APRIL 2016 VOLUME 30 NUMBER 1

THE JOURNAL OF COMMUNICATION MATTERS / ISAAC (UK)

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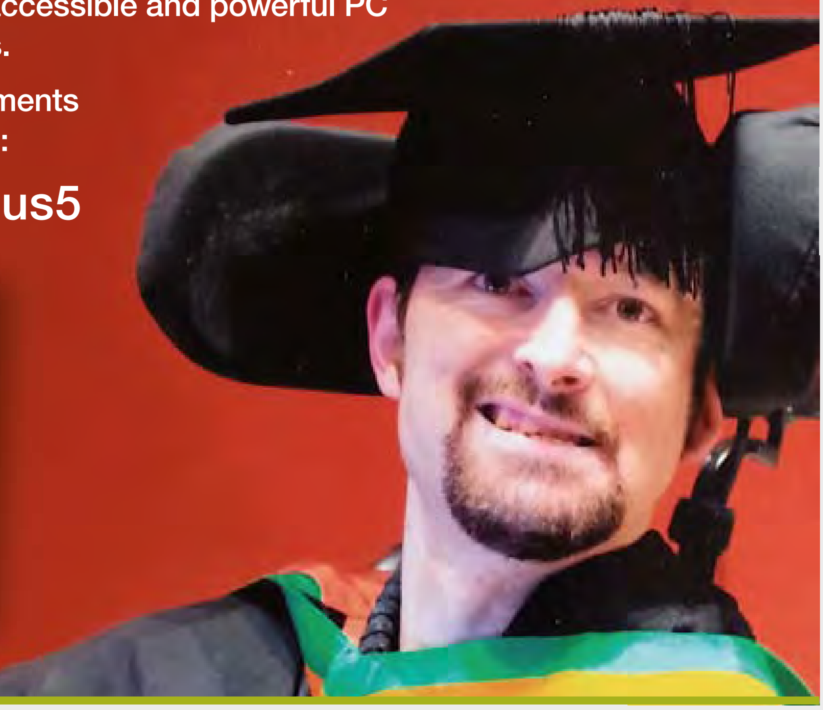

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COMMUNICATION MATTERS JOURNAL

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APRIL 2016

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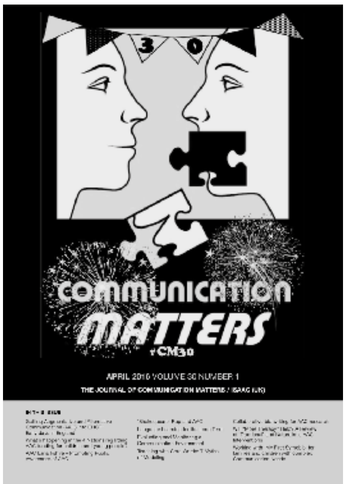

Celebrating CM's 30th year supporting the development of people who use AAC, good practice and research in the allied professions

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Chair's report

March 2016

MBA INPUT

A business team undertaking a postgraduate 'Masters in Business Administration' (MBA) from Leeds University has been helping us with a review of the organisation. We welcomed this pro bono opportunity when it was offered as it is always helpful to have a more objective view about how we work and what we are doing. The session provoked some questions about clarifying our vision and mission statements so that we can clearly 'ladder back' all of our activity, checking how it relates to our strategy. We have since revisited our strategy plan to identify our priorities for the next 3 -5 years.

COMMUNICATION ACCESS PROJECT

Following the involvement in our 2016 Conference we received the invitation from the Australian Communication Access team to be a partner with them to pilot the Communication Access for All project in the UK. This felt exciting but daunting too. This would involve purchasing a license and signing a license agreement. There has been much discussion within the Board as to the license agreement content and the cost and potential risk of CM leading on such a project. There have been some recent developments. Following an initial meeting with the Stroke Association about the symbol in November 2015 a meeting was facilitated with RCSLT, CM and the Stroke Association on 3rd March 2016 to discuss the launch of a UK symbol for Communication. CM gave a presentation about the ScopeVic project and our work to date with them, now badged 'Communication Access for All (CAfA)' . This was positively received and there was a united view that the time is right for some joined up thinking in the UK to promote a symbol to promote support for all people with communication difficulties. There are a number of initiatives at the present time which are promoting communication inclusiveness and prompting support about communication challenges including the Inclusive Communication project co-ordinated by RCSLT. It was also recognised that there are a number of local projects-namely in Lanarkshire, Scotland with use of a 'local' symbol to promote communication awareness. A standard symbol for the UK with a framework for use would enable there to be a more unified approach.

Future Developments:

i) **a workshop with invited key potential stakeholders to share the Why, What and How of a project to launch a symbol in the UK**. Communication Matters would have a key role in sharing the vision for such a project. This is being planned for June 10th 2016.

ii) **CM working with businesses on communication friendly practice: training the trainers**. We will be having further discussions locally in Leeds regarding a pilot training project, to train a small group of people who use AAC as secret shoppers and trainers alongside other volunteers. A meeting will take place in Leeds in May. We hope to have a presentation at the CM Conference about progress of the project with workshops for AAC users. A staged build up throughout November 2016 should lead to a trial business training in early 2017. The proposed timescale which CM had hoped to meet is still potentially achievable with a launch of the project at the CM Conference.

BUILD

Following the presentation at CM Conference last year a shared paper with Dot Fraser has been accepted by ISAAC for the 2016 conference in Toronto. This is about the opportunities for CM to support work in Poland. It feels positive to be able to share some of the rich experience and resources which we have in the UK and good to be able to work out a framework in which to best support our colleagues in less well-resourced countries. Work on this presentation has now begun.

CM OUT AND ABOUT

We have continued to have representation on the Communication Trust (myself and Katie Caryer). The new Director of TCT has been appointed-Olivia Holland and she has expressed interest in finding out more about the work of CM. Representation on the AAC sub group (myself with Tom Griffiths as support) continues to be an important way to monitor and improve AAC service structure. Attendance at the Specialised Healthcare Alliance (myself) ensures we have a voice for lobbying.

I presented at the 'Local Offer Live' , a large exhibition & showcasing event in Leicester in February and it was good to have Helen Quiller as a co-presenter. I have also presented at the March ASLTIP Conference on AAC and the opportunities for more involvement and AAC training for Independent Therapists.

Since the beginning of the year CM Trustees & staff have attended a variety of meetings & small exhibitions by invitation e.g. two MNDA days (North & South), two regional clinical excellence networks (family & education open days). We have received an invitation to present at the Advocacy Conference on dementia in Bristol in May 2016. It has been encouraging to see that we are now more often being approached by other charities & organisations who are interested in the work of CM.

This is evidence that we are being more effective in our awareness raising, marketing and communications.

We are now applying for grants to try and support opportunities for people who use AAC such as the CAfA training, website developments to support projects and our core work as costs grow. As always there are many opportunities for CM. We just have to be wise in how we prioritise and plan within the resources we have. We recognise that we are a small charity which continues to 'punch well above our weight'.

We are grateful that we have Emily and Hilary being so committed to their work for CM and continue to be appreciative to those who support us on a voluntary basis to enable us to achieve so much.

If you are interested in becoming more involved e.g. attending a roadshow or exhibition as a CM 'ambassador' or helping with writing something for our case study sections on the website or more, please do get in touch with the office.

Catherine Harris, Chair of Trustees

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Getting Augmentative and Alternative Communication (AAC) into EHCP: Early days in England.

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KAY JONES AND HEATHER HALLETT
Children's SLT BCHC

The English SEND (Special Educational Needs and Disability) reforms were brought in during 2014, and are reflected in processes and plans in the other UK countries. The legislation (Part 3 of the Children and Families Act 2014) and Code of Practice (CoP) (DfE & DoH July 2015) have spirit and content that maps well to positive outcomes for children and young people (YP) who could or do use Augmentative and Alternative Communication (AAC) and other assistive technology. The new reforms include the implementation of Education, Health and Care Plans (EHCP) to replace statementing.

All children and young people with a Statement of Special Educational Needs already or needing an EHCP should have an EHCP in place by 1.4.2018.

The legislation has an emphasis on

- Time limited working
- Close working
- Keeping the "wishes, views and feelings" of the child or YP and their parents/care givers at the centre of the process.
- Services being transparent and accessible to prevent children, YP and their parents and carers not being aware of what is available to them. This information should be expressed as the "local offer".
    - o There is a further emphasis on the "local offer" being an evolving and up to date publication.

The scope of the EHCP process is for people from 0 to 25 years of age to have person centred planning, with high expectations of the SMART (specific, measurable, achievable, realistic and time bound) outcomes leading to "confident fulfilling lives" (DfE & DoH July 2014) with a "successful transition to adulthood" (DfE & DoH July 2014).

We are Speech and Language Therapsists (SLTs) who often work closely together in our different roles as:

- The SLT team for special schools in Birmingham, working as part of the Birmingham Community Healthcare Trust (BCHC), funded by local NHS commissioning.
- The SLT team in Access to Communication and Technology ACT: the regional NHS assistive technology specialist assessment service covering the "greater west midlands"; 14 local authorities (Schools Web Directory 2015). The ACT service is also part of BCHC but is funded by NHS England.

