COMMUNICATION
MATTERS

CONTENTS

Cover Story: Kate & Nina at the 1Voice National Network Day (page 5)

Cover Story: Role Model Training Course (page 5)

AAC and the National Curriculum in Mainstream Schools

KATE HOLLOWAY

Physical Impairment and Medical Support Service, Somerset Support Services, Keats Road, Taunton, Somerset TA1 2JB, UK
Email: kholloway@somerset.gov.uk

INTRODUCTION

Somerset has been regularly including children with complex physical impairments in mainstream schools since 1996. This coincided with the closure of the Barnardo's school for children with physical disabilities (Princess Margaret's School) in Taunton. The support for the children who opted to go to their local mainstream school came from the team of teachers and therapists who had worked with the children in the special school. A year after, in 1997, the Education Authority took over the employment of those staff and they became the Physical Impairment and Medical Service. This is one of five advisory support teams that work for the SEN section of the LEA. The others cover the areas of general and specific learning difficulties, communication, sensory impairments and behaviour difficulties.

THE PHYSICAL IMPAIRMENT AND MEDICAL SUPPORT SERVICE

The Physical Impairment and Medical Support Service (PIMSS) includes Advisory Teachers, a Speech and Language Therapist (SLT), two Support Assistant Advisors and two SLT assistants. We also have an Advisory Teacher who specialises in SEN Information Technology and a part time technician. The aims of the Service are to support the children, their schools and the families so that their placement in mainstream is successful. The team offer advice and 'hands on' support and training to schools to enable them to feel confident and to develop their expertise in including children with physical impairments.

FUNDING ARRANGEMENTS

In addition to the 'Special Educational Needs Devolved' (SEND) budget, Somerset has a had a funding arrangement with mainstream schools called 'Send Plus' (This is now called School Action Plus to fit in with the new Code of Practice) This can be applied for by schools to help support identified children who have met the criteria laid down by the LEA. The schools need to provide evidence of the child's needs and show how they have been supporting the child up to the application date. The funding is divided into five sections one of which looks at the needs of children with physical impairment. This particular section is then divided into three levels of need. The criteria focus on the child's needs and the provision to be made rather than on the physical impairment itself and in doing so is working more with the Social model of disability rather than the Medical model.

The Funding criteria look at both 'qualitative' and 'quantitative' provision. In the section with the highest level of funding (which includes children with AAC needs) there is an expectation that class teacher time is available for:

- Differentiation of the curriculum
- Facilitation of alternative communication
- Liaison with therapists and parents

Support assistant time is expected to enable:

- Access and adaptation to the curriculum
- Providing personal support and management of the equipment needed

Quantitative provision at this level is expected to be a full-time Support Assistant, training for all staff, and teaching time used to maximise curriculum access, etc.

SOME OF OUR AIMS

The PIMSS team aims to support schools in their provision of the above and to provide much of the training needed. For those children who have AAC needs the support focuses around the following:

- To develop an appropriate 'low tech' communication system for the child.
- To train staff in the mainstream setting and develop collaborative working practices (parents are included where possible).
- To provide ongoing support to staff so they gain in skills and confidence.
- To provide specialist support when needed.
- To emphasise the importance of AAC and to ensure that it is something that is used all the time and that it is valued.

TRAINING

Training for staff and parents is vital and in Somerset we use Somerset Total Communication (STC) training as our basis for training in Alternative and Augmentative Communication.

Somerset Total Communication has a strong inclusion philosophy and takes the idea that communication is a basic human right as its core concept. It is also considered very much a process rather than a package and the idea that 'everyone' in the child's environment needs to learn about the use of total communication (which includes symbols, signing, photos, voice output aids) is central. All the relevant managers at local education authority (LEA) level now support STC and there is a Strategic Committee including managers from Social Services, Health and Education, which oversees its development. Perhaps because of this strong management support schools see training in this area as a priority and this makes it easier to deliver the training and help support implementation and support those children with AAC needs.

Somerset Total Communication provides a very good basis on which to then build the training for the use of more complex aids as they are seen by parents and staff as yet another tool in the communication system the child has. As Millar (2002) writes, "In general a 'bottom up' approach, involving simple practical systems, requiring little specialist training for staff is more likely to be used in school classrooms".

The training in STC is in three stages, the first, 'Induction level' is now expected to be undertaken as a whole school training event and many schools are now using symbols and signing across the school, the

level of use is of course variable from school to school and often from teacher to teacher but for children who use symbols and other alternative ways of communicating it is seen to be a valued and valid way of communicating. It also provides an opportunity for the "Development of a whole school culture which supports and enhances multi-modal communication". (Chinner et al 2001)

In the training there is a strong emphasis on STC being used to benefit all children, not only so they can communicate with their peers who use AAC but also to aid their learning and communication. In the Education Achievement Zone (EAZ) in Bridgewater, Somerset, the EAZ speech and language therapists use STC as part of their training to schools and encourage the use of symbols in particular to raise standards and to enhance learning for all children.

The training moves on to a 'Second Level', which provides more information on communication and the use of symbols and signs and their use in developing communication and learning. The third stage is called 'Coordinator' training and this enables the participants to teach Induction level in their place of work so schools can keep their skills up to date.

COLLABORATIVE WORKING

Collaboration between outside professionals school staff as well as parents and the child is seen as appropriate and the most effective way of working with children with complex needs and PIMSS encourages schools to set up structures to promote this way of working.

In the schools in which we work there are many different formats used, this is important as it has to be useful and meaningful to the school and fit in with those involved. Some of the different formats are as follows:

• *Half termly meetings to look at curriculum needs:* Staff at these meetings would include appropriate members of our team with the teacher, assistant(s) and the SENCO. The aim is to look at the curriculum for the following term and discuss how it can be differentiated and suggest ways to access it. The appropriate vocabulary is identified and ways to develop the child's communication skills will be discussed. Use of IT and how to record work may also be looked at.

• *Termly 'Communication' meetings:* This happens where a child has complex needs and a number of different carers, these meetings are for the parents and adults involved closely with a child and personal vocabulary and the use of the AAC system at home and school are discussed as well as issues that adults working with the child need to be aware of.

• *Weekly meetings:* These are sometimes 30 minutes to 2 hours long and are attended by key school staff, it is then possible for outside staff to join in when appropriate.

• *Termly Multi-disciplinary meetings:* Those invited include therapists, PIMSS staff, school staff and parents. Here all the team members discuss the aims and approaches for the child and the outcomes of the meeting may inform the development of the IEP, the child's communication system or physical access to the curriculum.

Where some or a number of these collaborative meetings happen regularly there is a sense of a team working together and school staff grow in confidence and skill. It no longer becomes the 'job' of the Speech and Language Therapist to work on communication. As Hunt et al (2000) outline in their discussion, "The (collaborative) process allowed the Speech Language Pathologists, classroom teachers, parents and inclusion support personnel to integrate efforts and share responsibility for student outcomes."

HOW AAC IS SUPPORTED IN THE CONTEXT OF THE CURRICULUM

To move on to some practical examples of how AAC can be developed in the context of the National Curriculum, I will detail some ways of how we suggest this can be achieved within Literacy and Science.

The Literacy Hour

The standard ability to read and write using orthographic text may never be achieved with many of the children we work with. However, it is taken for granted in AAC 'circles' and is becoming more generally widely accepted that reading and writing using symbols to convey meaning is valid. "The capacity of symbols to bypass many of the problems normally associated with the written word has afforded access for many children with special educational needs to a broader range of learning opportunities than they had previously known." (Carpenter, 1998)

It is also worth reminding ourselves of the role of literature in developing literacy. It can (DES 1999):

• Develop empathy, imagination and insight, which will nourish the personal and social growth of individuals.

• Provide shared experience of cultural heritage.

• Develop and extend literacy skills.

Children using AAC can and should benefit from all the above.

The Literacy Hour provides a set structure, which those helping to differentiate the work and provide practical help and resources can use, if the text is known. It

also provides opportunities to work in small groups with the teacher, and communicate with peers.

At the *'Text level'* Voice Output Communication Aids (VOCAs) can be used to involve the child in reading the text in shared or group reading times (more information can be obtained from the CALL Centre on Interactive Literacy).

Children who can sign can 'read out loud' using signing or symbols can be chosen from the communication book to help to "Write a portrait of a character" (Year 3, Term 2, Text Level). Our team have developed a 'story making' kit that groups symbols in a layout of a narrative structure and this can be personalised for a child so photos of people or animals from home can be written about and places known to the child can be added. This was felt to be necessary where the vocabulary needed for literacy would be too great to go into their everyday communication book. Many of the children we work with often have a communication book or board and what is known as a curriculum book which is used in conjunction with their main book following the same format and layout but organised on a subject basis.

At the *'Sentence level'* for example in Year 1 Term 3 The Literacy Strategy describes how pupils should be taught about word order by reordering sentences or predicting from the previous text. This is a good opportunity for the children who need it to work on their development of sentence structure using their low or high tech communication system.

'Word level' work concentrates on spelling and word classes, and this is an ideal time for work on topic pages to be developed. Many non-disabled children working with children who use AAC benefit from access to symbols representing feelings or adjectives. We encourage teachers to make symbols available to all the children in the class.

Simple VOCAs such as BIGMacks can be used for a child to identify different spelling patterns. A symbol 'spelling' test can also be given instead of a standard spelling test, and finding the symbol in their book or board can be a very useful activity.

SCIENCE

Science is an area of the curriculum that provides many opportunities for developing a child's communication skills if it is planned for in advance. It is vital that the key vocabulary is identified not only so that symbols can be produced and key signs learnt but also so that programming of a VOCA is made possible.

Science provides opportunities for small group work with peers. Initially the LSA can facilitate communication within the group. When the children become skilled

in communicating with the child who uses AAC the support assistants are then encouraged to stand back. Science can provide opportunities for 'engineered situations' or an 'enlightened group format' to enhance communication (Goossens' 1999). It also provides many opportunities to develop sequencing skills and vocabulary.

CHILDREN USING AAC IN SECONDARY SCHOOLS

So far I have focused on children in the mainstream primary school situation. Supporting AAC in the curriculum within the secondary school can be challenging. Some of the challenges include:

- More staff with whom to liaise and plan.
- A wider curriculum.
- Moving around the building.
- Lessons are more complex and in depth and at a faster pace.

In order for children to access the curriculum successfully, the following are essential:

- Planning is vital - with lessons including more specialist and in depth areas this becomes imperative.
- Special Needs Support Assistants need to support children in specific subjects - the use of AAC in lessons is more successful when the same Support Assistants covers the whole of a subject i.e. go to all the Humanities lessons with a child.
- Differentiation may become more necessary.
- Accessing the social or hidden curriculum becomes more difficult. Here 'Circles of Friends Networks' can be invaluable.

WHERE WE HAVE FOUND VOCAS TO WORK WELL

- VOCAs can be used to good effect particularly dynamic screen aids for presentations in many lessons.
- VOCAs can be used in Drama.
- Engineered situations can become easier to organise as peers become more aware and more able to interact appropriately .
- Use of symbols and 'low tech' aids are still very important for children to be able to answer questions and express themselves.

RECORDING CHILDREN'S WORK

In the fast pace of secondary and to some extent top primary classrooms, a way of recording children's work is vital when the child cannot record easily by him or herself or does not always have access to IT. Scribing can lead to confusion as to what is a Support Assistant's work and what is the child's. This was brought home to us when our team first supported an able young man in a mainstream secondary

who used AAC and had lots to say, but found use of IT slow and laborious.

It was felt that a recording system to be useful needed to fulfil the following criteria. It must:

- inform 'others' how the child 'arrived' at this piece of work
- be consistent
- show who did what
- be quick to use and manageable
- enable the child to make and show mistakes
- easy to understand for the child and others
- be adaptable for different lessons
- chart progress in the child's communication

It is possible to see from the piece of work illustrated in Figures 1 and 2 that the child used mainly his communication book, usually producing one key word per sentence. He was given one multiple choice and used gesture once to indicate a number. Comparisons between subjects can be made and progress can be charted, not only in an increase in the number of key words used but also which method of communication the child is using the most.

CONCLUSION

The challenges and benefits of including children with AAC needs in the mainstream classroom can be enormous. With management support for training, time for collaboration and liaison, as well as the development of skills in alternative ways of communicating, everyone can benefit.

The National Curriculum can be used as a context within which to develop a child's communication. Being with one's peers, and developing friendships and understanding among the children is as important, if not more so, than the academic side of school, and will lead to greater understanding and acceptance of those who use AAC. ✳

Kate Holloway, *SLT*

Figure 1 Example of recording pupil's work shown in Fig. 2

Figure 2 Pupil's work recorded in Fig. 1

REFERENCES

Astin, L., Roberts, K., Withey, E., Crawshaw M. Improving Communication with EAZe. *Speech and Language Therapy in Practice,* Winter 2002.

CALL Centre. *Special Access to Interactive Literacy* video, and *Symbol Story Packs.* www.callcentrescotland.org.uk (>Publications).

Carpenter, B. (1998). Foreword in Detheridge, T. & Detheridge, M., *Literacy through Symbols,* Widgit Software Ltd.

Chinner, S., Hazell, G., Skinner, P., Thomas, P. Williams, G. (2001). *Developing Augmentative and Alternative Communication Policies in Schools.* ACE Centre. Downloadable from www.ace-centre.org.uk (>Publications).

DES (1988, 1999). *The National Literacy Strategy: Framework for Teaching.* Website: www.standards.dfee.gov.uk/literacy/publications

Goossens', C. (1999). Creating a Communicative Classroom, presented at *Communication Matters Symposium,* Lancaster, Sept 1999.

Hunt, P. et al. (2000). Collaborative teaming to support students with AAC needs in General Education classrooms. *AAC Journal,* Volume 18 Number 1.

Millar, S. (2002). Supporting Children using AAC in schools, p 103–123 in H. Cockerill & L. Carroll-Few (Eds.) *Communicating without Speech: Practical Augmentative and Alternative Communication,* MacKeith Press, Clinics in Developmental Medicine No. 156, CUP.

Role Model Training Course & The 1Voice National Network Day

KATIE CLARKE, AXEL BOHM, KATIE CARYER, CHERYL DAVIES, TOBY HEWSON, ALAN MARTIN & DAWN SEALS

1Voice - Communicating Together had a busy weekend on 2-4 July 2004. We held a Role Model training course to investigate what is required of a role model and also how role models could best be utilised in encouraging young people with communication difficulties to develop their communication and inter-personal skills. This was immediately followed by our 3rd National Network Day / Family Fun Day.

We crammed a lot into 48 hours, and even managed to squeeze our Annual General Meeting in between 8-9pm on the Saturday night. Over 20 people attended the AGM whilst the kids were well looked after by volunteers.

Below are several accounts of the Role Model Project and then information about our 3rd National Network Day.

CHERYL DAVIES (SPEECH AND LANGUAGE THERAPIST) WRITES:

The five people who took part in the Role Model Project came from all parts of the country: West Sussex, London, Birmingham, Hucknall and the Wirral. They had come to learn more about the project and to make suggestions about their involvement with 1Voice. The group had two facilitators Jae Hargan and Cheryl Davies. Three people were unable to be there on the day.

The group met for the first time on Friday evening at Hothorpe Hall, near Market Harborough. There was a 'getting to know you' slot followed by dinner. An added bonus was the evening's entertainment of videos made by some of the group in the relaxed atmosphere of the bar and lounge.

This was followed by a full day of workshops. In the morning participants discussed how they perceive role models and what qualities are needed - a 'job description' and 'person specification', if you like. They were also asked to define what a role model is in ten words - quite a challenge. Then they looked at what tasks they would like to get involved in as role models, what barriers they might encounter and how they would want to be supported by 1Voice.

The day flew by and people were fairly shattered by the end. It was fantastic to listen to the ideas and the level of motivation is an inspiration. Everyone made a tremendous contribution to the Role Model Project.

Thanks to all the personal assistants and to *Communication Matters* for funding the course. The next stage is for the facilitators to write a report for 1Voice which will be passed to *Communication Matters.*

The Fab Five (from left):
Dawn Seals, Axel Bohm, Alan Martin, Katie Caryer & Toby Hewson

ALAN MARTIN (ROLE MODEL) WRITES:

The course was a tremendous success, with many ideas coming forward. All who attended were very excited at the possibilities that began to develop to help young people.

One of the practical things to come out of the course is the setting-up of an email group between the role models, so that the plans for the future can be further discussed and built upon.

At the Family Fun Day which followed the course, the role models got a chance to interact with the children who came along and it was apparent that the children gained a lot from meeting them and chatting with them. It was also a valuable experience for some of the parents – one mother commented that seeing what the role models had been able to achieve in their lives had given her hope for the future of her child!

TOBY HEWSON (ROLE MODEL) WRITES:

I do feel lucky that 1Voice chose me for a very interesting time Friday and Saturday. We worked very hard about what we want to do in the future.

We talked about going around places like schools and hospitals, talking to people like children and even surgeons, talking about equipment and training. Then we talked about what we think we want to have before we start going out and we would like to have some training in knowing about different equipment and wheelchairs because we want to know first in case we are asked any questions. If we answer "we don't know", it

Alan Martiin (R) with two participants at the Family Fun Day

won't look good for us as we have got jobs to do together. I am looking forward to working with 1Voice in the future.

AXEL BOHM (ROLE MODEL) WRITES:

Jae and Cheryl led, with great skill, the Role Model training day for us five role models.

We were asked to say what we thought is a successful role model and what we could contribute to achieve this. Ideas came bubbling up fast and so plentiful, that our task was not easy, when we were just allowed 10 words to define "what makes a good role model".

All of us are very keen to start working, having some experience of role modelling already. We all agreed, though, that a training day would help us to learn more about the use of the various communication devices and how to communicate better with young people. The enthusiasm of everybody made this day great fun and I thank 1Voice for inviting me to join in.

DAWN SEALS (ROLE MODEL) WRITES:

I have been asked by Katie to tell you about the Role Model Project.

