

# COMMUNICATION MATTERS

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# Starting a Business Using AAC

**ALAN MARTIN**

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## INTRODUCTION

Starting out in business for the first time is scary for anybody. When that person also uses AAC it just adds a whole new dimension of hurdles to be overcome. However, this person also has a whole different range of experiences, many of them very funny, from the average person in the street. The challenge, as I see it, is to turn that uniqueness to your advantage in developing a business. I hope to demonstrate, how one person, has created a successful business out of doing something that not many people could do.

In this paper, I describe:

- The background to my working life
- The steps I took towards self-employment
- The 'Essentials'
- Why I chose self-employment
- How I prepared myself
- The AAC issues
- Pros and Cons
- My Business

I want to emphasise that what I am doing is no easy ride!

I do not think that all people who use AAC or all people with a disability should feel that they must try to work for a living. But, what I and some others are doing is showing that it is possible, if you have the drive and ambition.



I hope to change attitudes, so that in future, no parent with a child who cannot walk or speak is told that they will never amount to much, and to not bother about getting a good education as the child will never have a job.

Some of you may have attended my presentation at a CM Symposium two years ago, when I described my efforts to find employment, and the impossible welfare benefits trap that I felt I was in. I'd been thinking about working for some years, and looked into it, but found that even in self-employment, it would be too risky to lose all my benefits, and too difficult to earn as much as I was receiving in income support. At that time, the regulations would have only allowed me to earn twenty pounds a week, without losing benefit.

Before I got my first communication aid (at 31!) the only job offers I'd had was

to work voluntarily for 'parks and gardens' collecting litter with a pointed stick. I'd also tried to work with young people in the youth service, and attempted to get some qualifications, but been told that I wouldn't be able to do the written tests as they'd be too hard for me, and just to come along to youth clubs as a volunteer.

Once I got my first communication aid, I began leading an increasingly active and busy life. I'd often thought about trying working for a living.

My presentation at CM2002 was written after visiting my Job Centre and being sent on a hopeless paper chase around the Job Brokers. I was very despondent about getting out of the trap I was in, and some people said that my CM speech was extremely depressing. I'm pleased to be able to tell you now I am successfully self-employed, and hope that what I'm able to share with you now, will help others in the future.

Two years ago, I was so busy with unpaid work that I was working almost full time, and doing it for free. Sometimes, I gave presentations at events where the other speakers were getting hefty fees, while I had to refuse any offers of payment, or ask for it to be paid to a charity on my behalf. If I'd not done that I'd have been in trouble if found out, as I was getting welfare benefits. The situation was getting ridiculous, and I felt ready to try

again at employment. I decided to set up my own business and work for myself.

I spoke to lots of people about trying to move into work. Although I felt that there was a change in attitudes over the past 5 years, I was still advised by people such as Scope workers, and people working in the voluntary sector, that it was too risky, and that I should stick with what I was doing. I felt that they didn't know as much as I did about what was going on in the world of employment, because for years I'd followed every announcement and government statement about employment and disabled people. The announcement for example, that from April 2002, the Independent Living Fund (which pays for most of my personal assistance) no longer takes earned income into account when working out your payments. Many people still don't know this!

I read many articles, and heard in the media about policies towards disabled people and their rights to be able to work, if they wanted to, as part of the 'Agenda for Inclusion'. The final event that convinced me to 'go for it' was attending a conference at the Royal Academy of Dramatic Arts in London in January 2004, about employment and training for disabled performing artists. I rubbed shoulders with well-known actors and directors, who were all saying that people with disabilities must be included in all the arts, and doing so enriched and improved the world of the performing arts. I felt very excited returning home from London, and almost the next day, made an appointment at my local Job Centre with the Disability Employment Advisor, again!

This time, my interview with the DEA was quite different from 3 years ago. Last time, I'd felt that she didn't really believe that I was capable of earning a living, and was just 'going through the motions' because she had to. This time she sounded very interested, studied my business plan, told me all about Access to Work, and gave me various options to get started. There was a scheme where I could test trading for some months and keep my income support, as long as I saved all I'd earned. I decided to leave that, and just do it!

Some of the steps to self-employment will be the same for any person with or without a disability.

My decision to give up all my welfare benefits and set up my own business and become self-employed was not easy. To begin earning money means you give up a large amount of security, which in the case of a person with a



lifelong condition, this means lifelong security.

This suits me, in my own circumstances, but for others, doing some unpaid, voluntary work can be equally rewarding and valuable, so please don't misunderstand what I'm telling you.

I started trading on 1 March 2004. Before visiting the Job Centre, I wrote a business plan, which wasn't too difficult. I'd done a business course for disabled artists, and been shown how to do it. I needed this for the DEA, the access to work assessor, my bank business advisor and several others. Thinking about my original plan, its strength was its flexibility. I based my estimated number of engagements on my years of voluntary work, and was not far wrong. Some jobs are just 'one-offs', others will be repeated year after year. Looking back on my first business plan, things have changed a lot, but I have tried to be open to all requests as taking on fresh challenges is exciting and helps me develop my skills. I am always learning new things now. Pricing my service was not easy. I had to decide what people had offered me before I began my business, and what I thought people could afford.

Once the date to start was decided, I had to inform social security that I was stopping claiming benefits. This was not easy, and I'm still dealing with some resulting issues. The system is not really designed to make coming off benefits easy.

Also the funders of my personal assistants had to be informed what I was doing. The ILF and social services 'Di-

rect Payments' were supportive, and my self-employment has, so far, not reduced my care payments.

I live in an area of quite high unemployment, and so there was a scheme in place which gave me a month's income support replacement, and also paid for a lap top computer. This was great, giving me a month's 'breathing space' while my fees began coming in.

My DEA arranged for an Access to Work assessor to visit me and make support recommendations. I had a list of equipment that I hoped would be recommended including another communication aid that would enable me to keep my work commitments, even if one aid was out of action, and a specially adapted power chair especially for dance.

I also had an idea what support I'd need from an assistant. The money for personal assistance can't be used for help with paid work, so having a support worker who was allowed to accompany me to work to drive me, and carry equipment, open doors and remember the butties and invoice, was essential. My support worker does the things I'd do for myself if I was able to control all my muscles. He does not plan, or carry out my work. This is important to get across to Access to Work. My support worker could not do the job that I do. It is all dependent on myself.

I had to plan my personal and business spending carefully for the first few months. I did not need to get a loan to start my work, but put most of my own savings into it. After a few months I was able to repay myself.

# Say-it! SAM



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Get your message home

I advertised myself through a web site, and by having brochures printed. Also I informed all my contacts from my years of voluntary work, that I was now self-employed.

The Tax Credit scheme can help, and for people with disabilities, can make substantial payments while a person's net income is low. This was good news, and at first was a key factor in my survival.

The most important thing in the success of my business is my own good health. I am fitter now than I can ever remember, and this may partly be because I'm so pleased with what I've achieved.

Being a reasonable competent AAC user is important too. In my work I do communicate in a variety of ways, through dance, music, and movements, but my communication aid is vital for most things I do.

Having a clear idea of where you want to get to is essential. I like to say that I am very focussed. People tell me that I must be, otherwise I'd not have achieved what I have. This does mean making some hard choices. I may have to choose between going out with friends, or preparing a speech on my device. I know that if people are paying me to work for them, I must have a professional attitude, and do my best to give them what is needed. I know that if I do not do this, then they won't ask me back again. My main motivation is the excellent feedback I always get after I've done a job. It's fantastic to get letters written by school children, or to hear from a teacher, that a child who had never really been interested in using his AAC device, had, after meeting me, been using it well in lessons the same day.

It's great to hear that I have changed some people's ideas about disability or altered a parent's expectations for their child's future. Of course, the money is a big motivator, and the stark fact that if I do not earn, I will have to go without some things.

Without a true love for my work, I would not be able to put in the time required to make my business a success. I often work 7 days a week, for over 12 hours a day. This time is not all out doing jobs by any means, there is lots of administration, planning and preparation to do based at home in the office. The time I have to put into my work is long, because everything takes longer for me to do than it would if I wasn't a person who relies on a wheelchair and communication aid. Since starting self-employment, I have started using a new AAC device. After a few upgrades, this device is now proving better than any I've used before, however, I have had to cus-

tomise and learn to use my new device and this has taken a lot of time. I'd like to be able to use the same stored speech several times over, however, I'm asked to speak on so many different issues, and most times I have to compose a fresh speech. I love dance and writing music, so anything that gets me towards doing that is not a chore, it's a pleasure.

My system of support is vital to my business. I cannot see a time when I will be able to do everything for myself, but one day, I may have to pay my support worker out of my profits rather than by using Access to Work to pay him. My support worker and my personal assistants have to work in cooperation and at times their duties overlap, but mostly it has become clear which tasks are about helping me to do my work, and which are about my personal assistance needs. It goes without saying that all my staff have to be flexible, committed and completely reliable.

If I was office based at all times, then transport would not be such an issue, but as I usually work at a distance, maybe 6 hours drive away from home, my transport is vital. My vehicle, as well as my power chair needs to be well maintained and fuelled. Before I had my own van, I had a well trained taxi driver for local work, and the staff on the trains all knew me and were prepared to give assistance. Travel further a field was a problem, especially when having to use taxis in big cities, whose drivers must have been absent when disability awareness training was being given!

After considering if any existing 'jobs' would suit me, self-employment was the obvious choice.

You are your own boss, which suits me fine, as I hate being told what to do.

As a person who uses AAC, I have very specialised skills, and interests which I have planned my work around, and I can choose which jobs to do and which to reject. The best part is the thrill of being responsible for yourself. You personally take responsibility for your success or otherwise!

There were many elements of preparation in my life, before I got where I am now.

The key to my working life was getting my first communication aid. (This only happened for me when I was 31, and then through the efforts of friends, not any statutory body)

About 8 years ago, I moved to my own home and thus gained control of my life and activities. I was able to attend meetings and courses to give me the necessary skills and qualifications to lead me to my self-employment.

Joining many groups and organisations built my confidence in my AAC use and gave me opportunities to try out speaking in public.

During my years of voluntary work, I got to know what was happening in the areas I was interested in, and I found out who else was doing what I wanted to do, and how much they charged etc. I researched the 'competition', and found that there was very little. I am so far the only person giving dance workshops and using AAC in this country if not the world!

While working for 'free', I was given many letters of thanks for the jobs I'd done, and these I kept as evidence of the need for my services.



I don't see my having to use AAC as a negative thing. I try to find the positives in it. Many people have never met an AAC user, and you are remembered. You don't have to try as hard as some to be individual or different. You already are, and if you show you are happy with this, then the message that comes across very strongly is, I think, it's *cool* to be different.

I've several branches to my business, which means that any problems with my device do not stop me from working. I can just get on with something else, which does not need speech, for a while. However, it is very important that I do not let down my customers, which is why I need a second device. I also save it onto a memory stick, or onto tape.

My device is programmed with special pages to use over the phone, which is useful when speaking to people who have never heard of a communication aid, especially overseas call centres!

I plan my sessions well in advance, and have several ready stored sentences to use, as many people are impatient and won't wait for you to compose word at a time. For presentations, and large scale training sessions, it's important to find out about the room size, and layout in advance. I can then be prepared with speakers and amplification equipment if needed.

#### PROS AND CONS

What are the pros and cons of running a business?

Well, for me, the positives are, the brilliant way I feel about myself, which is worth more than money. It's priceless. I'm now fitter and stronger than ever before. While the money isn't the greatest motivator, it's nice having a bit more, and knowing that I've earned it. Getting this far has encouraged me to develop further ambitious dreams and plans for the future.

I know I'm doing something really worthwhile, promoting AAC in mainstream settings, by demonstrating inclusion in a wide variety of settings. And finally, people now treat me with greater respect and take me seriously.

#### THE DOWN-SIDE

There is a downside, but for me it is outweighed by the positives. My home is also my office and equipment store, bedroom and kitchen included! I'm very short of space. I can't get away from work for very long even if I wanted to. Phone calls and e mails arrive at all hours of the day. I have the same anxieties which I guess affect every business man. Worry about work drying up, un-

likely! The timing of jobs, giving a whole month with nothing substantial, and then thirty days solid work without a break. Stimulating!! Being approached by groups who can't afford my fees, for example some local schools wanting me to give workshops.

As a person using AAC, running a business is not easy, but, if I can do it, then so can lots of other AAC users in the future. I went to a special school, where I got very little useful education. I had no help with communication until I was 31, when friends fundraised to buy me my first aid, 10 years ago. I attended a boring social services day centre, which nearly mashed my brain for about 13 years, and I had a very difficult time with family issues.

The role model aspect of the work I do is extremely important to me. If I hadn't heard about Anthony Robertson, then I probably wouldn't have tried setting up a business. Put simply, think about what you love doing. Do It!! And try to work out how you could sell or market it, to make money from it.

My business has several parts. My main interest and love is dance, so the main part of my business is giving inclusive contemporary creative dance workshops. I also give performances, both solo, and duets with my dance partner. I sometimes give group performances following workshops.

When I was trying to find a suitable power wheelchair to use for dance, I found hardly any information about any form of dance for people using electric wheelchairs. There was also a distinct lack of any sort of information about this type of dance. As a result, I decided to do a research project into power chair dance, and have completed this work, dancing with 6 professional, non disabled dancers. I've compiled masses of notes and video tape about our findings, but need the time to edit it all and put onto DVD to spread our findings to all interested in dance.