To find out more about the SEND reforms we used the legislation, the Code of Practice guidance and appendices, resources, such as on-line examples of report templates (SEND Delivery support 2015), on-line training (RCSLT 2015), government guidance documentation and specific websites intended to support the implementation of the legislation and guidance (NASEN 2015 & SEND Delivery support 2015) including those developed in Birmingham (birmingham.gov.uk 2015).

There were Pathfinder (SEND Delivery support 2015) local authorities that produced some materials before other areas were expected to "go live" and from those arose a SEND Regional Network in each region, supported by the Delivering Better Outcomes Together consortium (SEND delivery support 2015).

There is a SEND gateway website (NASEN 2015) that has training and information hosted there but there is little on AAC on the site and what is there is of limited value. In December 2015 this is changing but remains restricted.

EHCP is at early stages of implementation but the process and intended implementation is an opportunity for those who use, or could use AAC, as the statutory guidance has an emphasis on

- *Quantifying provision:* linked to outcomes for children and young people up to the age of 25 years.
- *Eventual outcomes:* therefore has a long view, something that sits well with what has to happen to make AAC successful.

- *Joint commissioning of services* and joined up quantified provision of services between health, education and social care services and "informal" members of the team i.e. parents and carers.

In addition the guidance describes

- Communication being fundamental to education.
- AAC (4 times specifically) and different methods of communication, less specifically, rather more.
- Assistive technology, which could relate to environmental control systems (ECS) and computer access, aspects that have a real impact for those 25 year outcomes. ACT offers ECS and computer access assessment and support and so we need to try to ensure that these are also built into EHCPs.

Outcomes are at the centre of how specialist AAC teams are commissioned and are at the centre of EHCP too. So we need to shape our practice around this and make it possible for people to imagine and specify what the provision and work might be that will lead to the outcomes.

The Code of Practice (CoP) is the document that operationalizes the 2014 act and tells the local authority and health and social care how to work together and make provision for children and young people with SEND. The document has a great deal to say about commissioning, planning and working together between Clinical Commissioning Groups, the local authority; for education, and social care. The Joint strategic needs analysis (JSNA) made by the linked providers should be informed by EHCPs and in turn the local needs, as the plans are developed. However in the documents it is hard to pick out where responsibility for funding AAC falls and how it is funded.

The CoP emphasizes an ASSESS, PLAN, DO, REVIEW approach. This cycle approach might allow for more shared understanding of what is required to make change and achieve the "best possible educational and other outcomes" which relate directly to developing skills with language and Augmentative and Alternative Communication. It can be that a new professional involved with a child or young person brings a new idea or approach, even new equipment into the frame rather than following through a recorded plan that will needs a great deal of consistency and time. Sticking to the cycle approach could build consistency of management across the team.

In addition to the potential benefits of the new approach for children and young people, the ACT team needed to think about the reforms because they are related to

- Commissioning of specialist AAC assessment services
- Assessments and how we offer these to integrate EHCP explicitly into our practice.

We wrote our own documents to contribute to EHCPs and deal with the lack of examples related to our work. We amended and developed these together and in consultation with others. We thought about how to get AAC and what was needed by those with the greatest AAC needs to enable them to work towards their expressed outcomes. We began to think about how to get the views of the children, young people, their parents and how to express those.

There are pressures for non-education team members such as allied health professionals, as there is/are

- No extra time or funding to write plans or attend meetings
- No changes to resources to implement plans
- Few examples and little practical experience to date

As Local SLT team members we have been able to provide generic reports with cut and paste paragraphs making a priority for those in an AAC package of care. We are the first to acknowledge that generic reports are far from ideal. However within the available resources and based on the current caseload management model, this was the best we could offer.

As a regional assistive technology team we have written a very few EHCP reports for children who are not in Birmingham. We are aware that our general ACT reports have been used for EHCP reviews by education teams and we have some awareness of poor outcomes in documentation and handover from this. For the reports we have written we have created and adapted a template that reflects what a specialist assessment service could do to contribute to EHCP and what AAC can do for a user. Our key aim was to be powerful in getting across the link between the long term outcomes and how much communication and associated skills around access to technology crosses all aspects of the child or young person's life.

There are further questions about how the implementation of AAC for children and young people fits with NHS England commissioning of specialist teams, personal budgets and local commissioning and these will presumably need test case

GLOSSARY

- SEND: Special Educational Needs and Disability code of practice explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014.
- Education, Health and Care Plans (EHC plans): EHCs are plans for children and young people with Special Educational Needs (SEN) who live in England. The plan is to help make sure that children and young people get the support needed at school or college. If your child has Special Educational Needs then they might already have a Statement of SEN. Sometimes they are just called Statements. Because of changes in the law, Statements of SEN are being replaced by EHC plans.
- Local Offers: Local authorities (that's the local council) all over England have to make websites called Local Offers which show in one place all the available services and support they offer near you and who provides them.
- JSNA: Health Trusts and local authorities are required to produce a JSNA of the health and well being of their local community. This is a requirement of The Local Government and Public Involvement in Health Act 2007. http://www.hscic.gov.uk/jsna
- CCGs- Clinical Commissioning Groups are groups of General Practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services including: Planned hospital care. Rehabilitation care and community services.

law to smooth out as they have done in the past.

We asked ourselves about the roles for specialist teams such as ACT and came up with

- Assessment, provision and support towards the best outcomes possible across the domains of the EHCP.
- Supporting and guiding towards sufficiently ambitious outcomes, particularly developing and demonstrating ways of gaining informed views and wishes
- Understanding pathways and what provision and support will make a difference
- Standardize and resource our EHCP response
- Training for local teams
- Awareness raising and encouraging timely referrals
- Having a Local (Area) Offer presence
- Input to ideas for local commissioning by CCGs alongside local colleagues to try to support the need for resources.
- Sharing practice with other regional specialty teams such as Posture and Mobility services, who deal with.

As a local SLT team we have developed some early tools along the "Talking Mats" (Murphy 1998) approach to attempt to explore "wishes, views and feelings" about communication now, for the next 12 months and for the long term.

Leading to the full implementation of the change to EHCP which will take place in 2018, there are some great unknowns and pressures. However it is only by continuing to discuss how AAC provision and intervention can and should be resourced in the context of individual EHCPs that we will be able to make some difference for the many children and young people who can and will benefit. We hope that this will lead to a greater awareness of the place of AAC, commissioning pressure and consistent approaches.

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What's happening in the 4 Nations regarding AAC funding for children and young people?

Northern Ireland

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The Northern Ireland assembly has recently passed the SEND Bill which seeks to put in place the necessary legislative changes to support a revised special education needs (SEN) and inclusion framework, the bill should have received royal assent in March 2016 and become an act. The commencement timing of the provisions within the SEND bill have yet to be determined by the department of education so as yet we do not know when these will be enacted.

This SEND bill sets out the statutory requirements around SEND provision for children in Northern Ireland and includes some new requirements on both Health and Education authorities.

Also recently published are the SEND regulations which set out in more detail specific elements of the planned SEND reforms that are also being legislated for e.g. reductions in time limits for education and health authorities to respond to SEND requests and complete formal assessment; the obligations and processes around mediation; requirements for learning support coordinators etc. This document is out for consultation until 16 May 2016.

The department of education are also developing a new code of practice which will underpin the new SEND Act and regulations once passed by the assembly. These are not expected until Summer 2016.

While we look forward to the outcomes of these consultations, until they are complete it remains unclear what the implications are for children who use AAC or for the services supporting them.

Scotland

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The Scottish equivalent of the Education, Health and Care Plan is called the Co-ordinated Support Plan (CSP). This is a statutory (i.e. legally binding) document and is used to identify, and to the ensure provision of, services for children and young people with complex or multiple additional support needs. One purpose of the co-ordinated support plan is to ensure that this support is co-ordinated effectively across Education, Health, Social Work and 3rd sector agencies as appropriate. Many children and young people who use AAC, or who might benefit from AAC, are likely to have a CSP. They are also likely to have an Individualised Education Plan (IEP). An IEP is not a statutory document and is used to plan specific aspects of education for learners who need some or all of their curriculum to be individualised.

The Scottish Government funded Right to Speak/Now Hear Me programme of activity (2012-2015) successfully raised awareness of AAC across Scotland and recommended the development of local pathways around assessment, provision and support (see the article by Ailsa Adams in the edition). More recently there have been legislative changes which will alter the context in which future planning around AAC provision and support will need to be taken forward. On the 3rd March 2016 an amendment to the Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill was passed by the Scottish Parliament – it is now awaiting its 'Royal Assent'. This amendment is about the Provision of Communication Equipment and places a duty on NHS Boards to meet all reasonable requirements to "provide or secure the provision of communication equipment" and, almost more importantly, "support in using that equipment". This will obviously have the potential to impact on service delivery for children and young people who need AAC – it is too soon to know how this legislation will integrate with CSPs (legally binding "Education" documents). However, hopefully this new legislation will mean that there will be more equity in terms of the funding mechanisms for AAC systems for children and young people, that provision of any required equipment will be quicker, and that appropriate levels of support to help people learn to communicate using AAC will be more forthcoming.

Wales

DEBBIE PARRY AND JESSICA CHILDS

Wrexham Paediatric AAC service

In June 2015 the Welsh Government (WG) announced funding for an enhanced All Wales service to provide high tech AAC for people with severe speech and communication impairments. Backed by £1.25million from WG for provision of equipment until April 2017, with permanent funding for additional staff, this is a long awaited and exciting time in Wales.