We believe that a role model should be a person who sets an example for younger people to look up to. A role model should be someone who wants to do the job well.

Kate, Nina and the Bouncy Castle

Other qualities are: they should have a sense of humour; be able to listen; be patient; and be able to answer questions, if they know the answer.

I have found the project interesting and worthwhile because it has helped us as a group to think about what we are trying to achieve. In the future, I think that we ought to have training, to help us to communicate better with younger people.

I look forward to being part of these future events because I think it is important to support and encourage young communication aid users, in a way that wasn't available when I started using a communication aid.

KATIE CARYER (ROLE MODEL) WRITES:

The Role Model Project of 1Voice is a brilliant and unique venture like the charity itself. To my knowledge, 1Voice has always encouraged the idea of experienced AAC users attending their events. But July saw the first time where role models came together to discuss their ideas. This was done in a great way by facilitators but I think the Saturday we spent doing this was very busy and long! We discovered we have masses to do and think about.

I felt the organisation respected the importance of, and the need for, role models in the lives of very young AAC users. Sunday brought an amazing atmosphere for me because it was very empowering to see so many people coming together for the sake of children like I was!

Apart from the Silly Willy's karaoke (some acts were better than others!) Sunday's fun day was fantastic for all and I ventured on to the bouncy castle and loved it! Axel's speech was very powerful for everyone to hear, because it told of the experiences of a severely disabled man and some of the misunderstandings people had due to his lack of communication. The group of role models became fabulous together, and the only thing I could wish for is that the girls from the college could stay for the whole weekend.

I am surprised that I got so much out of the weekend.

THE 3RD NATIONAL NETWORK DAY OF 1VOICE - COMMUNICATING TOGETHER

We held our 3rd National Network Day at Hothorpe Hall, a beautiful venue set in its own grounds with lovely views in Leicestershire.

There were about 60 of us who stayed over on the Saturday night and there was a great deal of chatting between young users and role models in the coffee lounge whilst parents and volunteers talked late into the night.

We watched some excellent videos that some of our role models had produced and even were able to view the World Pre-

Clowning around during the 1Voice National Network Day

mier of Alan Martin's latest dance! As well as our role models from the project, we were pleased that Nina, Natalie and Jenna had travelled down all the way from Lancaster to join us as first time role models.

The next day we were delighted that the sun stayed out all day for our National Network Day and we were able to enjoy the Hall's gardens. We had over 90 people attending from all over the country from Kent to Cumbria and role models came as far as from Lancaster to West Sussex.

We provided non-stop entertainment for all the family which included an entertainer, bouncy castle, Olympic sports family event, flag making competition, scavenger hunt, barbecue, face painting and even a karaoke to end the day.

The evaluations were impressive with comments such as "fantastic", "enjoyable and interesting" and "excellent".

Thanks to *Communication Matters* for funding the Role Model Project and *Awards for All* funding the National Network Day. Also, many thanks to all our brilliant volunteers, role models, staff at Hothorpe Hall, parents, carers, brothers and sisters and, of course, our young AAC users. ✳

Sensory Software International Ltd

PowerBox 3 and Slimbook

We have 3 new systems based on the Slimbook Windows XP tablet computer.

PowerBox 3
Wheelchair mounted system (left) with all day battery and switch input.

Slimbook Mobile
Portable system in a "Walk and Talk" carry case.

Slimbook Desktop
Supplied with a stand (below) for tabletop use.

The Slimbook is a Windows XP tablet computer with a large "finger press" touch screen. It can be used with any standard Windows software, as well as AAC programs.

All three systems are supplied with an amplifier, keyboard, mouse, CD writer and USB hub. They also include a licence for any of our titles needed by the user – including The Grid

Versatility
The Grid can be used either for dedicated AAC or for full control over Windows applications using switches, the touch screen, or any other computer input device.

Peace of mind
Our prices now include a swap out scheme, so we can lend you a replacement system if you are unlucky enough to need a repair.

Excellent value
The prices below are for complete systems, ready to use.

PowerBox 3	£3750
Slimbook Mobile	£2550
Slimbook Desktop	£2550

Optional extras

Radio Switch Adaptor	*Wire-free switch connection*	£199
Environment control module	*GEWA IR controller*	£210

Ask about pre-stored vocabularies, symbol libraries, extra voices, software and accessories.

AAC in a Large Rural County: A Holistic Approach

KATRINA MOORE & KIRSTI EVANS

Therapy Services - Communication & Swallowing Team, Services for Adults with a Learning Disability, Mytton Oak, Royal Shrewsbury Hospital (North) Shrewsbury, Shropshire SY3 8XQ, UK

INTRODUCTION

This paper aims to provide an overview of aspects of our innovative and collaborative strategy for implementing a countywide holistic augmentative and alternative communication (AAC) programme for Adults with a learning disability in Shropshire, including how we have involved service users, professional and family carers, self-advocacy groups and other agencies in our projects and programmes.

SETTING THE SCENE

Geography

Shropshire is a large rural county situated between Birmingham and the Welsh (mid to north Wales) border, covering approximately 1,350 square miles. The two main towns in the area are Shrewsbury (county town) and Telford with several smaller towns and villages scattered throughout.

Political/ organisational factors

• *Local Authority (including Social Services and Education)* – Local control of the county is shared between two authorities; Telford and Wrekin Borough and Shropshire County Councils. The former authority governs Telford and its outskirts, whereas the latter encompasses Shrewsbury and the remainder of the area. Subsequently, Social and Education services have also been split into two. Each borough has its own Joint Community Learning Disabilities team, managed by Social Services encompassing both their Social work teams and Community Nurses. These authorities are therefore separate in terms of their management, policies, procedures protocols and practices.

• *Health Services* – Similarly since April 2001 the county's community health services have been split into Telford and Wrekin Primary Care Trust and Shropshire County Primary Care Trust although both provide county wide services but to different client groups e.g. Telford and Wrekin – Children's Health Services, Shropshire County – Mental Health and Learning Disabilities.

Our Therapy Services Team

We are a team comprising four clinical and therapeutic services that, as part of Shropshire County Primary Care Trust's Specialist Health services, provide a county wide community service to adults (aged 18 and above) with a learning disability:

1. *The Communication and Swallowing Team* is a Speech and Language Therapy service consisting of Speech & Language Therapists and assistants. The team provides assessment and intervention regarding communication and eating and drinking difficulties.

2. *Physiotherapy* – Physiotherapists and assistants provide assessment and treatment to both acute and long term physical problems.

3. *Occupational Therapy* – Occupational therapists and some allocated assistant time (shared with other therapies) provides assessment and treatment with regards to activities of daily living.

4. *Joining In* – Coordinated by a Speech and Language Therapist and supported by allocated assistant time, the service supports clients to access generic Audiology and Orthoptic services.

A Collaborative Approach

All four teams work using a collaborative approach (see Swengel & Marquette, 1997)**.** Although Speech and Language Therapists take the lead when designing a client's communication programme, collaborative working enables us to consider the clients sensory, physical and postural needs, appropriate positioning and equipment for communication, as well as integrating communication programmes with activities of daily living.

Far from standing alone, Therapy Services forms part of a multidisciplinary team of health professionals and services including Consultant Psychiatry, Psychology, respite, assessment and nursing to name a few. We also liaise with services provided by the local Acute Hospital Trusts.

Related Services

As important as our related health and social work teams are, the many other agencies we work with include two countywide Self-advocacy groups and Connexions (the careers service), employment, housing and voluntary organisations.

INFLUENTIAL DOCUMENTATION AND PHILOSOPHIES

Valuing People – A new Strategy for Learning Disabilities for the 21st Century (White paper, DoH, 2001)

'Valuing People' is the first government document regarding people with learning disabilities for 30 years. It emulates four key principles: Rights, Inclusion, Choice and Independence. There is also a clear health aim: *To enable people with a learning disability to access a health service designed around their individual needs with fast and convenient care delivered to a consistently high standard and with additional support where necessary.*

It is therefore essential that our service delivery is reflective of these principles and aims and we provide evidence to this effect. Our Service philosophy is therefore that:

• All people communicate in every situation in daily living.

• Therapy is Person-Centred, taking into account all aspects of a person's life when planning treatment.

- Therapists advise, support and work with the identified client, together with those people who have the most contact with him/ her (where appropriate).

IMPLICATIONS

The above factors and issues have naturally presented many challenges to us when designing and delivering our services. Firstly the geographical nature of the county means that we have to include travelling time when planning our daily activities as well as considering distance and transport when booking venues for therapy and support groups. Consequently some of our services are organised using a geographical 'patch' system.

Working with two local authorities is also complicated due to differing policies and practices, increasing the number of meetings and projects we are involved in which impacts on both time and resources. Joint and multi-agency work with regard to both whole service and individual clients is also more challenging. Our therapists also require a broad knowledge of local services in order to offer the best advice to our clients.

However, remaining as a countywide service and developing the following seven interlinked aspects of our therapy service to clients requiring some form of Augmentative or Alternative Communication System (AAC) in the light of *shared* philosophies and government documentation has enabled us to address some of these challenges in order to find client centred and practical solutions to service delivery.

AAC SERVICE DELIVERY - SEVEN KEY ASPECTS

Although described separately, the following seven areas are far from independent of each other. No one aspect is delivered in isolation thus our approach is holistic and 'total' (considering all modalities – Glennen, 1997).

Access to Symbols

Symbols (graphic) are used by society on a daily basis and can be found throughout the environment: on road signs, as washing instructions for our clothes and as 'icons' on our personal computers etc.

They have long been used to develop communication systems for clients with severe communication impairments with benefits including their ability to represent a wide variety of concepts, they can be modified to suit the needs of individual clients and services and new symbols can be added or developed as required. Our service in consultation with our clients and local self-advocacy groups decided to use the Mayer-Johnson (Picture Communication) Symbol system (BoardMaker v5, 2003) as it was perceived that the system provided the most flexibility, and the symbols have high iconicity (Millikin, 1997).

As the number of personalised communication books increased and environmental symbols for day services developed it was clear that we needed a method of standardising and recording the symbols we were using to represent a variety of concepts, particularly as many clients access a variety of services during their week thus requiring consistency of symbols used across environments.

Therefore a symbol dictionary was produced. Initially this consisted of a core vocabulary of environmental e.g. "exit", "danger", "kitchen" and activity based symbols e.g. "cooking", "bowling", that were agreed by a day service's Service User committee. Gradually this has developed by adding new symbols as they are assigned to a meaning/ function, edited or created (often as a composite of other symbols). A therapy assistant takes the responsibility of collating and recording the new information. Copies of the dictionary have been sent to all the services we work with for reference as many of them have the facility to print the symbols from their own computers.

Sometimes a symbol may represent two semantically related referents e.g. "dinner time" and "dining room". Therefore, a 'key of additional uses' for each symbol is also included. We also record individualised symbols i.e. symbols specific to a particular client or service.

'Signs to Support Speech' Training Pack

Manual sign systems are another form of symbolic and visual communication system used by our clients. Although related, many different signing systems/ vocabularies have been introduced to our clients depending on the school they attended in childhood or if they have moved into the county from another area. British Sign Language (British Deaf Association, 1992), Makaton (Walker, 1978), Signalong (Kennard, Grove & Hall, 1994) and Paget-Gorman (*see www.pgss.org)* are all such systems/vocabularies.

Therefore, we wanted to find out what signs were being used on a daily basis around the county with the aim of standardising use of the system as appropriate. Accordingly we visited a range of day and residential services to list a core vocabulary of signs used and to address any requests for additional signs. This list was documented in the form of a 'Signs to Support Speech' training pack. The manual alphabet was also added. The pack is now well established as a reference for anyone introducing signing to an individual client or service, and is added to regularly as new signs are introduced. Packs for health and social service professionals have also been produced.

However, we allow for some flexibility. One or two signs have slight variations in production at opposite ends of the county, like a dialect. Again, this variation is recorded and monitored. Individual clients have also invented their own idiosyncratic signs, the origin of which (often related to an individual experience, person, event or physical abilities) can be determined following consultation with their families. In such cases we advocate that carers record the signs either photographically or as line drawings with written descriptions in personal 'sign dictionaries'.

Photographs

A number of our clients require a more 'concrete' medium for communication. In cases where the client can benefit from a two-dimensional representation, photographs may be considered as an alternative to symbols or signs (*see* Von Tetzchner & Martinsen, 1992, for *Advantages and Disadvantages of photographs*). However, in many cases these media have been integrated. Further benefits of photographs include being relatively low cost and easy to produce (most people own cameras), and being replaceable and socially acceptable (most people keep photo albums to remember holidays, family and special occasions).

The Communication and Swallowing Team takes a number of approaches in promoting the benefits and uses of photographs. This includes working with whole services to produce and implement photographic resources including: photos of reference for snack/meal choices, activities, places and people, instruction or recipe sequence cards, and accessible information leaflets (see *Accessible Information*). Alternatively we work with individuals to produce communication books, Life Story Books and Sign Dictionaries.

We are fortunate to have access to a range of equipment for these purposes including scanners, digital cameras, computers and colour printers and encourage services to purchase their own resources where appropriate.

High-Tech Communication Aids

Following multidisciplinary assessment by members of the therapy team, some of our clients may be introduced to high tech communication equipment that may include computers with specialist software as well as communication aids such

as *Lightwriters, Alphatalkers and Dynavoxes.* We may also consider environmental control systems.

For this purpose the team shares an AAC loan scheme with two other county-wide Speech and Language Therapy Services. The loan store consists of equipment ranging from light/medium tech items e.g. Big Macks, doorbells, telephones and amplifiers, and high-tech options as listed above.

The scheme is administrated by a Technical Instructor (of another team). However, the scheme can only be accessed by referral from a speech and language therapist. All therapists work with communication aid users although one has a special interest in the field.

Orders of specific equipment can be requested and negotiated between the teams. However, a small number of clients have equipment funded by other sources including charities, their former children's services and regional specialist centres with therapeutic support provided by the Therapy Services team.

We are developing our service provision to this client group and have recently run a five day intensive therapy group for AAC users and their carers, focusing on using a total communication approach, creating reasons and opportunities for communication as well as developing appropriate social skills in a supportive environment.

Accessible Information

With such a large geographical area to cover and relatively few therapists, we cannot be everywhere, all the time. Not every one who may benefit from alternative or augmentative communication systems, particularly to access information about health and the services that are available to them, is a client of ours.

Therefore we operate an Accessible Information Service with its own referral system. Anyone can refer to the service in order to request information to be adapted into either symbol or photographic formats.

A detailed referral form is used to ensure that requests are appropriate to the target audience and have a clear rationale. Requests are then prioritised and delegated to a therapy assistant for production. Leaflets that we have produced include our own symbolised service leaflets and health information (e.g. bugs and viruses, back care, diabetes and healthy living).

In addition to this project, a therapy assistant has been contracted on a short term basis to design an interactive website that will provide information on issues

such as health, benefits and local events to adults with a learning disability in Shropshire. The Project is joint-funded with one of the county's Self Advocacy Groups, Taking Part. The completed website will use symbols, visual and auditory presentations to convey the information. Our leaflets will also be downloadable from this site (Accessible via link from *www.shropshirepct.nhs.uk*).

We are also developing resources for producing accessible information for individual clients in the form of Communication Passports. Usually in book form and client held, Communication Passports provide vital practical information about a person's needs and preferences and is written from their perspective (Millar & Caldwell, 1997). We envisage that example pages and guidelines for producing passports will also be available via the website.

Training

Training for both clients and carers should be an integral component of service delivery when introducing an augmentative or alternative communication system to a client (Swengel & Marquette, 1997).

We have therefore developed a number of standardised training packs delivered by speech and language therapists including a basic communication workshop, symbol, pictures, objects of reference and Signs to Support Speech workshops. Workshops target a variety of audiences including family and paid carers, education and health professionals. We usually recommend that the Basic Communication Workshop should be accessed first to gain an overview of different communication systems and communication development.

Training courses range from half day to whole day sessions with follow up days and are usually free of charge. They can be general or tailor made to a specific client, service or professional group by adapting standardised workshops as appropriate.

A recent addition to our training programme is General Practitioner (G.P.) Communication Awareness training as part of our work to meet the objectives of Valuing People. We have attended a number of regional training days and have developed a Sign training pack and workshop for, and in consultation with GP practice staff, including nurses and receptionists. This will be piloted in September 2003 in one surgery with additional workshops running through to November 2003.

Support Networks

The team strongly advocates creating opportunities for people using the same

mode of communication to meet regularly. Therefore, we currently run two interrelated Support Groups.

The first, 'Sign Here!', is a support group for around twenty clients (and their carers) who benefit from the use of signs either receptively (by carers) to support verbal comprehension or by themselves expressively. Some of the group have hearing impairments although this is not the only criterion for membership. Clients access 'Sign Here!' via a referral system.

The group meets on a bimonthly basis to participate in a community activity of their choice with the aims of using signs in a functional and social setting as well as providing individual therapeutic support and advice.

Examples of recent activities include a barge trip, bowling and pub lunch. Any new signs introduced at each meeting relate directly to the activity in which the group participates. For example, pub lunch signs include 'pub', 'beer', 'pool' and 'darts'.

Secondly, the 'Signs to Support Speech Linkworker' group consists of carers representing services and individual clients developing signing skills. The group meets two weeks before 'Sign Here!' and assists in the running of the 'Sign Here!' group as well as receiving training, sharing good practice and agreeing on any new signs introduced to the group.

These models of support mechanisms have proved very successful with both groups expanding rapidly. Therefore we plan to use the High Tech Communication Aid Users Therapy Group (described earlier) as a springboard for a Communication Aid User Support group following the same model.

Other groups supported by the team include 'Chat Clubs', where therapists and assistants have worked with day service staff to run informal communication groups for clients using the same or similar communication systems.

FUTURE ASPIRATIONS AND AREAS FOR DEVELOPMENT

Whilst the service continues to address the challenges of providing a countywide service, the projects described above are providing foundations for broadening our initiatives.

