could be presented in symbols if required for the AAC speaker. Any distribution list for the reports needs to be agreed with the AAC speaker/his family before being sent out. As part of the assessment, three targets are set as a reference for review. Reports should include a date to review the implementation of the recommendations.

Reports and recommendations will include as a minimum:

- Date, address and author of the report
- Rationale for the assessment
- Assessment findings
- Recommendations
- Plan of action – including clear instructions and clearly defined responsibilities
- Review timescale
- Approximate replacement schedule of equipment (once a decision has been made following trials)
- Details of relevant equipment, pricing and contact details, if appropriate
- A list of recipients of the report.

Outcomes of the Assessment

Outcomes of the assessment may result in the AAC speaker, his family / carers and / or the local service in any of the following:

- forwarding the order for the equipment that has been recommended/trialled/loaned to any Purchasing Panel (or similar) involved. In this case, the local team will usually have little or no control over when the Purchasing Panel meet nor when the equipment will be ordered.
- if relevant, checking with the Purchasing Panel for a decision after a meeting is held.
- securing the long-term support and maintenance of equipment through extended warranties or a guarantee to cover all maintenance and repair/replacement costs.
- ensuring equipment is insured in the educational setting and in transit between home and school OR taking responsibility for the equipment.
- ensuring families and the AAC speaker accept responsibility for insuring the equipment for use outside any educational establishment.
- ensuring the setup of agreed equipment and strategies. This may be in conjunction with the AAC Service if necessary.
- providing for the long term support and training which may be in conjunction with the AAC Service.
- carrying out an on-going review of the client's progress with the equipment and/or strategies recommended by the AAC Service.

Quality Standard for AAC Services

- re-referring to the AAC Service as appropriate, for example if the AAC speaker has developed new skills and / or requires a further assessment or if the equipment is not working as expected.
- providing the opportunity for the AAC speaker to meet good role models so the AAC speaker and his immediate team understand what is possible when using AAC.

Review / further Assessment

The AAC speaker's use of the strategies and / or equipment recommended at the assessment should be reviewed at least once a year. The review may take place through the local team or the AAC Service. This review may be:

- a face to face meeting
- a video conference
- a telephone conversation
- a questionnaire.

Quality Statement 32:

I can expect to receive periodic review aimed at ensuring that the equipment / strategies are proving to be useful and effective.

Equipment may be provided by statutory bodies or an AAC Service (if they hold an AAC budget). Therefore, it is possible in some circumstance that the AAC Service will continue to be involved. In other instances, responsibility for follow-up and review will transfer to the local team with re-referral to the AAC Service when required.

Quality Statement 33:

I can expect to be able to re-enter the assessment process as my needs, circumstances and AAC practice and technologies change.

Transitions are critical times for AAC speakers. It is essential to ensure that existing AAC equipment and strategies can transfer into the new environment, or if not that appropriate alternatives are in place in good time. It is also important to ensure that key individuals in the new environment have the skills to support the AAC speaker.

Quality Statement 34:

I can expect my local commissioners to ensure continuity of AAC services between Children and Adult Services, and between AAC Services and other relevant specialised AAC Services.



Training to support Implementation

Following the agreed implementation plan at the end of the assessment process, further training may be required to support the recommendations of the assessment. This could be for specific strategies and/or equipment that the AAC speaker needs.

The AAC speaker may wish to invite all the professionals he works with as well as family members and friends to a 'workshop'. This workshop would provide information and strategies that can be helpful to the AAC speaker as well as learning how the equipment works. The AAC speaker may choose to be a key contributor to the workshop. The workshop should be organised by the local team with a contribution from the AAC Assessment Service. This is a proven approach for adults who have participated in 'Out of the Box' workshops in the USA, Australia and other countries as it involves the key people in the AAC speaker's world. It highlights the importance of AAC in every activity in which the AAC speaker participates.

Quality Standard for AAC Services

The local team must be made aware that additional training may focus on accessing and using equipment as well as on other means of communication (e.g. using communication charts and books). There will be an initial need for additional support from the local team to help with communication training needs while the client is becoming familiar with new strategies and/or equipment.

The skills mix of the AAC Service and the local team will determine who will take the lead on local training. However, the AAC Service will provide necessary support and training to ensure that the local team is able to meet the needs of the AAC speaker.

In most cases, the commercial companies supplying the equipment will provide training in how a device works. It is essential that a member of the AAC Service or knowledgeable member of the local team is present during these training sessions to help focus on the needs of the AAC speaker.

The local team will run a rolling programme of training to ensure that any new staff working with the AAC speaker know how to manage the AAC equipment and strategies he uses.

Quality Statement 35:

I can expect that the AAC team support me will receive training, as necessary, to ensure that I can use the equipment and strategies recommended.



On-going implementation

The assessment, trial and provision of equipment is key to providing an AAC speaker with the most appropriate tools to develop or enhance their existing means of communication. Also key is the implementation of recommendations, teaching and training an AAC speaker to use their new skills and possibly equipment. The AAC Service can support the local team (including the AAC speaker, his family and support workers) to learn to manage the equipment and strategies. Shared ownership of the implementation process may be necessary as local teams develop their skills and knowledge, so over time the AAC Service reduces its involvement to perhaps annual reviews of progress or on an as-needs basis at the request of the local team.

By this point, the AAC speaker should have had an assessment of their communication needs so the most suitable equipment and strategies could be trialled and/or purchased. Communication strategies and equipment should be seen as the vehicle to facilitate the interaction, so that total communication continues to be accepted and used.

Key areas for the successful implementation of an AAC system include modelling utterance, training, communication partners, role models and on-going support. The ultimate aim for all those using AAC is the development of competence in communication. This includes:

- Linguistic competence: how words are put together within the AAC system
- Operational competence: skills in accessing and operating the AAC system
- Social competence: how the AAC speaker engages in conversation
- Strategic competence: the ability to use the most suitable means of communication.