My business has several parts. My main interest and love is dance, so the main part of my business is about giving inclusive, creative contemporary dance workshops and performances.

My dance workshops and performances are mostly done to music which I write myself on computer. It's so hard to find the kind of music I want, and also performing to someone else's music involves big fees and royalties. I really enjoy writing this music, and have produced two CDs of my own pieces, so far! I sell these through my web site.

Before I developed my dance interest, I was regularly giving talks about my own experiences. This has now become a big part of my business, and more and more professional bodies are showing an interest in the 'expert customer'. It's a good feeling to be telling doctors and nurses about how it really is. Most satisfying! Often, my dance work and disability issues work fit together, and I will be asked to give a short performance, and then speak about my life or a particular issue.

I think my experiences as a service user, and equipment user, are valued, and it's good to be able to put the clients point of view. I am very keen to promote full inclusion and equality in all aspects of life, and can speak from experience about access issues, about inclusive education, and many other issues. If I'm not taken seriously at first, I certainly am when they get my invoice. I sometimes think that presentations which I get paid for are listened to more carefully than when I was just giving them away for free. I'm always delighted to be asked to tell about what a difference AAC has made to my life, and about how I'm now working, thanks to at last getting the equipment I need .

As a result of being very flexible in what I do, I was able to accept an offer to act in a BBC3 comedy pilot programme. This was filmed and broadcast earlier this year, and repeated several times. I've been told that I'm wanted again, when it's made into a series next spring. I didn't go looking for this work; it just came to me as an unexpected email summons to attend an audition at BBC in Manchester. I didn't think I'd get the part. I was right. But, they wanted me in the programme, so rewrote the script, with an AAC user in it. I was very pleased to do it and it was a great experience. I was warned that pilot programs rarely go on to be series, but then heard that this one is, so I've that to look forward to!

New work enquiries are coming in every day, by phone and email. An Arts Council of England grant is enabling me to run inclusive dance workshops in Wirral schools. I've many presentations and disability equality training sessions booked. I've a new TV comedy series to start filming in January. It's quite difficult to fit it all in.

I'm not planning to tell you now, about how much money I made in my first year. I'll just say that I've done well enough for my bank to give me a mortgage to purchase my bungalow. \*

Alan Martin  
Performer & Teacher

# Sarah's Chin and Tonic

SARAH EZEKIEL

When MND affected the use of Sarah Ezekiel's arms she began to despair that she would ever be able to do ordinary pleasurable things like reading and writing again. Then she discovered a range of computer equipment which gave her a new lease of life. This article first appeared in the magazine Thumb Print, Autumn 2005, and has been reproduced with kind permission of the Motor Neurone Disease Association.

I was **diagnosed** with MND in April 2000, whilst seven months pregnant with my second child Eric. My daughter, Aviva, was three. I had been experiencing weakness in my left arm and slurred speech.

The diagnosis was so shocking that I convinced myself that my neurologist was wrong and I would recover after giving birth. However, the disease progressed rapidly once my son was born, resulting in complete loss of motor skills in my arms within about twelve months. I became totally dependent on carers for everything. My marriage fell apart. I am now divorced, live with my children and have 24-hour care.

Losing the use of my arms was devastating. I was also a very tactile person and missed hugging the children most of all. Then I started to miss practical things like using my computer, reading books and newspapers, writing letters and everything else that we all take for granted.

I asked for a pageturner to enable me to read, but was told they were ineffective and very expensive. With a young baby and myself to tend to, my carer didn't have time to sit with me and turn pages over! So reading was OUT and how I missed that. I 'consoled' myself with audio books but they weren't the same as seeing the words and being able to go back and read bits again...

I was given a click switch and a program called 'Hands Off' for my computer by my local physical disabilities day care centre. I found it a difficult program to use, so after a few frustrating attempts, I stopped using my computer. I had made friends with people here, in Australia and America all with MND, via email and chat rooms and was sad to lose that contact.

My speech was also deteriorating. My speech therapist gave me a Lightwriter with a pressure switch that I operated with



Using a chin switch to access a laptop computer for communication, reading and leisure

my foot. The pressure on the switch constantly had to be adjusted with a screwdriver - another unbearable frustration! It was easier to repeat myself umpteen times or try to spell words out, than use the Lightwriter. Luckily, my carer, Sarah Ashton, had been with me for a couple of years and understood me perfectly. When she told me she was leaving I knew that I had to do something and quick!

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I asked my Association Visitor Jenny Graham to visit me in the hope that she might have some ideas. When I told her my predicament she came up with a great solution.

She said that she had recently seen a man with MND using a laptop with a chin switch. Coincidentally, she had also met Hector Minto, Sales Development Manager of Possum Controls Limited, who had been telling her all about the new computer technology available. Jenny arranged for Hector to come and demonstrate a laptop at my house and as they say, the rest is history!

With the help of the MND Association and a couple of other charities, I was able to purchase a laptop and a chin switch from Possum and have some training with Hector. He installed a program called *EZkeys*, which along with my switch, enables me to navigate around my computer with ease. It also 'talks' for me; I just type in what I want to say, or use one of the stored instant phrases, and my laptop says it in a feminine American accent!

I can also email people, write my own correspondence (and this article) using Microsoft Word and use the Internet; shopping being one of my favourite and extremely handy Internet pastimes! I have a calendar in Microsoft Outlook so I can keep track of my life, which has now become quite hectic...

I have been back to an MND chat room and really enjoy chatting to others with my illness. MND made me feel very isolated but I no longer feel that way with other people within easy access.

I also have Skype, which is a great free Internet telephone system. The best thing about Skype is that I have been able to get technical support from the guys at Possum and count Hector as one of my mates after chats and seeing his recent wedding photos all online!

I listen to the radio and my favourite songs through my laptop and can adjust the volume, forward, rewind and select what I want to listen to.

But best of all, I can READ again! The computer came with a library of e-books but I have since purchased some by my favourite authors. I can see the words, turn my own pages and reread bits as and when I please! I also read the news online, check TV listings and catch all the gossip. As the laptop is so portable I can sit and read in the garden and take it everywhere with me.

I am *never* bored; in fact my only concern now is what I will do in the event of my computer breaking down... \*

Sarah Ezekiel



### Augmentative and Alternative Communication

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Editor: John Todman, UK

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## "Communication is what Matters to me"

BY REBECCA MARRIOTT



I really look forward to the annual Communication Matters National Symposium. I have made many friends since first attending this event eight years ago.

The Symposium provides the environment where I am able to meet people who are involved with all aspects of communication, from other people who use AAC with their carers to speech and language therapists, consultant specialists, and the trades people. The workshops presented by people who use AAC inspire me tremendously.

The Trade Exhibition amazes me by demonstrating just how technology is being developed to aid communication whether it be high or low tech. The social aspect of the Symposium is great fun. It allows people to meet exchange ideas, and discuss, share and pool information in a relaxing atmosphere.

The two days I spend at the Symposium allows me to meet people who have the time and patience to listen to what I have to say.

I am a 24 year old able-bodied AAC user. I find communicating frustrating to say the least. Communication for me proves difficult as people do not have time to wait whilst I find the correct page in my Symbol/Communication Book or wait for my AAC device to be placed in a position where I am able to utilize it properly. At the end of the Symposium I return home exhausted but on a high feeling with lots of new ideas and inspirations I cannot wait to try.

This year at the Symposium, I felt it important to display how my various methods of communication have eased my frustrations enabling me to enjoy a better quality of life. The photograph above shows me and my Mum in front of the display. I hope that my display was able to pass on ideas and inspiration to others.

I am member of the local steam engine club, I really am enjoying a full social life. I also have an American pen friend who communicates using symbols. Attending two colleges, I love to go swimming and to go out.

I sincerely appreciate the support of members of Communication Matters. I am looking forward to meeting up with you all again at the CM National Symposium in September 2006.



**1 Voice** is run by a team of families, role models and professionals in consultation with children to provide a network of information and support for children and families using communication aids.

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1 Voice  
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Tel: 0845 3307861  
Email: [info@1voice.info](mailto:info@1voice.info)

# OATS – Open-Source Assistive Technology Software

## A repository and ‘dating agency’

ANDREW LYSLEY<sup>1</sup> & SIMON JUDGE<sup>2</sup>

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### INTRODUCTION

This article describes the plans for the development of the first open-source software repository and forge *dedicated* to Assistive Technology (AT).

Web-based, it will provide a one-stop ‘shop’ for end users, clinicians and open-source (see Footnote) developers/programmers to meet, exchange notes, promote new ideas, develop new software and download reliable open-source AT software. Initially, the OATS Project is a one-year pilot project finishing in March 2006. If successful, its exit strategy will be for it to become a self-supporting, on-going web-based service for end users, AT professionals, and open-source developers.



Via its *repository* or *library* the project will make existing OATS more accessible by:

- Listing software in a central web-based database.
- Offering simple and easy methods to find appropriate software.
- Standardising the downloading and installation of software.
- Providing a level of quality assurance to guide potential end users.



Via its *forge* or ‘*dating agency*’ the project will also encourage the development of innovative OATS by:

- Attracting volunteer software developers.
- Developing new AT software based on specific user needs.
- Providing a dynamic discussion forum for users and open-source developers.

Finally, for the benefit of end users of AT the definition of OATS will be extended to embrace copyright-free:

- Symbol and picture libraries.
- Software resources such as grid sets and user configurations.

### RATIONALE

Globally, the Assistive Technology (AT) software field is small and specialised. As we all know AT development remains an under funded field with its key players often working in relative isolation.

Software is becoming an increasingly powerful and effective tool within the field however the restrictions of the field are holding back development. Open-source software offers a new way of driving forward the Assistive Technology field.

The ethos of OATS, as with all open-source activities, is to make its source or programming code freely available to end users and developers, who then have the right to modify and redistribute the software.

The OATS Project, a web-based, pilot project, was established to evaluate what demand and interest there might be for open-source software within the AT field and whether this would ulti-

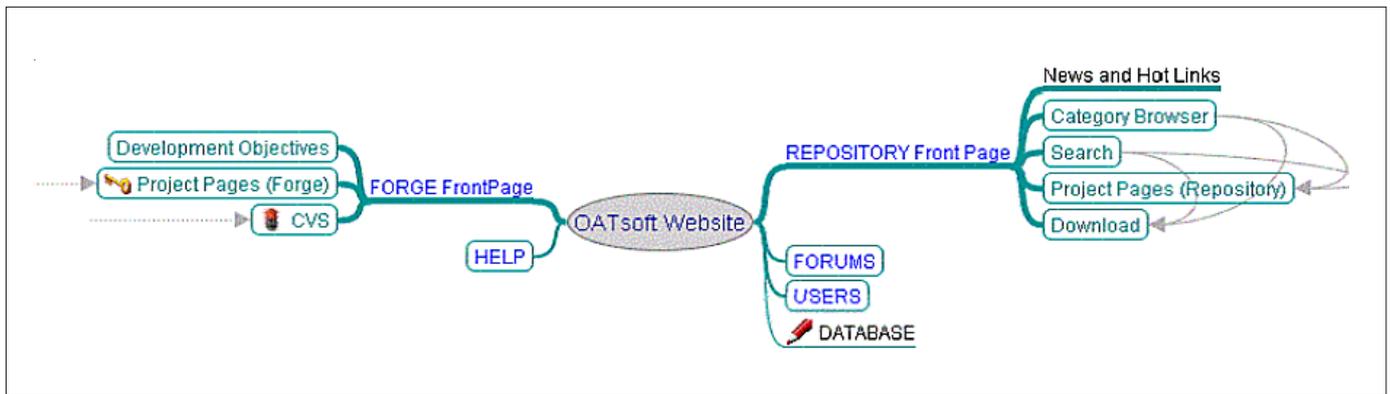


Figure 1 Structure of the OATS website

mately warrant the establishment of a ongoing, self-supporting web service.

If successful, the OATS 'Repository and Forge' will offer the AT field an innovative, inexpensive opportunity to create, share, and above all disseminate good, well-maintained products that have high AT end user value. Importantly, it will also offer the opportunity for users to drive the development of software to provide truly user-centred software.

#### WHAT OATS WILL I REAP?

Open-sourcing offers great potential for AT software users. However, currently there are a number of barriers that stop its widespread use within the AT community. It is generally difficult to find on the Internet and until the OATS Project there have been no specific areas dedicated to developing or downloading AT software.

Open-source software can also be unfriendly to install, often obliging the user to download many different packages before it can be set up and used.

Often it is still 'under development', poorly documented or technically demanding, something that the end user finds frustrating and irritating.

To see just how complicated this can be for the lay enquirer, one need only visit the most well-known source of mainstream open-source products, Source Forge ([www.sourceforge.net](http://www.sourceforge.net)). Finding OATS products here is like experiencing death by a thousand cuts!

The OATS Project's repository will strip away all the technical complexity and provide via its database and search engine an efficient and intuitive way to access good quality OATS.

By removing these barriers to open-source AT software, users will not only have a single point of contact for obtaining open-source software but volunteer developers will also discover a forum where they can develop ideas

and write software that meets the real needs of specific end users.

#### WHAT IS OATS?

The deliverable of this project is a website - this website will be unique, even among open source websites, since it aims to allow both end users, professionals and developers to interact in the same place.