We would therefore like to see our service develop in the following ways:

• Increasing the structure and expertise of the team. This includes increasing the number of therapy personnel in the team in order to extend already successful mod-

els of service delivery e.g. Training and support groups, and, to enable individual therapists to develop their specialisms.

• Developing the use of AAC and Total Communication approaches in community services (e.g. environmental signage in hospitals and leisure centres). The aim would be to increase environmental friendliness and accessibility for our clients.

• Continuing and increasing collaborative worWment services.

• Continuing to be holistic and client centred in our approaches.

Ultimately, our goal is for Augmentative and Alternative Communication to be used and valued as widely as possible across the county both by the services with whom we work and in the community, as part of a total communication strategy, and in order to promote the principles of Valuing People (DoH, 2001): Rights, inclusion, choice and independence. ✳

Katrina Moore, SLT
Kirsti Evans, Therapy Assistant

REFERENCES

BOARDMAKER/Mayer-Johnson (2003). BoardMaker for Windows (Version 5), King Software Development, Marketed by Mayer-Johnson, Inc, USA.

British Deaf Association (1992). Dictionary of British Sign Language – English. Faber & Faber Publishers.

Department of Health (2001). Valuing People: A new Strategy for Learning Disability for the 21st Century. DoH Stationary Office, London.

Glennen, S.L. (1997) Introduction to Augmentative and Alternative Communication (Ch. 1) in Glennen, S.L. & DeCoste, D.C. (1997). *Handbook of Augmentative and Alternative Communication*. Singular Publishing Group Inc, San Diego/London.

Kennard, G, Grove, T. & Hall, L. (1994). Signalong: Phase 1 (Basic Vocabulary), 7th Ed. The Signalong Group & City Press, Rochester, Kent.

Millar, S. & Caldwell, M. (1997). Personal Communication Passports. *Paper first presented at the SENSE Conference, Westpark Centre, University of Dundee, 13th September 1997.*

Millikin, C.C. (1997). Symbol Systems and Vocabulary Selection Strategies (Ch.4) in Glennen, S.L. & DeCoste, D.C. (1997*). Handbook of Augmentative and Alternative Communication*. Singular Publishing Group Inc, San Diego/London.

Paget Gorman Society. Website: www.pgss.org

Von Tetzchner, S. & Martinsen, H. (1992). Introduction to Sign Teaching and the Use of Communication Aids. Whurr Publishers, London.

Swengel, K.E. & Marquette, J.S. (1997). Service Delivery in AAC (Ch.2) in Glennen, S.L. & DeCoste, D.C. (1997) *Handbook of Augmentative and Alternative Communication.* Singular Publishing Group Inc, San Diego/London.

Walker, M. (1978). The Makaton Vocabulary in TEBBS, T. *Ways and Means.* Basingstoke.

CE Marking: The Basics

DAVID MORGAN

Chair of CASC, c/o Dynavox Systems Ltd, Sunrise Business Park, High Street, Wollaston, West Midlands DY8 4PS, UK

Having spent some time investigating CE Marking and how it relates to the AAC industry, I have come to the conclusion that it is impossible to talk about the 'basics' because the whole topic is very complicated!

BACKGROUND

CE marking is a declaration by the manufacturer that a product meets all the appropriate provisions of the relevant legislation implementing certain European Directives. For the purposes of CE marking, whoever imports a product into the EU is solely responsible for the CE marking and is therefore called the 'manufacturer' under the directive, even if it is only a distribution company.

CE marking became compulsory for certain products during the 1990s, and for the AAC industry, the magical date was June 1998. Any product that *should* be CE marked *had* to be CE marked if it was produced after that date.

From that statement you can work out that not every product must be CE marked. So here is the first difficulty – establishing whether a product needs CE marking or not.

WHAT PRODUCTS NEED TO BE CE MARKED?

The answer to this lies in the European Directives mentioned above. There are lots of directives, and the difficulty with CE marking is establishing which, if any, directives affect your product.

At first glance the directives appear self explanatory, but it isn't that easy. For instance, the Machinery Directive does not apply to every device that could be labelled a 'machine'. Equally, stairlifts, which one might think would be labelled under the Medical Device Directive are actually classed under the Machinery Directive.

WHO DECIDES WHETHER A PRODUCT NEEDS CE MARKING?

Essentially it is the responsibility of the 'manufacturer' to decide. In many cases, it is obvious if a product requires CE marking. Some products can be 'self certified', for example, if the product is a Medical Device Class 1 which is not intended for diagnostic, internal use, etc. This does *not* mean that a supplier can decide they will CE mark it and just stick a label on. They

have to carry out various tests and checks, and keep a "technical file" to prove that the product passes all the required tests and is "safe".

It may be the genuine manufacturer or the distributor who does this (although it is usually the manufacturer as having CE marking allows them more access into EU countries). If the product is not manufactured in the UK, then the importer must also keep a copy of the technical file.

WHAT ARE THE RELEVANT DIRECTIVES FOR AAC PRODUCTS?

Medical Devices Directive 93/42/EEC

A Medical Device is defined as "an instrument, apparatus, appliance, material or other article, whether used alone or in combination, together with any software necessary for its proper application, which is intended for...the alleviation of or compensation for...an injury or handicap". If any product is put on the market with that as the *main objective* then it should be CE marked as a Medical Device.

This covers everything from wooden walking sticks to high tech computerized products. However, if the main objective is not as a Medical Device, then it doesn't come under this Directive. An example is that of 'fancy walking sticks' which *may* be used as medical aids but are primarily for decorative use. Therefore, they are *not* Medical Devices and therefore should not be CE marked as such!

So it is very much up to the supplier to state whether the device is classed as a Medical Device or not. It would be up to trading standards or the MHRA (Medical and Healthcare Products Regulatory Agency) to argue the point if necessary. However, the MHRA state in their reference list that communication aids are definitely Medical Devices, so (in their view) should be CE marked as such.

However, one other aspect must be considered. A company may need to be careful if they allow customers to sign VAT exemption forms for devices that they claim are *not* Medical Devices! I do not claim to be either a VAT expert or a CE expert, so I am unsure of the ramifications of this - it must be something individual companies have to decide for themselves.

Low Voltage Directive

This is mostly concerned with "...mains energised electrical appliances but covers the voltage range 50 Vac to 1,000 Vac or 75 Vdc to 1,500 Vdc". Therefore this directive does not apply to non mains appliances or those with a voltage range less than 50 volts.

Electromagnetic Compatibility Directive

This Directive applies to "...virtually all electrical and electronic apparatus, that is finished products and systems which include electrical and electronic equipment".

There is no upper or lower (power) limit on this one, but its main objective is to ascertain whether there are any issues with either emissions from a device affecting other apparatus, and the susceptibility to emissions from elsewhere that may affect the device.

The DTI will not categorically state that anything electrical under 50 volts must be CE marked to this standard, but does say that all companies have a duty of care to ensure that any electronic or electrical device does not have emissions that may affect other equipment, especially if that device may be used near to sensitive apparatus like hospital equipment.

That duty of care would extend to testing the emissions of equipment and having tested them, they may as well complete the CE marking process.

General Product Safety Directive

This is a 'catch all' directive, but does not mean that all products must be CE marked.

CONCLUSION

If a product is sold primarily as a communications aid, then, according to MHRA, it should be CE marked under the Medical Devices Directive. At the end of the day, it is up to suppliers to ensure their products are correctly CE marked.

As far as specifiers, assessors, purchasers, etc. are concerned, it is very difficult to question a supplier who states that their device does not need CE marking when you think it does.

Short of referring to Trading Standards or MHRA, as the old adage goes, "You pays your money and you takes your choice!" ✳

adVOCAte
a new dimension in digital recording communication aids

advocate (**ad**-vŏ-kăt)
someone that speaks on behalf of another

External Switches

Scanning

adVOCAte is a new digital recording communication aid which is packed with features to meet the widest range of needs.

Easy to set up and programme, and with a wide range of setups to configure it to the particular requirements of each user.

It uses the latest speech recording technology to provide 16 minutes of high quality speech, and can be configured from 1 to 16 locations.

Auditory feedback may also be used by direct selection users with vision or cognitive limitations.

Optional Environmental Control functions.

3 alternative selection modes:
Direct Selection (using the keypad)
External Switches (direct selection, with up to 4 external switches)
Scanning (with 1 or 2 switches)

- 4 alternative scanning modes:
  - single switch Automatic scanning
  - single switch Inverse scanning
  - 2-switch Inverse scanning
  - 2-switch Step Scanning

- Full range of Auditory Scanning options

TOBY ! CHURCHILL

TOBY **CHURCHILL** Limited
20 Panton Street
Cambridge CB2 1HP

Tel: 01223-576117
Fax: 01223-576118

email : sales@toby-churchill.com
www.toby-churchill.com

dti Languages for Export Award 1996

BRITISH DESIGN AWARD 1989

What can we learn from drawing parallels between people who use AAC and people whose first language is not English?

MARIANNE JOHNSON

School of Nursing, Midwifery & Health Visiting, The University of Manchester, Coupland 3, Manchester, M13 9PL, UK
Email: Marianne.johnson@postgrad.umist.ac.uk

This paper proposes a new framework in which the communication problems experienced by non-disabled ethnic minority patients are compared to individuals with an acquired or temporary communication impairment.

By considering communication impairments and AAC strategies, we may learn about potential techniques that could be adapted and used by patients whose only 'handicap' is their limited English.

As a case study, we are focusing upon Somali-speakers with asthma. Knowledge highlighted by these parallels is also likely to benefit the AAC community, particularly those for whom English is an additional language, resulting in a bi-directional learning process [9].

COMMUNICATION DIFFICULTIES FOR NON-DISABLED PATIENTS WITH LIMITED OR NO ENGLISH

Patients with limited or no English (PLONEs) often experience multiple communication difficulties and barriers when accessing healthcare services in the UK. Many hospitals and GP surgeries are unable to meet their appropriate language and cultural needs. This may be due to ignorance on the part of practitioners, their lack of cultural sensitivity, time constraints, or cost [10]. When interacting with English-speaking healthcare professionals, without the presence of an interpreter, PLONEs often experience both expressive and receptive communication difficulties. For instance, such patients may leave a consultation not having been able to describe their symptoms or understand the diagnosis and/or treatment adequately. These frustrating and anxious interactions can lead to mis-diagnosis, ineffective treatment, and under-referral to other specialists [14]. These communication difficulties are also frequently experienced by individuals with SCI (Severe Communication Impairment) accessing health and other public services [13].

THE SOMALI COMMUNITY IN MANCHESTER

Important demographic shifts coupled with recent government policies promoting equality and social inclusion in the NHS, emphasise the pressing need to provide more appropriate language services, for both PLONEs and people with communication impairments. Mohamed et al.'s study [11] highlighted the need for improved communication concerning asthma management within Manchester's Somali community. This is particularly important as more than half of this population have limited English and literacy skills [3]. Asthma is relatively unknown in Somalia but many people suffer from asthmatic symptoms, which they do not really understand or know how to manage, when living in the UK. These unfamiliar problems leave such patients dependent on others for effective communication.

EXISTING BUT INADEQUATE LANGUAGE SERVICES

Efforts to combat cross-cultural communication difficulties between healthcare providers and PLONEs are invariably inadequate.

Trained interpreters or community advocates may offer the best solution but are often not available or used inappropriately. Telephone interpreting services are popular in some areas but are very expensive.

Some clinicians use picture cards to aid communication but there are no standardised tools or guidelines to work with, particularly in relation to cultural and linguistic factors. The most commonly employed solution is to use untrained bilingual staff, family or friends as interpreters [10][12].

However, untrained interpreters have many drawbacks. For example, using family and friends can lead to breaches of confidentiality. Inexperience and a lack of familiarity with medical and technical terms often result in misunderstandings,

inaccurate and misleading translations. Children are often inappropriately used to interpret subjects of an adult nature.

Biased attitudes of relatives who are emotionally involved can distort information by interpreting only what they think the clinician wants to hear, even adding their own advice or views. This can result in non-compliance with treatment and prescribed medication [14].

PARALLEL COMMUNICATION BARRIERS/DIFFICULTIES

PLONEs and individuals with communication impairments encounter many similar communication barriers and difficulties when accessing public services [10][12]. However, the causes differ in that PLONEs have difficulties speaking English as an additional language, whereas people who use AAC have suffered an illness or injury affecting their oral communication. The following parallels between these two groups have been identified:

Access Barriers

1. Public services fail to cater for specific communication needs through a lack of effective language services, such as trained interpreters.

2. Information is not available in the correct language/ dialect, or not presented in the appropriate format. For example, printed information in English or minority languages is useless for people who are illiterate.

3. Lack of information concerning unfamiliar illnesses or conditions and their management is also reported.

Attitudinal Barriers

• This 'hidden disability' leads to poor relationship building between provider and client, lack of confidentiality, misunderstandings, ignorance of communication problems, avoidance of individuals, and embarrassment of others.

• Many healthcare professionals have limited time, are not communication oriented,

and are unaware of effective methods to enhance patients' communicative abilities. They focus on other medical priorities.

• Cultural, linguistic, intellectual and physical differences may cause social stigma.

Communication Difficulties
• Various difficulties with reading, writing, understanding and/or producing intelligible speech.

Psychological Difficulties
• Previously able-bodied, literate and successful communicators experience shock associated with a sudden loss of speech.

• People/staff who initiate only short explanations or ask very simple questions exacerbate matters.

• Reduced social interaction leads to social isolation, exclusion, frustration, low self-esteem, lack of confidence, fear, panic, feeling of loss of control, and apathy, in social environments.

Alternative Communication
These parallel communication barriers and difficulties mean that both groups need alternative ways, other than natural speech, to build a relationship and communicate in a common language understood by the majority population.

WHAT AAC STRATEGIES COULD PLONES USE?
The identification of the above parallels suggests the use of AAC strategies to facilitate communication between healthcare providers and PLONEs. By applying AAC assessment strategies to PLONEs we may determine appropriate AAC interventions. This process includes consideration of residual abilities, communication partners/ environment, and linguistic needs.

PLONES' RESIDUAL ABILITIES
Linguistic difficulties are the only 'handicap' PLONEs encounter. They already have the necessary pragmatic skills and experiential world knowledge needed for successful communication. Their motor, sensory, perceptual and cognitive functions are also intact. However, PLONEs need an easily interpretable alternative to facilitate immediate communication with healthcare providers. As with ICU (Intensive Care Unit) patients who are temporarily speechless, neither clinicians nor PLONEs have time to learn lengthy or complex communication techniques [4]

COMMUNICATION PARTNERS/ENVIRONMENT
The application of AAC strategies is proposed specifically for PLONEs and healthcare professionals during primary care consultations. Such interactions usually follow set patterns of relationship building, questioning, physical examination, and advice giving. The controlled and topic-specific nature of this type of communication lends itself well to AAC intervention for these reasons:

• A specific vocabulary relating to healthcare, asthma, body parts, emotions, etc. can be used, not requiring a high cognitive load.

• Standard questions can be pre-recorded in patient's language and played on high-tech devices or a tape recorder by the clinician during a consultation.

• GPs/Asthma Nurses have a PC in their treatment rooms. High-tech devices with speech output or software to print symbol overlays, advice sheets, signs for clinics, etc., suitable for any client, illness or language, can be run from these standard computers.

LINGUISTIC NEEDS
During an asthma consultation, PLONEs will need to understand health-related questions, medical advice, diagnosis and prognosis. They will have to give a medical history and describe symptoms, emotions and needs. Normal social interactions (e.g. greetings, small talk) take place as part of rapport-building between the practitioner and his/her patient.

Having considered the above needs and abilities, in consultation with AAC professionals, the following AAC strategies seem the most suitable and adaptable for use with PLONEs:

Pictographic Symbols
Symbol assessments have demonstrated that iconic/transparent pictographic symbols are easy to learn and interpret by unfamiliar and especially illiterate users [5]. An early symbol set, Blissymbols, was originally designed as an international written language to overcome intercultural communication barriers. However, being an abstract set, these symbols must be learned by people who use AAC over a period of time, thus, are unsuitable for PLONEs in this context. Recent studies [7][8][15] indicate that people from different cultures may perceive symbols differently and highlight the need for more research into the impact of culture on symbol perception. This has implications for Somali-speakers as potential symbol users and must be considered when assessing for AAC candidacy. Suggested symbol sets to test with PLONEs: *Widgit Rebus* and *PCS* symbols.

High-tech VOCAs (Voice Output Communication Aids)
Many high-tech AAC devices have a synthesised or digitised speech facility, the latter allowing users to pre-record messages in their own voice and language. This offers great potential for multilingual use, allowing, for instance, an English-speaking doctor to select symbols with English text labels and the output to be spoken in Somali. Any type of graphic symbol, picture, photo, etc. can be chosen by the user and uploaded onto the software. There are a wide range of direct selection input options (touch-screen, tracker ball, keyboard, mouse), and portable/handheld devices for able-bodied users. This allows users with varied experiences of computers to select a strategy to suit their needs. Suggested high-tech devices to test with PLONES in this healthcare context:

The Grid as a VOCA and *BoardMaker™* to design and print pictographic symbol overlays, with *Writing with Symbols 2000* to design and print medical advice sheets.

The use of computers to improve communication among professionals in primary care is being encouraged by the implementation of the new NHS IT strategy [16]. However, using the GP's computer as a communication aid has seemingly not been explored. Such AAC software offers great potential to facilitate cross-cultural communication in this context.

Low-tech communication devices
Paper-based or battery-operated devices can be customised and created for multi-lingual use. They are more suitable for those who find computerised devices threatening or difficult to use. Minimal training and simple finger pointing (direct selection) is required to select/move symbols [5]. Suggested low-tech devices to test with PLONEs are: paper-based communication books, *Talking Mats™, TechTalk32,* and *Go Talk.*

ASSESSING PLONES FOR AAC CANDIDACY
A two-year ESRC funded research project proposes to assess the feasibility of using some of the above AAC techniques with Somali-speakers. Data collection methods will include:

• *Focus Groups* with Somali-speakers and *individual interviews* with GPs/Asthma Nurses to establish specific communication difficulties experienced during asthma-care consultations.