(See Appendix for an explanation of Communicative Competence Light 1989.)

AAC speaker led communication

So much of the success in implementing an AAC system comes from the desire of the AAC speaker to communicate with others to convey:

- basic needs and wants
- requests for information or actions

Quality Standard for AAC Services

- novel information e.g. ordering a round in the pub, communicating in the world of work, telling a story.
- imaginative use of language
- jokes.

In order to achieve this we need to be AAC speaker led. It is not just about seeing what the AAC speaker could potentially achieve. By this we mean allowing time for the AAC speaker to communicate and including the AAC speaker in discussions about their agenda, needs and wants as well as with regards to the vocabulary that is needed.

Quality Statement 36:

I can expect to have a team to provide me with clear information and guidance to support me in learning to use my communication system and to continue supporting me as I develop my AAC skills.

Most importantly, communication must be seen as worthwhile and fun!

Aims and Objectives

We all need something to aim for. An AAC speaker needs to know that he will be able to achieve effective and efficient communication with tools that he has at his disposal.

Where relevant, it is good practice to explain to the AAC speaker, his family and those supporting him that he is at the beginning of a journey with his first or new AAC system. All those involved need to understand that the AAC speaker will improve his skills as he becomes more familiar with the system and vocabulary available to him. This also makes all those involved aware of the time required to learn how to use an AAC system, e.g. teaching signing, creating a communication book, programming a VOCA.

Success with AAC is often reliant on the access method used by the AAC speaker, and it may be that different access methods are used in different positions, environments and times of day. In addition if an AAC speaker is provided with a VOCA then they should also have access to signing or graphic symbols (in a communication book or on a communication chart) so that communication is possible in most situations. This should be considered when setting aims and objectives.

Professionals may set aims and objectives without consulting the AAC speaker. Although this may be acceptable with younger children, it is good practice to include the older AAC speaker in goal setting so he knows what is expected of him. Aims and objectives need to be realistic, so progress may be recorded to show small and significant achievements. In education, SMART targets are well recognised, but when working with adults, you may prefer to talk about measurable, achievable and relevant targets. SMART targets are those which are:

Specific



Measurable



Achievable



Realistic



Time-based



Aims can then be acknowledged and celebrated. This will help the AAC speaker and those supporting him to measure his progress. Communication in real life situations should be part of this process.

Quality Statement 37:

I can expect there to be SMART (but flexible) targets to develop my AAC use. These aims and objectives will be discussed and agreed by the whole team.

It is important to realise when planning aims and objectives that no communication system is ever 'finished'. Communication is a dynamic process with new vocabulary being constantly required.

Quality Standard for AAC Services

Environment

In order for the AAC speaker to use his communication system, the people around him need to be aware and accepting of different methods of communication. This may be difficult to achieve in the wider community, but in the immediate environments the AAC speaker finds himself, communication partners should be aware of the different methods of communication used.

Being part of a community is important to all of us. AAC speakers are no exception, but this can be difficult to achieve for children who perhaps are the only child in their class or school using AAC or the only adult in the workplace. It is good practice to make sure there is an environment where the AAC speaker is able to meet with other AAC speakers to share information and network. This may be through social networks (electronic environments, Skype etc), personal contacts and more formal environments such as school, or work.

Quality Statement 38:

I can expect that Total Communication will be actively encouraged in my environments so I receive sufficient support to enable me to express myself.

Role Models

There is a need for role models so AAC speakers and those supporting them can see what is expected from those working with the AAC speaker. The communication partner and AAC speaker can see what is required of them. Managing expectations is important and no-one would want to unrealistically raise expectations for an AAC user.

However, expectations are often either too low or too high, making the introduction of AAC more stressful than it needs to be. By having role models talk to families it can help them to see what their AAC speaker may be able to achieve. Role models also show professionals that it is possible to achieve effective and efficient communication using AAC. For example, school aged children may be being expected to use their AAC system to access the curriculum with perhaps little regard for social communication.

Role models can also be helpful to adults with degenerative or acquired conditions. The fact that others have achieved effective and efficient communication with their co-workers, families and support workers may enable the AAC speaker to feel more confident that they are still listened to and that their contributions are valued.

Families benefit from meeting other families with AAC speakers. There are organisations such as 1Voice who provide a forum for families to meet. The opportunity to exchange ideas and provide mutual support is invaluable. 1Voice works specifically with children who use AAC but there are also AAC user groups which provide opportunities for AAC speakers of all ages to meet others using AAC.

Quality Statement 39:

I can expect my team to arrange appropriate opportunities for me to meet AAC Role Models.

Training during implementation

Training for the AAC speaker

Inevitably each local team, SLT service and school will operate in a way best suited to them. However, in order to learn to use an AAC system effectively, many hours of teaching, training and practice are required. On average AAC Speakers have 40 hours of training on their new device, while English as a Foreign Language speakers may have in the region of 200 hours teaching. AAC speakers themselves often ask for more support in learning new AAC systems. They feel that being left on their own to learn their new system and vocabulary is difficult even if the new equipment replaces similar but older equipment.

Quality Statement 40:

I can expect the team supporting me will have sufficient time to prepare resources and maintain my communication system.



Training for those around the AAC speaker

There will be a need for different levels of training around the AAC speaker including:

- familiarisation training with the hardware
- familiarisation training with the software
- familiarisation training with the vocabulary
- specific communication strategies for effective communication.

Those supporting the AAC speaker also need 'nuts and bolts' training so they can program a VOCA or add vocabulary to a communication book or chart. The AAC speaker may be able to participate in this and carry out some programming himself.

Quality Statement 41:

I can expect my team and I to receive a rolling programme of training to support me in learning to use my AAC system.