- *End users* will experience a simple way to find appropriate software through an accessible web interface - users will be able to find software in a variety of ways. From logging on to downloading software will take less than 5 clicks. Users will not only be able to download existing software, but register a need and request software development.
- *Developers* will have a dedicated area for project development with integrated code versioning system, bug and feature tracking, forums, documentation and publishing tools. In addition developers will obtain direct feedback from users and 'power user' testers.
- *A third party of users* will be professionals/clinicians, who will sit between the two groups and contribute on both sides - both suggesting development ideas, feeding back information and providing software to clients.

The website will be achieved through using a Content Management System (CMS) - PLONE - this extremely scalable CMS is W3C AA accessibility compliant. The aim of the content management system, combined with the development of a set of boiler plate template pages is for the site to move towards becoming self-sufficient.

The core of the site will be an online database listing of the software and its characteristics - this database will include both existing and developing

software and the website will display the appropriate records in the appropriate areas on the site.

A further outcome of the project will be work on the ease of use of software installation - the aim of the project will be to allow seamless, simple, installation of appropriate software. To this end some initial software will be packaged into OATS installers, possibly installing straight from the web page. This will allow easy installation and also updating when new software releases are available. A standard for software packaging will also be produced and suggested for the Assistive Technology field.

For further information on OATS, please visit [www.oatsoft.org](http://www.oatsoft.org) \*

Andrew Lysley  
OATS Project Co-ordinator, The ACE Centre  
Simon Judge  
ACT, Birmingham

#### THE OATS PROJECT CONSORTIUM

- The ACE Centre, Oxford
- ACT, Birmingham
- Dept Of Applied Computing, University of Dundee
- Swedish Institute for Special Needs Education, Gothenberg

#### OPEN-SOURCE SOFTWARE

*Open-source Software (OSS)* is computer software written for any operating system (Windows, Macintosh, Linux, etc.) that, although distributed under a license, allows other people to change and/or share the software freely. Open-source Software must make its source or programming code *freely* available. End-users have the right to modify and redistribute the software, as well as the right to package and sell the software. Open Source software is a well established software license with a large amount of established software available. For further information on Open-source Software, visit: <http://en.wikipedia.org/wiki/OpenSource>

# ARTS ATTAACk!

**PAMELA CORNWALLIS<sup>1</sup> & ANNIE KIRKALDY<sup>2</sup>**

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<sup>2</sup> FACCT, Auchterderran Centre, Woodend Road, Cardenden, Fife KY5 ONE, UK

## INTRODUCTION

This paper describes ARTS ATTAACk!, a one day accessible visual arts event held in 2004 which was organised by Augmentative Communication in Practice: Scotland.

## ARTS ATTAACk! – THE IDEA

Our events have mainly targeted carers and professionals supporting AAC users. We have often had sessions that were intended to be of interest to AAC users, and presented by AAC users or parents and carers. We thought it was about time that we organised a day solely for AAC users. The organising group discussed a range of ideas and finally settled on plans for a day to explore the arts and how they could be accessed by people who use AAC. We wanted to create a relaxed friendly environment to maximise communication opportunities.

## GETTING STARTED

We came up with ideas for a number of arts sessions – dance, music, drama, painting and printing and looked for potential venues that could accommodate the event.

We were clear from the beginning that we wanted the day to be readily affordable for users and their carers to come along. As a result, funding was also needed to subsidise the cost of attendance.

## INTENDED OUTCOMES FOR PARTICIPANTS

- Fun and enjoyment.
- Full participation and a feeling of empowerment.
- The opportunity to see, hear, think about and explore a variety of creative, self expressive activities.
- The chance to try out new activities/experiences.
- Getting ideas about activities/experiences that they might like to follow up (or start up themselves) locally to improve their quality of life longer term.



Drama at Sea

- Networking and social interaction with peers who use augmentative communication.

## INTENDED OUTCOMES FOR CARERS/SUPPORT WORKERS

- The opportunity to see, hear, think about and explore a variety of creative, self expressive activities.
- The chance to get actively involved in trying out new activities / experiences as an equal partner as well as a facilitator of a person with disabilities.
- The chance to observe the person they are supporting participating in a variety of activities, and to see their reactions to different aspects of these.
- Staff development – gaining insight and new knowledge that can be cascaded to other colleagues.
- An opportunity to gain information about providers of services, equipment and activities.

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Languages for  
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1996

BRITISH  
DESIGN  
AWARD  
1989

- Getting new ideas for activities / experiences that might be accessed or put in place locally to improve and develop the quality of life of the disabled people in their care, in the longer term.
- Networking

#### INTENDED OUTCOMES FOR ORGANISERS AND FUNDERS

A high quality digital record of the day that will provide in due course after the day:

- The content and substance of a Scottish Study Day for professionals on creative arts for people who use AAC.
- Potentially, the content and substance of Study days elsewhere for professionals on Creative Arts for people who use AAC.
- A presentation at one or more conferences.
- A documentary that can be shown on TV, lent or sold to voluntary organisations, parents groups, professionals, etc.

#### INTENDED OUTCOMES FOR THE WIDER COMMUNITY

- Awareness of the right and ability of people with severe communication and other disabilities (physical, learning, sensory) to contribute to, participate in and enjoy creative arts experiences and activities.
- New ideas about possible activities and experiences that might be put in place locally or widened out to facilitate the inclusion of people with disabilities.

#### FUNDING

We then costed the day as planned and quickly realised that we needed to raise a significant amount of money. Funds were required to pay for:

- the venue
- speakers
- catering
- materials
- a digital recording of the day

We made successful applications to:

- Communication Matters
- The National Lottery - Awards for All
- The Scottish Community Foundation

#### THE VENUE

From our experience running previous events, we were familiar with a number of venues across Scotland that may have been suitable. We were looking for somewhere that:

- had a positive attitude and flexible approach to support what we wanted to achieve.
- would provide the right atmosphere - friendly, welcoming and relaxed.
- had a large central space for plenary sessions and dance workshops.
- was readily accessible by road.
- could accommodate a large number of people using wheelchairs.
- had an adequate number of accessible toilets.
- had enough accessible breakout rooms.
- had a suitable area for lunch and other breaks.
- had appropriate catering to meet the needs of people with eating and drinking difficulties.

It was decided that the Corn Exchange in Edinburgh would meet the above requirements.



Alan Martin leads the Dance workshops

#### DEVELOPING THE PROGRAMME

We generated ideas for workshop sessions, including:

- Painting and printing
- Music
- Dance
- Interactive story telling

We listed the contacts we had who may be interested in leading sessions. We identified sessions we wanted to run, but didn't have a presenter in mind. We advertised in the local press and interviewed people who responded to fill the gaps.



Let's dance!

#### RECRUITING THE PARTICIPANTS

Much discussion took place around how to make the event accessible to people who use AAC from as wide a geographical area as possible. In the end, we had 25 participants who brought either one or two carers with them. Most people came from the Edinburgh area but some people travelled from Glasgow, Perth and Fife to take part. It wasn't practical for people to travel from further afield.

#### THE PROGRAMME

Our programme was as follows:

##### Registration (10.00-10.30am)

We allowed time for people to arrive gradually and to become familiar with the surroundings for the day. There was time to meet and chat with friends old and new.

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**What's it all about? Finding out and making choices (10:30–11.15am)**

We gave a brief introduction to the day and to the workshop sessions using symbols projected onto a large screen.

Half an hour was allowed for people to move around, look at symbols and ask about each session, and then register for two workshops from the choice of four.

**Workshop Session 1 (11.30am–12.30pm)**

- Let's dance - Alan Martin - Mouse on the Move!
- Making music - Drake Music Project, Scotland
- Drama at Sea - Ann Gresswell
- Making Music - Nadine Farris
- Making a Masterpiece - Jean Bird

**Lunch (12.30–2.00pm)**

We arranged for a relaxed buffet lunch with lots of time to chat. Photos from the morning workshop sessions were displayed on TV screens. Background music was played and some switch-operated activities were available.

**Workshop Session 2 (2.00–3.00pm)**

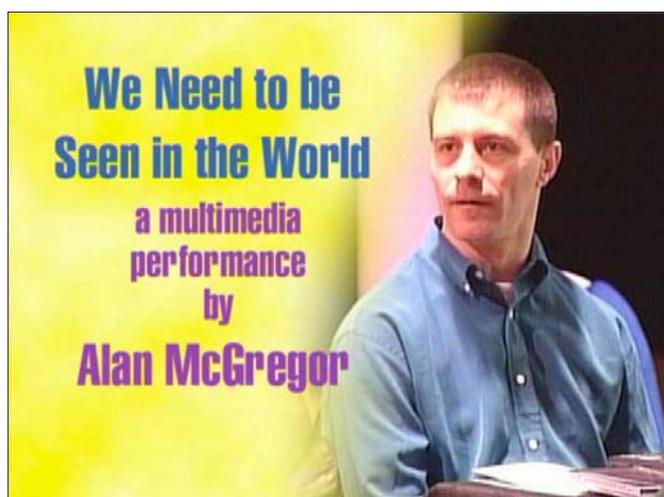
- Let's dance - Alan Martin - Mouse on the Move!
- Making music - Drake Music Project, Scotland
- Drama at Sea - Ann Gresswell
- Making Music - Nadine Farris
- Making a Masterpiece - Jean Bird

**"We Need to be Seen in the World" Alan McGregor (3.15-4.00pm)**

Alan McGregor gave a multimedia presentation, which was taped for the DVD. Alan also provided the background music used on the DVD.

**Finish (4.00pm)**

Completion of evaluation forms and time to look at the masterpiece.

**RECORDING THE DAY**

Once the organising group decided that a recording of the day was required, meetings and discussions took place with Alan Wylie (Cactus Ltd) to plan and agree how filming would happen on the day. Written consent was sought from all participants as part of the application process.

After the event, several meetings to progress editing and prepare the script for the DVD took place. The final product was ready in June 2005.



Music making is just a switch press away

**CHALLENGES AND SOLUTIONS***Effective choice making for workshop sessions*

Solution: Lots of time, use of symbols to support language, facilitators available at each workshop registration table.

*Workshop leader with no previous experience of people who use AAC*

Solution: Familiarisation sessions and trial activities were carried out.

*Finding enough participants*

Solution: Sent out fliers and followed up with personal contact (barriers were highlighted - time, transport, availability of carers).

*Impractical for people outwith the Central Belt area to attend*

Solution: Increased the importance of making a record of the day, so that ideas can be shared and possibly used to replicate the event in other locations.

*Funding*

Solution: Applied to as many potential funders as possible, and being clear on what we wanted to achieve

*Helpers on the day*

Lots of 'informed' people were needed to help on registration desks, support workshop leaders and generally ensure



Having fun creating music



Painting a wall-hanging masterpiece

that the day ran smoothly with as many opportunities for communication as possible.

*Hoist required*

Solution: Equipment required was hired and we checked in advance that there was space for it in the accessible toilet facilities.

*High number of people with eating and drinking difficulties*

Solution: Choice of venue was important - friendly, helpful and appropriate attitude and flexibility of staff. Buffet with suitable food types and textures arranged.

*Technical backup for AV*

Solution: AV support arranged with the venue, and backup also available from FACCT and SCTCI centres. Our own backup proved to be essential due to the nature of the technology involved.

*Producing the finished artwork by the end of the day*

Solution: Had helpers specifically allocated to getting the job done in the time available.

*Lack of confidence*

Solution: Asking for help, collaborating with experts and being prepared to give it a go.

**EVALUATION OF THE DAY**

There were 19 completed evaluation forms returned; the total number of people who use AAC attending was 21.

Figure 1 shows the ratings for the five different activities.

**A selection of comments received:**

“More fun days like this. One in Glasgow but would come back here. Liked the venue and food ++. Would have liked two disabled bathrooms/toilet.”

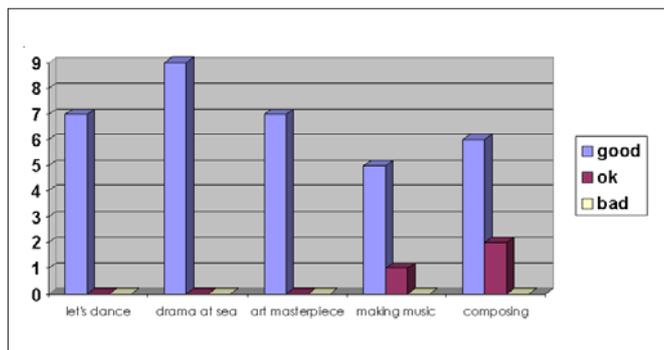


Figure 1 Participants ratings for activities



The finished wall-hanging

“Carolyn said, ‘I like that.’ One complaint (if it can be called that) is that there were too many interesting sessions. A good day. Excellent venue. Thank you.”

“Enjoyed the painting class.”

“Suggestions for next year: make sure hoist is available for use of toilet.”

Pamela Cornwallis, *Speech & Language Therapist*  
Annie Kirkaldy, *Teacher*

**AUGMENTATIVE COMMUNICATION IN PRACTICE: SCOTLAND (ACP:S)**

ACP:S, set up in 1990, is an open group composed of people who have an active interest in augmentative communication, including people who use AAC, families, carers and professionals from a variety of different disciplines.

The aims of ACP:S are:

1. To raise awareness of and promote good practice in the field of Alternative and Augmentative Communication in Scotland.
2. To provide a forum for people who use AAC, their families, carers and professionals to meet together to exchange ideas, innovations and experiences within the field of AAC.