The existing adult and paediatric Service has been enhanced with the addition of three WTE Speech and Language Therapists (including two part time staff members) along with input from one WTE Clinical Scientist and one WTE Clinical Technologist. These enhancements have allowed the establishment of a new centre in Wrexham, (North Wales) in addition to the existing National Centre for Electronic Assistive Technology (EAT) in Cardiff.

The EAT Service is working closely with the Welsh Health Specialist Services Commissioners (WHSSC) to develop the assessment and provision of high technology AAC across Wales. The initial "project" had been given limited funding until a review of service provision can be undertaken in March 2017, with a view to ongoing support. The specialist hub service will work with local therapists and teams in assessing, trialling, providing and supporting the implementation of AAC.

SEN law in Wales is changing and that may affect provision of AAC at certain levels. The proposed changes are, in some ways, similar to the changes following from the Children and Families Act 2014 in England, but also differ in some respects. The changes are on hold until after the elections in May 2016. All children with ALN will have an Individual Development Plan (IDP) to be reviewed annually (equivalent to an Education, Health and Care Plan (EHCP) in England). The IDP will go up to 25 years & will include health and social care needs & provision. (Thank you to Laxmi Patel, solicitor at Boyes Turner llp')

Watch this space for future updates!

The Sequal Trust

www.thesequaltrust.org.uk/

The Sequal Trust is a small national fundraising Charity, founded in 1968, which is committed to bridging the communication gap for disabled people of all ages, throughout the UK, through the provision of suitable communication equipment. SEQUAL stands for 'Special Equipment and Aids for Living'. It boasts some illustrious patrons including Stephen Hawking and Nigel Havers. They raise funds to purchase equipment for individuals who apply to their charity for help and who are assessed as appropriate for support.

Liz Downes, who manages the Trust wrote, "The Sequal Trust very much welcomes the introduction of NHS funding of AACs and the establishment of the specialist hubs". They are keen to direct people to the statutory services wherever possible but she adds, "As yet, statutory funding cannot be available for everyone who would benefit from an AAC system and pathways to assessment and equipment through the hubs and local services may not be known, or be applicable, to everyone. This is where Sequal would like to help – to step in to fill in any gap in the procedure where we can be of assistance". She suggests a phone call to the Sequal Trust office will ascertain whether or not they are able to help. "We welcome calls from prospective applicants, their families or a health care team – for as we all know, 'it's good to talk'!"

There is also a simple nomination form on the Sequal website so you can use this to enquire about funding for AAC for someone who is not yet able to access the equipment they need through the NHS and other services. Liz says "With 47 years experience in this field, Sequal are continually learning, from feedback from health care professionals, the clients and their families, where possible changes in strategy might be advantageous, to best serve people who need to use AAC".

Telephone Number 01691 624 222

Email: info@thesequaltrust.org.uk

AAC Lanarkshire – Promoting Public Awareness of AAC

www.nowhearme.co.uk

The Lanarkshire AAC Partnership was set up in 2013 following the release of the Scottish Government report 'A Right to Speak'. It consists of representatives from Health, Education, Social Care, national and local charities. One of the recommendations of the report was to raise universal awareness of AAC across Scotland. The Partnership has been working hard to do this through a series of public awareness campaigns both on the ground and through social media.

AAC Lanarkshire was set up in November 2014 as our virtual presence on Twitter and Facebook. To date we have nearly 300 followers on Twitter, a figure which is growing every week. Through social media we have been able to engage with members of the public both within Lanarkshire and as far afield as Australia, the USA and Israel.

Our awareness raising events took place firstly in the three acute hospital sites in Lanarkshire over the summer of 2015. We were able to engage with NHS staff, patients, family members and the wider public to tell them about what AAC is and the positive impact it can have on the lives of people who use it. We had lots of merchandise to give away including balloons, wristbands, pens and shopping bags. The balloons were very popular with the kids!

To date, we have held 5 awareness events at various venues including hospitals, sports centres, shopping centres and garden centres. We are planning to hold at least 5 more to cover all 10 localities across Lanarkshire. As one of our charity partners, Communication Matters has helped us to raise awareness through supplying information leaflets and getting involved on social media. We were also keen to go to local shopping centres and supermarkets, however we needed the help of CM to get us 'in the door' through the use of their charitable status.

We are looking forward to more awareness raising events as we are passionate about educating the public and demonstrating the positive difference that AAC can have on the lives of all who use it.

For more information contact us through Facebook or Twitter – just search @AACLanarkshire!

COMMUNICATION MATTERS

PRESENT THEIR 30TH ANNIVERSARY

Midsummer's Ball

SATURDAY 2ND JULY 2016
6.30PM UNTIL 1.00AM

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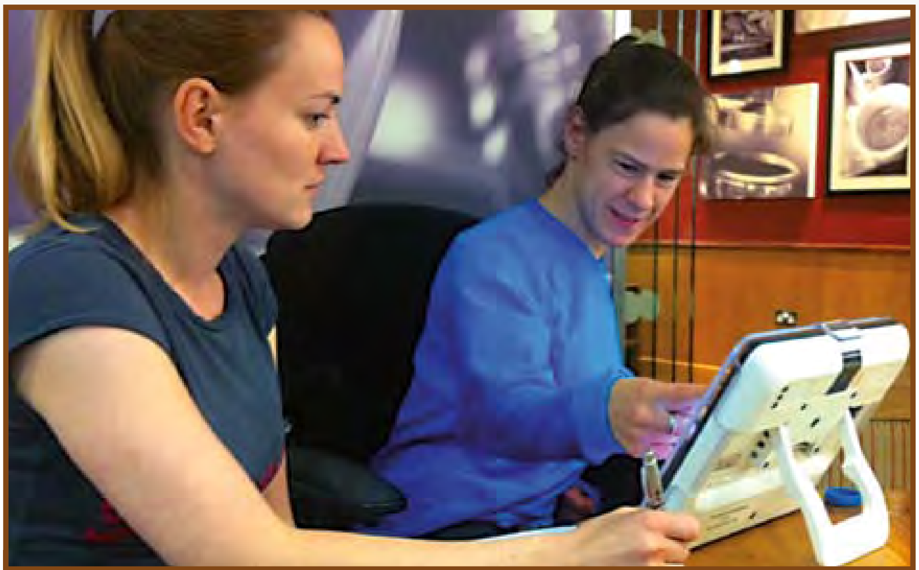

Read more about Hannah & her Mobi 2 at:
www.techcess.co.uk/mindexpress/casestudies

"With Cerebral Palsy it is difficult for me to communicate verbally, but I still think, and I love to talk - and that's where my Mobi 2 using Mind Express comes in. By using it I can say what I need, and what I want."

GAZE
COMPATIBLE

‘Shakespeare, Rap and AAC’

How students with complex needs came to be involved in The School Shakespeare Festival

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Information about the author

Helen Dunman has taught in special schools for 25 years. Her special interest is teaching Drama and Performance and PSHE to students with Complex physical, learning and communication needs. She loves the creative challenge of producing experimental, inclusive, innovative productions but above all having fun and empowering students to feel confident and good about performing.

In this article I would like to tell the story of how I took the drama group at my school to perform as part of the School Shakespeare Festival (SSF). The majority of the group used alternative communication and no amplification, on stage, was possible but I was determined that the VOCA users would be heard!

I teach at Chailey Heritage Foundation, in the 16+ department. The students at the school all have severe physical disabilities and a range of learning needs, from SLD to PMLD. Many students have complex sensory and medical needs and the majority use alternative communication. Many students use the Chailey Communication System (CCS), which is a low tech communication book with symbols.

The story starts in 2012 when I received a call, out of the blue from one of the School Shakespeare Team. He was canvassing a range of schools trying to persuade them to sign up for the festival. Basically it involved working on an interpretation of one of Shakespeare’s plays with a group of students and then performing it in a mainstream theatre. I must admit initially I didn’t jump at the chance as I’m not knowledgeable about Shakespeare and my memories of doing it at school were of being really bored. How on earth was I going to enthuse my students about this, were we up to this challenge? The guy from SSF was so enthusiastic and reassuring that I recklessly signed up there and then, pending funding. Funding was found and we were all set to go. It was April and I needed to have the group ready to perform in Brighton, by October, which was pretty scary.

Romeo and Juliet in 2012

The group consisted of 14 students aged between 16 and 18, they were an enthusiastic bunch and very up for performing on a stage in Brighton. The students ranged in abilities and needs which were as follows: PMLD, SLD, ASD, Voca user with an eyegaze, very reluctant VOCA user and a few students with very limited speech. All the students were wheelchair users. I decided on ‘Romeo and Juliet’ and to take a modern day approach. Early on in the summer term I attended an SSF training day for special schools which was brilliant. It gave me lots of new ideas and ways in to the play. I also met up with lots of SEN teachers who were ‘Old Hands’ at the festival and were very encouraging. However I was the only teacher there who was working with a cast quite like ours, with nobody who was going to be able to learn words or lines and with everybody in a wheelchair.