Each local team has an obligation to provide the necessary support and training for the AAC speaker. However, in practice this may be difficult to achieve owing to financial constraints. Standard 26 explicitly states that Commissioners work across organisational boundaries to set appropriate budgets not only for AAC equipment but also for services such as on-going support and reviews.

Modelling

Children learn to understand and speak by hearing people talk around them and using AAC is no exception to this. Those in the AAC speaker's environments need to teach by demonstration so the AAC speaker's system is used by the communication partner to reinforce and to comment. By doing this, the perceived status of the AAC system is increased and therefore the AAC speaker will be expected to use their systems which encourages interaction. Gail van Tatenhove quotes a modelling rate of 200-300 demonstrations of a particular vocabulary item or language structure before an AAC speaker will spontaneously use that structure. Obviously this may vary a great deal, but it highlights the importance of the AAC speaker seeing others in his environment use the AAC system he is expected to use himself. However, a competent AAC speaker would not want this level of 'intrusion' with his voice.

Roles and Responsibilities

Roles and responsibilities need to be agreed, so responsibility is shared. We all have a responsibility to support each other's communication. However, with AAC speakers, we often find ourselves taking a greater role than we might otherwise do for natural speakers. Whether this is good or intrusive will depend on the AAC speaker himself. Someone who is an effective and efficient AAC speaker will require less support while communicating than a young child just starting out with AAC.

The role of communication partner is critical for the success of a communication system. Communication partners should be aware of how their behaviour can affect communication and how they can (where necessary) support the AAC speaker. Families and support workers / carers may need specific support in order to understand how best to include and use any new strategies or equipment being introduced to the AAC speaker.

There need to be specifically agreed roles and responsibilities for the full team, even at the stage of equipment trial. This includes everyone from the client, to family to teacher, clinician, day care worker, the employer etc. Every small role is vital, from making sure the device is plugged in and charged, to updating vocabulary in a linguistically consistent layout.

There needs to be a key person for the AAC speaker's family and support team, someone to turn to if something goes wrong. Making clear who this key person is and what they are expected to do is essential. This key role may



Quality Standard for AAC Services

be fulfilled by a professional (support worker or clinician) or a family member. Sometimes the need is for a local contact and at other times it needs to be a professional. The important point is that this person has knowledge of the range of support available, such as what to do if something stops working and who to contact for support and information.

It is often helpful to have a local key contact who will take responsibility for making sure that equipment is maintained and who can provide training for creating or modifying the communication system.

Quality Statement 42:

I can expect there to be specifically agreed roles and responsibilities for the team, so I know who to go to for support as I learn to use my new equipment / strategies fully.

Working together will ensure roles and responsibilities are carried appropriately and successfully. Although there may be key people in the team, the whole team need to be involved and co-operate with each other to support those in key roles and most importantly, the AAC speaker.



Appendix 1

Numbers of individuals who would benefit from AAC

In the Scope report 'Communication Aid Provision: A Review of the Literature' (2007) the charity Scope claimed that there was no definitive data that established how many people in the UK might benefit from AAC. This stemmed initially from the lack of national data regarding the numbers of people who might have speech, language and communication needs, and how these are defined. The same Scope report suggested that between 0.4 and 1% of the population would benefit from AAC and reported that the figure of 0.6% of the population was the most commonly quoted.

This was broken down across the UK as:

2001 Census	Total Population	0.6% Population
UK Total	58789194	352735
England	49138831	294833
Scotland	5062011	30372
Wales	2903085	17419
N. Ireland	1685267	10112
2007 UK Total (Estimate)	60,975,000	365850

Source: <http://www.statistics.gov.uk/>

Estimates of the number of people requiring AAC

- There have been several studies carried out in America (Matas et al, 1995; Beukelman and Ansel, 1995; Huer, 1994), including Blackstone and Painter (1985) who identified that 0.4 % of the population had AAC needs.
- In reviewing the research from America and the UK, it can be concluded that there is an estimated range of 0.3 –1.4% of the total population, who require the use of AAC systems.

AAC within the school population

- Blackstone's estimation of 0.2-0.6% of the total school population requiring the use of AAC (1990) has been considered to be a conservative figure by today's expectations, considering advancing technology. However, this estimation is in line with the figures presented below.
- Grove and Norwich (1997) carried out a survey of the special schools and mainstream schools in 11 London boroughs, and estimated that the prevalence of the need for AAC systems was in excess of 10% of all statemented children (0.3% of the total school population).
- This figure is supported by recent Department for Education and Skills (DfES) figures, which indicated that at least 0.2 % of children had a long-term communication difficulty (Communication Aids for Children with SEN and Disabilities, DfES 2003).
- The Communication Champion, Jean Gross, (2010) quoted prevalence figures of 0.05% of children and young people in England needing high technology AAC. This percentage equates to approximately 6,200 children.

It is likely that these figures will increase with growing numbers of adults living with a long term conditions and improving survival rates for children born with complex disabilities.

- Research 11 cited in the OCC Report noted that, in one local area, the numbers of young people aged 15-19 with severe or complex needs increased by 70% over the decade 1998-2008.

Appendix 2

Current commissioning arrangements

At time of writing, December 2011, the OCC report (2010) contains the most recent and reliable review of current commissioning arrangements for AAC services, though it focuses on children and young people's services. The report details the current commissioning arrangements for AAC services and documents field research into the effectiveness of the current arrangements. The findings are summarised below.

At local level:

- Local service provision and commissioning partners (PCTs, education authorities, local authority children's services and in some cases adult social care services) to join up services and align or pool budgets for equipment and allied services in order to provide seamless services.