ACP:S has a core organising group that sets up and runs conferences and study days. So far, we have held 16 events with a total attendance of approximately 1,600 people over the last 14 years.

The group comprises representatives from the following centres:

- CALL Centre, Edinburgh
- FACCT, Cardenden, Fife
- KEYCOMM, Edinburgh
- TASSCC, Aberdeen
- SCTCI, Glasgow



## TRUSTEES' NEWS

As 2005 rushes to a close, it is time to reflect on we all, as individuals and as an organisation, have achieved over this past year – and to begin think about what we would like to do next year. I am writing this almost 20 years to the day that Ena Davies and Bob Fawcus signed the Memorandum and Articles of Association and ISAAC UK (now also known as Communication Matters) was born. A lot has been achieved over this time. Technology has offered possibilities and opportunities for many of us, technology has made many things in our lives easier, but technology itself is not the only answer.

As Rick Creech wrote, his communication aid is only the key to unlock the door of the candy shop – he is the candy! (Creech 1992, *Reflections from a Unicorn*) We still have to find the key for many people; we still have to make sure that it is the right key; we still need to search out the candy!

So what are your dreams for the next 20 years? To those of you who shared your dreams on the Dream Catcher during the CM2005 National Symposium in Leicester – many thanks! I hope you recognize your dream in the list below. Our challenge for the next 20 years is to make these dreams a reality, to reduce some of the frustrations about funding, support, training and technology - so that everyone gets the chance to shine and the 'candy' is revealed!

- That equal access will really mean equality for all.
- A mind-reading switch (with an on/off facility for output!), and mobile phones as communication aids and standard kit for *all* secondary school students!
- My dream is that mainstream schools will have ICT SENCOs that can advise/sort out/trouble shoot/facilitate IT sessions with AAC users.
- Established funding pathways!
- Facilitated Communication training to be a module in SLT degree and included in a Total Communication approach.
- How about a members' directory indicating what you are, what areas of AAC you know about, and contact information and ideas that can be shared, e.g. SLT, paediatrics, work with Minspeak a lot. *If you want to start the ball rolling, please send your information to [admin@communicationmatters.org.uk](mailto:admin@communicationmatters.org.uk)*
- Joined up services to meet joined up (individual) needs.
- Personally I want to retire – but for AAC in general a mechanism for getting the right device for everyone with training, support, back up built in.
- My dream is a change in the paradigm of how AAC systems are designed.
- We need more research to prove our effectiveness.
- To have funding for AAC as an adult user – appears that none is available.
- A 21<sup>st</sup> century conference centre that is fully accessible for every room rather than just a few.
- I wish prosperity for CM and hope to raise lots of money.
- A minimum of at least one week dedicated to AAC on all courses for SLTs.

## TRUSTEES' NEWS



Janet Scott's Dream Catcher proved very popular at CM2005

- That CM will put pressure on CASC to produce reliable and dependable devices in the future.
- Co-operating may be even better than collaborating – it is a simple English word and may not have the same negative connotations as "collaborative" has to some cultures.
- To provide a more equitable service/for all those needing AAC to be able to access skills necessary by diffusing knowledge and skills from specialist centres.
- My dream is *one* piece of technology that does *everything*.
- To have a clinic (with the full inter-agency team) run regularly in our area with full funding and time allocated to working in this area.
- That there is accommodation for wheelchairs and AAC users – a conference centre with capacity for 50 users.
- To see brain activated switches perfected and in use for people with severe access difficulties.
- Joint budgets between agencies, so VOCAs can be mounted on wheelchairs without argument and hassle!
- To continue with multi-disciplinary, multi-agency working (to continue work of CAP).
- Sufficient funding to support all pupils who need high tech devices without lots of paperwork! Equality, Access and Achievement for all!
- Equity! Provision of communication aids so that everyone who requires an AAC device will be funded and supported regardless of age and geographical area.
- The appointment of an Educational Occupational Therapist in all LEAs.
- The right to a voice for AAC users at a very low cost! No more struggling!
- That technology will speed up the rate of AAC communication.
- Suppliers to fully road test all devices before putting out to users. This will avoid glitches and hitches. Plus to have a service level agreement with all individuals to service/repair.
- That VOCA singers and VOCA players participate and lead in music and singing sessions; that all AAC users and choosers participate equally in music.

## TRUSTEES' NEWS

...continued from previous page

- Dynamic screens that can be read in daylight!
- London will be more wheelchair accessible.
- Speech therapists have AAC as part of their training.
- To make portable high tech AAC as easy as low tech eye pointing.
- I dream of a day when it is a child's right to have speech – either natural or augmented.
- A teacher training course that AAC users can apply for so the next generation gets the best role models.
- To reduce the impact of differences between people so that everyone has equal access to the broadest range of opportunities.
- All potential AAC users will have funding for appropriate aids without hassle or time delays; and maintenance and repairs are carried out without any questions relating to cost being a problem.
- Every child once diagnosed to become (with their family) the centre of a proactive, collaborative assessment process (not just communication but ALL needs) with joined up support (not just words).
- CM – Blackpool 2006? The Big One!
- Every child matters - communication matters. Everyone has a right to a voice, but for some the question is *when?*
- My dream is that if inclusion is to succeed – every mainstream school will have a full time communication support teacher to be able to genuinely support children and consistently train staff adequately.
- When a child needs a VOCA, money is provided: "To be able to communicate is a right, not a luxury."
- I dream of bringing K and Z to CM next year with their devices that they are just about to receive from CAP!

**Janet Scott**, Chair of Communication Matters  
Email: [sctci@sgh.scot.nhs.uk](mailto:sctci@sgh.scot.nhs.uk) Tel: 0141 201 2619

## C A S C NEWS

### COMPLAINTS PROCEDURE

I trust those who went to the CM2005 National Symposium enjoyed the event and found it beneficial. I had several interesting conversations both as Director of DynaVox and as chairman of CASC. One of those discussions in the latter capacity was about whether or not CASC had a 'Complaints Procedure' (not sure whether the person wanted to make a complaint or was just interested).

Having assured the enquirer that such a procedure did exist they asked me to publish it to CM members, so the following is the extract from the CASC Constitution that all members are required to sign. Complaints made to CASC about a member, whether raised by another member or not will be handled in the following manner:

## C A S C NEWS

- The initial complaint should be addressed or passed to the Chairperson.
- The Chairperson will then contact the organisation against whom the complaint has been made, to try and reach a resolution. If resolved, the procedure will stop, and no information will be passed to any other member.
- If no acceptable resolution can be achieved, the Chairperson will request both parties to attend a CASC meeting, for the complaint to be reviewed by all members. If necessary, the members present shall discuss what action to take, which will be put to a vote, with a majority decision binding all members.

Now, before everyone puts pen to paper (or finger to keyboard) to complain about every device that has ever gone wrong in the history of AAC, I should point out that this was not the intended use of this procedure. It was set up to allow complaints about such things as unethical trading, over selling products, breaking or skirting round important legislation such as CE marking, etc.

As you can see it is not a long-winded or complicated procedure. What 'action' would be or could be taken is debateable, as CASC has not yet had to deal with such a situation. I remember when we first put the idea forward for this procedure, when I first became chairman, we talked about the possibility of banning a company from CASC Road Shows for a period as a possibility. However, for companies that do not attend the Road Shows, that sort of action would be ineffective.

Which actually leads to a much bigger issue – that is just how effective is CASC as a 'Trade Organisation'? Indeed, could it even be called a Trade Organisation? The members pay no fees to CASC, and as I have said many times, in effect CASC does not legally exist. It has no bank account, is not registered anywhere (other than with CM) and has no real power. I have even received an email recently from someone who commented, "...for competitors to allow an employee of one of them to 'head' their trade association must be unique in the history of the world!"

Not sure that last comment is true but the point is a valid one. For instance, the complaints procedure does not determine how it should work in the event that the complaint is against the company that the chairperson represents – and as there is no appointed Vice Chair, who should chair it?

### BRITISH HEALTHCARE TRADES ASSOCIATION

There is no doubt CASC has come a long way over the years and has been a valuable Association for most members. But now is the time to review what is needed in the future.

It is for this reason that we have opened discussions with the BHTA (British Healthcare Trades Association). CASC members will be meeting members of the BHTA in December.

BHTA is the oldest Trade Association in the Healthcare industry, with its roots going back to 1917, and with



## CASC NEWS

...continued from previous page

over 350 members broken down into 16 different sectors. If CASC was to become part of BHTA it could (we believe) retain its own identity and have its own unique group (The Communication Aids sector). So the idea is not to replace CASC but to strengthen the whole concept of members belonging to a strong and effective Trade Association.

### BHTA benefits and drawbacks

Some of the benefits of being members of BHTA include having access to important and influential Government ministers, having access to legal and other important business resources, and being part of an organisation whose members are preferred suppliers to the NHS.

It also means that all members would need to sign the BHTA Code of Practice and would be governed by the rules of BHTA. This means being part of an organisation that has much more power than CASC as it currently exists and one of their objectives is to protect the buying public, and especially to ensure the rights of disabled people are championed with respect to product suppliers.

So their complaints procedure is far more detailed and allows them a number of options to ensure highest quality products and services are offered, even to the extent of being able to fine persistent offenders.

So it sounds good for CASC (better structure, access to officials and information etc) and for customers (more disciplined approach to ensuring the industry moves forward with the best suppliers) – so what's the drawback?

Cost! BHTA is quite an expensive organisation to join (even a small company could find itself paying over £1,000 per annum), whereas with CASC, apart from the CM fees (which would still need to be paid) there are no costs.

So the members have to decide, after our meeting with BHTA, whether to move forward or remain as now. And then there's the tricky question about what happens if some companies want to be part of BHTA and others say they cannot afford it?

There is no doubt about it, the next few months should be very interesting for CASC, and may see some major changes. Whether I will still be acting as Chairman remains to be seen. My three-year tenure in the position comes to a close towards the end of 2005, which means an election must be held. I have not yet decided whether to stand again (which the constitution does allow for), but even if I do, the members may well prefer a change.

No doubt reports of the meeting with BHTA will appear in a future edition of the journal, whether written by me or by someone else.

### Finally

As this is the last edition of 2005, may I wish all CM members the very best for 2006.

**Dave Morgan**

Chair of CASC (Communication Aid Suppliers Consortium)

## PRESS RELEASES

### COMMUNICATION DOES MATTER TO ISAAC AND WIDGET SOFTWARE



Cate and Tina Detheridge of Widgit Software, have been working in collaboration with ISAAC to help symbolise their website using the pioneering Widgit Rebus Symbols. ISAAC now has full Widgit Rebus Symbol summaries on every page, so that every child and adult with communication difficulties can understand and use the website.

Widgit Software is proud to assist ISAAC with this specific project - making their website accessible to every child and adult with communication difficulties. Cate Detheridge, Accessibility Team Leader, has supported this project all the way, she says: "This is the world's first inclusive mainstream website that is supported with symbols. We have already had fantastic feedback from people using the site and as a result of this success we are now listed as sponsors of the ISAAC site." ISAAC's Chief Executive, Clare Bonnell says: "Thank you very much Tina, Cate...for all the work you did to make Rebus summaries available to visitors of the site who communicate with this language. It is indeed a first. The Widgit team's enthusiasm for people needing AAC and for ISAAC is inspiring."

On entering the website [www.isaac-online.org](http://www.isaac-online.org) scroll to 'Choose symbol system to display' and select the preferred symbol system: Widgit Rebus, Blissymbols or PCS from Mayer-Johnson. By clicking the symbol link, headings and links featured on each web page are automatically symbolised. For example:



To access the ISAAC website go to [www.isaac-online.org](http://www.isaac-online.org) or to find out more information about symbol support visit [www.widgit.com](http://www.widgit.com)



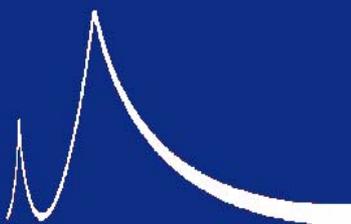
**DIARY  
DATES**

- 27 February 2006 Swansea  
**CASC Road Show at Ysgol Crug Glas**  
FREE Tel: 0845 456 8211 www.communicationmatters.org.uk
- 24 January 2006 Middlesbrough  
**BoardMaker Version 5**  
Contact Communicate: 0191 219 5640
- 26 January 2006 CALL Centre, Edinburgh  
**Listening to Children**  
CALL Centre: 0131 651 6235 www.callcentrescotland.org.uk
- 2 February 2006 Newcastle upon Tyne  
**AAC Strategies: Tools for Success across Environments Presented by Carol Goossens'**  
Contact Communicate: 0191 219 5640
- 16 February 2006 CALL Centre, Edinburgh  
**ICT Tools for Independence**  
CALL Centre: 0131 651 6235 www.callcentrescotland.org.uk
- 1 March 2006 Newcastle upon Tyne  
**Creating Communication Opportunities**  
Contact Communicate: 0191 219 5640
- 2 March 2006 CALL Centre, Edinburgh  
**Interactive Whiteboards**  
CALL Centre: 0131 651 6235 www.callcentrescotland.org.uk
- 9-10 March 2006 Putney, London  
**Making Technology Work for You**  
Royal Hospital for Neuro-disability: 020 8780 4500 x5140



**DIARY  
DATES**

- 23 March 2006 Newcastle upon Tyne  
**Developing Switching and Scanning Skills**  
Contact Communicate: 0191 219 5640
- 4 April 2006 Keighley  
**CASC Road Show at Victoria Hall Leisure Centre**  
FREE Tel: 0845 456 8211 www.communicationmatters.org.uk
- 5 April 2006 Scarborough  
**CASC Road Show in Scarborough**  
**Venue to be confirmed**  
FREE Tel: 0845 456 8211 www.communicationmatters.org.uk
- 6 April 2006 Birmingham  
**CASC Road Show at University of Central England**  
FREE Tel: 0845 456 8211 www.communicationmatters.org.uk
- 25-27 April 2006 Scotland  
**ICT and Inclusion**  
CALL Centre: 0131 651 6235 www.callcentrescotland.org.uk
- 27 April 2006 Newcastle upon Tyne  
**Kith, Kin and Co: Training Communication Partners**  
Contact Communicate: 0191 219 5640
- 17 May 2006 Brighouse, W Yorks  
**CASC Road Show at Kirkdale House**  
FREE Tel: 0845 456 8211 www.communicationmatters.org.uk
- 24 May 2006 Newcastle upon Tyne  
**The Practicalities of Introducing a VOCA**  
Contact Communicate: 0191 219 5640

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# Transition from Specialist Residential College to Mainstream Further Education

## Perspectives of the person who uses AAC, college staff, the family and speech & language therapist

**CHERYL DAVIES**

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### INTRODUCTION

This paper describes the transition process of Rachel (name changed) from a residential college to a sector Further Education (FE) College.