My usual approach with drama projects is to throw all the technology I can at it (with expert help from our wonderful, creative engineers). I’m used to using amplified Big Macks, putting microphones on VOCAS , using sound beams and special effects, controlled by the students using their switches. Early on in this project I began to feel pretty confident and had lots of grand ideas! With some support from SSF I had got my head around the play and was forming ideas about how the performance might look. Imagine my horror when the organisers told me that I could not use any of these technologies, no microphones, no amps, only a CD to play music. I soon found out that none of the Big Macks or VOCAS would be heard in a huge theatre. What on earth was I going to do? I was thrown right out of my comfort zone! However restrictions can often lead us to think in a different way and challenge us creatively: this is exactly what this particular project did for us all!

AAC and rap!

Our version of 'Romeo and Juliet', was to be based in and around a nightclub. I started off by working with the students and staff on a sensory telling of the story in its simplest form and choreographing some movements for key scenes. The most popular scenes by far were the fighting scenes between the Montagues and the Capulets. I was still really struggling to work out how I could incorporate AAC, when I saw an inspiring programme where Lenny Henry talked about bringing Shakespeare to schools, enthusing the students using Rap. This was what I needed to get started. I decided to focus on the friction and fighting between the 2 families in the play and to record a piece of rap with an edgy, aggressive beat and then to record all of our students voices and AAC users lines on top of the rap beat and make our own CD. Next was the technical challenge of how to do this! I was lucky enough to be introduced to one of Professor Green's backing vocalists (an eminent rapper recording artist) and he willingly volunteered to help us. I had introduced the students to the rhythm and language of the play and unsurprisingly they had particularly enjoyed the Shakespearian insults! The AAC users chose 'Young Baggage' and 'I bite my thumb at you'. With help from the SLTS we recorded these lines into the VOCAS and stored them in a place where the students could access them as easily as possible. Each student recorded their individual sound/lines/word. The students with PMLD made their individual sound, students who wanted to make an angry, aggressive sound, in line with the piece, enjoyed doing that and the AAC users accessed their line from their VOCA. It's important to say that the AAC users were new to AAC and could often take a long time to access a word or phrase given the newness and their physical difficulties. Molly, for example was accessing the AAC via eyegaze which was very challenging for her. So putting together a pre-recorded CD also took the pressure off the students, whilst still giving them the pride and satisfaction of using AAC as part of the production. When I played the CD to the group it was fantastic to see their reaction. Everyone showed a response to their own sound and were thrilled with the result: it was just what I had envisaged and worked brilliantly with the fight that we had choreographed.

The day of the performance came. We were performing first, followed by four mainstream secondary schools. I always feel an additional pressure that this is an amazing opportunity to get our students 'out there' and show what they can achieve and hopefully challenge some preconceived ideas that the public may have about people with complex disabilities. I was at pains to make sure that this was going to be a cool, slick, edgy piece that any teenager would be proud to be part of, whilst still exploring the themes and language from the original Shakespeare. The result was very successful, we put on a half hour show and the highlight was of course the repeating 'Fight' with our rap that received special mention and applause at the end. Our AAC users had been heard and knew that they had been heard.

The benefits of being involved in this project were so great for the students that I decided that we should take part in this festival again, as regularly as we can.

A Midsummer Night's Dream in 2013

This time I signed up for the play as soon as I could to give the group as much time as possible to explore the play, plot and language and to create lots of interesting communication opportunities along the way. We decided to do 'A Midsummer's Nights Dream' and to set it in a Glastonbury Festival type scenario, with the 'Fairies' being cast as eco warriors living in the forest, next to the festival action. One of the activities I learned on the SSF course was to take a scene and put it into a 'Soap' format, play with the language and drama of the piece and then incorporate elements of this into the finished piece. I took the scene where Hermia and Helena are fighting over a man and set it into an 'Eastenders ' fight in the Queen Vic. Many of the cast were 'Eastenders' fans so I asked them to imagine a fight between 2 central female characters and suggest some insults that they might hurl around if they were arguing over one of the pub blokes. Even the reluctant CCS/VOCA users in the group got on board and made suggestions:- 'You old cow', 'You pig' 'Hate you', 'Poo' ! We made up a basic script using these and other contributions and asked the students to choose 2 members of staff to act out this scene, basically putting the students in the role of script writers and directors. As in the previous year we went on to record a piece of music with our school music teacher, using VOCAs to accompany this scene. One of the students in the group had just started using a VOCA and found it really challenging. Her physical disabilities were such that it was often very difficult to read her 'yes'/'no' responses: however she was able to communicate very clearly about how she wanted to use her VOCA in the recording as she was so enthusiastic about the project. She wanted to use sound effects rather than words. She chose a cat fight sound which, to be honest, was not easy on the ears but it was very definitely her 'call' and not for me to censor in any way. We went on to perform the play, which went very well.

Macbeth in 2015

After a short break we took 'Macbeth' to SSF. Again with a completely new drama group, I looked at the communication opportunities. This time we had one student who liked to use Big Macks and one student who used a VOCA. Other students had PMLD and two used vocalisations. A musician friend of mine who is good with recording and technical music, came to help this time. We had played around with the language and had learnt some great dance techniques from SSF. We decided to record a piece of scary, atmospheric music to go with the scene where Macbeth murders Duncan in his sleep. The student who uses a Big Mack chose from a choice of 3 words (whole phrases would have been too much):- 'horror', 'dagger' and 'murder'. He chose 'horror' and chose me to record it into the Big Mack. Once we had recorded that onto the music programme we were able to offer him a choice of 3 possible sound distortions eg. Dalek, echo, alien. The student chose the creepy echo. It was a good way of giving communication choices to a student who is at the early stages of using communication technology: he could see how his choices were being translated into the finished piece. The VOCA user in the group was able to work with whole phrases and chose 'Is this a dagger I see before me?' recorded into his VOCA which was then used in the piece. Again everyone in the group, no matter how they communicate or make sound, was included. Some students showed real pleasure and recognition at hearing their voices played back to them and then in making choices about the special effects that were added to their own voices: dalek and creepy alien with echo proved especially popular!

Conclusions

I've shared with you the story of our journey with SSF. I've focused especially on the use of VOCAs and how I made sure that VOCA users were heard. It's important to comment about students who are not yet and may never be able to access a VOCA because of their profound learning disabilities. I was delighted to see the progress these students were still able to make with their communication during SSF. The repetition of the language and single words we used often led to students raising their heads and smiling either in recognition of the sounds or just the joy of hearing a strange word such as 'hurly-burly'. I've learnt that we don't have to be academic Shakespeare scholars to enjoy the rhythm and sound of the language and individual words and that we can get real pleasure from this whatever our ability. I have also been moved to witness how all students, including those with PMLD, 'up their game' when performing on stage. Students of all abilities seem to just 'get' that something is different, more is expected of me, the bright lights are literally on me. I've seen students with PMLD make eye contact more consistently than I've seen before, focussing on his or her acting buddie. This is such progress in communication for some of our students. In Romeo and Juliet, I cast a young man with PMLD as Romeo and seeing his interaction with 'Juliet' (another student) on stage was wonderful.

It is wonderful for parents to see their sons and daughters take part in this event, as well: the mother of one of our students who has PMLD said it meant so much to her "I never thought I'd see my son perform Macbeth in a theatre"!

I will definitely be signing up for this festival again and look forward to taking part in exciting communication opportunities where the students excite, entertain and challenge their audiences, whilst progressing in his or her own communication journey.

CALL FOR NOMINATIONS....

The Alan Martin Award

Presented annually at Communication Matters Conference for significant contribution to the Arts by someone who uses AAC

The Background to the Award

This award, first presented in 2013, is in memory of a remarkable man who was amongst other things a dancer, a musician and comedian who worked for the inclusion for all people within the arts whatever their disability. For 16 years Martin attended and presented at CM conference. Sadly he passed away in December 2012. Joan Ruddel, who had known him for many years, said the following at the first presentation of the award in September 2013.

"Alan Martin was passionate about equality and inclusion for all people with disabilities, in all aspects of life, especially participation in the Arts. He had himself struggled to be included and taken seriously in the creative dance world. His message to all people with disabilities was to "go for it" and include yourself in any activities that you feel interested in, or wish to try….

Alan often told the young people who he worked with. *"Never let anybody tell you that you can't do something because of a disability."*

So far the award has been presented to poetry, drama and photography.

BARRY SMITH received the award in 2013 for his poetry. The breadth of his work gives a real insight into the life and experiences of people who use AAC and have physical as well as communication challenges in their life. There is an interview with Barry in the CM Journal Vol 29 (2) 2015.

KATE CARYER received the award in 2014. Kate is a writer, ex Channel 4 continuity person and actor. The Unspoken Project CIC brings Unspoken voices to the stage. Her 'Unspoken Project' performance will be staged at conference on Monday 12th September 2016 at 4.30-6pm. You can book a free seat when you apply online for conference.

SAM KNAPP received the award in 2015 for his creative photography. One of his photographs will form the cover for the next journal. His photograph will for the cover for the next journal. Sam has a website where you can buy his work. He does photo booths, landscapes and street photography. Twitter @Samknapp http://www.samknapp.

What Art form will the award go to in 2016?

Please send your nominations to the office by post or email at manager@communicationmatters.org.uk with a short explanation of the reason why you think this person would be an ideal recipient of the Alan Martin Award. Please attach an example of their work if possible. The award will be judged by the Trustees and the previous year's award winner. A shortlist of 3 will be drawn up and the final decision will be announced at the conference Tuesday afternoon plenary and awarded by the last year's winner.