• *Symbol Assessments:* Translucency [1][8] and Guessability [17] tests using PCS and Widgit Rebus symbols to assess the impact of culture and language on symbol perceptions of native English- and Somali-speakers.

• *Symbol design sessions* with Somalis, a symbol designer and an Asthma Nurse, to consider culturally appropriate pictographic symbols relating to asthma.

• *Simulated asthma consultations* to measure the effectiveness of using AAC techniques during asthma consultations between Somali-speakers with limited or no English and GPs/Asthma Nurses.

The proposed methodology will identify the specific communication needs of the Somali community and healthcare providers treating them for asthma. This potential user group's attitudes towards pictographic symbols and AAC devices will be assessed, and the usability and effectiveness of the proposed strategies in a primary care setting will be evaluated. A pilot study with a small group of participants will test the validity and reliability of research instruments, instructions and attitude rating scales with Somalis.

PARALLELS IN RESEARCH

Various health service-based research projects in Scotland have recently looked at using symbols to improve two-way communication, information provision and access for people with SCI or with English as an additional language in primary care. These include: the 'Better Health through Better Communication' project [6]; the 'Inclusive Communication' project, OPD, Roodlands Hospital [2]; and MEHIP (Minority Ethnic Health Inclusion Project) producing symbol-based health information for non-English speaking patients. The proposed research with Somalis will add to this growing research area which aims to provide better access and communication within the NHS for people with all types of communication needs.

POTENTIAL BENEFITS TO THE AAC COMMUNITY

As well as providing possible alternative communication strategies to facilitate cross-cultural communication in primary care, this research may be of interest to the AAC community for these reasons:

- The impact of culture on pictographic symbol interpretation is further addressed.

- Somali is a new minority language and culture to be researched in AAC.

- The application of AAC is potentially extended to a 'non-disabled' population.

- Raising awareness of multicultural pictographic symbol use among symbol developers/professionals.

- The health/asthma-related symbol designs produced may be added to existing sets.

- Contributes to AAC efficacy and evaluation issues concerning non-English speakers.

CONCLUSIONS

The evidence presented in this paper indicates that a range of low-tech and high-tech devices with iconic pictographic symbols and digitised speech may offer alternative means of facilitating communication between healthcare providers and speakers whose first language is not English. Practical testing, as described above, is needed to determine the feasibility of using the proposed strategies with this potential AAC user group.

It is hoped that this AAC model will enable healthcare professionals to consider taking a more inter-disciplinary and technological approach to providing language services for the increasingly diverse linguistic needs of PLONEs.

These alternative communication strategies could be incorporated into communication skills training programmes in primary care. This awareness raising, in turn, would also benefit patients with communication impairments when visiting the GP, as staff would be more aware of AAC and the options available. The increasing number of non-English speaking people who use AAC will also benefit from more research on culturally appropriate assessment and intervention techniques. ✳

Marianne Johnson, *Researcher*

REFERENCES

[1] Bloomberg, K., Karlan, G. R. & Lloyd, L.L. (1990) The Comparative Translucency of Initial Lexical Items Represented in Five Graphic Symbol Systems and Sets. *Journal of Speech and Hearing Research* **33**: 717-725.

[2] Burrell, C. (2003). *Roodlands Hospital OPD 'Inclusive Communication' Project. Results of Consultation on Environmental Symbols: November 2003.* Unpublished Report. Edinburgh: East Lothian LHCC.

[3] Butler, D. & Ritchie, S. (1995) Manchester's Somali Population: A Profile of Somali People in Manchester 1994 Survey. Planning Studies Group, Manchester City Council.

[4] Fried-Oken, M.; Howard, J. M. & Stewart, S. R. (1991). Feedback on AAC Intervention from Adults who are Temporarily Unable to Speak. *AAC Augmentative and Alternative Communication*, **7**, 43-50.

[5] Glennen, S. L. & DeCoste, D. C. (1997) *Handbook of Augmentative and Alternative Communication.* London: Singular Publishing Group, Inc.

[6] Hartley, K. (2003). Better Health through Better Communication. *Augmentative Communication in Practice: Scotland, 2003.* Edinburgh, CALL Centre, 51-56.

[7] Haupt, L. & Alant, E. (2003). The Iconicity of Picture Communication Symbols for Rural Zulu Children. *South African Journal of Communication Disorders*, **49,** 40-49.

[8] Huer, M. B. (2000) Examining Perceptions of Graphic Symbols Across Cultures: Preliminary Study of the Impact of Culture/Ethnicity. *AAC Augmentative and Alternative Communication* **16**: 180-185.

[9] Johnson, M. J. (2003). *Do communication impairments offer insights into alternative communication strategies for (non-disabled) patients with limited or no English?*

Unpublished MPhil Thesis, Manchester: UMIST.

[10] Jones, D. & Gill, P. (1998) Breaking down language barriers. *British Medical Journal* **316**: 1476-1480.

[11] Mohamed, Z. A., Lovel, H. J. & Moran, R. (1999) Health Needs and Community Resources for Health amongst the Somalis in Manchester. Summary in Miller, J. (2002) *Health of refugees and asylum seekers.* Manchester: Public Health Department, Manchester Health Authority.

[12] Nazroo, J. Y. (1997) The Health of Britain's Ethnic Minorities. Findings from a National Survey. London: Policy Studies Institute.

[13] Parr, S., Byng, S., Woolf, C. & Summers, S. (1998) *Living with a Communication Impairment.* London: City University.

[14] Robinson, M. (2002) *Overcoming Barriers and Enhancing Communication (OBEC) Project.* Summary Report, July.

[15] Worah, S. (2001). "Drawing Early Developing Concepts: Children of Multicultural Backgrounds". Unpublished Report. Pennsylvania State University.

[16] Wyatt, J. C. & Keen, J. (2001) The new NHS information technology strategy. *British Medical Journal* **322**: 1378-1379.

[17] Yovetich, W. S. & Young, T. A. (1988). The Effects of Representativeness and Concreteness on the Guessability of Blissymbols. *AAC Augmentative & Alternative Communication*, 35-39.

ESSENTIAL PUBLICATIONS
FROM COMMUNICATION MATTERS
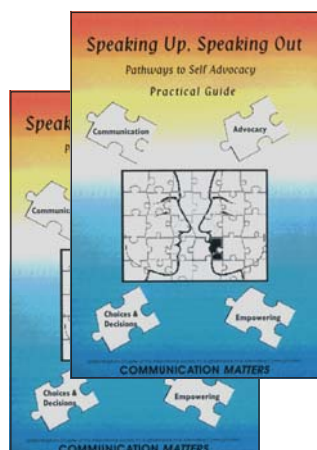
Speaking Up and Speaking Out! Pathways to Self-Advocacy

This pack is intended for carers, facilitators and others concerned with the advocacy needs of people with severe communication difficulties who need or use AAC. It is useful for staff development, especially for those working with adults. The pack comprises two books. One is a comprehensive and detailed Handbook which includes case stories, discussion points and references. The other is a Practical Guide which summarises the main points of the Handbook in a series of photocopiable overheads, checklists and activities designed to help users build an advocacy plan for individuals.

Price: £30 including p&p available from **Communication Matters**

Michelle Finds a Voice

This book is a story about a young adult with disabilities who is unable to speak or communicate effectively. A number of events cause her to feel unhappy until she and her carers are helped to overcome the communication difficulties. Michelle's story is told through pictures alone to allow each reader to make his or her own interpretation. Published by Royal College of Psychiatrists.

Price: £10 plus £1.50 p&p from **Communication Matters**
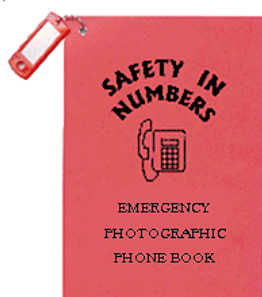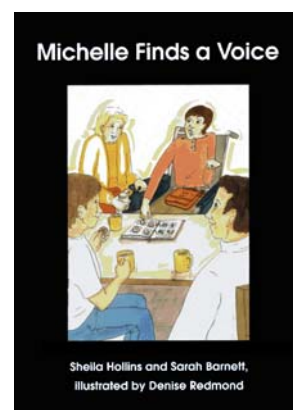
Safety in Numbers: A Photographic Phonebook

This photographic phone book is for people who find reading difficult. The pack includes an information page with key information about the person, several blank pages ready to add photographs or symbols, space for additional notes for an enabler, babysitter or other adult, a tag to make the book easy to hold as well as identifying the owner, and a page of symbols for common services printed on labels ready to stick in.

Price: £3.50 including p&p from **Communication Matters**

Beneath the Surface

In August 2000, the creative works of 51 authors and artists from around the world were published in one book, Beneath the Surface. What these writers and artists have in common is that they are unable to speak and thus rely on assistive technology to communicate. Published by ISAAC.

Price: £15 plus £1.50 p&p from **Communication Matters**
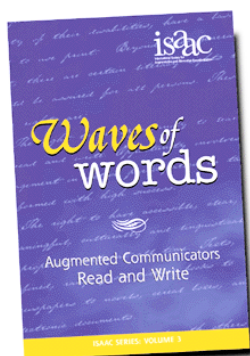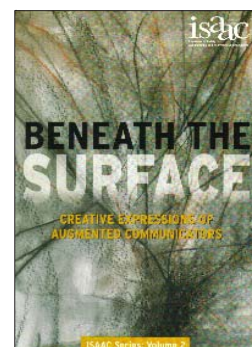
Waves of Words

The challenges confronting individuals with severe communication disabilities are chronicled in Waves of Words: Augmented Communicators Read and Write. The focus is on the strategies that teachers, therapists and individuals who rely on augmentative communication from around the globe have used to produce ultimate success in the struggle to learn to read and write.

Price: £15 plus £1.50 p&p from **Communication Matters**

Communication Without Speech:
AAC Around the World

This ISAAC book is a highly accessible introduction to AAC. It contains lots of questions and practical tips such as vocabulary selection, assessment, education and vocational considerations, making communication boards, and includes excellent photographs and illustrations.

Price: £15 plus £1.50 p&p from **Communication Matters**
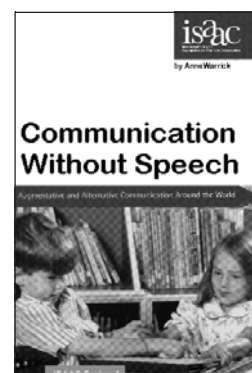
In Other Words (ISAAC video)

This 30 minute awareness raising video was produced in the UK by Caroline and James Gray. It is an excellent introduction to the field of AAC and would be great to show parents and students from a variety of disciplines, as well as to staff new to AAC.

Price: £12 to CM members (otherwise £17) including p&p
ONLY AVAILABLE FROM ACE CENTRE (Tel: 01865 759800)
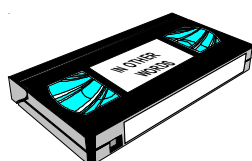
When ordering from Communication Matters, make your cheque payable to **Communication Matters**, and send to:
Communication Matters
c/o ACE Centre, 92 Windmill Road, Headington, Oxford OX3 7DR
CM Tel & Fax: 0845 456 8211 Email: admin@communicationmatters.org.uk www.communicationmatters.org.uk

I have just finished sending out all the letters to the speakers for this year's CM2004 National Symposium at Leicester University. All the abstracts looked very interesting and the review committee had to make many difficult decisions in terms of selecting those papers, which will hopefully result in an interesting, balanced and varied conference. Many thanks to those of you who have put in a paper.

DON'T END UP AT THE WRONG 'L'

You may be wondering why I keep stressing the CM Symposium is in *Leicester* this year? It's because the Symposium has been held at *Lancaster* for many years, and since both venues start with 'L' and end with 'er', I have visions of people turning up at the wrong 'L'! So I'm training myself to say "Leicester" instead of "Lancaster", but I'm sure you're all a lot more clued up and alert than I am! It is exciting to be going to a new venue and I hope that many of you will make the journey to the leafy campus that is Leicester University!

GRANTS TO SUPPORT PEOPLE WHO USE AAC

As you know Communication Matters has made some funds available to support various activities. One area that has been under-subscribed this year is our grant to support activities involving people who use AAC and their family members. This money is not to fund equipment for individuals, or to pay for services/activities which should be provided by mainstream/statutory funding. It's for fun activities, mentoring projects, setting up a buddy scheme, having a parents/siblings get together, etc. Put your thinking caps on, and tell your colleagues, the people you work with and anyone who might be interested. This grant is going to be re-advertised at the CM2004 National Symposium, so this is advance notice!

'INTRODUCTION TO AAC' INFORMATION PACK

A small group of Trustees has been working on an *Introduction to AAC* pack aimed at service commissioners, budget holders, managers, etc. who have responsibility for AAC services but have little or no experience of working with people who use AAC. We should have a demo version available to show you at CM2004. When finished it will be available free of charge to CM members so that you can use it in *your* area to help improve services.

ARE YOU GOING TO THE ISAAC CONFERENCE?

If you are going to the ISAAC Biennial International Conference in Natal, Brazil this October and you use a wheelchair, then ISAAC recommends the Pirâmide Hotel (where the conference is taking place) as that will make life a lot easier. For more information or to book a room, visit: salvador.secure-braslink.com/compassturismo.com.br/events/isaac2004

Click on the Hotel Reservation link on the left of the screen for a list of hotels - you can book online at the bottom of this page - click on the 'more info' link for the Hotel Pirâmide Palace to see more about the hotel. Note that 'fechar' means 'close', as I discovered!

Janet Scott
Chair of Communication Matters

"MEETINGS, MEETINGS, BL**DY MEETINGS!"

Excuse the language, but this is the title of a management training film I saw many years ago featuring John Cleese. Obviously the subject was meetings, but the essence of the film was how the plethora of meetings got in the way of the real work, were usually badly run, frequently didn't produce action plans, and were often a total waste of time.

Well I seem to have spent the last few months attending no end of meetings as CASC chairman, although before anyone starts any libel action, I can confirm that they were all worth it, well run, and mostly produced good action plans!

The first of these meetings was the NHS PASA EAT ERG (well that's better than the full title which is National Health Service, Purchasing And Supplies Agency, Electronic Assistive Technology, External Reference Group!). The committee has been set up by PASA, with lots of experienced and interested parties, to ensure that the new NHS EAT contract runs well, is well publicised, and problems get highlighted and sorted quickly. Let's hope it is successful!

Other meetings that have taken place include:

- BECTa regarding the CAP project.
- CATS (Co-ordinating Assistive Technology Services) which is linked with an ICES project in Liverpool, and another potential one in Manchester.
- Find-a-Voice, who are looking to do a research project with Canterbury University
- Royal Sun & Alliance Insurance company - a meeting set up by Sally Chan (Paediatric Communication Aids Service, Bristol) to try and identify a constant source of insurance for speech aids as part of the standard household policy (this meeting scheduled for July).

And this still isn't the full list. I never knew this role had so many different aspects to it. However, all the meetings had real aims of either improving funding or facilities for people who either specify, use, or care for people who use speech aids. So all worthwhile!

CE MARKING

The other main topic we have been trying to grapple with is that of CE marking. I had a couple of calls from individuals who wished to remain anonymous about non CE marked products beginning to be marketed by CASC members.

As the callers did not want to name the companies involved I did some further research into the intricacies of the subject and have issued a general email to all members. Already one company has stated that it helped them look again at their products and has resulted in that company changing its view on whether to CE mark or not – so a positive result.

You will find a separate report on CE marking in this edition (page 13) if this subject is of interest to you.

Dave Morgan
Chair of CASC (Communication Aid Suppliers Consortium)

'HOW TO REPRESENT LANGUAGE WITH PICTURES'

Professor Bruce Baker, the world's leading expert in the development of pictorial language systems for AAC, will present a paper during three seminars in the UK and Ireland this September.

As well as outlining the difficulties associated with using pictures to represent language, Bruce Baker will discuss the importance of vocabulary, iconicity and motor planning.

The venues are: 14th Sept (pm) at Central Remedial Clinic, Dublin; Weds 15th (pm) at Musgrave Park Hospital, Belfast; 17th (am) at The Ark Centre, Basingstoke. These seminars are free of charge, but you will need to book a place in advance by contacting PRI Customer Services on Tel: 01733 370470 or Email: info@prentkeromich.co.uk

✻

NEW LLL MINSPEAK APPLICATION PROGRAMMES

PRI have announced the new family of dynamic Language, Learning & Living (LLL) Minspeak Application Programmes (MAPs), for the Vanguard and Vantage communication aids. The new MAPs enable significantly improved communication and easy transition for augmented communicators, and more effective support across devices for professionals and family members.

- *The New 4, 8 and 15 location 'Teaching Programmes'* provide an easy introduction to a significantly reworked 45 location LLL MAP and a brand new LLL 84 offering the full vocabulary opportunities of LLL 128.
- *The same Minspeak icons and icon sequences* are now used to represent language on Pathfinder, Vanguard and Vantage communication aids, so no relearning is needed as the individual progresses, and support across MAPs and devices is easier to manage.
- *Clinical and educational support* has been a key consideration during MAP development. Included with each new LLL MAP are a new Minspeak Assessment Tool, a new Minspeak Teaching Guide, Getting Started Pack, and 'Cracking Constant Communication'.
- *Teach language and communication at the same time* – the new MAPs are based on a language development model which, together with the new resources, makes it considerably easier to introduce a Minspeak system.

Further details from Prentke Romich International Ltd Tel: 01733 370470 Website: www.prentkeromich.co.uk

✻

NEW SWITCH ACCESSIBLE GAMES

Sensory Software International have announced a new collection of popular games, specially written for switch users. These include the classic games: Chess, Othello Solitaire, Sea Battle, 4-in-a-Row and Minesweeper.