It starts with links made prior to the transfer, the application and first year in a new FE college, with focus on information, training and support. There will be an outline of the end of Year 1 review of the transition continuing on to observations and learning points from Year 2. Current actions and plans for transition into community services are included.

The aim is to highlight the experience in order to inform and improve this important process. Events are given chronologically summarising my records. Opinions, unless otherwise stated, are my own, based on experience in AAC and further education.

### FIRST CONTACT

My initial visit to Rachel and her family took place during the Easter break in 2002. I undertook an audit of need as part of a new post to support AAC users into adult services. I knew that Rachel was attending a residential college but was unsure when she would be leaving. Rachel had a Delta Talker with Language Learning and Living (LLL).

This had been supplied by the Children's Department and was several years old. The first contact was useful to give information about the new service and to gain an impression of her communication skills. I also wrote to the speech & language therapist at the college, where Rachel was in her 4<sup>th</sup> year, requesting clarification on payment of the warranty which had expired 6 months earlier and suggesting we liaise nearer Rachel's transition period.

### FIRST PROBLEM

The Delta Talker broke during the summer of 2002. This further raised issues regarding warranty and replacement/upgrading. I contacted the speech and language therapist at college and the Learning and Skills Council. The LSC agreed to purchase a new device to support Rachel in education and were keen to know that there would be continued input to support her 'life long learning'. Warranty payments are prioritised as part of the AAC Service budget. Liaison with college for assessment and the LSC resulted in Rachel receiving a Pathfinder during the autumn term of her final year.

### APPLICATION TO SECTOR COLLEGE

Rachel had completed her GNVQ Foundation and was keen to progress on

from this at her local college. I have subsequently learned from this college and the LSC that this was not a straightforward process. Progress was hindered by the lack of information received on course work covered, her abilities and potential. Rachel was seen for assessment but was not asked her opinions. Her mother then went back to the LSC for assistance in obtaining reports.

My contact at the LSC has since told me that information was not supplied by the link college used by the residential college but that they had received progress reports and believed in Rachel's potential sufficiently to agree to further funding.

A second assessment was arranged which was more successful but not without difficulty. Rachel declined the first option she was offered and it was eventually agreed that she could do a one year Leisure and Tourism course over two years.

Teaching and IT staff visited the residential college before she transferred. Unfortunately, and not unusual with technology, they were unable to see Rachel using the Pathfinder connected to the computer. The cable could not be found.

I had phone contact with the speech & language therapist at college and gained

brief information on recent intervention such as her transfer to the Pathfinder. I supplemented this call with a letter requesting reports reflecting on her progress and learning. To quote: 'I do hate to re-invent the wheel'. I received no response to this letter. I have referred to this previously and given suggestions (CM August 2005). Examples of what I want to know with a person using a Minspeak system are whether the person learns best with visual or semantic cues, how much repetition is needed, and what their optimum language levels are versus their functional use of language. This is relevant in educational settings where the demands are for both written and spoken language. Receipt of background information or a Communication Passport would have better equipped me to undertake staff training about a person I did not know well.

My first contact with the FE course coordinator was at the request of the family and we set up a meeting in June '03 at college. In attendance were Rachel, her mother, the IT coordinator, a teaching assistant, Mark Street, a Product Specialist from PRI and myself. This allowed a discussion of training needs, a focus on the technology and a preliminary description of Rachel's language and communication skills. A training session with Mark was set up for myself and the family to revise the functions of the Pathfinder. He also advised the IT coordinator on linking to the computer.

#### YEAR 1 AT COLLEGE

The college had some experience of working with students using a range of communication aids and one Teaching Assistant had attended training at Liberator. Ex-students had not had the same level of AAC competency as Rachel.

Mark, Rachel, her mother, the SALT Technical Instructor and I delivered a training session to 4 Teaching Assistants in September '03. We reflected that it was useful for us all to be involved and to try to get a balance between the technology and the person. I put together an information sheet describing Rachel's communication with specific examples of how she could be supported. This was demonstrated so that staff felt at ease when talking to Rachel.

During the first year either I or the Technical Instructor visited college regularly to: observe sessions, problem solve, support communication in 1:1 and group situations and meet with staff. These visits had decreased by the summer term to going in when requested.

#### ISSUES ARISING

##### Core versus Fringe Vocabulary

This was a difficult concept to get over and, whilst the activity row on the Pathfinder does make this easier, we still needed to rationalise the 'vocabulary request lists' received such as for 17 names or tourism vocabulary that was abstract and difficult to find symbols for. A suggestion was that names were programmed at her request and that, as her literacy skills were improving, specialist vocabulary lists or grids could be prepared for her to point to. There was concern that new vocabulary was stored in and not used. My rule of thumb is that if it is unlikely to be spoken more than 10 times do not store it but find an alternative way to access that vocabulary. It was also felt that subject staff needed to prioritise the most important concepts. Rachel's mother does the majority of the programming.

##### Pre-empting or interrupting

Staff agreed it was helpful to think that 'if Rachel's hand is still moving she is talking'.

##### Clarification

Staff needed to be reminded to clarify what they think she is saying.

##### Socialising

Rachel appeared popular with her group and the staff but it was observed that she did not often join in or initiate conversations. There can be a variety of reasons for this such as time spent on drinks/meals/care needs plus the speed of conversation of her peer group. Work is ongoing to store in regularly used phrases to help her social relationships.

##### Lack of contact with other AAC users

An attempt was made for Rachel to meet up with another Pathfinder user in the area. This has proved difficult for a number of reasons. I felt it would be useful to 'compare notes' on how they are developing their communication skills and organising vocabulary in addition to the social benefits. Rachel had attended most of the local User Group meetings but this is not always a consistent group.

#### END OF YEAR 1 REVIEW

Rachel was one of the first people to transfer into the AAC service. I had several conversations with the LSC about transition and, in preparation for a joint initiative with the Children's AAC services in Nottingham, I decided to undertake a review from the perspective of the AAC user, her family, the college in addition to my own reflections. This is summarised below.

#### THE COLLEGE PERSPECTIVE

This was gained from the course coordinator who had consulted the key staff working with Rachel.

- It had been a steep learning curve.
- All were willing and interested.
- It worked well because of:
  - motivated student
  - supportive family
  - technical support from PRI
  - loan of device from PRI
  - holistic approach of staff
  - academic staff had previously visited the residential college
- By report the student is coping well and is joining in such as saying "ha, ha, ha".
- The process would have been quicker with good transition information.
- The technology side within the college was slow. The comment was that this was an institutional problem not just relating to Rachel.
- They were supported by knowing that speech and language therapy was available.
- They made a suggestion that their training needs be reviewed mid-way through the year. There is a high turnover of staff plus they were more aware of what they wanted to know.

#### COMMUNICATION AID USER'S PERSPECTIVE

There was no intention to gain compliments!

- "I think you helped to talk everyone about my Pathfinder."
- "I like Pathfinder because I can talk to who I want."
- "My teachers they know I want say something when I am finishing off my thing they ask everybody before myself."
- "My teacher gives time."
- SALT: "I don't see any particular problems for you at the moment." Rachel: "I agree."

#### FAMILY PERSPECTIVE

- The initial meeting was good. It gave insights and increased staff exposure to AAC.
- There are examples observed of pre-empting/second guessing when staff are busy.
- It would be good to include training for *all staff at all levels* to cover the basics.
- They commented about more focus on the person rather than the capacity of the machine.
- They suggested that it would be good to look at ways to further help people to

understand the process of communicating with an aid e.g. expressing an idea with limited vocabulary.

- Showing videos that illustrate AAC being used in everyday situations.

### SPEECH AND LANGUAGE THERAPY PERSPECTIVE

- Good practice/duty of care to pass on information.
- Colleges need to be more aware of the additional needs of a person using a communication aid e.g. time taken to communicate, restricted vocabulary, questioning styles in teaching/learning.
- Question how much time staff can be allocated to learn the detail of Min-speak.
- Colleges need to identify their training needs for all staff, not just the Teaching Assistants.
- SALT and tutorial staff to work together to set joint communication targets.
- Colleges to request more support from speech and language therapy and the communication aid companies. This can be at any time in the year if there are new staff working with a person who uses AAC.
- Develop further training sessions that raise awareness and give information on AAC plus reasons and opportunities.
- Increased links between the colleges and the specialist AAC centres to improve knowledge of assistive technology.

- Where possible the AAC users need to take an active role in identifying their own support needs.

### YEAR 2

A query arose early in the autumn term relating to written language skills. The Teaching Assistant wanted clarification about whether Rachel should be using full grammatical sentences or bullet points to record her work. I referred this back to the course coordinator to get the required information from the Exam Board. She had previously contacted them and found it difficult to get a definitive answer. This has implications for the time needed doing course work and in exams. I gave suggestions for software and resources to aid recording written work for the college to follow up.

Role play was an integral part of her Tourism course, such as dealing with complaints. I asked for examples and suggested that I could store in phrases/sentences to speed up the process.

We had a trial run and found that Rachel had the main vocabulary she needed and could express herself sufficiently well without my input.

There were also concerns about how she obtained copies of the lectures she attended. At one time the TA was writing and then typing up the notes. The course coordinator suggested that the OHPs for each lesson be copied for her. I have sometimes found it hard to ascertain what help I could give with what

appear to be organisational issues as opposed to the ongoing support needs of people with limited experience of AAC.

### CURRENT SPEECH & LANGUAGE THERAPY INPUT

Rachel is about to start a 3<sup>rd</sup> year at college with a reduced timetable.

We have a provisional plan for support outside of college. This includes:

- Updating her Communication Guidelines to describe her aid, how she communicates and how people can best support her communication.
- Accessing more advanced Pathfinder training.
- Programming and personalising activity rows.
- Work on sentence structure for questions and negatives.
- Communication training for her Personal Assistants.
- Working towards the next transition into Community services - gathering information on courses and services, liaison with Social Services, identifying training needs.

It is likely that Rachel will want to continue to access lifelong learning through day and evening classes. This will be the next challenge in supporting her long term needs. \*

Cheryl Davies  
Speech & Language Therapist

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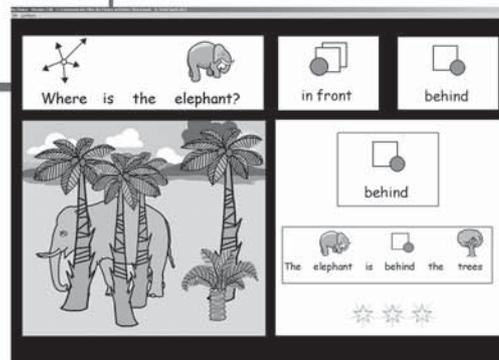
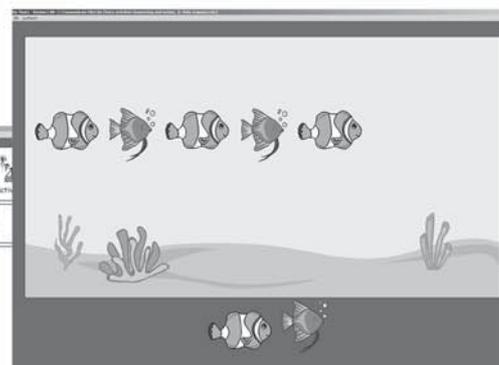
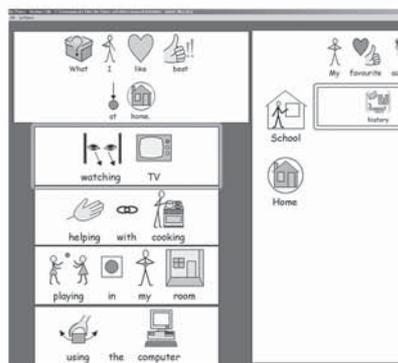


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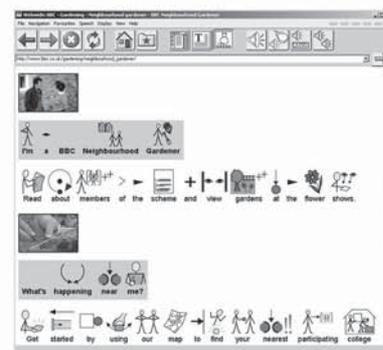
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# Changing Attitudes Towards AAC by Taking a Whole School Approach

**YVONNE BENNETT**

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**The aim** of this paper is to show how one school facilitated a change in the attitudes of staff and pupils towards AAC. Highfurlong is a special school for students aged from 3 to 19 years who have physical difficulties. AAC is now actively promoted and used extensively throughout the school and members of staff are competent in its application and use. It was anticipated that similar examples of good practice would be evident elsewhere, however, since joining DynaVox I have visited many schools across the region and I have realised that this isn't always the case. Whilst there are a number of excellent examples, there are also a number of schools that are going through a similar process of change and it's for this reason I would like to share my experiences at Highfurlong.