Rules:

The person must be 18 or over.

The person may be amateur, be in arts education or gain income from their Art.

Any form of creative output can be considered.

Closing date September 1st.

Language Learning for the Long Term

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Introduction

This paper came about through our clinical practice over the past 5 years. As speech and language therapists who became LAMP (Language Acquisition through Motor Planning) trainers in the UK, we have strived to develop a communication system that uses consistent motor plans to be used to support communication with a wider range of individuals with more complex physical disabilities including those that require alternative access methods.

The LAMP approach is based upon five core principles and although originally developed for a population of individuals on the autistic continuum, we were experiencing positive outcomes for a wider range of clients when following these core principles and wished to explore this in greater depth.

How could we move children with complex physical disability and additional learning disabilities beyond making a choice between two things? How can we give children with complex needs a consistent vocabulary that grows with them? Was it okay to assume that a child using AAC at an early level can never produce a spontaneous phrase that hasn't been pre-programmed? How can we support children to make and learn from their mistakes? This was our starting point for how we planned and based our intervention.

Five Core Principles of LAMP

Firstly, we must be clear, this system is not LAMP. However, we followed the 5 core principles of LAMP and followed the guidelines of practice.

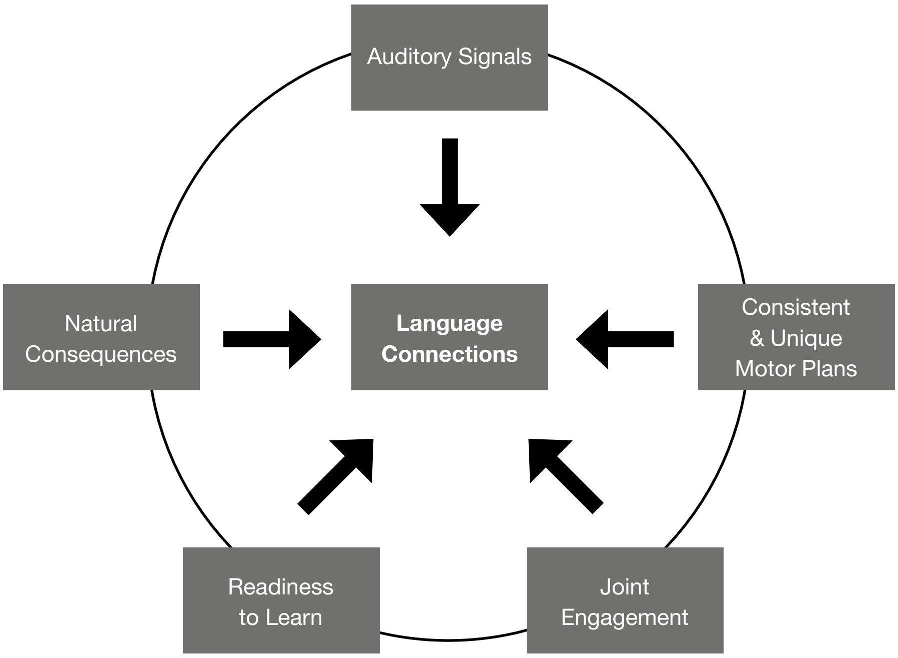


Figure 1

- Readiness to learn (encompassing modulation/arousal & sensory issues).
- Joint Engagement
- Consistent & Unique Motor Plans
- Auditory Signals
- Natural Consequences

Participant

The participant in this study was a girl called Lily. Lily was 9 years old at the time of the presentation and has a diagnosis of Quadriplegic Cerebral Palsy. Lily has extremely high tone and is unable to use her hands functionally to reach or point. She has no speech and is not able to vocalise or demonstrate much intent through facial expressions. Lily will stick her tongue out for a strong dislike response but has no easily interpretable yes/no response. In line with the LAMP principles we considered that language learning had to be for the long term. We wanted a system that required no re-learning and encompassed a core vocabulary approach. As with all our clients, we had high expectations of what Lily could achieve and a key factor within LAMP and many other approaches is to presume competence and we did this from the outset.

At the time of writing the presentation Lily attended a special needs school and was in the PMLD class there. She had a sensory based curriculum and was encouraged to make choices by looking at an item she desired from a choice of two. Lily had access to a switch to encourage her to develop cause and effect but the movement required was extremely physically challenging and could only be achieved at times with a hand over hand prompt. It was felt that Lily may be able to benefit from eye gaze technology and although Lily would not meet the criteria for local or national commissioning arrangements, Lily's parents were keen for her to have this opportunity and purchased her own system.

Where do we start?

Many problems were highlighted to us…

With this approach for Lily…

- Vision difficult to assess
- Not visually interested in objects/pictures/symbols
- Switch access effortful and varies daily/hourly/by the minute
- Consistent 'yes' response difficult to elicit
- Consistent 'no' response not so difficult
- High levels of frustration/emotion
- Frequently difficult to engage with communication activities
- Comprehension levels impossible to assess
- Responses at times demonstrate comprehension
- Do not want to underestimate her communicative potential

Problem Solving

We started with fun, practising her eye gaze with software such as Look to Learn and the activities on Help Kidz Learn. Lily showed over time she could also target areas of the screen and dwell. Lily then had the access skills to move onto communication using eye gaze. We started with two core symbols that could be used across her day 'more' and 'stop'. These symbols had clear colour coded backgrounds to help discrimination (see Figure 1).

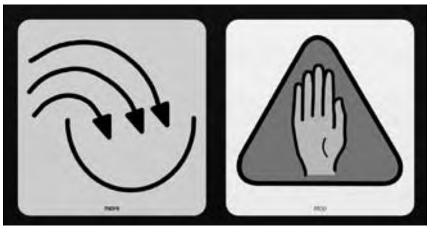


Figure 1

We also provided these in the same locations on an e-tran frame as a low tech communication system. Lily began to use these well and her responses mirrored the symbols used, for example if she put her tongue out (Lily's 'dislike') then typically she would say 'stop' using her symbols. The principle of presumed competence was applied at all times and Lily's support staff and family embraced this principle from the start. The system and approach felt right for Lily and was a very positive way to build her communication skills.

We were challenged at times with regards to demonstrating how Lily knew what each word meant and if she intended to choose each specific one. Our consistent response was that we should presume competence at all times. Our job is just to respond. If Lily chose a word she didn't understand she would learn the meaning through the natural consequence, our response, to each word. Either she would choose because she knew the word or if she didn't our response would be an opportunity for us to teach her the meaning and for her to learn it. Either option was positive, there was no negative. What was the worst that could happen? Why would we keep testing Lily and not just get on with teaching her?

With a long term language plan in mind, we moved to an 8 location grid, but still with just 2 symbols and made sure these symbols were in as consistent a location as possible (see Figure 2).

We gradually then filled in the blank locations (see Figure 3).

All supporting Lily felt she had learnt where the symbols were and she enjoyed using the system. However, at this point, she was unable to target any smaller than eight locations with eye gaze. How would we enable Lily to have more language without changing what she already knew?

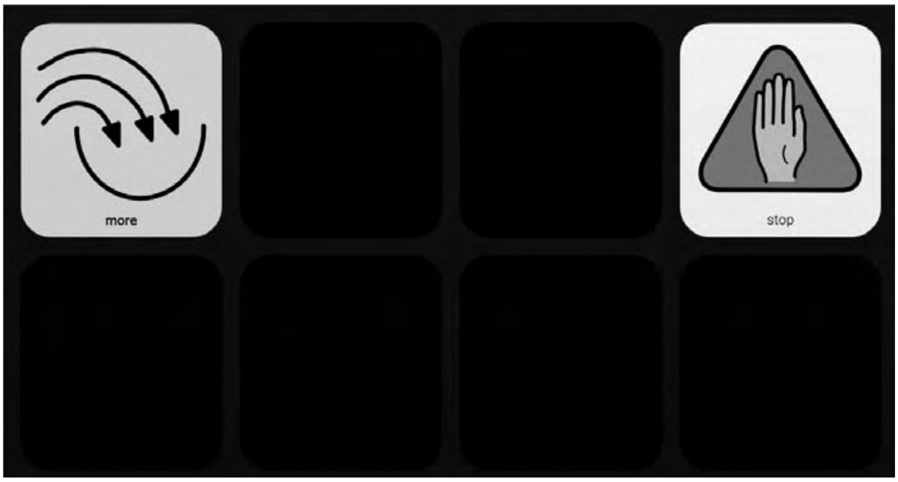
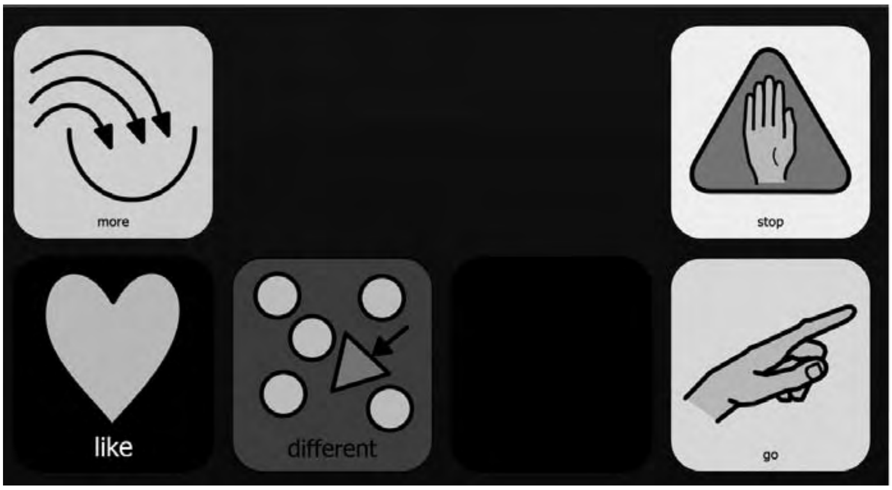


Figure 2 (above), Figure 3 (below)



What Next?