For more information about these switch accessible games, The Grid communication/access software, switch adaptors and more, please contact Sensory Software Tel: 01684 578868 Website: www.sensorysoftware.com

NEW VIRTUAL KEYBOARD

Madhouse Software Productions - winners of the 'Enterprise Challenge 2003' for the design and development of Electronic Assistive Technology for elderly people and those with severe physical disabilities - are now developing the newest version of 'Virtual Keyboard', an on-screen keyboard with easily changeable interfaces.

Virtual Keyboard has been designed and developed to suit the needs of individuals who are not able to access a computer via standard means, either because of reading, writing or motor impairments. Virtual Keyboard has been shown to increase the text output productivity of such individuals by 8.9% when in scanning mode, on a standard QWERTY keyboard.

Key features include ease of use when operating the multiple layers to change case and colour selection, the speed and style that these keys are highlighted, and the preferred voice attributes - which includes a male or female voice (speed, pitch and volume). Virtual Keyboard can also be used in conjunction with 'Penfriend' - a word prediction application.

For further information about the company's software or to download an evaluation version of the Virtual Keyboard, please visit website: www.madhousesoftware.co.uk

✻

CHANGES AT SUNRISE/DYNAVOX
by Dave Morgan (Director, DynaVox Systems Ltd)

I would like to clarify some of the changes at Sunrise Medical and DynaVox Systems over the last few months.

Is it Sunrise or is it DynaVox?

DynaVox Systems LLC (the manufacturer in America) has been a subsidiary of the Sunrise Medical Corporation since it was acquired in 1998. From then until the recent change, distribution in the UK, Ireland and mainland Europe has been through Sunrise Medical Ltd based in the West Midlands. With effect from this May, DynaVox Systems LLC is no longer a Sunrise subsidiary, although it is still 65% owned by the same organisation that owns 65% of Sunrise, and Sunrise also has a 5% shareholding in DynaVox – so there are still strong links.

The main reason for the change is to allow DynaVox to grow its own name, source its own funds, and make its own acquisitions as a separate organisation. In the UK, although the distribution could have been continued through Sunrise Medical, it was decided that this was the right time to separate that into a new company, DynaVox Systems Ltd, which is a wholly owned subsidiary of DynaVox Systems LLC.

All of the team that worked full time on DynaVox Systems in the UK have transferred to the new company, and apart from the name (and associated changes such as VAT number, slight change to address, etc), all other aspects, including the telephone numbers remain the same.

DynaVox Systems Ltd still has very strong ties with Sunrise Medical Ltd, insofar as there is a management contract that enables DynaVox to purchase services from Sunrise (e.g. use of premises, finance and IT functions). This has

made the transition to a separate company a lot easier than would have otherwise be the case.

So, to answer the question – from now on, it is definitely 'Dynavox'.

The Enkidu Research acquisition

In February we announced the acquisition of Enkidu Research Inc in America. Enkidu is a research-based organisation that designs communication systems for users of AAC, and their products carry many features different from the traditional DynaVox products, both in terms of software operations and hardware platforms. As such, their product range complements that of DynaVox rather than competes against it.

The Mayer-Johnson acquisition

In May we announced the acquisition of Mayer-Johnson Inc in America. For the UK this has less immediate impact. Mayer-Johnson will continue as a separate organisation within the DynaVox 'family', based in its current location and retaining its current staff (including Terry Johnson) and distributors. So there are no plans to change the distribution channels in the UK.

If you have any questions, please contact me by Email: david.morgan@dynavox.co.uk or Tel: 01384 446565. The new address of DynaVox in the UK is: DynaVox Systems Ltd, Sunrise Medical Building, High Street, Wollaston, West Midlands DY8 4PS.

*

THE 'ASSISTANT' COMMUNICATION SOFTWARE

'Assistant' is a communication software tool for people who need a dynamic display communication. Scanning order is freely and easily adjustable for pages, columns, and rows, even for individual symbols. If needed, Assistant scans cascaded pages automatically, helping to see a large amount of symbols from different pages without the need to open each page individually.

While Assistant can display the traditional single page on screen with symbols of the same size organised in a grid, it also handles several pages on screen simultaneously when needed. Pages can be cascaded and they can have symbols of any size located anywhere on the page.

Assistant users can also have one page constantly on screen. Like a normal Assistant page, this floating window can include any combination of symbols, multimedia and sound.

The user can also launch other Windows software and games and use Assistant for GEWA environmental control. Assistant supports a wide range of input methods and voices, both recorded and synthesised. The user can import standard graphics, photo and video files, and also use Handicom symbol and image libraries, for example: PCS, Bliss and photos. New ready-to-use vocabularies will be introduced in 2005.

For further information about the product and distributors, contact Modemo Ltd. Tel: 01792 368115 Email: info@modemo.co.uk

KATE ELLIS
(1964-2004)

It was with great sadness that we learned of Kate's death in June.

Kate was a great character, full of determination and spirit with a wicked sense of humour. She always managed to be at the centre of jokes. Those who knew her will remember, with wry affection, her 'lethal' headpointer which was so very much part of her!

There was a serious side to Kate as well. She was an experienced 'consumer' of AAC technology and was keen to show other people the benefits of having a communication aid. She was involved in a number of research projects and her experiences influenced the research carried out at the University of Stirling.

She fought tirelessly for other people who did not have their own communication aid, and was at the forefront of the recent media and parliamentary lobbying here in Scotland.

Kate volunteered in a special class, acting as a role model, telling the children stories from her own experience and giving them a positive outlook on their future. She also visited local secondary schools talking to the pupils about living with a disability - inviting questions and surprising them with her frank and sometimes rather vivid responses! Latterly Kate enjoyed living in her own house - with her black cat, Lizzie - and was well known and respected by many.

Kate was well known in the world of AAC. She presented at several conferences both in the UK and abroad. In Vancouver, despite wheelchair mishaps and shower hassles, Kate presented her first international paper and went on her first ferry. In Maastricht, she bumped through the cobbled streets with her Mum. In Washington, she experienced her first journey on an underground train. And in Dublin, Kate enjoyed the craic and added her own spice to it, as always.

Our thoughts are with her family and everyone who knew her as a friend. She will be sadly missed.

Janet Scott & Joan Murphy

14 September 2004   Central Remedial Clinic, Dublin
How to Represent Language with Pictures
Contact PRI: 01733 370470 info@prentkeromich.co.uk

15 September 2004   Musgrave Park Hospital, Belfast
How to Represent Language with Pictures
Contact PRI: 01733 370470 info@prentkeromich.co.uk

17 September 2004   The Ark Centre, Basingstoke
How to Represent Language with Pictures
Contact PRI: 01733 370470 info@prentkeromich.co.uk

19-21 September 2004   Leicester
CM2004 National Symposium
Gilbert Murray Conference Centre, Univ. of Leicester
Contact: 0845 456 8211 www.communicationmatters.org.uk

28 September 2004   CENMAC, London
The Development of Switching Skills
Contact: 020 8854 1019 www.cenmac.com

29 September 2004   ACE Centre, Oxford
Dynamic Display and PC Based VOCAs
Contact: 01865 759800 www.ace-centre.org.uk

30 September 2004   ACE Centre, Oxford
Assessing Switch Access & Developing Switching Skills
Contact: 01865 759800 www.ace-centre.org.uk

4-12 October 2004   Natal, Brazil
ISAAC 2004 Biennial Conference - Brazil
Website: www.isaac-online.org

7 October 2004   Pembrokeshire
CASC Road Show at Nantyffin Motel, Llandissilio
FREE Tel: 0845 456 8211 www.communicationmatters.org.uk

14 October 2004   Meldreth, Herts
Early Switch Skills
Contact: 01763 268023 adam.gooch@scope.org.uk

15 October 2004   Meldreth, Herts
Developing AAC Skills - Moving On
Contact: 01763 268023 adam.gooch@scope.org.uk

19 October 2004   CENMAC, London
Communication Aids in the Classroom
Contact: 020 8854 1019 www.cenmac.com

21 October 2004   Nuffield Orthopaedic Hospital, Oxford
Supporting AAC - A Study Day
Contact: 01865 737445 (Susan Harris, AAC SIG)

8-9 November 2004   The Botanic Gardens, Birmingham
RAATE 2004 Conference
Contact: 020 7346 1650 www.raate.org.uk

11 November 2004   Meldreth, Herts
AAC Curriculum for Individuals with PMLD
Contact: 01763 268023 adam.gooch@scope.org.uk

12 November 2004   CENMAC, London
Clicker 4: An Introduction
Contact: 020 8854 1019 www.cenmac.com

18 November 2004   The Corn Exchange, Edinburgh
Arts AttAACk!
A celebration of the arts for people who use AAC, organised by ACPS.
Contact SCTCI: 0141 201 2619 sctci@sgh.scot.nhs.uk

22 November 2004   Livingston
CASC Road Show at Hilcroft Hotel, Livingston
FREE Tel: 0845 456 8211 www.communicationmatters.org.uk

23 November 2004   Renfrew
CASC Road Show at Dean Park Hotel, Renfrew
FREE Tel: 0845 456 8211 www.communicationmatters.org.uk

24 November 2004   Aberdeen
CASC Road Show at Summerhill Ed. Centre, Aberdeen
FREE Tel: 0845 456 8211 www.communicationmatters.org.uk

24 November 2004   CENMAC, London
Writing with Symbols: Beyond the Basics
Contact: 020 8854 1019 www.cenmac.com

25 November 2004   Dunfermline
CASC Road Show at The Business Learning and Conference Centre, Dunfermline
FREE Tel: 0845 456 8211 www.communicationmatters.org.uk

25 November 2004   Meldreth, Herts
Developing Switch Use (Scanning & Timing)
Contact: 01763 268023 adam.gooch@scope.org.uk

26 November 2004   Meldreth, Herts
Dynamic Display Devices
Contact: 01763 268023 adam.gooch@scope.org.uk

30 November 2004   ACE Centre, Oxford
Communication Aids and Access Options
Contact: 01865 759800 www.ace-centre.org.uk

1 December 2004   ACE Centre, Oxford
AAC: Looking Beyond the Individual
Contact: 01865 759800 www.ace-centre.org.uk

2 December 2004   ACE Centre, Oxford
Voice Recognition for Pupils with Complex Needs
Contact: 01865 759800 www.ace-centre.org.uk

11 March 2005   Meldreth, Herts
Static Display VOCAs: Planning, Organising & Making
Contact: 01763 268023 adam.gooch@scope.org.uk

Click here

www.communicationmatters.org.uk

Latest News...   Discussion Forums...
Road Shows...   Grants...
Events...   Resources...
Suppliers...   Links...
Publications...   and more...

The Efficacy of Augmentative and Alternative Communication: Towards Evidence-Based Practice

Study Day Presented by Ralf Schlosser

IMPRESSIONS FROM SOME PARTICIPANTS WHO ATTENDED THIS STUDY DAY

This Study Day on AAC and evidence-based practice was hosted by Communicate, Regional Neurological Rehabilitation Centre in Newcastle upon Tyne on 4 March 2004. Here are the impressions of three participants…

An immediate reaction from Sally Millar (SLT working in education):

This was a thought-provoking day – well done to Communicate for organising it, and to Ralf Schlosser for putting his ideas across in such a clear and well-structured way. Evidence-Based Practice (EBP) is very much to the fore, these days. Where do we stand and how do we move forward?

My first (defensive?) thought was that within Communication Matters at least most of us already *do* do our best to keep up to date with relevant AAC evidence, which includes research findings (but also valuable clinical experience, whether written up, presented at conferences or passed on from mentors of one sort or another). As responsible professionals, we routinely attempt to base our interventions on more than just opinion, habit, convenience or trial and error! But I was surprised by how so many participants on this day said they knew nothing about evidence-based practice – a case of UK practitioners having collective low self-esteem in the face of US heavyweight academic bullying?

However, it would certainly do us no harm to become more skilled at weighing up the quality of available evidence (Ralf's territory on this day) and at putting systems in place in our practice to make this process more comprehensive, more routine and more explicit.

My second thought was that to carry out the EBP approach as Ralf outlined it, practitioners would need (at least):

- Easy (free) access to a library that subscribed to the main databases such as ERIC, PsychInfo MedLine, CINAHL, DARE (Databases of Abstracts of Reviews of Effect).
- A supportive infrastructure in the work place, including: (i) Loads of time for database searching, study, reflection and writing-up; and (ii) By implication, therefore a reduction of current work/case-load.

How common/likely is this, in the NHS, these days? And people might also feel they needed:

- Some kind of refresher course on research methodology (to allow development of confidence and skill in critically evaluating research evidence).
- Training in other aspects of implementing EBP.

My third concern was that a heavy emphasis in day-to-day practice on an academic research dominated approach could run counter to the slow and steady good work towards interdisciplinary collaboration and joint working that many us feel to be vital to the successful implementation of any AAC programme.

EBP places academic - mostly SLT dominated - research findings at the centre of the process of AAC assessment and therapy as a 'top down' approach - a kind of god-like authority (although the truth is that there are still only very few good quality research studies in many areas of AAC).

This could risk undermining the mutual respect and trust and working relationships built up over time, from the grass roots, between, say, teachers, speech and language therapists, clients and/or parents, and others, based on shared

Ralf Schlosser with Karen Lewis (course organiser)

information and an openness to new ideas and different approaches. It could also risk making clients and families feel even more marginalized and disempowered than they sometimes already do when faced with professionals and specialists. Insensitively handled in SLT practice, EBP could be seen as counter-productive in the context of other contemporary social movements such as inclusion and the rights of the client to be consulted for their views so that they are part of the decision-making process.

I would like to see more work on innovative qualitative research methodologies that can incorporate interdisciplinary practice and 'bottom up' client-centred work in AAC. The narrowest academic definition of 'research evidence' should not be the only model perceived as having value.

I was interested in and felt comfortable with the sensitive 'goal attainment scaling' process that Ralf mentioned in passing (his next article/book, I guess) which allows for evaluation of progress and measurement of attainment in small steps, using a specified set of goals, weighted by priority, a continuum of possible outcomes, and which accommodates goals that are only partially attained, in the overall evaluation

of progress. A future Study Day on this, perhaps?

A perspective from James Rowe (recent SLT graduate and currently working for a company supplying AAC aids):

What a fantastic opportunity the Ralf Schlosser Study Day provided for AAC Networking. CM asides, familiar faces in the field are so rarely brought together, to collectively learn, assess and dissect issues surrounding AAC.

I was surprised to learn that many delegates had either no experience of research analysis, or had forgotten what they had previously learned. Having graduated from Cardiff in 2000, it's not long since the never-ending lectures on critical appraisal, and having the principles of research analysis drilled into us, which although at the time made for boring Tuesday mornings, now helps me read research faster. Published papers often seem daunting, but with practice and confidence, tackling the very 'academic' language, quickly becomes second nature. Ralf's bullet points of analysis seemed to help to make this task easier. The back row group talked of 'journal clubs', which despite ringing of Dawson's Creek, may certainly help to better equip a wider group of AAC therapists with the skills, and subsequent knowledge that trawling through the research may bring.

I was concerned that a leading academic publishing AAC literature appears to have little clinical experience. Working for a supplier, as I have done for three years, has taught me that many people crave something to help them make clinical decisions, but aren't keen to read from academic journals. Often the theory does nothing to aid the practice.

It struck me that there were several therapists who are going some way to conducting their own research, but never get so far as to have it published. Communication Matters is full of people who have case studies or individual tales of success, which through discussion prove to be very similar to other therapists from the other end of the country.

Do we have an opportunity here to marry the academics with the clinicians to provide 'quality' research? So many clinicians feel dismayed at the prospect of leaving their practical work to pursue life in a lab, so why not use the lab-dwellers to our advantage?

Another perspective from Hazel Roddam (SLT working in a clinical environment):

Over the past 5-6 years there have been several UK surveys of Allied Health Professionals' attitudes to using research

evidence. These studies all reported a generally positive attitude towards the principles and rationale for basing assessment and therapy decisions on the best and current research evidence. However, the participants in all these studies cited many 'barriers' which prevented them from routinely doing this. Some of these barriers included:

• Time to read research.

• Difficulty in accessing full papers (not just abstracts of papers listed in databases).

• Lack of skills for critically appraising research papers.

• Lack of confidence in judging whether to change practice based on the research evidence found.

In my own research over the past 3 years, I have been interviewing many speech and language therapists across the North West of England, to explore these attitudes and perceptions. There is certainly a long way to go before the use of research evidence becomes embedded into the professional culture. However, I have also found some excellent examples of good practice within departments, which should be shared. I am currently working on writing up my findings.

Many therapists are very defensive and anxious about the topic of EBP. There are several common ambiguities and uncertainties. I was pleased that Ralf focused on the balance between finding the best available research evidence (as relative terms – not absolutes) and the use of our own clinical experience and judgement. This emphasis on 'evidence-*influenced* practice' is often very helpful in reassuring professionals that EBP is not intended to undermine their own expertise.

The process of 'critical appraisal' of research papers is hugely daunting to very many therapists, even after they have received some training. There are many excellent checklists available to act as a framework for systematically looking at research reports (e.g. the on-line tutorial on the NelH site). These should be sufficiently straightforward so that the questions are meaningful to the user. I have to say that I felt Ralf's own version could be unnecessarily complex and repetitious for anyone new to this terminology.

The benefits of appraising research papers in a group cannot be underestimated. It builds everyone's skills and confidence. It is also a most effective opportunity for planning evidence-based models of service delivery: an issue that Ralf did not include. The EBP Step 1 ('Asking a clinical question') does not always have to be for an individual. This model applies equally to planning services for client groups.