In practice:

- Of the 37 local authority/PCT areas visited to undertake research for the report, the OCC team found that approximately 10 teams followed a model of inter-agency AAC services for children.
- 10-15% of teams at Primary Care Trust (PCT) and Local Authority (LA) level included specialist SLTs with AAC competence.
- One in five (22%) of the areas visited either had no speech and language therapist with specialist expertise in AAC, or had a specialist but without sufficient time allocated to assess and support AAC users.
- In 27% of local areas visited, funding was not being allocated by any statutory agency, and in the majority responsibility remained unclear, with ad-hoc arrangements that depended on individuals' decisions rather than codified policy.

At specialist level:

- Current NHS guidance¹² indicates that specialist equipment and services should be commissioned regionally from the ten specialised commissioning groups in England.
- Communication aids fall into the scope of current NHS specialised regional commissioning arrangements, forming part of the 'Specialised Services National Definitions Set'. Theoretically at least, it is the 'complexity and severity of the person's condition, and the expertise required to assess/support and provide/maintain equipment for each individual that defines a specialised equipment service as opposed to the nature of the equipment itself'.
- The scope of a specialised service is noted as including "expert assessment, followed by demonstration, trial and provision of appropriate electronic and non-electronic communication devices ... user training, equipment maintenance, on-going support and periodic review."
- The specialised commissioning groups are overseen by the National Specialised Commissioning Board, which was established by the Department of Health.

In practice:

- The OCC team found that only one of ten specialised regional commissioning teams was fulfilling this commissioning function³.
- It is noted that this situation contrasts sharply with that for a related specialist service; that for environmental control systems, where there are well established regional funding arrangements for the provision of aids and allied services.

Quality Standard for AAC Services

Opportunities for improving commissioning of AAC Service Services

At the time of writing, the government is implementing a complete restructuring of the NHS in England under the White Paper, 'Equity and excellence: liberating the NHS'13. This provides an opportunity for a fresh look at the commissioning options for AAC services. The need to do so was clearly stated by the Bercow Review² which noted that 'it is critical that health services and children's services, including schools, work together in support of children and young people with SLCN... We believe that a continuum of services is needed. Those services do not just happen. They have to be commissioned. That requires a structure. It is not the exclusive responsibility of the NHS or the education system. Both are involved and services should be jointly commissioned, yet at present they rarely are.'

The recent implementation framework 'Liberating the NHS: legislative framework and next steps'14 sets out key features on future commissioning practice:

- local healthcare commissioning (80% of total) will be carried out by consortia of GPs, replacing primary care trusts (PCTs), which are being abolished;
- local authorities will have statutory Health and Well-being Boards, which will play a key role in integrating local commissioning of NHS, public health, social care and children's services;
- the new national-level NHS Commissioning Board will commission national and regional 'specialised and complex services' which includes AAC.
- personal budgets for healthcare are being piloted.

Although this maintains commissioning specialised equipment services through the specialised commissioning groups, the proposed restructuring is seen as an opportunity for change and improvement in commissioning practice. It is noted in the implementation framework that the change to commissioning by GP consortia will require new approaches. For example, in relation to specialised services, GP Consortia may require 'support to help them understand the best care pathways and best clinical practice. This was, for instance, an issue raised in relation to many children's services, such as disabled children'...

While not setting out prescriptive models, the implementation framework programme recognises the need for collaborative commissioning across organisational boundaries; 'we will ensure that there is particular emphasis within the 'pathfinder' programme on testing ways of ensuring that consortia quickly develop knowledge and expertise in relation to these areas. This will include exploring joint commissioning with local authorities'..

Options for commissioners to consider in relation to AAC Service Services:

When considering how to implement AAC Service Standards, the following options appear to be open for commissioners to consider in relation to AAC Services:

- Commissioners in GP consortia, local education teams and social care departments could assess whether current local services are delivering an effective specialist AAC service against the AAC Standards and, if they are, may choose to continue to commission these services.
- Joint working and joint commissioning across sectors such as health, children's services and social care boards could be developed at a local level, possibly through the planned local health and well-being. This would be supported by the development of a care pathway that is an integral element of AAC Service Standards.
- If local teams are judged by commissioners to be currently unable to deliver an effective AAC Service, the options include commissioning the specialist services from 'hub' services or agreeing a development plan with
- local services to enable them to reach the necessary standard for specialist services.
- The OCC report includes a diagram of the elements of service that need to be considered when developing commissioning strategy. The diagram is reproduced in Appendix 1.



Quality Standard for AAC Services

- Where commissioners already have a working relationship with specialised AAC Services, the AAC Service Standards provide a framework for a specification for services and a programme of development work for local teams to develop pathway programmes where required. A 'hub and spoke' model of regional provision, coordinated by a national organisation was one of the Bercow Review recommendations and supported by the Communication Champion.
- Alternatively local commissioners could work with local service users to establish how personal health budgets could be used to allow users and their families to make their own choice of AAC Assessment and supply of equipment with service support. The NHS Commissioning Board might enter into a framework contract with a number of 'one stop shop' suppliers, from which users could choose. Framework contracts could include training in the use of aids, and aftercare, and specify response times to fix problems. However, the OCC Report concludes that is unlikely that this mechanism would work as expert assessment would minimise any significant level of choice to the point where it was cosmetic. The Report also note indications that AAC speakers or their families do not want the level of choice that a personal budget model implies.