It could be presumed that the answer to this would be to provide Lily with multiple topic based pages, adding more cells, topic pages, developing categorisation and branch navigation systems. However in line with following the motor planning approach we did not want Lily to re-learn what she had already learnt. We considered that to re-teach something at this stage would be counter productive.

So we expanded the vocabulary by adding a second step to the eye gaze motor plan. So, Lily is used to looking top right, hearing 'stop' and getting a response. Now we changed the system so Lily looked top right, the system did not speak but opened a second page where 'stop' was in the same location. Lily had to repeat the motor movement to now say 'stop'. Adding one step to the motor plan meant that Lily was making the movement for 'stop', not hearing it or getting the response, repeating the same movement, hearing the word and getting the response then the system would return to the home page. This meant that Lily now had access to much more vocabulary (8x8) without changing the size of the cell (see Figure 4).

Lily looks at 'stop' then the second page opens (see Figure 5).

On this second page, the only symbol available to choose is the 'stop' symbol.

All available locations can now be filled, giving Lily a core vocabulary of 64 words from which to build novel utterances and develop her language skills.

As Lily's access and language skills develop, it is anticipated we may be able to add rows and columns from the centre, ensuring the symbols stay in the same locations. Alternatively, an additional step to the motor plan could be added.

In line with the principles we were following we ensured that we had more available vocabulary than it was felt Lily required, we modelled and responded as frequently as possible, following her lead and at all times presumed competence.

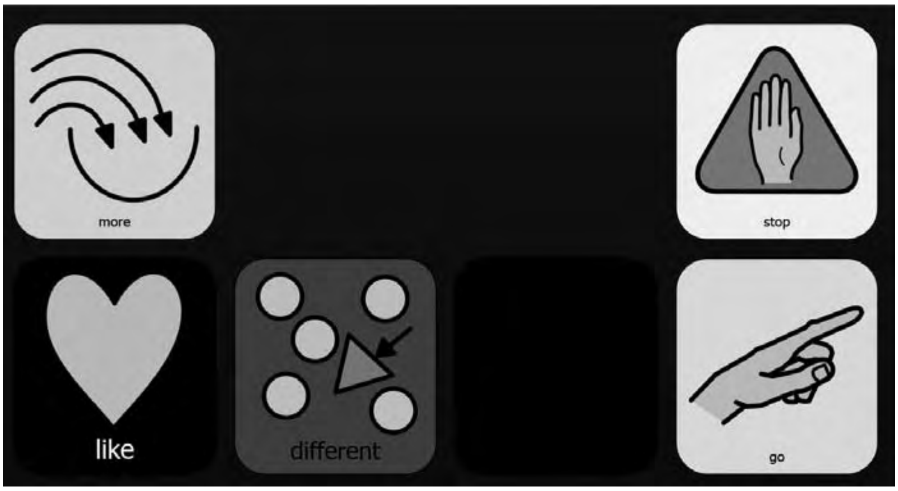


Figure 4: Home page

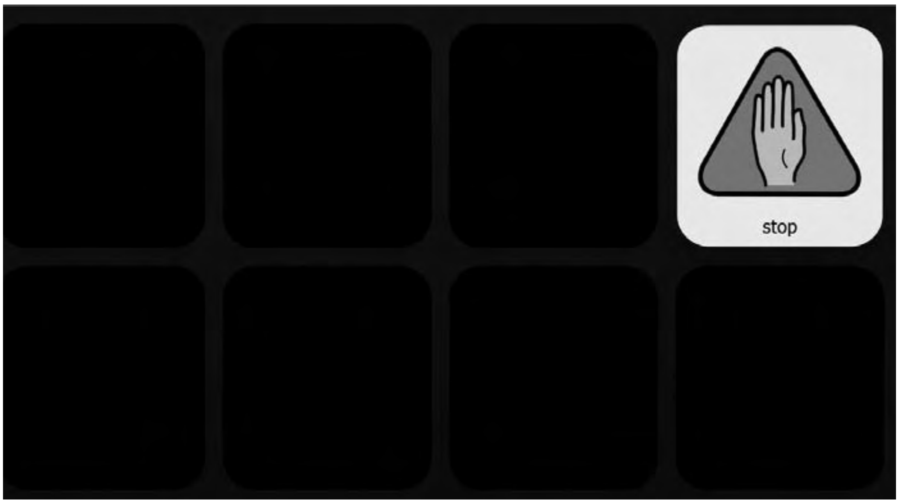


Figure 5

Lily's family and carer are enthusiastic about the system and we would consider that the importance of family and facilitator support and commitment in the implementation of AAC cannot be overestimated. (Angelo, 1997)

Conclusion

It is essential to be aware of the capacity for learning language and to have high expectations of all individuals. Much emphasis is placed upon getting the access method right for an individual and this is inherently important. We would also suggest however that the language system, not just for now but for the long term is just as important and often more neglected, especially at the start of the language learning journey. It is often the case that a symbol set is identified or a vocabulary package recommended but the steps of progress to get there are not made as transparent.

Taking practical steps to provide well supported AAC intervention can lead to positive results. Building confidence and empowering families can lead to a strong supportive environment in which the skills of using high-tech AAC can develop.

We have continued to support Lily in developing language since the conference last year and the system continues to develop. We are also using the system with an increased number of students with complex needs with similar levels of success. We are both extremely excited about the success our young people have achieved with this and finally feel we have a successful long term learning plan for individuals with complex needs.

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Evaluating and Monitoring a Communication Environment

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Inclusive communication refers to the sharing of information in a way that can be understood by all. For service providers, inclusive communication means recognising that people understand and express themselves in different ways. (Scottish government, 2011) For people with speech, language and communication difficulties a good communication environment is critical to enable them to understand, make choices, express feelings, build relationships, and be involved in the world around them.

This paper describes a monitoring system for a multi-sensory communication environment at a residential children's home and school. Furthermore, it examines the factors needed for success as well as the value and uses of the monitoring system.

RNIB Pears Centre for Specialist Learning in Coventry was the location of this project. The Pears Centre is a residential children's home and school for young people up to the age of 19 years, who have visual impairment and complex needs. All of the young people have speech, language and communication difficulties and more than 60% are non-verbal. Furthermore, many of the young people have an additional diagnosis of autism and present with challenging behaviour.

At The Pears Centre we strive to provide a good communication environment as part of the positive ethos of the centre. The aim of the good communication environment is to support the building of relationships, self-esteem and trust in those caring for them. Furthermore, it promotes learning, independence, quality social interaction and safe access to the wider community.

The centre is a round the clock 52 week facility therefore there are a large number of staff working and interacting with the young people, consequently it is important there is a high level of consistency in the communication strategies used by the staff. The use of visual input by symbols or photos is not accessible to many of the young people due to visual impairment and therefore the consistent use of auditory and tactile strategies by staff is critical. In order to support this there is a regular, rolling programme of communication training by the speech and language therapist, both at induction and on an annual basis. This is carried out alongside individual and small group training on specific identified needs related to a young person. All young people have a communication passport giving details of their communication styles and needs. Staff are also provided with communication guidelines which give a written description of the communication strategies which may be needed to support different young people.

The RCSLT 'five good communication standards' are used as a benchmark of good practice. These standards set out "the reasonable adjustments to communication that individuals with learning disability and/or autism should expect in specialist hospital and residential settings" (RCSLT, 2013, p1).

The five good communication standards give us a measure of:

- what good communication looks like
- whether good communication is happening.

Monitoring the good communication environment across The Pears Centre requires a whole system approach.

Five Good Communication Standards

- **Standard 1:** There is a detailed description of how best to communicate with individuals.
- **Standard 2:** Services demonstrate how they support individuals with communication needs to be involved with decisions about their care and their services.
- **Standard 3:** Staff value and use competently the best approaches to communication with each individual they support.
- **Standard 4:** Services create opportunities, relationships and environments that make individuals want to communicate.
- **Standard 5:** Individuals are supported to understand and express their needs in relation to their health and wellbeing

RCSLT (2013)

During annual communication training, the five good communication standards are presented related to everyday work. Post training, staff were asked to complete a booklet which allows them to give written descriptions of the communication strategies they use and to evidence each standard based on their everyday work with young people. The speech and language therapist then reviewed the answers given and assigned a rating level based on the responses. These levels can be moderated by the team leaders if the written evidence does not match the staff member's observed work practices. These ratings are reported to the registered manager of the children's home and the target is 80% of staff are level 2 or above.