This leads to what I felt was the most valuable issue raised on the Study Day: Ralf's proposal that we should be recording and collating the findings of all these evidence-based searches, so that they could be accessed by all the AAC community. This suggestion for a Critically Appraised Topic (CAT) Bank could be a really exciting opportunity for us to beat the 're-inventing the wheel' syndrome. If the regional interest groups and specialist centres undertake some group appraisals of AAC topics, these could be collected and indexed and, in due course, updated. This exercise will also be invaluable to support the prioritisation of topics for new research in the field. I would hope that Communication Matters will be able to take the lead in promoting these timely developments.
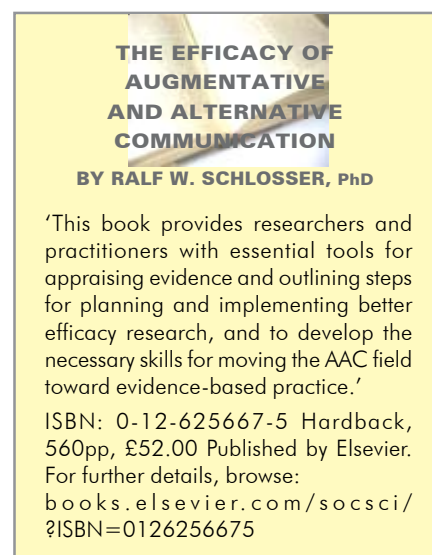
NEXT STEPS?

It has been suggested there might be a meeting to discuss issues relating to evidence-based practice in AAC at the Communication Matters CM2004 National Symposium.

This would be an open discussion possibly leading to formation of a CM group aiming to take forward some ideas about sharing case study information/evidence, and perhaps ways of supporting practitioners who wish to access and consult others' research and/or carry out their own research.

If you wish to attend this meeting, please visit *www.communicationmatters.org.uk* or check the CM2004 programme to find out the day, time and place. This journal will keep you updated on the progress of the discussion if you are unable to attend. ✳

FURTHER READING

Evidence-Based Practice in Augmentative and Alternative Communication by Ralf W Schlosser and Parimala Raghavendra, in AAC Journal, March 2004, Vol 20(1), pp1-21.

THE EFFICACY OF AUGMENTATIVE AND ALTERNATIVE COMMUNICATION

BY RALF W. SCHLOSSER, PhD

'This book provides researchers and practitioners with essential tools for appraising evidence and outlining steps for planning and implementing better efficacy research, and to develop the necessary skills for moving the AAC field toward evidence-based practice.'

ISBN: 0-12-625667-5 Hardback, 560pp, £52.00 Published by Elsevier. For further details, browse: books.elsevier.com/socsci/?ISBN=0126256675

AAC Resources on the Internet

ALLAN WILSON

The CALL Centre, University of Edinburgh, Paterson's Land, Holyrood Road, Edinburgh EH8 8AQ, UK
www.callcentrescotland.org.uk Email: call.centre@ed.ac.uk

The Internet has expanded rapidly over the past ten years from being a tool for the exchange of information within the military and academic communities to become an everyday resource used by millions of people on a daily basis to retrieve information, communicate with friends, buy or sell almost anything and as a source of entertainment.

The world of augmentative and alternative communication has not been left behind by this expansion. The number of pages on the Internet with a reference to augmentative communication has exploded from six identified by the AltaVista search engine *(www.altavista.com)* in 1994 to 67,100 identified by Google *(www.google.com)* in July 2004.

Many of these pages are not particularly useful, of course! It is easy to waste time (and run up a large phone bill!) looking for the information that you want, disappearing into a whirlpool of links to other sites, which themselves consist only of links to yet more sites, that eventually lead you back to where you started, without ever giving you any useful information.

There are now many excellent websites with useful information and valuable resources related to AAC: some providing information on every aspect of the subject; others with a focus on a particular topic.

An example is The CALL Centre's website which now includes a comprehensive list of over 100 of the most useful sites, categorised according to the following subject areas:

- General Resources in Augmentative Communication
- Communication Aids
- Assistive Technology
- Symbols and Signs
- Child, Family and Education
- Specific Approaches and Techniques
- Research
- Consumer Issues
- Service Providers
- Acquired Disorders
- Fun and Play

Most sites have been placed within one or two, or at most three, categories. As it was not always obvious into which category a particular site had been located, an index of all the sites was added at later date.

The next sections in this article focus on some of the specific sites included under a few of the above categories.

GENERAL RESOURCES IN AUGMENTATIVE COMMUNICATION

The ACE Centre
(www.ace-centre.org.uk)

If I had to name one site that every AAC practitioner in the UK should visit regularly, then this would be my choice.

The very welcoming front page provides an excellent summary of the latest news from the world of AAC (not just from the ACE Centre) and there are obvious links to a number of valuable resources. These include books and useful software that can be downloaded at no cost, and the superb Voice Output Communication Aids section, which contains general information about such topics as *Choosing a VOCA* and *Creating Overlays* in addition to detailed reviews of over 100 devices.

Augmentative and Alternative
Communication Centers
(aac.unl.edu)

This is probably the best 'academic' site, with bibliographies, information on demographics of people who use AAC, starter vocabularies, intervention strategies, and even downloadable Powerpoint presentations so you can pass yourself off David Beukelman, or another leading academic!

The site also hosts the excellent YAACK resource originally created by Ruth Ballinger as an introduction to the use of AAC with children. Although new mate-

rial is added fairly regularly, the site suffers from a lack of editing and updating of existing material – a common problem with websites.

The CALL Centre
(www.callcentrescotland.org.uk)

This site has a lot of information about these of technology (and other approaches) to help children with communication difficulties access the school curriculum. There are lots of downloadable material, including BoardMaker, Clicker and PowerPoint resources, over 100 Quick Guides to the use of particular devices and programs, and even whole books!

Communication Matters
(www.communicationmatters.org.uk)

There's more to CM than the journal and the annual symposium. The website is excellent – not so much for in depth articles, but for everyday information like contact details for suppliers and the location of your nearest communication aids centre. The Bulletin Board is a particularly good feature that is more widely used than its ISAAC equivalent.

COMMUNICATION AIDS

There isn't really a good 'consumer' site along the lines of a 'Which Communication Aid?', though the ACE Centre (see above) and the BECTA CAP project site *(cap.becta.org.uk)* both have comprehensive listings of basic information. Most suppliers now have pretty good websites, offering detailed information about their products, manuals, useful tips, software updates, and so on. Prentke Romich International Ltd. *(www.prentrom.com)* have gone one step further than the other suppliers by offering free 'live' training courses online.

DynaVox Page Exchange
(members.aol.com/dds4kids/dynavox.html)

This site, created by the parent of a child who uses a DynaVox, deserves a special

mention. It offers various sets of topic-based pages that can be used with the DynaVox 3100 and DynaMyte all of which can be downloaded free. However, be very careful to follow the instructions if you decide to try the resources, otherwise you may lose some of your existing page sets!

SYMBOLS AND SIGNS

Widgit Software Ltd.
(www.widgit.com)

Resources and updates for the Widgit Rebus symbols can be found here.

Mayer Johnson, Inc.
(www.mayer-johnson.com)

This website offers resources, updates and tutorials for BoardMaker. There are many other sites where BoardMaker resources can be found, but it is important to be aware of the version of BoardMaker you are using and the version in which the resources were created as they may not always be compatible. Other sites that are worth a look include:

Symbols dot Net
(www.symbols.net)

This is a rather bizarre site offering information and examples of almost every conceivable symbol system from Norse Runes through Crop Circles to the Emoticons used in online chat. The big attraction for people working in AAC is an online dictionary of Blissymbols, albeit one with a somewhat quirky interface!

Symbol World
(www.symbolworld.org)

This is a lovely site sponsored by Widgit Software and BECTa, providing lots of symbolised resources and stories. It is even possible to view symbolised versions of national and international news, though the difficulties of maintaining a site like this are shown by the news items being a little out of date.

CHILD, FAMILY AND EDUCATION

There are a number of excellent sites with resources for children that can be used at home or in school. The best ones include :

SET-BC in Canada
(www.setbc.org)

ACT in the United States
(www.callier.utdallas.edu/ACT/team.html)

Speech Teach in the UK
(www.speechteach.co.uk)

Disability Services Support Unit in Australia
(education.qld.gov.au/curriculum/learning/students/disabilities/index.html)

It can be difficult finding resources in the last of these, following a reorganisation, but it is worth persevering! On this occasion I am going to concentrate on some other sites:

Beyond Autism
(trainland.tripod.com)

I don't usually recommend sites that are basically just lists of links to other sites, but this is an exception.

Designed by a parent who has 'been there, done that, still doing it', there are comprehensive lists of sites covering such topics as PECS Pictures, Avoiding Unfortunate Situations, Communication and Sensory Issues, Importantly, every resource is described in detail so you know what you are going to find before you go to another site.

Do to Learn
(www.dotolearn.com)

This site has a particular focus on Autistic Spectrum Disorders, but materials are relevant for children with other communication disorders.

It has good basic information about a number of conditions and lots of downloadable games, picture cards and other resources.

Talking Point
(www.talkingpoint.org.uk)

This is a relatively new site set up by a partnership including ICAN, RCSLT and AFASIC to provide information for parents and professionals on speech and language difficulties in children.

There are one or two surprising omissions, but on the whole, it's a pretty good source of information.

RESEARCH

AAC-RERC
(www.aac-rerc.com)

This is a partnership involving seven leading American centres. There is information on a wide number of projects in which the various centres are involved. It tends to be a bit 'academic', with details of research proposals and publications, but little in the way of practical resources. It is worth a look to see current areas of research.

CONSUMER ISSUES

This section looks at sites that handle issues relevant to the lives of people who use AAC, rather than offering a 'Which Communication Aid?' guide. Unfortunately, it is not an area where there are many resources available, though good work is being done in Canada.

After 16
(www.after16.org.uk)

This excellent site is aimed at young people with disabilities, not just people who use AAC, but contains useful information on such topics as Money, Housing, Friends and Relationships, and the Law.

Speak Up
(www.aacsafeguarding.ca)

This is one of the most important sites listed here, covering the very difficult issue of sexual abuse of people with communication difficulties. There is a lot of information, including downloadable overlays with necessary vocabulary, on safeguarding people who use AAC from abuse. The approaches used within this site could be used as a model for other difficult areas.

WHAT'S MISSING?

The Ephemeral Nature of Web

The Internet is a much more temporary information store than, say, a library. Though most of the major sites belong to organisations that have a reasonably permanent existence, e.g. the ACE Centre and the CALL Centre, these sites are occasionally re-structured and the interesting page that you saw last month may no longer exist next month.

Other sites have been set up in conjunction with a particular project, e.g. the ground-breaking NCIP site (www2.edc.org/ncip) and are no longer supported when the project ends.

In these cases it is often a matter of luck whether or not the site continues. Some of the best sites have been set up by students or researchers to store information about their particular areas of work. Again it was partly by luck that Ruth Ballinger's excellent YAACK site survived, but the superb resource on Auditory Scanning created by David McNaughton and Tracy Kovach has disappeared.

If you know the exact web address of a resource that has disappeared, it is sometimes possible to access the information through the *Internet Archive Wayback Machine (web.archive.org)*, but you can't always rely on this.

Service Providers without Websites

There is a surprising number of AAC service providers, particularly those funded through health, that don't have even a basic site providing details about their service. This is not a criticism of these services – some of our most prominent AAC services operate with a tiny staff, who do not have the time and resources to devote to maintaining a website. The fault possibly lies at a more senior level. There certainly seems to be less emphasis on the use of the Internet to provide information and resource materials in health than in education, for example.

ADULT RESOURCES

It is relatively easy to find information, advice and an abundance of resources to

help implement AAC solutions with children, both in school and at home, but there is very little in the way of similar material for adults. There are a number of sites offering information on medical conditions – some better than others – and some of the voluntary organisations working in this area offer good basic information in a readable format, but there is hardly anything available in terms of advice on approaches to use with an adult with an acquired communication disorder, for example.

WEBSITES OF PEOPLE WHO USE AAC

It is a little disappointing, though understandable, that there is no equivalent of the splendid website *I am Dyslexic (www.iamdyslexic.com)*, put together by a person who uses an AAC system.

The *I am Dyslexic* website is run by a teenager with dyslexia who outlines the impact his condition has had on his life and shares information on coping strategies. A wide community has developed around the site, with many other people sharing their experiences.

There are a few sites where the thoughts of people who use AAC can be found, usually in the form of conference presentations which have been made available to a wider audience online and a few sites where a person who uses AAC is clearly involved as part of a team, but I have only been able to find two personal sites – those of Professor Stephen Hawking and of Alan Martin - where the person who uses AAC seems to be in control.

The emphasis of *www.stephenhawking.com* is – quite rightly – on Stephen Hawking as a physicist, who happens to have ALS, rather than having a particular focus on his disability. Alan Martin's new site *(www.mouseonthemove.co.uk)* focuses on his work as a presenter of dance workshops and as a disability rights activist.

LITTLE HUMOUR

Humour should be a big part of everybody's life, but AAC-related websites are all very serious! Some of the child-related sites have a few 'mainstream' jokes, but there is little to reflect the humour that should be a significant part of the lives of

all people who use AAC. Perhaps this will start to appear when a few people who use AAC have an opportunity to develop their own websites.

LACK OF VIDEO

Video can be a valuable tool to accompany training materials, but there is very little video material related to AAC available on the Internet. The only sites that I have seen in this area that make good use of video are *SET-BC (www.setbc.org)* and the now defunct site of *NCIP (www2.edc.org/ncip)*.

With the spread of fast Broadband Internet connections, more use should be made of video. There are ethical issues to be considered, particularly with regard to including video material of children and vulnerable adults. Appropriate attention must be given to securing informed consent for the use of video material before it is made available for public display over the Internet. ✳

Allan Wilson, *Information Officer*

This article is an updated version of a presentation made at the Communication Matters Symposium in September 2003.
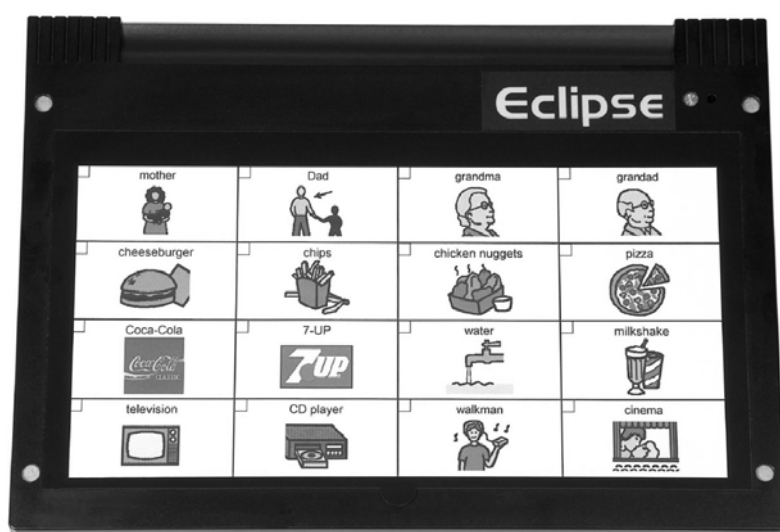
Designing and Implementing the New ISAAC Website

JANET LARCHER & SIMON CHURCHILL

INTRODUCTION

Having co-ordinated the website for Communication Matters, Simon Churchill was invited to join the ISAAC website Advisory Committee in 1999. The initial goal was only to look at which other sites the ISAAC website should link to and to define the policy for implementing this, but in the process of this Simon found some shortcomings in ISAAC's current site and made recommendations for its re-design.

These recommendations were put forward to the Executive Committee who approved re-designing the site. Shortly after this, the Website Advisory Committee disbanded because its chairman took on new responsibilities and stood down from her previous position. After a period of inactivity, Janet Larcher was appointed to take on the chairmanship.

IDENTIFYING THE PROBLEMS AND THE OBJECTIVES

The problems identified on the current site (Figure 1) were:

- The site was available only in English, with the links to foreign languages going only to the sites of local chapters.
- Accessibility for people with physical disability was poor.
- The on-line purchasing was insecure.
- It was updated relatively infrequently.
- It was relatively dull and uninteresting to visit, with lots of text and the few photographs being only in black and white.
- Navigation was difficult.
- The site was not complete.

The objectives of the re-design were:

- To make the website truly international.
- To make it available in alternative languages.
- To have the whole site translated into each language rather than just linking to the sites of local chapters.
- To make it available in symbols (this would be at heading and sub-heading level only rather than the full content of each page).
- To improve accessibility for people with physical disability.
- To make updates more frequent.
- To improve the visual appearance of the site.
- To increase the number of images and have them all in colour.
- To improve the layout.
- To make the content more up-to-date.
- Improved links.

Figure 1 The current Homepage requiring redesign

TRANSLATION INTO NATIONAL LANGUAGES

We concentrated efforts on the main pages for the launching of the site (*What is ISAAC?* and *What is AAC?*) so you will find some pages are still under construction.

As far as making it available in other languages was concerned, we looked at using on-line translators, such as BabelFish, but found these were inadequate since firstly they didn't cope with the complex terminology and jargon used in AAC, and secondly they offer a relatively limited number of languages.

Janet had the brilliant idea of having the site pre-translated on a page-by-page basis, and each page stored in each other language in parallel to the English page. This means that the site will co-exist in any number of languages we choose to support and will not be limited to European languages as is the case with most websites that offer alternative language options. The responsibility for translation will fall on each Chapter that wishes to have the site available in their language. They will be responsible for the cost of translating it and for maintaining updates as and when they are made.

The beauty of this solution is firstly that it means there is virtually no limit to the number of languages that are offered, provided that they are languages whose character sets are supported by Microsoft Windows and, secondly, that the cost of translation falls not on ISAAC but on the Chapter who has the interest in the translation being available, although they may wish to re-negotiate their capitation fee in light of this additional task!

CHOICE OF LANGUAGES AND SYMBOL SYSTEMS

The website is published initially in English which is its 'primary' language. When selecting an alternative language, the site currently only links to the websites of chapters, but in the future it will provide a complete translation of the entire website.

The website currently offers links to French, German, Dutch, Danish, Norwegian and Finnish chapter sites and the website will in the future be translated into these languages. Other languages can be added including Eastern European languages, Hebrew, Arabic, Japanese, Chinese and any other language whose character set is supported by Microsoft Windows.