Appendix 3

Additional Key Policy Papers and Good Practice Documents

Policy:

1. Equality Act 2010 and the Disability Discrimination Act (1995): <http://www.odi.gov.uk/disabled-people-and-legislation/equality-act-2010-and-dda-1995.php>
2. Office of Disability Issues (ODI) Independent Living Strategy (ILS) which contributes towards the government's work to implement the United Nations Convention on the Rights of Disabled People: <http://www.odi.gov.uk/odi-projects/independent-living-strategy.php>.
3. ODI leads on the Right to Control Trailblazers, pilot projects for personal budgets for disabled people bringing together various strands of government funding:
4. <http://www.odi.gov.uk/odi-projects/right-to-control-trailblazers.php>
5. Personal budgets for social care are being rolled out across England and have to be universally available by April
6. 2013 under the government's vision for adult social care:
7. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121508
8. The Department of Work and Pensions (DWP) is responsible for the Access to Work employment programme for disabled people, which can be used to fund AAC equipment:
9. http://www.direct.gov.uk/en/DisabledPeople/Employmentsupport/WorkSchemesAndProgrammes/DG_4000347
10. The Department for Culture, Media and Sport has launched the eAccessibility Plan, a detailed package of measures towards a more inclusive digital economy for disabled people: <http://nds.co.i.gov.uk/Content/detail.aspx?NewsAreaId=2&ReleaseID=415918&SubjectId=2>
11. [Pending update in February]: Part IV of the Education Act 1996 <http://www.legislation.gov.uk/ukpga/1996/56/> contents covers special educational needs including duties of local education authorities and school governors, assessments and statements of SEN and provision of services.

Under the Equality Act 2010 Schedule 10: <http://www.legislation.gov.uk/ukpga/2010/15/schedule/10> local authorities in England and Wales must, in relation to schools for which they are responsible, prepare an accessibility strategy to increase the extent to which disabled pupils can participate in the schools' curriculums, improve the physical environment of schools, and improve the delivery to disabled pupils of information.

Good practice documents:

12. Better Communication Action Plan: <http://www.dcsf.gov.uk/slcnaction/>
13. AAC Care Pathway document: West Midlands ACT service: <http://www.sbch.nhs.uk/about-us/divisions-and-directorates/specialist-services/rehabilitation/west-midlands-rehabilitation-centre/services/act/>
14. The Consumer Expert Group's 'Report into the use of the internet by disabled people: barriers and solutions'(2009): http://www.culture.gov.uk/reference_library/publications/6378.aspx
15. Audit Commission (2002) 'Fully Equipped' pointed to defects in AAC services:
16. <http://www.audit-commission.gov.uk/nationalstudies/health/socialcare/Pages/fullyequipped2002.aspx>
British Society of Rehabilitation Medicine (2000) 'Electronic Assistive Technology' <http://www.bsrm.co.uk/Publications/EATabstract.pdf>
17. Royal College of Physicians (2004) 'Specialist equipment services for disabled people: The need for Change' <http://bookshop.rcplondon.ac.uk/details.aspx?e=153>
18. Royal College of Speech and Language Therapists 'Clinical Guidelines' include references to AAC <http://www.rcslt.org/members/publications/clinicalguidelines>

Appendix 4

Communicative Competence

"Communicative competence is the ability to functionally communicate within the natural environment and to adequately meet daily communication needs ... In order to achieve communicative competence, individuals using AAC must integrate their knowledge, judgement and skills..." (Light 1989).

- Linguistic competence: "involves an adequate level of mastery of the linguistic code" (Light 1989). This involves using tools of language such as nouns, verbs etc. The AAC speaker may combine words in different ways from natural speakers, but still be linguistically effective.
- Operational competence: "the user must also develop the technical skills required to operate the system, including the skills to use the access method(s) or transmission technique(s) as well as the skills to operate specific device features". (Light 1989). This includes factors such as awareness and memory, and sensory-perceptual development, accessing skills and the ability to switch devices on/off and open files etc.
- Social competence: "The user of an AAC system must also possess knowledge, judgment and skill in the social rules of communication, including both the sociolinguistic aspects and the sociorelational aspects.". (Light 1989).
- This includes using AAC for social connection, and the ability to conduct conversations e.g. initiation, turn-taking, requesting, commenting, directing, questioning etc.
- Strategic competence: "individuals require strategic competence to make the best of what they do know and can do. They need to develop compensatory strategies to allow them to communicate effectively within restrictions". (Light 1989). The AAC speaker has the ability to combine the above to make the best of what they can do in a given situation to get a message across. The AAC speaker has to learn when to use which mode of communication in order to be an effective communicator in any situation.

Appendix 5

Glossary

The OCC report sets out a useful description of AAC services:

1. Augmentative and Alternative Communication (AAC)15 “describes methods of communication which can be used by children, or adults, who find communication difficult because they have little or no clear speech. It adds to (augments) or replaces (is an alternative for) spoken communication. AAC can also help the user’s understanding, as well as provide a means of expression.” There are two main types of AAC: unaided or aided and most people use both:
 - a. Unaided communication does not require additional equipment. People use many unaided methods to communicate; for example, body language, pointing, eye pointing, facial expressions, vocalisations, gestures. Some people use different types of signing.
 - b. Aided communication requires additional equipment, ranging from simple picture materials to a computer or special communication device.
 - i. Paper based systems (low technology) include anything that is not powered; for example, everyday objects, charts and communication books with pictures, symbols or photos, alphabet charts and pen and paper.
 - ii. High technology devices require at least a battery to operate. High-technology communication systems range from simple (e.g. single message devices, BigMack, Go Talk pointer boards, toys or books which speak when touched) to very sophisticated systems (e.g. specialised computers and programs, electronic aids which speak and/or print).
2. Some children and young people may use alternative access devices to control their aided AAC system, such as a switch, light pointer or a device to control an on-screen pointer. People who normally use a high technology device will usually have a low technology communication system in place. For example, a Voice Output Communication Aid (VOCA) is suitable for using over the telephone, or in normal conversation. A paper-based communication system would be more appropriate for a private conversation, in a noisy place, or where a high technology device is inappropriate, for example at a swimming pool or perhaps when travelling, or in those instances where the technology breaks down. Increasingly, communication aids and computer technology can be integrated with other equipment, such as mounting systems, specialist seating and environmental controls.”