Rating Scale

0 = limited or no effective understanding of the reasonable adjustments needed for general communication needs. No understanding of specific strategies. Needs additional SLT training.

1 = Some understanding of the reasonable adjustments needed for general communication needs. Poor understanding of specific strategies. Needs support from colleagues by modelling and discussion. May need additional SLT training in relevant strategies for effective practice.

2 = Satisfactory understanding of the reasonable adjustments needed for general communication needs. Shows understanding and use of familiar well used strategies for effective practice.

3 = Good understanding of the reasonable adjustments needed for general communication needs. Shows understanding and use of the whole range of communication strategies for effective practice.

In addition, staff completed a self-evaluation of their understanding and use of the communication strategies covered in the training using a 3 point scale. This is used to inform future training and gives subjective information on staff's awareness and knowledge. School staff were also monitored in everyday practice by formal classroom observations alongside the senior teaching team.

Factors for success and uses of the monitoring system

The success of the implementation of the monitoring system was highly dependent on the support of the management team and the prioritisation of the good communication environment. Staff at The Pears Centre are used to completing booklets to evidence their competencies in other areas of their work and therefore this was not a new monitoring approach for them. The consistency in training and requirement for all staff to attend ensures staff have the knowledge to implement communication strategies to provide a good communication environment for the young people.

It was found that 82% of staff were working at level 2 or above using the monitoring tool, achieving the target set.

Benefits and uses of a monitoring system:

- evidence of monitoring the communication environment which can be demonstrated to regulating bodies, OFSTED, CQC.
- demonstrates management prioritisation of a good communication environment as a key factor in achieving outcomes for young people
- evidences staff's own skills for evaluation at supervision/appraisal
- guides future training and identifies staff in need of support

There will be a new training programme for 2016, targeting identified areas of need and reviewing how we are meeting the five good communication standards.

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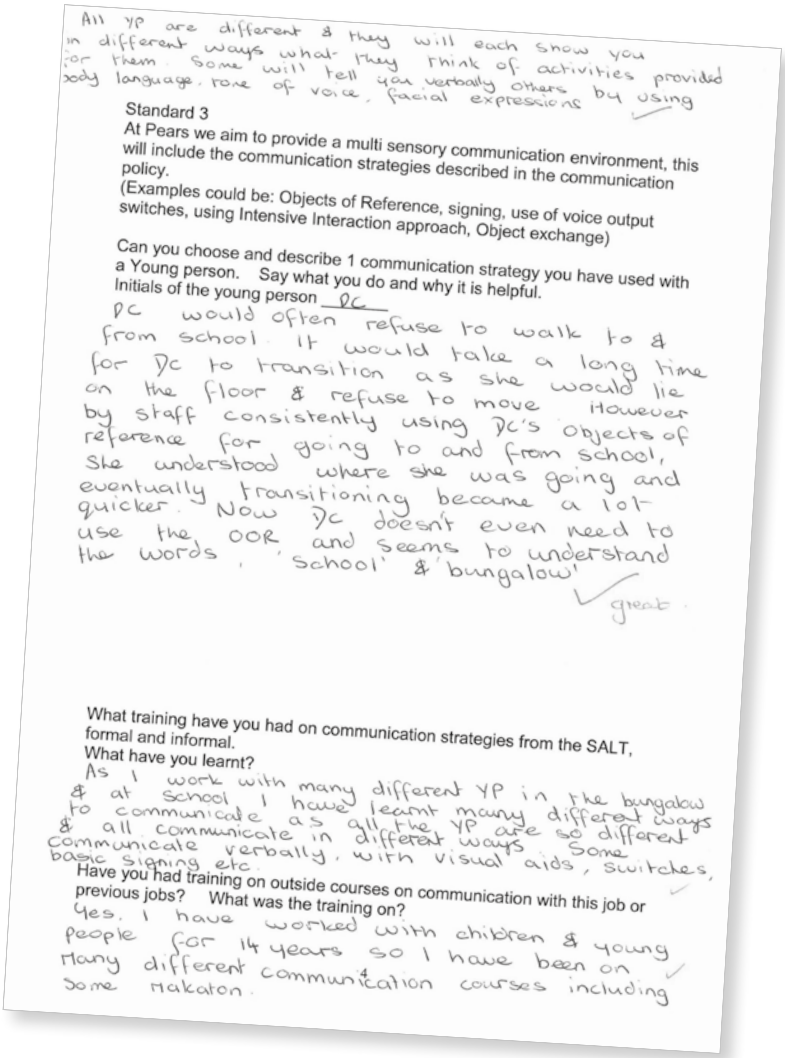

All YP are different & they will each show you
in different ways what they think of activities provided
or them. Some will tell you verbally others by using
ody language, tone of voice, facial expressions

Standard 3
At Pears we aim to provide a multi sensory communication environment, this will include the communication strategies described in the communication policy.
(Examples could be: Objects of Reference, signing, use of voice output switches, using Intensive Interaction approach, Object exchange)

Can you choose and describe 1 communication strategy you have used with a Young person. Say what you do and why it is helpful.
Initials of the young person DC

DC would often refuse to walk to &
from school. It would take a long time
for DC to transition as she would lie
on the floor & refuse to move. However
by staff consistently using DC's Objects of
reference for going to and from school,
She understood where she was going and
eventually transitioning became a lot
quicker. Now DC doesn't even need to
use the OOR and seems to understand
the words, 'School' & 'bungalow'

✓ great.

What training have you had on communication strategies from the SALT, formal and informal.
What have you learnt?

As I work with many different YP in the bungalow
& at School I have learnt many different ways
to communicate as all the YP are so different
& all communicate in different ways. Some
communicate verbally, with visual aids, switches,
basic signing etc. ✓

Have you had training on outside courses on communication with this job or previous jobs? What was the training on?

Yes. I have worked with children & young
people for 14 years so I have been on
Many different communication courses including
Some Makaton. ✓

4

Teaching with Core Words: 7 Myths of Modeling

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Introduction

Core words make up most of what we say in daily conversation. Many studies across different languages and age groups have found that about 200 - 400 words account for 80% of the words most people use. If we give AAC learners quick access to these words, we're providing them with a powerful tool to communicate whatever they want to say.

Unfortunately, core words are not often taught to AAC learners. One of the barriers to teaching core words is that, unlike nouns, most core words are not "picturable". We can use pictures of most nouns to teach the meaning of the words and represent that meaning on an AAC system. But how do we represent "is", one of the most frequently used words in English?

Modeling to teach core words

Typically developing children learn these hard-to-picture core words by hearing them spoken in real-life situations for years before they learn to use these words correctly or put them together into sentences. Yet often we hand a non-speaking child a communication device and expect him to use it effectively after a short demonstration.

All AAC learners need to see what it looks like to communicate using an AAC system in real situations. This simple idea goes by many names – Aided Language Stimulation, Aided Language Input, Receptive Language Input to cite a few. The simplest term for this technique is "modeling" - using the AAC learner's system, or another similar AAC system, when you talk with the AAC learner.

While this idea sounds simple, in practice, there are many ways to make it more complicated than it needs to be. Here are some modeling myths and the truth behind them.

Myth 1 – You. Must. Model. Every. Single. Word.

If your learner is just starting out with AAC, modeling the key words of your sentence is actually more helpful than modeling every word. This allows the beginning learner to focus on the heart of your message.

It's most helpful to model one step above the learner's current AAC use. If the learner is not yet using the system to communicate, model at the single word level. For example, if you're going to the cafeteria, you can say "Let's go to the cafeteria" and press the "GO" button on the AAC system. Once the AAC learner is producing single words, you can add a word when you model. So if you're going to see grandmother, you can verbally say "Let's go see Granny" and press "GO" and "GRANNY" while you're speaking these words.

You also don't need to be completely grammatically correct in how you model. For an AAC learner who is just starting out, modeling "I go store" on a device is more helpful than modeling "I am going to the store". Of course, while you're modeling "I go store" on the device, you're saying "I'm going to the store" with your voice. That way the learner hears the grammatically correct sentence to build his receptive language, but also sees the way he, as a beginner, can easily get this message across.

For more advanced learners, it's still not required that you model every single word. Instead, just model the words or grammatical forms you're focused on teaching. It's these concepts you're trying to highlight for the learner, not the concepts he already knows and produces easily. So for example, if the learner says "I go to movies yesterday" using his AAC system, you might answer "Oh, YOU WENT to the movies? WHAT DID YOU see?" You're recasting what the user said - quickly providing a model of the correct past tense – and continuing the conversation in a natural way by modeling the past tense inverted question form – without correcting the learner or asking him to "say it the right way".

Myth 2 – Use an AAC display with a small number of big buttons

Many core word based systems have a range of grid sizes that can be used. More buttons makes for a more complex display, and the buttons themselves will be smaller, making them more challenging to select. It may be assumed that it's best to give the learner a smaller number of big buttons that can be accessed easily, and to increase the grid size to provide words as the learner's vocabulary grows.

There are two reasons why this strategy may not be the best one to follow. First, modeling (and communicating) with a small grid size is more difficult than with a larger one. The larger the grid size, the more vocabulary is available on a page. This means there is more you can say without having to navigate to another page, so you have a better chance of keeping the learner's attention as you model, and the learner can get his message across more quickly. Both you and the learner will benefit from not having to remember deep navigational paths to the vocabulary you need.