To make the site accessible for symbol users, the navigation buttons, headings and sub-headings are all available in symbols as well as words (only PCS and Rebus are available initially, and more are planned later). We chose not to attempt to render the whole page content in symbols, since a web-based symbol translation program is shortly to be released by Widgit and this can be used to translate the full content of the page, where this is required.

We did run into two problems that took considerable discussion. Adding the words 'Other Languages' is not very helpful to someone who has no command of the English language. So we then had to decide what symbol we could use to indicate language options, and we eventually decided on using the flag of the United Nations.

However, there was a more complex problem to solve: how to indicate to people who wanted to change the symbol set that this was the button to select that option. Having the text 'Other Symbols' was obviously not very helpful! And if the person only uses a particular symbol set, how did they recognise the 'Other Symbols' button if it's rendered in another symbol set? Without displaying 'Other Symbols' in all the various symbol sets, which would take up a lot of space, there was no easy way round this. Finally, we decided to display it in PCS, being the most used symbol set, only to find that there is no PCS symbol for 'Symbols'! The nearest we could find was 'Choose' and so that is what is being used.

Selecting either of the icons shown on the left leads to a page where the language or symbol system can be chosen (Figure 2).

Figure 2 Choice of languages and symbol systems

Selecting the PCS or Widgit Rebus symbol above leads to the Homepage in Figs 3 & 4 respectively.
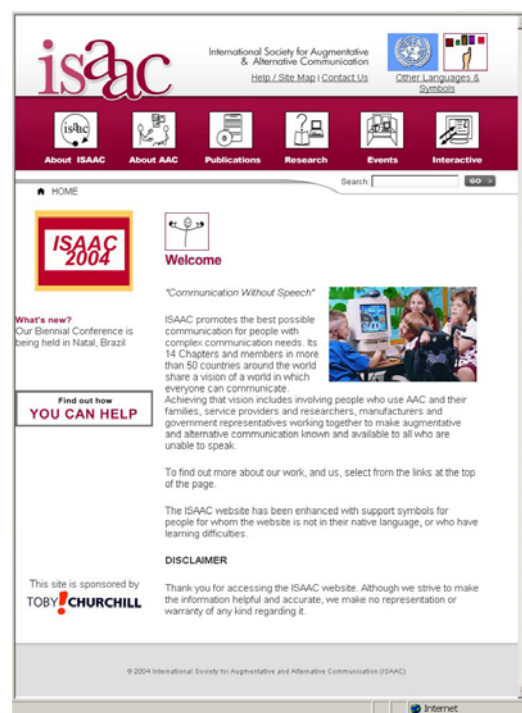

Figure 3 The new Homepage showing PCS symbols

Figure 4 The new Homepage showing Rebus symbols

OTHER DESIGN CONSIDERATIONS

All the hard work of writing the site has been done by *Intercea,* a large and extremely experienced website company who designed the website for Toby Churchill Ltd. and who have considerable experience in making websites accessible to people with physical disabilities.

This requires a considerably different design to the requirements of those with vision impairment, and the two are often in conflict with one another. For example, people with vision impairment generally require large fonts which puts less text on a page and requires more scrolling, and this is something that people with physical disability do not want as scrolling is difficult if you cannot use a mouse or pointing device. If a larger font is required the user can select this on their own computer and this will change the display for the whole site.

Intercea have been extremely generous to ISAAC in firstly undertaking the work at a charity rate, at a significant discount from their normal rate, and secondly putting in considerably more work than was covered in the quotation.

While the new site may appear visually similar to the old site, what has now been achieved is a site that is considerably improved in its accessibility and comprehensiveness, and one that - once all the language translations have been achieved and further content and international examples included - will be truly international.

We are now completing the remaining pages, and hope that you will all find the new site easy to use when it becomes available in the near future. ✳

www.isaac-online.org

Progressing from Paper Towards Technology

Using high-tech AAC for functional communication and therapy practice: single case studies

CATHERINE HARRIS

Email: caharris78551000@aol.com

This paper discusses single case studies of three clients using high-tech speech output Communication aids for both functional communication and encourage therapy practice and to describe the *Soundmaster* programme developed by the author.

The hypothesis is that people with dysphasia would benefit from a communication aid with speech output at an early stage in their rehabilitation. If dysarthria and/or dyspraxia is present it would help if the aid contained a therapy practice component. This would enable the person to access functional messages but also to be able to independently practise sounds, words and phrases using the aid and therefore have a more active part in the rehabilitation process.

Since April 2001 there has been a recurring budget for communication aids in Portsmouth. It is recognized that, despite the recommendations of the Community Equipment Directive, this is still not the norm for most Adult Speech and Language Therapy Departments. There is no doubt in our minds that having this budget has significantly enhanced the adult SLT service to the local population. For therapists to see a client and know that they can provide an appropriate aid has been both a privilege and a challenge. There is now the opportunity to use high-tech AAC at a much earlier stage in rehabilitation, and to use aids in the short term to facilitate progress and to encourage the total communication approach. This opportunity has been particularly useful for people presenting with dysphasia, dysarthria or dyspraxia following a stroke.

Over the last two years it was observed that where speech output aids had been used as an alternative or supplement to the more traditional low-tech communication charts, there was a more apparent 'success' in the persons ability to access words. They were able to use the aid to self-cue or to repeat the target word and

there was an increased interest in using the aid. It has been recognized for some time that the motivation to learn other forms of communication is extremely strong following the impairment but that this motivation can be greatly reduced as time goes on. (Travis 1959) Using a speech output aid to support communication in the short-term seemed to be positively received as a part of the total rehabilitation process. This led us to think more creatively about the potential of high-tech aids to support therapy.

For some highly motivated clients, who wish to be more independent, it was felt that, perhaps, speech output aids could be used to combine functional words and phrases *and* a structured therapy programme. This would enable the client to practise accessing sounds, words and phrases with the benefit of being able to replay the target sound or word as many times as was required. The client would not have to be dependent on a support worker or carer to facilitate practice between therapy sessions.

This approach will be described through three short case studies. The *Soundmaster* programme (copyright Charris) developed on the Dynamo Communication Aid will also be presented, where an adult page set with functional words and phrases is combined with a dysarthria/dyspraxia therapy section.

CASE STUDY 1

C1 is a 71 year old gentleman who had a stroke in August 2002. Following a short period of therapy while an in-patient, he was referred for follow-up and reassessment in October 2002. He presented with a mild receptive and a moderate expressive dysphasia and was very frustrated as a result of having a significant dyspraxia. He had great difficulty in repeating sounds or words. He was especially distressed about his inability to access his own name and the names of his family.

He lived alone but had a sister who was very keen to support him. He was highly motivated to have ongoing input. He had been previously provided with a communication book but reported that he did not use it. He communicated by using some appropriate speech at single word level but this was not always reliable. He made some attempts at writing single words and could usually access the initial letter accurately and he used extensive gesture and pantomime. His yes/no response was not reliable. His confidence was low and he did not go out alone.

Following assessment, a *Tanatalker* was provided and a grid set up to include 'Yes' and 'No', his own name and the names of his brother and sister (all single syllable words), and the additional buttons introduced three vowels and three consonants. Pictures of the appropriate lip shapes were used to give an additional prompt and a paper 'manual' used alongside with descriptions of the type and quality of the sound and a fuller description of how the sound was made. Direct weekly therapy over a period of six weeks included work on improving more accurate self-monitoring of his output. His sister worked with him a couple of times a week and he made time each day to use the aid for structured practice. The buttons could be used in sequence to reinforce CVC (consonant/vowel/consonant) combinations and the overlays were changed as appropriate to reflect progress. By the end of six weeks there was evidence of some carry-over into his spontaneous speech and a significant increase in his own confidence. His sister reported that he would now contact her by phone and use his name and her name appropriately.

A *MessageMate* was then used to extend the range of options. A 20 grid overlay was set-up with a combination of functional words, vowels and consonants. A monthly programme of therapy was introduced to monitor progress. C1 was encouraged to

Tellus

Bluetooth
Wireless printing
from your Tellus

- **Powerful Windows XP based system PIII 933Mhz, 256MB Ram, 30Gb HD**
- **Finger touch or stylus touch screen**
- **Integrated amplified speakers**
- **Choice of communication programs**
- **Multiple input methods**
- **Gewa environmental control**
- **Mounting plate for Daessy mounting system supplied**

MIND EXPRESS for symbol users:
- Bliss, PCS, PCS colour, Picto, Beta, Rebus and your own images
- Multiple input methods
- Unique embedded grammar functions
- Pre-made vocabularies available
- High quality voice available

EUROVOCS SUITE for text users:
- Multiple input methods
- Customisable
- Gives full PC access
- High quality voice

Snd & rcv txt msgs on ur Tellus 3 with Mind Express
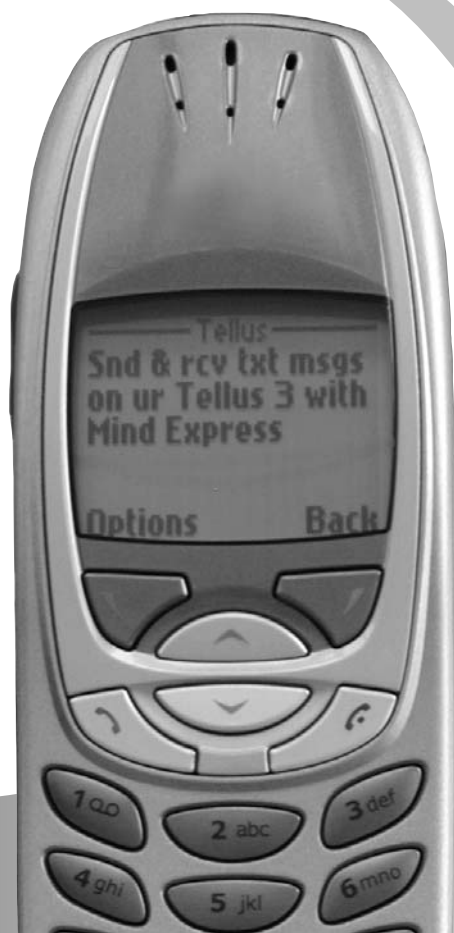
TechCess Ltd

9/10 Willow Park,
Upton Lane, Stoke Golding, Nuneaton,
Warwickshire CV13 6EU England.

Tel: +44 (0)1455 213708
Fax: +44 (0)1455 213709
Email: admin@techcess.co.uk
www.techcess.co.uk

use his communication aid to explain his situation if people came to the door. When given time he was usually then able to get his message across. His confidence continued to improve and he began to go out to the local shops, post office and bank on his own.

In June 2003, he no longer felt he needed the aid and was happy with the progress he had made and therefore his case was closed.

WHAT IS SOUNDMASTER?

Having thought more about the possible potential of this approach a programme called *Soundmaster* was developed on the *Dynamo*. Murphy (1996) recognized that although technological advancement can provide considerable benefits to people without speech, there are many people whose AAC systems are not being used to their full potential. It was felt that perhaps, by including a therapy programme within the AAC device, that there would be benefits not only around increasing the users confidence in using it, but also in improving word accessing therefore improving motivation to use the aid to full potential.

The *Dynamo* has a dynamic screen with levels organized in a hierarchy. The prerequisite skills needed to use it effectively include an understanding of categories and locating words within categories. *Soundmaster* runs on a *Dynamo,* using current *Dynamo* software. It sets out to combine using the aid as a standard AAC communication aid and as a therapy tool for practice. The *Soundmaster* section introduces sounds in isolation, then consonant/vowel combinations in single syllable words and then words in phrases.

There are many resources already available to therapists, which use a similar approach. Winslow Press has a number of publications, which outline this method and include therapy practice exercise sheets.

Speech Sounds on Cue is a dyspraxia programme, which was developed by an Australian Speech and Language Therapist, based on traditional systematic dyspraxia therapy. It is a useful tool in the clinic situation. The programme on CD can be lent to people to use at home but this is dependent on them having their own computer and being confident in using it, and there is the limit to the number who can benefit at any one time as the CD is required to run the programme. The advantage of this programme is that there are video clips of each sound being produced and then auditory model of each word and phrase. The disadvantage for British speakers of English might be the strong Australian accent!

The *Soundmaster* programme follows a similar systematic approach with the ad-ditional flexibility of being able to include specific and personal vocabulary. There is the added bonus of easily being able to go up and down a hierarchy to reinforce target sounds or words. There is also the potential of using a male or female voice. The *Dynamo* is readily available to the client and they are not reliant on another person to set it up.

CASE STUDY 2

C2 is a 67 year old lady who had a stroke in June 2001. She was referred for AAC assessment after a period of a year when limited progress on expressive skills had been made. She presented with mild receptive and severe expressive difficulties compounded by a significant dyspraxia. It was felt she would benefit from using a *Dynamo* and the appropriate pages were set up. She was positive about using the aid in the Stroke Group, which she attended. She had previously had some dyspraxia therapy and she was keen to try the newly developed 'Soundmaster'. She started using the vowel pages and quickly progressed to the consonant vowel combinations. She was spending much of the day on her own and was highly motivated to use the aid for practice. She also began to use the aid to self-cue and there was noticeable improvement in her spontaneous output. As her confidence improved, it was observed that she was using phrases from the other sections of the aid interestingly often imitating the intonation pattern from the aid. Her partner reported that at home she was talking more and was able to communicate with him over the phone.

At present she continues to have speech and language therapy input on a monthly basis and is now working on accuracy of multi-syllabic words and short phrases. She is no longer dependent on the *Dynamo* in most functional situations but has expressed the desire to have it as back up and for ongoing practice. She and her partner feel that this approach has been beneficial in her rehabilitation.

COMMUNICATION AID V THERAPY TOOL

The question then needed to be asked as to whether progress was related to having a speech output aid or how much was related to the person having access to a dyspraxia programme, which they could use at any time. Previous experience had shown that more traditional paper-based approaches had limitations as the person often needed to 'copy' someone else making the sound. This limited the time they were able to practise and put an additional load on the carer. This approach could help, but benefit was often in proportion to the amount of input from the thera-
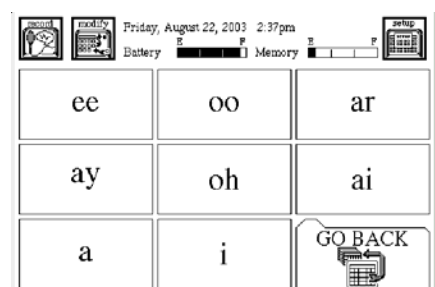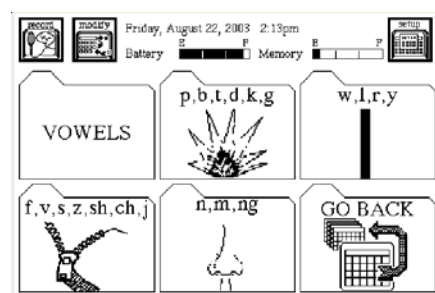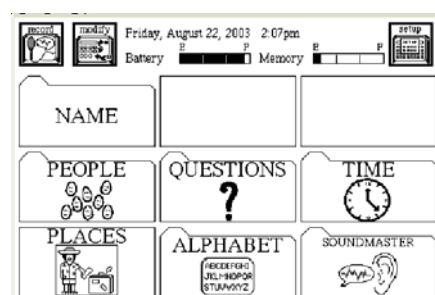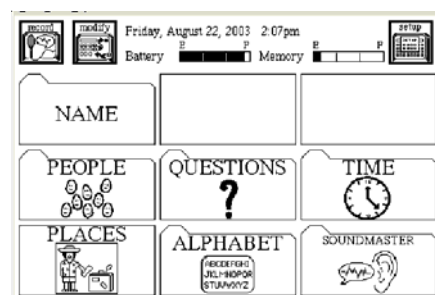
Lightwriters

- Small, compact and portable
- Wide range of acceleration techniques
- Adapts to scanning for progressive conditions
- Direct selection and scanning models
- Designed to accommodate the wide range of other disabilities which may accompany loss of speech

SL87 – direct selection and switch access

TOBY ! CHURCHILL

dti Languages for Export Award 1996

BRITISH DESIGN AWARD 1989

pist and/or carer. The advantage of *Soundmaster* seemed to be that the person could practise by themselves and this was an empowering experience.

CASE STUDY 3

C3 had a CVA in 1991 and had been re-referred to the SLT service in January 2002 because her Consultant in Rehabilitation Medicine was aware of the improved access to high-tech AAC.

C3 presented with a moderate receptive and moderate expressive dysphasia. There was evidence of dyspraxia. She had very limited verbal output, using 'Yes' and 'No' appropriately and a few social responses, which she could say spontaneously but then could not repeat. She communicated mainly by gesture, attempting to write the word and by using a text-based communication book. She had been supplied with a *Dynamo* in March 2002, and she used it in a limited way alongside her communication book.

In January 2003, a baseline picture naming assessment was completed and showed that she was unable to name any of 10 pictures presented (all single syllable words), and she was unable to verbally access words from the assessment even with a written word cue. She also had problems with responding to questions and there was a significant delay in her accessing the answer from her communication book. She was very reticent to try using speech as she got very frustrated if she could not access the word.

She had seen C2 using *Soundmaster* on the *Dynamo* at the Dysphasic Support Group which she attended, and was very motivated to try it. Her communication book was revised and words identified which might be appropriate for her to use and practise more systematically using an aid. These included the names of her family, which was her priority to achieve in therapy.

The *Dynamo* page sets were revised and set up using the *Soundmaster* format. The number of practice words included functional targets identified with C3 some of which corresponded to words from baseline assessment. Specific target words of family names were included in both the *Soundmaster* section and also in the page sets used for communication. She was able to produce an accurate range of vowels from a model given by the therapist and on the aid.

Initial consonant sounds were chosen which could be produced from an auditory model and input was given to improve accuracy and self-monitoring, for example, Target 'b' in 'bye', 'boy', 'book', 'bed' and 'bath'.