References

1. Assistive Technology Workforce Report, July 2007, FAST: <http://www.fastuk.org/atforumactivities/workforcedevelopment.php>
2. The Bercow Report, July 2008. Available from the DfE website: <http://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00632-2008>
3. The Office of the Communication Champion report, September 2010. Available from the Communication Council Website: <http://www.thecommunicationcouncil.org/council/communication-council-papers/meeting-on-16-september-2010/>
4. Examples include: ACE Centre North Oldham, Ace Centre Advisory Trust Oxford, PCAS in Bristol, the Wolfson Centre in Great Ormond Street Hospital, the Assistive Communication service in Charing Cross Hospital, the West Midlands regional Access to Communication and Technology Centre.
5. A map of specialist AAC services is available on the Communication Council website: www.communicationmatters.org.uk/page/resources/aac-assessment-services
6. Suppliers who are members of Communication Matters sign a Code of Conduct that requires them to work to the best interest of clients and act transparently in relation to commercial interests.
7. AAC Ministerial Short Life Working Group (2010) AAC Summary Report. Scotland: AAC Short life working group
8. Parrott, R. Wolstenhome, J. and Tilley, N. (2008) Changes in demography and demand for services from people with complex needs and profound multiple learning disabilities. Tizard Learning Disability Review 13, 3 26-34
9. SSNDS Definition No.5 Assessment and Provision of Equipment for People with Complex Physical Disabilities (all ages) (3rd edition) Department of Health, 2010. Available from: <http://www.specialisedservices.nhs.uk/index.php/key-documents/specialised-services-national-definitions-set/>
10. Available from: http://www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/DH_122624
11. Available from: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122707.pdf
12. This definition is taken from East Sussex Total Communication and AAC draft policy, and based on definitions from 'What is AAC? Introduction to Augmentative and Alternative Communication' published by Communication Matters (ISAAC UK), 2001 and 'Developing Augmentative and Alternative Communication Policies', edited by Sue Chinner, Gillian Hazell, Paul Skinner, Pat Thomas, Gill Thomas, 2001, available from the ACE Advisory Centre.

	AAC Service Quality Statements	Measure	Meeting the Standard (MS) / Support Required (SR) to develop the Standard	Rationale for the Quality Statement
1	I can expect to have the right to equal access to an AAC Service regardless of: <ul style="list-style-type: none">• age or time of onset of impairment• severity of impairment• geographic locations• economic status• linguistic or cultural background	Local commissioners and AAC Service publish their strategy for AAC.	MS: Commissioners and AAC Services. SR: Funding for equality in Service provision and equipment.	Bercow Report recommendation.
2	I can expect to be involved in an assessment process that is demonstrably impartial, independent and objective.	AAC Service publish their strategy for AAC Services.	MS: AAC Service. SR: AAC speaker.	To ensure the AAC speaker's views are listened to.
3	I can expect to receive a high quality, fair and personal service from AAC Services.	AAC Services to publish their strategy for meeting this AAC Standard.	MS: local teams / local SLT/AAC team members, specialist SLT/AAC teams SR: AAC speaker feedback .	Sector consensus.
4	I can expect the professionals working with me to share information, knowledge and skills.	AAC speaker / local team to be clear regarding all aspects of the AAC Service and have the opportunity to seek further information if necessary.	MS: Specialist SLT; AAC Team members; local SLT/AAC Team; AAC Speaker; Local Team. SR: Funding for training to build and maintain skills and knowledge.	Sector consensus.
5	I can expect the professionals working with me to communicate effectively with each other for my best interests.	Dialogue between SLT/AAC Teams (Local and Specialist).	MS: Local and Specialist SLT/AAC Team. SR: Time.	Sector consensus.

	AAC Service Standard	Measure	Meeting the Standard/ (MS) Support Required (SR) to develop the Standard	Rationale for the Standard
6	I can expect all members of the AAC Services to have the required skills, knowledge and competencies.	AAC Services have mapped the competence necessary to fulfil their roles against professionals and team requirements. AAC team members have Continuing Professional Development (CPD) opportunities to acquire the necessary competencies for their current roles and to promote career development.	MS: local teams local SLT/AAC team members; specialist SLT/AAC teams. SR: Funding and resources for training are necessary from statutory funding bodies.	Sector consensus.
7	I can expect my knowledge, skills and experience to be valued and acknowledged.	AAC Services consult with AAC Speaker using appropriate strategies.	MS: Local and Specialist AAC Services; Local Teams. SR: AAC Speaker.	Sector consensus.
8	I can expect to be involved as an active participant throughout the whole decision making process.	AAC Speaker satisfaction at outcome of the decision making process.	MS: SLT/AAC Specialist Team. SR: AAC Speaker, Local SLT/AAC Team.	Sector consensus.
9	I can expect that if my needs for AAC cannot be addressed by my current team, a referral will be made to a team with appropriate knowledge, skills and experience.	The AAC Service signposts to information about other services.	MS: local SLT/AAC team members, specialist SLT/AAC Service team.	Sector consensus
10	I can expect the local SLT/AAC and specialist AAC Service to have a care pathway that describes their part in the management of my AAC needs.	AAC Services to publish their strategy for meeting this Standard.	MS: AAC Services / local commissioning services. SR: from the local SLT service.	Sector consensus.