In the mid 1990s things were very different. As a school we lacked the resources our children needed to demonstrate their capacity for learning and interacting. As a result of this it was often difficult for staff to fully appreciate the potential of some of the children in their classes and subsequently expectations of children who had communication difficulties were low.

We had a grand total five computers in school and the software available was limited and not always age appropriate. In addition, we had one Echo 4 (for instant recorded messages) and a Rotary Board. At that time we didn't have a

BoardMaker program to support symbol-based communication or any assistive writing software such as Clicker 4. One of the first actions taken was to apply for funding to the GEST scheme to buy two ORAC voice-output communication aids. These devices were trialled with two children and their progress was closely monitored. Almost immediately we began to realise the potential of AAC and what it allowed these two children to achieve. It was also recognised quite early on that we needed a more consistent approach to working with AAC as this would enable a smooth transition from one class to another and ensure that the communication skills learned by the children would be maintained and further developed.

When looking to change attitudes towards AAC in school it is vital to have the support of the Head Teacher. Whilst there was a core team of people in school who recognised the benefit, and some of the implementation problems, associated with AAC provision, it was not universally welcomed and some staff thought it should remain the sole responsibility of the speech and language therapist. However, the school was fortunate in having a Head Teacher who was quite forward looking and had the ability to set clear objectives and get things done. As a result of his ongoing support we were able to plan and implement a strategy for furthering AAC in school.

We soon realised that we needed a clear structure in place to promote AAC and its effective use so a framework was put together to provide training and support for staff and pupils. Change did not happen overnight; it took commitment from many people, a great deal of training and significant funding. As in any project, new ideas emerged and evolved over time, some ideas were built upon and others dropped.

The framework described below is the one finally adopted by the school. We needed to establish very clearly that it was everyone's responsibility to use AAC not just the speech therapist or classroom assistant. We needed to provide the children with the equipment they required, and to provide ongoing training and support for them, their parents and their teachers. It was very strongly believed that this would help raise standards and enhance pupil achievement and opportunity throughout the school.

## THE ROLE OF THE COMMUNICATION MANAGER

A specialist role of Communication Manager was created. I was to work with all the children who had speech difficulties and those who required special access technology. Working closely with our speech therapist, my key responsibilities were to help further develop the children's communication skills and to provide ongoing training and support for

staff, children and parents. I had individual time with the children and where appropriate they would learn how to programme their own communication aids, make pages for their communication books and make grids for assistive writing. In order to keep abreast of new developments and technologies coming onto the market I regularly attended Network Days and Special Interest Group meetings.

#### COLLABORATIVE MEETINGS

We were fortunate at Highfurlong in that we had a nurse, occupational therapist and physiotherapy unit all based in school. We also had good support from two very knowledgeable speech therapists who were instrumental in introducing AAC strategies into school in the early days. However, we considered that to be more effective we needed to develop a more collaborative approach to working. It used to be the case that the statutory annual reviews were well attended by different agencies but over time fewer professionals attended opting to submit a written report instead. We felt it necessary to get together prior to the reviews where we could discuss issues about the child's communication. Parents, class staff and myself attended along with other therapists and each was able to provide a different perspective on the child's communication needs. Where appropriate the child was invited to attend as we felt it important to take their views into consideration. During the meeting we could identify issues, implement solutions and keep a record of progress made. This information was then fed into the review.

#### WORKSHOPS

If I were to pinpoint any single thing that helped change staff attitudes towards AAC, it would be the workshops. This was a rolling programme where the class teacher and nursery nurse were released from class for 1½ hours per week for half a term, cover was provided by a supply teacher. I facilitated the workshops and here we could address training issues and discuss how best to apply technology in the classroom. As a result of the additional training and involvement staff felt more confident and better equipped to use AAC effectively. The workshops had a very positive 'ripple effect' in all areas of school life.

When the judges from BECTa came to school for the ICT in Practice Awards shortlist, I took them into the Reception class to show how ICT was used. I realised that I hadn't been asked to



Class 1 requesting drinks



A Communication Group

make any of the communication resources that were in use, whereas previously I would have created them all myself. This was quite simply due to the additional skills and confidence that staff had gained from the workshops. Staff were now able, and keen, to make their own Clicker grids, Boardmaker charts, resources for PECs, use digital images and programme high tech communication aids. Equally importantly, the teacher knew how to apply the technology that enabled her to differentiate and to ensure full inclusion in her class. It is very satisfying to see a colleague feel confident, creative and enthusiastic for AAC.

#### COMMUNICATION GROUPS

Communication groups were first set up in 1994 and have continued to be

part of the school timetable. Here the children learned to initiate conversation and interact with one another. They were able practice social skills through role-playing activities and we would invite people to the group so the children could interview them. We worked on access skills.

As you can imagine, these groups took a lot of planning and resources but working in close partnership with the speech therapist these groups were very successful.

#### INCLUSION INTO THE COMMUNITY PROGRAMME

This was an ongoing programme where we took two children out into the local town using their AAC strategies in real situations. The children gained confidence in their communication skills,

money handling and learned about the safety aspects of using powered chairs in car parks and shopping areas. The children had tasks to carry out such as asking a shop assistant for help, buying items independently or requesting information.

When we first went out, the children were quite nervous and some people would interact with me instead of the child. Some elderly people occasionally treated the children as though they were babies; as you can imagine, at sixteen or seventeen years of age this didn't go down too well.

However, it did give us the opportunity to discuss people's reactions to their disability. Going regularly to the same shops really helped people get to know our children, attitudes began to change and people started to talk to the children naturally.

The children gained enormously from these visits. At the end of the morning when they had completed their tasks, we would then go to a café where the children would order drinks; this relaxed atmosphere encouraged spontaneous communication between the children.

#### PARENTAL SUPPORT

If a child is using specialist equipment at school then it makes sense for them to have access to the same at home. Children were encouraged to take their communication aids home. I worked closely with the parents, providing training on their child's communication device, showing them how to make communication charts using Boardmaker or how to make Clicker grids for assistive writing. We would discuss how the parents might provide opportunities to enable their child to initiate conversation and interact in various social settings.

#### COMMUNICATION AIDS PROJECT

With the help of ACE Centre-North we set up the Blackpool, Fylde and Wyre CAP management team. In 2002, when CAP launched, we had 19 children in school using AAC strategies, of those, 8 children weren't realizing their maximum potential and they needed to move to a more sophisticated communication aid. CAP allowed us to get the right equipment and it changed the quality of life for each one of those children.

#### SUMMARY

In summary, we can ask the question, over time what have we achieved with this framework? I think one of the key issues we addressed was to equip the



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A. goes shopping

staff with the skills they needed to enable AAC to flourish. The Head Teacher got the resources we needed. Some people needed more support than others but all achieved a high standard of technical ability. In doing so, we helped the children overcome some of the barriers to learning they were experiencing and provided access to a broad and balanced curriculum. We promoted inclusion, not just in the school environment but at home and in the wider

community. Standards and expectations from staff and children are high, we have given them means to communicate and we expect it from them. The children are no longer passive but active and valued members of the class.

I think that is a very significant achievement and I, along with all the other persons involved, am very proud to have played a part in it. \*

Yvonne Bennett  
DynaVox Product Specialist

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# Collaboration and Communication

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### INTRODUCTION

Government initiatives and legislation in the UK have encouraged and supported collaborative working practices between professionals from health, education and social services as well as with parents through the National Curriculum (QCA 2000), the Code of Practice (2001), National Service Frameworks and Primary Care Groups.

However, anyone who has received seemingly conflicting advice from professionals who work together or has arrived to see a client only to find that no one from the team with whom you work has let you know that the person is 'off sick', will know that collaborative working continues to be a challenge. If successful collaboration was easy, such events as these would be rare but unfortunately they are still common. When professionals, who are employed by different agencies, try to work together they can find themselves with what appear to be incompatible expectations and responsibilities, conflicting demands from their respective managers and confusion over terminology. All of these contribute to the challenge of working together.

During their lives people who have communication difficulties will see a range of professionals from health, education and social services. If the professionals from these agencies are not able to work

together clients will not receive a co-ordinated service.

Last year I was involved in an evaluation study of the Communication Aids Project (CAP) (Wright et al 2004). CAP, funded by the DFES, aims to provide a co-ordinated service for children, young people and parents by assessing and providing children in the UK with communication aids. BECTA as the co-ordinating centre harnessed the skills within existing communication aids centres such as ACE North and ACE Oxford. The Wolfson Centre and CENMAC came together as London CAP. SCOPE and AbilityNet were also involved and BECTA facilitated the development of the Deaf Children's Communication Aids Project (DCCAP) by bringing together BATOD and Deaf@x.

In the evaluation study of CAP we talked to AAC users, parents, education staff, therapists and staff at CAP centres and CAP contacts as well as representatives of LEAs. The LEA officers that we spoke to indicated that CAP provided opportunities for '*closer working with other agencies particularly health services*' and '*...provided focused multi-agency work*'.

The multi-professional CAP team assessments, which mainly take place in schools, were praised for being professional and of a high quality. One of the benefits for the education staff who

were involved in the assessments was that they gained new knowledge from their involvement in the assessments and the subsequent discussions.

Knowledge gained in this way has been identified as one of the benefits of working together (Wright 1996). Research has also enabled us to identify the barriers to collaborative working (McCartney 1999, Wright and Kersner 1998). Some of these factors will be reviewed in this paper alongside a consideration of the issues raised by profession specific terminology.

### COMMUNICATION - TERMINOLOGY

The words and terms we use in our working lives can seem so familiar to us that we often forget that the vocabulary that we use can cause barriers to working effectively with others. For example, those employed by the NHS talk about prognosis, caseloads, prioritisation while Social Service employees refer to CPA (Care Programme Approach), IAG (Information Advice and Guidance) and Quality Assurance. In the Education system terms such as Key Stages, attainment targets and IEPs are in daily use. When we work together we have to ensure that we explain the vocabulary we use so that it stops being a barrier. If we add the acronyms and abbreviations that we use on a daily basis it is not surprising that sometimes we fail to communicate effectively with each other.

Even the word 'collaboration' can have different meanings for different individual researchers and practitioners. For example, Reid et al 1996 found that it was used as a term to cover a range of joint working practices. Iacono et al (1998) refer to a 'collaborative consultation' process and Wright and Kersner (1998) highlighted the fact that terms such as 'consultation' and 'co-operation' are often used synonymously with collaboration.

The terms collaboration and consultation can be seen as being at opposite ends of a continuum when thinking about the ways in which people work together. Given the variation in the way such terms are used it is appropriate to consider them in some detail.

### CONSULTATION

The words 'consultant' and 'consultation' often have a medical association. An image comes to mind of junior staff, usually doctors, seeking the views of their Consultant. The consultant model is often associated with an indirect model of intervention where the consultee has the responsibility of carrying out the consultant's suggestions. It also assumes that there is someone with whom to consult.

In the mid 80s when Cunningham and Davis (1985) looked at ways in which professionals worked with parents, they identified a way of working which is synonymous with the *consultant* model. They labelled this the 'Expert Model'. Professionals with specific knowledge expected to tell parents what to do and this was accepted by the parents. When this consultant/consultee approach is used there is a risk that the consultee will always remain dependent on the 'expert' or even become over dependent.

In education the relationship between educational psychologists and teachers was described by Figg and Stoker (1989) as a consultative one. The teacher is the consultee and the psychologist is the consultant. The consultee is usually responsible for the action which needs to be taken after the consultation. Many psychologists hope that as teachers become more expert as a result of consultations they will rely less and less on the psychologists.

Law et al (2002) have proposed the consultation model for speech and language therapy delivery in schools. However, they acknowledge that the concept of consultation is a complex one. There are "concerns about power relationships between professionals, medical as opposed to educational or

developmental models and the question of expert practitioners". There is no one accepted model of consultation or collaboration.

### COLLABORATION

If consultation is at one end of a continuum then collaboration is at the other end. Collaboration was described by Conoley and Conoley (1992) as "sharing the work and responsibility for some activity". They referred to the *egalitarian* relationship that exists when people collaborate. I find this definition attractive and one which is very different from the consultation model. Idol and West (1990) described collaboration as "two or more professionals working together with parity and reciprocity to solve problems". Individuals may still retain their speciality, their knowledge in a certain area but in the collaboration model there is a sense of equality and all the participants in the process are valued.

How has collaboration been investigated and what have we found out about ways in which we work together?

### INVESTIGATING COLLABORATION

In looking at collaboration within the UK, the research carried out in this area started with descriptive surveys and went on to single case studies.