C3 had six sessions of therapy over a 9 week period. New sounds and words were introduced via the *Dynamo* in sequence. The baseline assessment was then repeated in March 2003. There was a significant improvement on assessment. She could name 8/10 pictures, access 9/10 words from the written word and respond to all of the auditory questions. There was some evidence of generalization with more spontaneous output during the assessment. She still demonstrated significant problems with the sounds sh, ch and j. She had also begun to use the social phrase 'How are you' with her carer and was able to produce her husband's name.

She valued the aid as a practice tool but still rarely used it, unless prompted, outside the home. After years of relying on gesture and low-tech methods she was a skilled communicator within her own environment and found the aid too "slow". However, following this period of intervention she had become more confident in trying speech and this has been maintained. When she writes a word down, she will now often attempt to say it aloud.

There is the dilemma as to how long she retains the aid if she is not using it at all as an AAC tool. It is felt that she has benefited from having the opportunity to use high-tech AAC even though it was introduced at such a late stage. The systematic introduction of words through *Soundmaster* has helped renew her confidence in her ability to use speech as part of the whole communication process. When reviewed in September 2003 she demonstrated that she had maintained these skills and was continuing to use more speech as part of the whole communication process.

CONCLUSION

The method of combining high-tech AAC and therapy programmes has been used with three clients so far. The outcomes have been positive. Word accessing has improved and the clients have reported that they appreciate having more control over their therapy. More importantly there has been functional carry-over. It would seem appropriate to introduce high-tech AAC devices as early as possible to help the rehabilitation process and to consider them as a transitional tool for some people, rather than as a permanent solution or last resort.

Following interest from other speech and language therapists it is planned to make the *Soundmaster* page set available through Dynavox Systems Ltd. It is hoped to continue this approach and for a more robust study to be conducted to investigate possible future applications. ✳

Catherine Harris, *SLT*
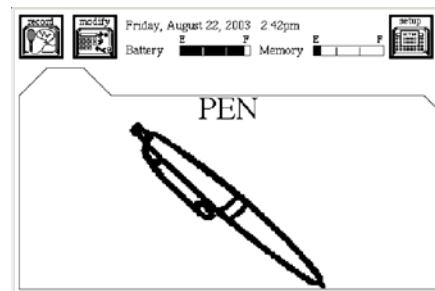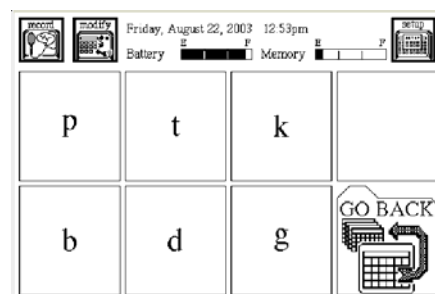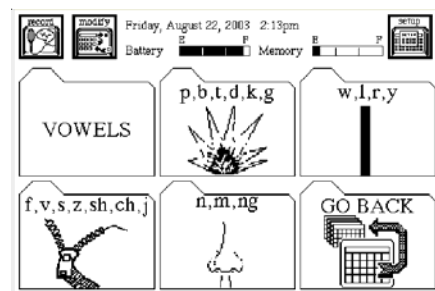
REFERENCES

Murphy, J. 1996. AAC Systems: Obstacles to effective use. *EJDC*, 31, 31-44.

Light, J. 1988. Interaction involving individuals using AAC. *AAC Journal,* 4, 66-82.

Nickels, L. 2002. Improving Word Finding: Practice makes (closer to) perfect. *Aphasiology,* 16, 10-11.

Grist, E. 2001. AAC and Aphasia: A Stepped Approach. Paper presented at *Communication Matters National Symposium,* Lancaster, September 2001.

Speech Sounds on Cue - CD Resource. *Dyspraxia Resource Book.* Winslow Press.

Travis, L.E. (1959). Handbook of Speech Pathology and Audiology. Peter Owen, London.

Hearing Products International Limited introduce the EchoVoice™ EV3

EchoVoice™ EV3 is a specifically designed speech enhancement system that dramatically amplifies and clarifies even the faintest voice. The unit can be used with either a transdermal (throat) microphone or a light weight headband type boom microphone both of which are provided in the set. EchoVoice™'s many features include active tone control to enhance consonants or reduce feedback and a headphone socket which, when used, cuts out the built in speaker to allow private conversation or the monitoring of swallowing functions. Many user groups have reported success with the EchoVoice™ including people suffering from Parkinsons, M.S. and Motor Neurone. Many teachers have also found the EchoVoice™ amplification to be of great help.

Further details and applications can be obtained by contacting our office.

EchoVoice™ EV3 is supplied in a smart carry case containing

- Amplifier with four AA rechargeable batteries
- Transdermal (throat) microphone
- Headband type boom microphone
- Stereo headset
- Lanyard
- Patch lead for line input
- Power adaptor for recharging

Hearing Products International Limited
Echo House
26 Haigh Park, Haigh Avenue
Stockport
SK4 1QR
England

Tel:	**+44 (0) 161 480 8003**
Fax:	**+44 (0) 161 480 8006**
e-mail	**info@hear4you.com**
Website	**www.hear4you.com**

Solutions for speech enhancement

Already we have Distributors in USA, Canada, Australia, New Zealand, Scandinavia and the United Kingdom - Other Distributorships are available
Please contact our office for further details.

SOUND BEGINNINGS

Price: Windows version £39; Macintosh version £49
Published by SEMERC (Granada Learning), UK
Tel: +44 (0) 61 827 2927 Website: www.semerc.com

Reviewed by Sally Millar, The CALL Centre, Edinburgh

This interactive software uses sound recognition as the means of access/operation and is aimed at encouraging children to experiment with vocalisation and speech. The Windows version (reviewed) works with Windows 98 or later (but not NT); a Macintosh version is also available. As with any software with specialised input method, I would imagine trying to install it on a managed network of computers could be problematical. A neat headset with earphones and microphone is supplied with the software (though it may not stay on very small or floppy heads very well).

At first I was put off because my headset didn't do what it said on the package. It came with differently coloured plugs, and it turned out (after much trial and error) that they actually needed to be plugged in the opposite way round from the instructions, before the microphone configuration and software works – though later I discovered a tiny written clue on the side of the misleadingly coloured plug.

However, once I'd got this sorted out, then it was surprising how well the software does work! It's very attractive to children, with perky music and fun 'cartoony' characters (similar to the little guys in the 'Leaps and Bounds' series), and accessible to non-readers. It will be most suitable for Early Years use as well as those of any age who have additional support needs.

There are five separate activities and a range of settings for each. In the first, you can build a picture by making any sound into the microphone (in 1, 2,3,4,or 6 steps). Some fun pictures are provided, and you can also easily import your own photos and other pictures.

In the second activity (my favourite) you can make a little guy onscreen do whatever you say out loud, from a limited list of up to 10 different actions (e.g. sleep, run, wave).

To me there is a huge jump in difficulty between these two tasks and you'd be unlikely to be using both with the same child.

The speech recognition is good - but not good enough for dysarthric speech - and does not require any 'training'. If the command word is not recognised, the character either runs or does nothing.

In the third activity, any sustained sound (voiced or blowing, can be set from 1 to 9 seconds) will blow up (and eventually burst) a balloon onscreen, encouraging breath control. With the fourth activity, changes of pitch will move an onscreen bird up and down on the screen, dodging oncoming flying creatures (a crash ends the game).

And finally, there is a simple 'space invaders' type game where voice input can cause a defender to 'fire' at attackers; unfortunately, my software had a bug and the defender didn't move! Settings include 'fast', 'slow' etc. and the speech accuracy required, from 'any sound' to specific words like 'fire' and 'boom'.

Scores can be displayed or not, and a printable dated record is kept of all activities. The Menu can be scanned and a vocalisation will activate a choice of activity.

This software is certainly appealing and fun (at least, if the user can succeed with controlling it), but limited. Because there is only one game per vocal activity (and many children might only be able to tackle one or two of the five activities anyway), when the novelty wears off, there is nowhere much to go with it. It would be more useful, and better value for money, if there were a suite of several different, staged, games to go with each of the five vocal activities.

AAC users are perhaps not the most obvious takers for this software. Although it might be fun to get some vocalisation going, it is not likely to be very useful in 'speech' therapy as such, because the vocal distinctions picked up are not fine enough. For example, there is no distinction between voiced/voiceless sounds, sibilants, affricates, plosives, etc. (as there was even with the much-loved 'MicroMike' on the old BBC, remember?). And, for teachers, a child saying one single word from a fixed range of 10 or so is hardly 'language' or 'conversation' as claimed in the catalogue/manual, although with imagination it could be built-in alongside other language or project work. Children in Nursery settings, special/Language units or at home would probably enjoy playing with it, although children should not use it alone, but always with support.
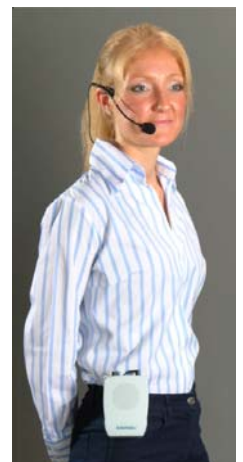
*

ECHOVOICE™ EV3 SPEECH AMPLIFIER

Price: £240+VAT
Available from Hearing Products International Limited, Echo House, 26, Haigh Park, Haigh Avenue, Stockport SK4 1QR, UK
Tel: + 44 (0) 161 480 8003 Website: www.hear4you.com

Reviewed by staff at the Toronto Rehab Institute, AAC Clinic, Toronto, Canada

The EchoVoice is a small but powerful multifunction amplifier designed to help people with voice and swallowing disorders. It comes with headband and transdermal (throat) microphones. Included are a stereo headset, lanyard, an audio input/output connector (patch lead for line input) and carry case.

The EchoVoice, manufactured by Hearing Products International Ltd., Stockport, England, operates with four rechargeable batteries. A power adaptor is supplied for recharging the batteries to give an approximated operating time of 8 hours. The device is very compact in size (115x85x35mm) and lightweight (310g). A belt clip on the cas-

ing makes the device easy to carry and simple to wear and re-move. It can also be carried around the neck with the use of a lanyard.

The headset microphone provides good quality amplification. Minimal effort (a whisper) is required to enable the EchoVoice to provide amplification without losing clarity of sound. The transdermal microphone requires specific positioning but is ef-fective in amplifying at the laryngeal level.

As with all laryngeal amplifications, the clarity is poorer than when using the headband microphone. To change between transdermal and headset microphone settings, a switch must be moved (inside the battery pocket).

A unique feature of the EchoVoice is that it allows for private conversations using the stereo headphones. When these head-phones are connected only the communication partner can hear the user speak (the public speaker is turned off).

Other potential uses for this device include amplifying your speech when talking to someone with a hearing impairment, and swallowing assessment and training. The audio input/out-put connector ('patch lead') allows the EchoVoice to be directly plugged into the microphone jack on the sound card of comput-ers. This can allow the user with a weak voice to send the amplified signal directly into a voice recognition program (addi-tional adjustment on the amplification level may be required).

Many clients using this device may have impaired vision, memory, cognition and motor abilities. With this in mind, the manual could be improved by including larger print with simpler terms and clearly labelled diagrams. The symbols and control buttons on the device could be larger and highlighted using different colours or clearly marked icons. The switching between the two microphone options could be more obviously marked and accessible.

The EchoVoice is compact, lightweight and the privacy feature is a definite plus. It would benefit from some minor cosmetic changes to make the markings clearer and improving the in-struction manual.

We will be following up its usefulness with swallowing disor-ders. The EchoVoice provides a nice option for individuals who require voice amplification, and people who rely on their voices for long periods of time.

✳

EMPOWER - THE VIDEO

Price: £10 + £1 p&p (individuals & unfunded organisations), otherwise £20 + £1 p&p
From Empower 2001, 21a Muswell Road, London N10 2BJ, UK
Website: www.empower2001.org.uk

Reviewed by Alan Martin

According to the literature, this video is "an enlight-ening and entertaining record of a weekend training event run by, and for, young disabled and non-disabled people learning how to use and how to be a per-sonal assistant. It is an ideal starting point for training sessions on personal assistance, independent living and disability equality". The video has a running time of approxi-mately 45 minutes and contains a version with sub-titling and BSL interpretation.

My overall impression of the video is that it is very good - there is a good balance of information and humour which makes it very watchable. It kept my attention throughout.
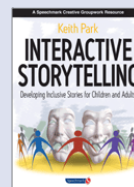
There are a few comments on specifics that I would like to make:

• The video does not really say that a personal assistant (PA) needs to be flexible to cover both time and personal needs of their employer.

• Although not a criticism, the sketch in 'La Bonne Sausage' is very like that in the 'Talk' video made by The Disability Rights Commission.

• In the 'Heaven and Hell' scenario, the changeover from bad PA and the good PA is not very clear. The same is true for the link from 'bad' user to 'good' user.

• The video does not explain how you access direct payments. Perhaps a contact in the closing credits might have been help-ful?

• The scene in which a caller claiming to be from social serv-ices but was actually from an agency - what is that all about?

• Whilst I understand and agree that our impairments are per-sonal and private, I think that I would have taking a different stance bearing in mind that the enquirer was supposed to be a young child. Sometimes it is a good thing to be open and hon-est.

• In the second version, I think that the subtitles need to be a bit bigger whilst the signer takes up too much of the screen.

• The bit about your social worker getting you a PA is mislead-ing. I don't think many social workers would take on that role, particularly as it could lead them into trouble if things didn't work out! I have personally got all of my PAs by word-of-mouth and from personal contacts.
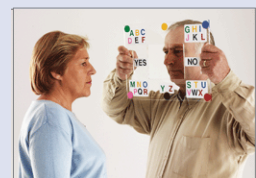
In spite of these little niggles, I think that the video is very help-ful and generally informative.

Give *Language* …
Get *Communication!*

At PRI, we share your goal for your client or family member

### *– Independent Communication.*

That's why, with their focus on providing the fastest possible access to 'Core' vocabulary, powerful Minspeak programmes found in each PRI device have enabled literally thousands of non-verbal people to become spontaneous, independent communicators.

If you haven't yet discovered how easy it is to work with the latest Minspeak programmes, or experienced PRI's Support, please call us.

New Minspeak:

- **A complete language system**, ready to use – fast access to 'core' vocabulary and easy page set-up for adding topic-specific 'fringe' vocabulary.

- **Less navigation** difficulties.

- **Stable icon locations** aid motor planning and recall.

- **Grows** with the individual and **saves you time**, by dramatically reducing the need for ongoing programming.

- **Easier to teach & support** – now based on a language development model, with new Minspeak Teaching Guide, LSA Training Programme and other new resources:
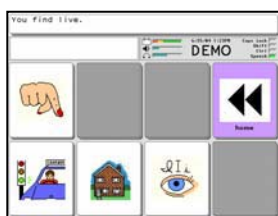
  - **New built-in Assessment Tool**
  - **New Teaching Programmes, with 4, 8 or 15 symbols, as a lead-in to the 45 or 84 location LLL programmes**
  - **Consistent symbols and symbol sequences across programmes, enabling …**
    - **Easy transition and progress for the individual**
    - **Effective classroom support, across devices**
  - **New 45 & 84 location programmes and an updated 128**
  - **New software tools to make your life easier!**

For a **free 2 week trial**, **demonstration** or **brochure**, please call **Customer Services** on **01733 370470**.

Prentke Romich International Ltd.   **www.prentkeromich.co.uk**

PRi
Prentke Romich International
Communication without limitations

MERCURY

TWO NEW RUGGEDISED TOUCH-SCREEN COMPUTERS
BUILT SPECIFICALLY FOR AUGMENTED COMMUNICATORS

Liberator

The MERCURY. A fully-integrated Microsoft® Windows® XP computer & **AAC** device.

- ☐ Overall size is 302mm (12") x 70mm (9.15") x 40mm (1.75")
- ☐ 933 Mhz processor and 20gb Hard drive
- ☐ Lithium-Ion hot-swappable battery (lasting up to 5 hours continuous use)
- ☐ CDRW/DVD-ROM combo drive & built-in modem
- ☐ a moisture-resistant, sealed 12" touch screen
- ☐ a durable, aluminium case and shock-mounted hard drive
- ☐ built in switch access & infrared remote control
- ☐ Adjustable table-top stand with mounting plate
- ☐ AC power adapter, Mercury User guide, and a one year standard warranty
- ☐ Optional augmentative software

The MINI-MERCURY - just like the Mercury except for:

- ☐ 677 MHz processor;
- ☐ half the size of the Mercury measuring only 220mm x 180mm & weighing only 1.6 kg;
- ☐ 8.4" (21cm) active matrix colour LCD Display;
- ☐ External CDRW-ROM drive

Both Mercury systems can be accessed by touch screen, full-scanning via switch/joystick, speech, on-screen keyboard, external keyboard and mouse (included) or alternative pointer.

NEW AUGMENTATIVE SYMBOL PROGRAMS FROM LIBERATOR

ViP is a software construction kit that can be used to create symbol and/or text-based dynamic screen AAC programs. **ViP** includes **Adder** and **VocabPlus** for only **£350**

VOCABPLUS is a Text based communication system based around four very easy to learn rules. Now even more powerful and with more features. With 8x8 grid & 15,000 words - **£200**

COBRA is a 32 location symbol system with a large ready stored vocabulary. Includes: **ViP, Adder & VocabPlus - £450**

MAMBA is a 45-location symbol system with a small pre-stored vocabulary. Based on the revolutionary new single screen dynamic architecture of Rattler, - **£50.**

COPPERHEAD is a 128-location symbol system with a pre-stored vocabulary of approx 1000 words. **CopperHead** is designed so that learners cannot get lost in its pages. **£50.**

RATTLER is a 128-location symbol system with a pre-stored vocabulary of approx 1000 everyday words. Rattler features **Intelligram. - £50.**

SIDEWINDER is a 128-location symbol system with a large pre-stored vocabulary. The majority of vocabulary can be accessed with 2 activations. Includes: - **ViP, Adder & VocabPlus - £700**

More details of these and the rest of Liberator's wide product range can be found at:
www.liberator.co.uk.   phone Liberator on: 01476 550 391   e-mail: sales@liberator.co.uk