	AAC Service Standard	Measure	Meeting the Standard/ (MS) Support Required (SR) to develop the Standard	Rationale for the Standard
11	I can expect to be informed where to go for a second opinion if the AAC Service does not meet my needs.	The AAC Service signposts to information about other services.	MS: local SLT/AAC team members, specialist SLT/AAC Service team.	Sector consensus.
12	I can expect my local SLT/AAC team to identify that I have a need for AAC at the earliest opportunity.	Local data is collected to monitor the proportion of clients within a local team's patch who are identified early/ late. A programme of awareness raising activities is regularly undertaken targeting local disability support groups and universal services teams.	MS: Local teams and local SLT/AAC team members. SR: Specialist AAC services to raise the awareness within local teams of SLT/ AAC indicators of need and solutions.	Bercow Review recommendation: Early identification and intervention are essential.
13	I can expect my local team to know how to manage my AAC needs. If they are not able to, then they need to know which specialist AAC Service to refer to without delay.	A care pathway process is in place. This should include effective signposting to local and national resources and services. This includes timing of referrals.	MS: local SLT/AAC teams SR: specialist AAC teams involved by negotiating a care pathway process with local teams.	Sector consensus.
14	At the point of each referral, I can expect to receive information about the AAC Service to which I have been referred, including the relevant service response timescales.	Local SLT/ AAC teams have a process in place by which they collect and maintain up to date information for all Specialist AAC Services. Local SLT/AAC teams give information to the person being referred and his/her family and support workers at the point of referral. Specialist AAC Services publish information about their services that include service response timescales.	MS: local SLT/AAC teams. SR: specialist AAC teams by providing information about their service, including service response timescales to local teams.	AAC Speakers have requested that AAC Services publish and comply with timescales for responding to queries, referrals and requests for assessment appointments.

	AAC Service Standard	Measure	Meeting the Standard/ (MS) Support Required (SR) to develop the Standard	Rationale for the Standard
15	I can expect referrals to be made in a timely manner, with comprehensive information provided, as agreed in my local team care pathway planning process.	AAC Pathway documentation to be freely available to all on request.	MS: Local Teams.	Sector consensus.
16	I can expect that my consent to participate in the assessment process will be obtained, recorded and regularly confirmed.	Written record with appropriate signatures.	MS: local SLT/ AAC team.	Sector consensus.
17	I can expect that AAC Services will comply with their stated service response timescales.	Services monitor their response timescales against those published in their service information, make this monitoring information available to users on request and take remedial action if necessary.	MS: Specialist SLT/AAC Service.	Sector consensus.
18	I can expect my local team to ensure I have a named AAC key worker who will act as a point of contact for all AAC teams involved in my care and who will regularly keep me informed of changes. This key worker may change over time.	Local teams have a process in place by which a key worker for each service user is identified and all AAC teams along the care pathway are informed of the key worker's contact information, role and each team's communication responsibilities.	MS: local teams, local SLT/ AAC team members, specialist SLT/ AAC Services.	AAC Speaker/family/support worker requests to support and/or manages an AAC care pathway process. Bercow Report recommendation: A continuum of services designed around the family is needed.
19	I can expect roles and responsibilities to be made clear to me throughout the assessment process, with key contacts identified within each team.	AAC teams have a process in place by which roles are explained to service users and documented. Key contacts are identified.	MS: local SLT/ AAC team members, specialist SLT/ AAC Services.	Sector consensus.

	AAC Service Standard	Measure	Meeting the Standard/ (MS) Support Required (SR) to develop the Standard	Rationale for the Standard
20	I can expect the timing, length, venue and format of the assessment will take into account my needs and preferences and be structured to ensure that I can participate to my full potential.	The plan for the assessment process is drafted and amended as required following discussions and consensus with the AAC Speaker and each team.	MS: Local SLT/ AAC team members, Specialist SLT/ AAC teams.	Sector consensus.
21	I can expect that the AAC Service will apply their knowledge and skills to consider the broad range of AAC options that are available to meet my requirements.	The AAC Service demonstrate that they have knowledge of an appropriately broad range of AAC options through their CPD and self directed learning plan.	MS: local SLT/AAC team members, specialist SLT/AAC teams. SR: ongoing training.	Sector consensus.
22	I can expect that the AAC Service can provide me with the opportunity to use a range of AAC equipment and strategies.	Local and specialist AAC Services can demonstrate how they provide access to an appropriate range of AAC equipment and strategies.	MS: local teams, local SLT/ AAC team members, specialist SLT/ AAC teams.	Sector consensus.
23	Where required, as part of the assessment process, I can expect to be offered a trial of equipment and/or strategies for a period of time sufficient to indicate how effective these will be.	Local and specialist AAC Services can demonstrate how they provide access to equipment for trial, including agreements with suppliers, etc.	MS: local SLT/ AAC team members, specialist SLT/ AAC Service team.	Sector consensus.
24	I can expect that the equipment that I trial and/or which is recommended for my use, will be provided to me with adaptations and programming in place to meet my needs.	Local and specialist AAC Services can demonstrate that team members have the competence to appropriately set up equipment for trial or provision and that they have the processes in place to do so.	MS: local SLT/ AAC team members, Specialist SLT/ AAC teams.	Sector consensus.

	AAC Service Standard	Measure	Meeting the Standard/ (MS) Support Required (SR) to develop the Standard	Rationale for the Standard
25	I can expect that I, my family, support workers and, my local team, will be offered training on the techniques, devices and systems provided, whether on a trial, loan or permanent provision basis.	Local and specialist AAC Services have a programme in place to provide training to the person using AAC, their family, support workers and the local team. Local and specialist AAC Services have the competence and skills and time available to provide adequate training.	MS: local SLT/ AAC team members, specialist SLT/ AAC teams. SR: local team managers to allow sufficient time for local team members to prepare resources and maintain AAC.	Research indicates that nearly one third of all AAC equipment is abandoned if there is inadequate expertise to assess and identify the right equipment, and/ or insufficient support available in its use.
26	I can expect a clear rationale to be given for the AAC strategies and / or equipment that are trialled and recommended.	Targets are set for any resource trial with measurable outcomes that are gathered and reported. The rationale for recommendations for strategies/ equipment are documented in assessment reports and provided to the AAC Speaker and other relevant people.	MS: local SLT/ AAC team members, specialist SLT/AAC teams.	Sector consensus.
27	I can expect that, when a decision is made about equipment for long-term provision, a plan of implementation is agreed.	Implementation plans are produced.	MS: local SLT/ AAC team members, specialist SLT/AAC teams.	Evidence from Norway shows that “it is not sufficient to invest in additional equipment without a clear framework for multiagency planning and delivery and the essential speech and language therapy and other support services required to make equipment optimally functional for the AAC user”.
28	I can expect my local SLT/ AAC team to support my use of the AAC equipment that is provided, whether on a long-term loan or permanent provision basis.	Local SLT/ AAC team members have a process in place to document and implement support plans for AAC users.	MS: local SLT/ AAC team members.	Sector consensus.