When investigating an area where there is little research there is a need to be able to describe what is happening and to identify areas that require greater investigation. In this situation a survey approach using questionnaires and interviews is appropriate.

### QUESTIONNAIRES

When I started looking at collaboration I was interested in the ways in which people shared the work and I focussed on teachers and speech and language therapists. In my original research questionnaires were sent to therapists across England who worked in health centres or schools and asked them how they worked with teachers. Analysis of the responses from 356 (61% response rate) therapists revealed a significant difference between those based in schools and those in health centres. There were more joint assessments and planning sessions with teachers when therapists were based in schools than when the therapists were based in health centres (Wright 1992, 1994).

Further surveys using postal questionnaires were carried out with my colleague Myra Kersner (Kersner and Wright 1996, Wright and Kersner 1999). We looked at patterns of work between

speech and language therapists and education staff in schools for children with severe learning disabilities (SLD) and in schools for children with physical and neurological impairments (PNI).

The most frequently mentioned ways of working together included *working jointly in the classroom; discussion and exchange of ideas; joint planning*. Those working in SLD settings reported more joint assessments than had been found in my previous studies and certainly more than was reported in PNI settings. This may be due to lack of specialist training in the PNI area for both teachers and therapists.

The benefits of working together included a shared expertise and the complementary perspective of a colleague providing a holistic view of the children. There was a lack of evidence of any written policies about inter-professional collaboration in any of the schools.

Questionnaires as well as interviews were also used by Reid et al. (1996) in their survey within Scotland that looked at the role of speech and language therapists in the education of pupils with special educational needs. They found evidence of collaboration between therapists and teachers with parents and professionals reporting a benefit when therapy programmes were integrated with educational programmes.

### INTERVIEWS

One of the problems with questionnaires is that you cannot probe any answers that do not seem clear nor can you follow up an interesting suggestion or answer. Interviews have an advantage in that responses can be probed and clarified immediately. Of course, interviewees usually want to present themselves in the best light but in a 40-60 minute interview a skilled person can elicit considerable information about the topic that they want to investigate.

Interviews carried out with pairs of speech and language therapists and teachers (Wright 1996), seen separately for the interviews, about the ways in which they worked together have revealed that the individuals were 'happy' with their own role and had a positive attitude about the person with whom they worked. Both professionals were aware of the professional differences but not so clear about the similarities.

One of the important features that became apparent from the interviews was how much the collaborating pair learnt from each other when they worked together. I have called this 'cognitive gain'.

An increase in knowledge as a result of working together was noted when a group of psychiatrists and paediatricians moved from a consultation approach to a collaborative approach (Turk, Daoud, Hyde, Saedi and Jones, 1991).

Interviews have been used recently by Law and colleagues (Law et al. 2002) in relation to speech and language therapy services. They interviewed managers, therapists, teachers and parents about current practice and issues arising from their experiences.

Some of the benefits of collaborating have already been briefly mentioned. In the following section I will consider the factors that can hinder collaboration as well as the further benefits.

### **BARRIERS TO COLLABORATION**

Some of the main barriers to collaboration are discussed below. For a comprehensive overview of barriers to collaboration between speech and language therapists and teachers see McCartney (1999).

### **DIFFERENT EMPLOYERS**

As acknowledged earlier in this paper, differences in terminology can cause problems in effective communication and specific terminology often distinguishes one statutory agency from another. The agencies will often have different contractual obligations and employees pay and conditions are pre-determined by that funding body. Thus for example, when someone you collaborate with goes on holiday at times that seem inappropriate to you, given your pay and conditions, it may cause a rift in a working relationship.

### **AN ADDITIONAL BURDEN**

Finding time to meet for planning and discussion with other professionals can feel like 'another thing to do'. Thus working together or collaborating can become a burden and will not be viewed as a benefit. This is particularly true for teachers who have to have an overview of the class timetable and liaise with several different adults including parents, physiotherapists, occupational therapists, speech and language therapists, learning support assistants, specialist teachers or nursery nurses.

### **DIFFERENT BASE**

There is evidence to support the view that the amount of time spent collaborating depends on whether the professionals involved are based at the same site or not (Graham 1995, Graham and Wright 1999). Graham's work considered planning activities, sharing

activities and goal-achieving activities in specialist versus non-specialist settings and it was apparent that more collaboration occurred in specialist settings because the staff all spent more time together.

However, even if a therapist works in only one school it does not mean that links will automatically be formed with all the teachers in that school. In a large secondary school where many children require support it may take time for the therapist to establish links with relevant teachers across the school.

This type of work can be particularly difficult for newly qualified speech and language therapists who find themselves prioritising their work and their caseload for the first time in what may be an unfamiliar setting, (Roux 1996).

### **PROFESSIONAL BOUNDARIES AND VULNERABILITY**

Some professionals are very aware of their own skills and knowledge and feel that anything which is not directly related to their area of expertise means that they are doing another person's job. This can lead to feelings of irritation. When looking at specialist courses Miller and Wright (1995) emphasised that "if professional boundaries are too rigid, professional collaboration cannot occur".

We also have to acknowledge that newly qualified professionals need to continue to develop their own professional skills as well as continuing to learn how to collaborate. They can be quite vulnerable in the early stages of their development and need additional support (Roux 1996).

### **TIME**

It does take time to communicate and to share ideas with other people. It can be quicker to see a client alone, write up the notes and move on. But what is achieved in that model of work? Where is the generalisation from the activities? How do we know if what we are offering the client fits into their 'package of care'? Recognition of the time taken to establish 'working relationships' is acknowledged by Baker, Carlson and Wharton (2004) when referring to professionals working with VOCA user's and their communication partners.

It does take time to arrange a multi-professional team assessment and to meet with colleagues to plan the next term's targets but this needs to happen if a client is to receive a co-ordinated service. Law et al. (2002) recognised that it was important to allocate time for any method of working together.

## **BENEFITS OF COLLABORATION**

### **Co-ordinated approach for clients**

One of the main reasons given by most professionals for trying to work collaboratively is that it benefits the client. This certainly came out strongly in the interviews and questionnaires that I carried out. Professionals want to give the best possible service. They want to reinforce consistent management strategies and in order to do this they need to work with their professional colleagues. Collaborative work between professionals and parents enables everyone to gain a holistic view of the client.

### **Support for professionals and clients**

Another positive aspect of working collaboratively is a feeling of being supported. Everyone has times of self-doubt and concern about the progress being made by children and young adults in their care. A colleague can offer support and suggestions and an environment in which such doubts can be raised. The collaborative colleague can provide constructive feedback on teaching or therapy sessions and this feedback can enable professionals to become more reflective in their practice. Tollerfield (2003) makes the observation that "shared successes appear to fuel the enthusiasm for further joint practice".

### **Cognitive gain and Continuing Professional Development**

All professionals need to demonstrate that they have taken part in Continuing Professional Development (CPD). New knowledge and ideas are gained from CPD and this was one of the major benefits that teachers and therapists identified (Wright 1994) from collaboration. They learnt from each other. Some of the knowledge that they gained was incidental. For example, therapists gained knowledge about reading schemes, classroom organisation and controlling groups of children. Teachers reported learning more about signing and communication aids. Acquisition of knowledge as a result of working together was also noted by Tollerfield (2003). She found that "each individual gains new skills and knowledge during collaborative working practice". Teachers who were interviewed during the CAP evaluation (Wright et al. 2004) stated that they had acquired new information and ideas as a result of being involved in the assessment process and the following discussion.

When professionals collaborate they can develop a better understanding and appreciation of each others' roles and the

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ways in which their colleagues work. This information can help with issues such as: knowing how to make the best use of a communication aid in a particular lesson, the areas of language that cause the most difficulties in numeracy and links between literacy and language.

#### Sharing concerns and celebrating success

Collaboration provides opportunities for sharing concerns, providing and being provided with support.

When two or more people know a group of children really well and the child succeeds at a specific task then all of those working with the child can celebrate the child's success. This is especially true when working with children whose progress can be very slow.

#### WHERE DO WE GO NEXT?

One of the crucial benefits of collaboration is that we can learn from each other. Continuing professional development is something that all professionals need to do and collaborative working is an excellent way to increase one's knowledge of another's area. By working together we can also begin to understand each others vocabulary and thus communicate more effectively.

We need to study the patterns of collaborative work over time. In 2001 I was involved in an evaluation of two Standards Fund projects. This provided me with an opportunity to interview collaborating speech and language therapists and teachers over two terms. While it was clear from the data that a collaborative dyad or team took time to establish itself and to develop a way of working together, the benefits to clients and professionals clearly made it worth the effort.

CAP with the CAP centres and the local 'CAP contacts' provides a useful model of inter-agency collaboration. The work that the CAP centres have put into developing these relationships needs to be acknowledged valued and learned from.

We need to write about and publish such good examples. We need to record and study the views and perceptions of clients and their relatives. How do they think we collaborate? What do they think works well and what needs improving?

The membership of Communication Matters provides an ideal resource from which this evidence could be collected and made available to professionals and other service users. \*

Jannet Wright, Senior Lecturer  
Department of Human Communication Science

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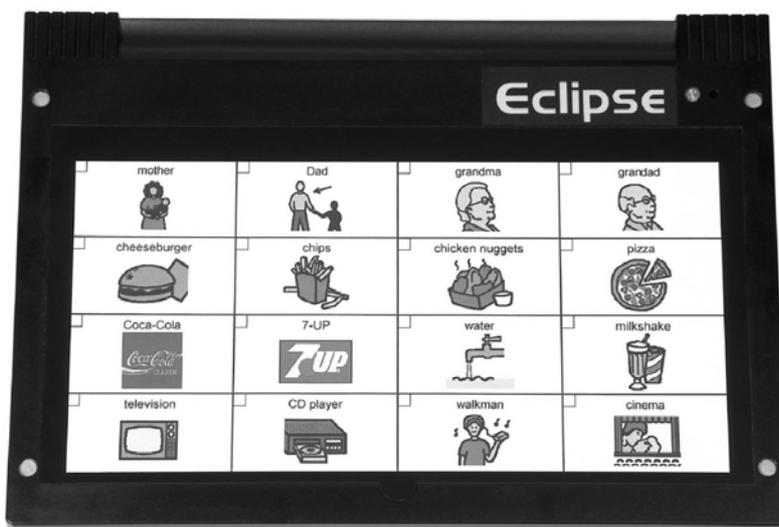
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# A Symbol Book and Carry Bag for Students with Severe Learning Difficulties

**SHEILA SEAL**

Belstead School, Sprites Lane, Ipswich IP8 3ND, UK

## HISTORY & BACKGROUND

I work in two schools for students with severe learning difficulties, profound multiple learning difficulties, autistic spectrum disorder and sensory and physical disabilities.

This project was developed in Belstead school, for 11-19 year old students, where the situation can be outlined as follows:

- Speech & language therapist (SLT) 1.5 days per week; speech & language therapist assistant (SLTA) 2 days per week.
- The organisation of the school is 'subject based' - students move around - large staff numbers.
- Students are taught according to ability level at Key Stages 3 or 4 or in the FE department.
- Both schools use Picture Communication Symbols (PCS) - plus own wordlist drawn from selected Rebus symbols, photos and company logos.
- Both schools have communication co-ordinators on the staff who work closely with the SLT department.
- A percentage of students - 18/64 have little or no speech, but the ability to use symbol charts.

- Amongst the students there is a variety of diagnoses, e.g. Down's syndrome, other chromosomal abnormalities, dyspraxia, hemiplegia, severe stammer, acquired dysphasia following meningitis and stroke, or combinations of the above.
- Generally, comprehension is at two to four word level or above.

Previously, I had provided most students with individual personal communication charts containing basic information. In general:

- Charts were double sided - home/school information.
- Grid size 24 or 54 squares.
- Covered with sticky-backed plastic, folded, carried in bum bag/pocket.
- Separate charts relating to curriculum were provided for use in lessons.

Additionally, two students had individual symbol books.

## PROBLEMS

The existing system suffered from the following problems:

- Charts were easily lost in transit/damaged.

- The students who had a communication chart/book were not easily identifiable (in spite of lists provided to staff).

- Due to subject based curriculum, there was little time to chat, therefore charts tended to stay in bum-bags.

- Personal charts didn't relate to the content of curriculum in any detail (though students were provided with other charts during some lessons) Charts used in lessons were not usually sent home.

- The result of the above was poor transfer of communication skills between home and school.

- The ability of teaching staff to design/produce classroom charts was variable.

- The variety of symbol choices within PCS meant that different symbols might be used for the same words, at times, around the school.

- All charts/books were totally individual in layout and content, thus needing individual modification/amendment.

- Teaching staff & therapist had some difficulties remembering whose chart contained what vocabulary.

The system was so complex and time consuming that it eventually became unmanageable. The amount of effort used in maintaining charts and books was not justified by the use made of them. The SLT and SLTA were greying under the stress!

### SOLUTIONS?

I was aiming to design something better that would:

- Contain vocabulary relating to home, school curriculum and the wider environment.
- Enable students to convey information to and fro between home and school.
- Standardise vocabulary within school.
- Raise the profile of symbols within school.
- Provide a classroom resource for teaching staff - at the same time familiarising them with the content of the students' symbol books - i.e. get everyone 'singing from the same hymn sheet'.
- Make 'symbol-carrying' students easily identifiable.
- Be user-friendly for students, staff and parents/carers.