	AAC Service Standard	Measure	Meeting the Standard/ (MS) Support Required (SR) to develop the Standard	Rationale for the Standard
29	I can expect to have my local SLT/ AAC team's proactive support when seeking funding and resources required to implement AAC recommendations made for me.	Local and specialist AAC teams / Services have standardised resources to document the case for funding or to support the implementation of AAC recommendations, plus signposting to external sources of support.	MS: local SLT/ AAC team members, specialist SLT/AAC teams. SR: fund raising.	Sector consensus.
30	I can expect my local commissioners to work across organisational boundaries to set up a budget for AAC equipment and services, and have a transparent policy agreed by all agencies on how decisions will be made about the use of the budget.	Local commissioners publish their strategy for commissioning AAC equipment and services that meet the AAC Service Standards.	MS: commissioners. SR: ring-fenced budgets.	Bercow Review recommendation.
31	Within one month of any AAC assessment that I undertake I can expect to receive a report in plain English, that sets out the agreed action points and implementation plan.	Evidence of compliance in terms of timing of report production as well as the quality and scope of the information provided, assessed against the process set out in the agreed care pathway documents.	MS: local SLT/ AAC team members, specialist SLT/ AAC teams.	Sector consensus.
32	I can expect to receive periodic reviews aimed at ensuring that the equipment/strategies are proving to be useful and effective.	Automatic annual review, usually at an Annual Review of the Statement of Special Educational Need for children, or an Annual Care Plan meeting for adults.	MS: local SLT/ AAC team members, specialist SLT/ AAC teams.	Sector consensus.

	AAC Service Standard	Measure	Meeting the Standard/ (MS) Support Required (SR) to develop the Standard	Rationale for the Standard
33	I can expect to be able to re-enter the assessment process at any time as my needs, circumstances and AAC practice and technologies change.	Local SLT/ AAC teams publish clear information about the process for requesting a re-assessment or follow-up support to all current clients on a regular basis, including signposting to information about innovative AAC practice and technologies.	MS: local SLT/ AAC team members, specialist SLT/ AAC teams. SR: specialist AAC teams by providing information about innovative AAC practice and technologies.	Sector consensus.
34	I can expect my local commissioners to ensure continuity of AAC services between Children and Adult Services, and between AAC Services and other relevant specialist AAC Services.	Local commissioners publish their strategy for commissioning AAC equipment and services across Children and Adult Services that meet the AAC quality standard.	MS: commissioners.	The Bercow Report recommendation.
35	I can expect that the AAC team supporting me will receive training, as necessary, to ensure that I can use the equipment and strategies recommended.	AAC Service demonstrate that they have the knowledge of an appropriately broad range of AAC options through their CPD and self directed learning plan.	MS: local SLT/AAC team members, Specialist SLT / AAC Service.	Sector consensus.
36	I can expect to have a team to provide me with clear information and guidance to support me in learning to use my communication system and to continue supporting me as I develop my AAC skills.	Local SLT/AAC teams provide information to those in the AAC Speaker's immediate environment and regular training sessions with the AAC Speaker.	MS: local SLT / AAC team members, specialist SLT / AAC teams. SR: specialist AAC teams by providing about innovative AAC practice and training strategies.	Sector consensus.
37	I can expect there to be SMART (but flexible) targets to develop my AAC use. These aims and objectives will be discussed and agreed by the whole team.	Targets will be recorded in each report and reviewed at least annually.	MS: local teams, local SLT/ AAC team members, specialist SLT/ AAC teams.	Sector consensus.

	AAC Service Standard	Measure	Meeting the Standard/ (MS) Support Required (SR) to develop the Standard	Rationale for the Standard
38	I can expect that Total Communication will be actively encouraged in my environments so I receive sufficient support to enable me to express myself.	Local SLT / AAC team members, specialist SLT / AAC teams provide information and support to the required environments.	MS: local teams, local SLT/ AAC team members, specialist SLT/ AAC teams.	Sector consensus.
39	I can expect my team to arrange appropriate opportunities for me to meet AAC Role Models.	Participation in user group meetings e.g. 1Voice, MND meetings.	MS: local teams, local SLT/ AAC team members, specialist SLT/ AAC teams.	Sector consensus.
40	I can expect that the local team supporting me will have sufficient time, over time, to prepare resources and maintain my communication system.	The local SLT/AAC team create resources as required and maintain the AAC speaker's communication system.	MS: local teams, local SLT/ AAC team members, specialist SLT/ AAC teams. SR: funding for staffing.	Research shows that a small percentage of time (approximately 40 hours) is given to supporting an AAC Speaker in learning a new communication system compared to the amount of time given to that needed to learn English as a Foreign Language (200 hours).
41	I can expect my team and I to receive a rolling programme of training to support me in learning to use my AAC system.	On-going training from the local / specialist AAC teams that develops skills.	MS: local teams, local SLT/ AAC team members, specialist SLT/ AAC teams. SR: specialist AAC teams by providing information about innovative AAC practice and training strategies.	Sector consensus.
42	I can expect there to be specifically agreed roles and responsibilities for the team, so I know who to go to for support as I learn to use my new equipment/strategies fully.	Appropriate support is available to the AAC speaker and his/her immediate team as needed.	MS: local teams, local SLT/ AAC team members, specialist SLT/ AAC teams.	Sector consensus.





www.communicationmatters.org.uk