### CONCERNS

In designing a new communication book, I worried about the possibility of overload caused by:

- A rapid, large increase in vocabulary.
- The potential for distraction - many pages to get lost in.
- The barrier of cognitive difficulties e.g. memory capacity, categorisation skills.
- The risk of a Compromise phrase building - charts offer easy up-front phrase building opportunities.
- Physical difficulties with page turning.
- Physical difficulty with use of tags (marking vocabulary sections).
- Difficulties associated with transportation around school.
- Weight load for smaller students.

I calmed myself down by thinking of the book as a series of very short books some of which would be only 1 or 2 pages in length AND with the thought that a normal child 'grows into' the vast vocabulary surrounding him/her. Maybe I'd been restricting the students - perhaps I should have been thinking bigger...

### DESIGN LAYOUT

I looked at:

- What was on market.
- What colleagues at other schools had made/provided.
- Charts designed by myself and by teachers for curriculum use.
- Personal charts & books currently provided

I then decided to:

- Make 3 versions at different grid sizes.
- Start with Version 3 - the most complex - a grid of 50 squares.
- Pare down to Version 2 - a grid of 24 squares.
- Pare this down further to a 'Starter Version' in due course (in progress).
- Include a mix of core & peripheral vocabulary on each page to facilitate simple phrase building.
- Use colour coding to facilitate scanning and phrase building.
- Divide vocabulary into tagged sections.
- Make all versions look identical when cover opened i.e. tag layout to remain the same - to ease transition for students who might upgrade from one version to another.

At this point, I created a draft of Book 3 and circulated sections to relevant staff for comment. I went on to:

- Add suggested vocabulary.
- Design photo pages of staff and students in both schools.
- Establish the final version of vocabulary.
- Select one of possible alternative versions of symbols.
- Further simplify Version 2.

I then gave the SLTA the task of making pages on computer, and of making indexes of sections and of words for both versions!

### CHALLENGES

I then addressed the issue of how to make the books user-friendly, tough, manageable and transportable. Taking into account:

- Some students were very heavy handed, with challenging behaviour or with peers with challenging behaviour.
- Some students had motor problems e.g. with page turning/tag use.
- Pages get torn easily.

- The tags dividing vocabulary sections and tags are vulnerable.
- Due to the subject based curriculum, students were constantly moving room, so the books have to be carried - as well as other items.
- Weight implications.
- All books would look identical, so individual students might confuse their books.

The solutions I decided upon were as follows:

- Make books A5 (ring binder covers are easily available in this size) which is manageable and appropriate for grid sizes. Extra pages can be added as necessary.
- Laminate all pages for strength.
- Use lightest weight laminate to minimise weight.
- Use matt laminate to reduce glare.
- Make in 'landscape' page layout - tags to be scanned left to right and easier for hemiplegics to access - better for phrase building.
- Draw maximum attention to tags/cut down on distraction by ensuring only tags are visible when book is opened.
- Make tags integral to pages rather than an 'external' add-on, as this is stronger.
- Tag pages to be flush with book cover for protection.
- Tag pages to be blank to ensure that end of each vocabulary section is defined - prevents inappropriate page searching.
- To fit tags in - have 2 rows.
- To facilitate access to second row have last tag on first row blank - teach students to scan first row then use blank tag to open to second row of tags.
- Highlight tags by sticking on coloured insulation tape.
- For students with physical difficulties - stick strip of insulation tape to page edges where sections have more than one page. Stick short pencil or similar to inside of back cover to lift final few tags away from back cover so they are easier to access.
- Round off all sharp page and tag corners.
- Secure ring binders with smallest piece of insulation tape to secure rings but allow pages to turn freely.
- Number all pages - vital if rings do part company!
- Consult physiotherapist on weight implications and strap length.

- Put student's photo on front of book, and label on back with return address (school, not home) in case books get lost.

### TRANSPORTING BOOKS

I decided that books should be carried in bags. This holds the book shut and is more manageable. Bags need to be:

- Worn across body - better for weight distribution and leaving hands free.
- Comfortable to wear.
- Easy to get on and off.
- Able to hold shape when empty.
- Waterproof
- Tough
- Of simple design without buckles, drawstrings, etc.
- Have 'street cred'
- Identical and easily identifiable - to make students with books easily recognisable.
- Cheap

I searched the market only to find that nothing suitable was available. The inevitable solution was to design and make them myself! The end result was:

- Made of black vinyl
- Simple to make (20 minutes per bag)
- Stitched round internal strap end to prevent the book catching, and with a wide strap, for comfort.
- Finished by cutting off all loose ends of cotton to deter 'pickers'.

I made a 'prototype' and then the SLTA and I 'road-tested' it by wearing it ourselves for several days.

### INTRODUCTION OF BOOKS/BAGS TO STUDENTS

I met with each student to confirm which version each should have. This was accompanied by an assessment of the student's ability to:

- Scan pages and point to symbols
- Physically use tags
- Turn pages
- Put bag on
- Put book into and out of bag

At the same time, I measured up for strap length, and gauged the student's interest in book/bag and their potential willingness to accept it.

I did not give out the books at this stage - the bags were not ready, and training was needed for significant others.

### INTRODUCTION OF BOOKS/BAGS TO PARENTS AND CARERS

As a prerequisite to a student receiving book, parents and carers were invited to training sessions and provided with training in book use and a handout entitled '*How can I help my child to communicate using a symbol book?*' At these sessions, I:

- Asked parents to personalise book covers / bags - with their child's input if possible.
- Asked them to brainstorm vocabulary for personal page - first page in book.
- Asked them to inform me of any errors or omissions.
- Involved them, where necessary, in design of a personalised 'problem page' to go inside the back cover for quick access containing information on what might upset student (and potential solutions).
- Gave an index of contents and vocabulary to all.

In the event, 18 family representatives attended. Some brought others, e.g. social worker/grandparent.

Later, I visited one respite home and gave training/handout/copy of symbol book I also gave a copy of book to one Social Worker and to Connexions staff who deal with transition at age 16+.

### INTRODUCTION OF BOOK/BAG TO STAFF

Teachers and teaching assistants were trained at staff meetings and all received a handout entitled '*How to help students use their symbol books in lessons*'. Each classroom was supplied with a classroom copy of the book (Version 3) including index. This was intended to help familiarise them with what students symbol books contained and facilitate lesson planning. It would also serve to ensure standardisation of symbols across the school, and as a photocopiable resource for non book holders. At this time, I also:

- Asked teachers to expect book users to use their own books in all lessons.
- Asked them to inform me about any errors or omissions.
- Provided large tags on key-rings as resource to facilitate students' tag recognition.

### BOOK LAUNCH

The books were then presented to students at a special assembly that acted as a 'book launch' event. Photos were taken and published in the local NHS Trust News.

### EVALUATING PROGRESS

I decided to review and develop the use of the books on a rolling programme basis, in a variety of ways which incorporated:

- Review sheets and checklists.
- Master Individual Education Plan (IEP) developed for symbol book - held on computer.
- Attendance at IEP target setting / review meetings and selection of appropriate target for Literacy and Communication from IEP master.
- Attendance at Annual Reviews for book users.
- SLTA observing teaching groups containing book users and reporting back.
- Follow-up training given jointly with communication co-ordinator, to address issues observed by SLTA and to disseminate good practice.
- Rolling programme set up of individual sessions for book users with SLTA, with games designed to address weak areas identified during SLT's reviews and to support individual's IEP.
- Collection of anecdotes from teaching staff and parents.
- To harvest feedback from home, coffee mornings run for parents/carers of book users.

### RESULTS

After 18 months:

- Of original 18 students: 3 refused to use/felt they did not need books; 1 unwell/progress not monitored.
- Of the remaining 14: Books/bags still used; 10 ring binders replaced; 5 bags replaced & others repaired; 1 set of tag pages replaced.
- Some still need prompting to use it - even to carry it around school.
- Others will not be parted from it - even take it to bed!
- Some use it to initiate communication in a very limited manner - e.g. to talk repeatedly on 1 or 2 favourite topics.
- Most use some sections extensively e.g. food, people, timetable.
- Some autistic students have learnt the layout without referring to the tags.
- Some use it to answer questions but not to initiate communication.
- Some use it to initiate communication with a wide range of communication partners.
- Some use it when upset - particularly the problem page.

- All are encouraged to use it in lessons, although continual staff training is vital to ensure this happens.
- Some refuse to use it at home; others are strongly encouraged by family to do so.
- The system is much more manageable for the SLT dept.
- All teaching staff have an identical classroom resource to refer to, to photocopy and to use with non book carriers.

#### WORK IN PROGRESS

The symbol book is still a 'work in progress'. Current tasks include:

- Adding page to the 'Activities' section referring to the school Youth Club.
- 'Actions' pages are being redesigned in alphabetical order to aid scanning for parents/staff.
- Version 3 to be programmed into a VOCA - transition from low to high tech is easy since the vocabulary and layout are similar (N.B. the low-tech book is still vital for when VOCA being repaired).

- New vocabulary is occasionally added, particularly to Book 2, to cover curriculum.
- Book 1 is still in progress!

#### AND FINALLY...

The symbol book should be regarded both as a student's voice and as his/her language for life.

For users with learning difficulties, learning the layout of the vocabulary will be a long process but obviously the more any language is used, the more proficient the user becomes.

It is vital that those supporting users with learning difficulties also become proficient so that they can guide the users and model the use of the book. For this reason, I deliberately decided (except for the core vocabulary) not to duplicate vocabulary on a high number of pages within the symbol books. A user needs to know where to find a word within the book. I believe that having the same word cropping up in too many different places is confusing and increases the load on memory.

Over a user's lifetime, vocabulary will need to be added and the book personalised to take into account changing individual needs and interests.

I believe that, whenever possible, the symbol book should be used (rather than 'tailor-made' charts) so that the user's knowledge of his/her full vocabulary is constantly re-enforced.

Using tailor-made charts necessitates constant changes of chart as users move between topics.

Tailor-made charts are left behind as users transfer from subject to subject, from school to school, from school to college or workplace and from residential placement to residential placement.

In contrast, the symbol book is the user's constant point of reference in his/her changing world.

The author has been pursuing publication of the symbol book at three different levels. \*

Sheila Seal, *Speech and Language Therapist*

## 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 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**

### 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**

### 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**

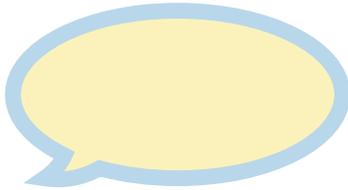
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# THE AMAZING ADVENTURES OF GRIDBOY



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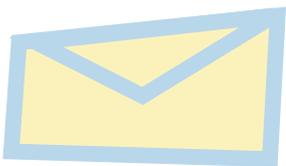
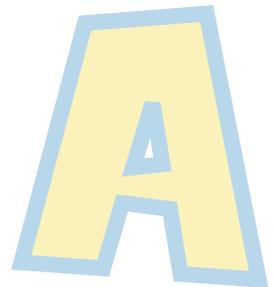


## Gridboy Talks!

Using The Grid as a Voice Output Communication Aid, Gridboy chats to friends and family.

## Gridboy Writes!

Gridboy hates doing his schoolwork in Microsoft Word with The Grid, though he can use either keyboards or his symbol communication grids for writing.

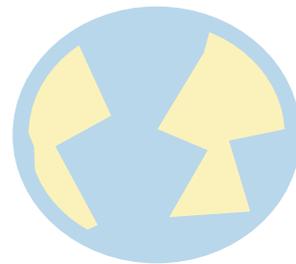


## Gridboy Emails!

The Grid works with Microsoft Outlook Express, so Gridboy stays in touch with Gridgran, who emigrated to Australia in 1835.

## Gridboy Surfs!

Internet Explorer accessed with The Grid enables Gridboy to follow his favourite team, the Malvern GridStars, and he often leaves messages on their website.

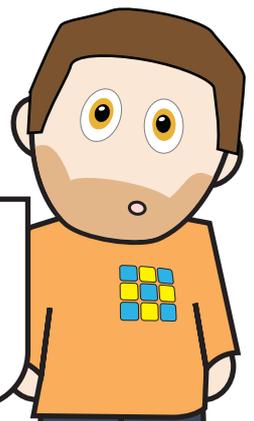
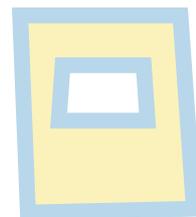


## Gridboy Rocks!

Gridmum and Griddad love hearing Gridboy play Marilyn Manson at full volume using media player.

## Gridboy Texts!

His bluetooth mobile phone keeps him in touch with Gridgirl after school. Mind your phone bill, Gridboy!



## The Grid

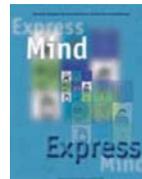
Communication and computer access software for £240. Also available on a range of communication aids.

# Tellus 3+

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### Powerful Communication Device

- Mind Express for communication with Symbols (*supports various symbol libraries, different vocabularies available*)
- Eurovocs Suite for text based communication and PC control
- High Quality voices
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### 3 Year Warranty

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### LCD Screen Replacement Insurance

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### Optional SMS Module

Take full control of your mobile phone - Send and receive text messages, Make and answer calls.



### Environmental Control

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### Programmable Buttons

Use for volume control, messages, windows functions etc.



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N Charge external battery gives all day use.

### Optional Camera Module

Control a Logitech Webcam with Mind Express to take pictures, see through your Tellus screen to drive, etc.



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