The second reason to start with more buttons is that if you change the grid size as the learner acquires vocabulary, the location of the words he has already learned changes. This requires the learner (and you!) to relearn the location of the words.

The current best practice is to start with the smallest button size the learner can see and access. Err on the small side - vision and motor access will improve with practice, so a size the learner has difficulty selecting at first will become easier after a few weeks of exploration. You might look into accessibility features such as hold duration, keyguards, and select on release (where the button is selected when your finger lifts off the screen instead of when the screen is first touched). These features can make smaller buttons more accessible. It's also possible to simplify a display by hiding buttons temporarily. But don't go overboard hiding words! It's useful to have advanced words for modeling that next step for the learner, giving him exposure to words to be taught later.

Myth 3 – There's only one right system to model on

You may hear one or all of these rules:

- Always model on learner's device
- Always model on a separate device
- Always model on high tech device
- Always model on light tech display
- Always model on displays that are identical to learner's system

But the truth is it depends! Some learners are very possessive of their devices and will not allow you to use them for modeling. Other learners may not understand that you're modeling something they could say themselves unless you model on their system. Sometimes a second device or a high tech system may not be available; it may be better to model on a light tech display rather than miss an opportunity. Light tech displays for whole classroom use won't be identical to each individual system of every student in the class, but students are often more resilient to these differences than we think.

Myth 4 – Model requests only

Expressing needs is only one of many different reasons to communicate, and often the least helpful context for teaching language skills. Requests don't lead to longer conversations. You request what you want, and you either get it or you don't. There are many other more complex and interesting reasons to communicate: comment, give an opinion, tell a story, tease, joke, ask for information, share feelings, complain, describe, plan… and the best way to teach these reasons to communicate is by modeling them in real conversations you have with the AAC learner!

Two great alternatives to modeling requests are commenting and reflecting what the AAC learner is communicating in another way. You can easily comment or give your opinion on most any activity – "THAT LOOKS GOOD!", "LOOK, a BIG RED DOG!", "I SEE SNOW!" And if the AAC user is looking intently at something, or making an unhappy face, you can model "I think you DON'T LIKE THAT" or "you think that's FUNNY!", reflecting what they are likely thinking and showing them how this might be expressed on their AAC system.

Myth 5 – Attention! The learner must look, listen, and repeat the model or it doesn't count

It may feel like modeling is wasted unless the learner is obviously attentive – watching and listening to you, and repeating what you modeled. But modeling can still be effective even if the learner doesn't appear to be paying attention. Some learners can attend to auditory information or visual information, but not both simultaneously. So to listen what you're saying they may need to look away. Some learners may need to keep moving or meet other sensory needs in order to pay attention. They may appear to be "stimming" or moving too much to be aware of your model, yet it may be these very movements that allow them to tune in to what your modeling.

It's also a myth that to learn from a model, the learner must repeat the model immediately. Pressure to require this is particularly strong when you're modeling what you think the learner would like to say. For example, if the learner is pointing to the door, you might model "I think you WANT to GO OUTSIDE!" You're very appropriately mapping the learner's non-verbal communication onto a more conventional way to make the meaning clear. The problem comes when you refuse to honor his request until he uses the AAC system to ask. A significant number of AAC learners have apraxia, a condition that can make it difficult to perform actions on demand. And a learner might understandably become annoyed at being asked to repeat a message that he/she knows you understood perfectly well. This is the fastest way to make the learner dislike using his/her AAC system. Production practice can be arranged in other, more natural and fun ways. Accept communication in any understandable mode - and model it on a more appropriate mode if needed.

Myth 6 – Modeling is asking questions and demanding answers

"What is your name?" "What color is this?" "What is the Hungry Caterpillar eating?" These are questions we already know the answer to, and we tend to use them because we can tell if the learner is giving us the right answer. However, this is not communication – it's testing. The learner knows we already know the answer to these questions, and has probably answered the same questions dozens of times. This will reduce their motivation to use his AAC system, and will tell them that AAC is just another test, rather than a way to convey the thoughts and feelings they are not able to use speech to share.

When you think of modeling a question, or even asking a question verbally, think about the goal you're trying to achieve, and if it can be reached in another way. For some helpful tips, see this list from Maureen Nevers, SLT / AAC consultant http://bit.ly/MN-Questions .

Myth 7 – You must be able to model perfectly

Like anything else, if you expect yourself to be perfect before starting, you'll never start! Actually, if you don't know how to find things on the system, this can work to your advantage. The AAC learner may not know the system either, and you can take the opportunity to do "think-alouds", where you share your thought process as you try to find a word. So for example, if you want to say "I went to the post office", you can say "post office – where can I find that? It's in town, so I'll look in Community Places – there it is!" In doing this, you're teaching the AAC learner the logic of their system in a more natural and enjoyable way then drilling them on a list of words.

An excellent resource on modeling core words is the free Communication Training webinar series from the Angelman Syndrome Foundation. http://www.angelman.org/resources-education/communication-training-series/

For more information on core words, see http://bit.ly/DLM-Core, http://www.assistiveware.com/teaching-core-words-building-blocks-communication-and-curriculum, and http://bit.ly/modelcore .

Collaborative bid writing for AAC research

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Introduction

Research into AAC is often described as being needed, however setting up and carrying out research in this area is challenging in many ways. This article shares factors involved in preparing a bid, and then setting up AAC research based on two funded AAC research projects. We do not present it as the last word on how to do it but offer it as a reflection on our experiences, which we hope you find helpful.

The research

2009: The Big Lottery Fund: Communication Matters: Research Matters, awarded £467,751.

Project Lead: Liz Moulam for Communication Matters (CM) (bid writing and set up phases), Partners: Janice Murray for Manchester Metropolitan University (Manchester Met), Simon Judge for Barnsley Hospital and the University of Sheffield and Professor Pam Enderby for the University of Sheffield.

This project was initiated by CM having identified a need to provide evidence to inform and improve AAC service development in the UK. This was a three pronged research grant which aimed to establish:

- The prevalence of need for AAC (all types)
- To map existing services in the UK and other routes to provision of AAC
- To provide improved access to best practice evidence to support early identification and intervention for people of all ages who need AAC

The two key outputs of the project were:

- ‘Shining a Light on Augmentative and Alternative Communication’ (2012) research report available at http://www.communicationmatters.org.uk/shining-a-light-on-aac
- AAC Knowledge Base (2013) http://www.aacknowledge.org.uk/

This study resulted in further funding and full details can be found at http://www.communicationmatters.org.uk/page/evidence-base

2015: National Institute of Health Research (NIHR)

HS&DR number: 14/70/153 Identifying appropriate symbol communication aids for children who are non-speaking: enhancing clinical decision making, awarded: £827, 258.

Chief Investigator: Dr Janice Murray for Manchester Met, Co-Investigator: Simon Judge for Barnsley Hospital, Co-Researcher: Liz Moulam for Manchester Met.

This project was initiated in part from some of the work from the CM project e.g: understanding clinical decision making processes with the new funding through specialised and local services, combined with observations of clinical practice and research evidence from both investigators. The aim of this research is to answer the question:

- “What factors influence clinicians’ decisions about provision of symbol communication aids? And improve future decision making”
- What characteristics related to the child, their context and communication aids, do clinicians consider important in making decisions about the process of provision of a communication aid?
- What other factors influence or inform the final decision?
- What characteristics are considered important by other participants (e.g. the child and family) and how do these impact on communication aid use in the short, medium and long term?
- What decision support guidance and resources are needed to enhance the quality, accountability and comparability of decision making?

The Process

Here all three partners reflect on both bids, what they learned from the Big Lottery Fund partnership grant and how this helped them to prepare for the NIHR bid and share their thoughts and insights.

How long does it take to prepare for a bid of this type?

LM: The CM bid was nearly 2 years in the making and then 3 years to deliver, never expect quick results.

JM: We began work by thinking about the research idea in late 2013; the appropriate opportunity arose in 2014 with NIHR. We built an application, went through several iterations of the bid and received notification of the award in July 2015.

What takes the time?

JM:

- Thinking, what is the right question to answer?
- Finding the right people to help answer the question.
- Finding an organisation who recognises it is something that should be funded.

What kind of process do you need to go through?

JM: The stages we went through for both grants were extensive. They included:

Identification of possible funder and waiting for the right call for bid submissions.

LM: For the CM project the stages were:

- Call for collaborators/bids, exploration meetings, shortlist of potential partners.
- Development of the research questions and methods.
- Identification of the partners/skills needed (for example, for the NIHR bid – this identified the need for specific input from researchers without AAC knowledge but with relevant research methods knowledge and experience).
- Preparation of bid to funder including detailed financial breakdowns, risk analysis, outputs.
- Building partnerships with new collaborators, discussing priorities with familiar collaborators.
- Repeated submission – feedback – response – feedback cycles.
- Grant award.
- Grant setup (contracts and agreements, finance, ethics approval processes).
- Research! (including recruitment of researchers and participants, data analysis, evaluation and dissemination).
- Another key element of this are ongoing reporting mechanisms where there are opportunities to report to the funders and demonstrate progress against identified timescales and research aims. This is an important aspect of demonstrating 'value for (public) money'.

What is covered by a grant?

SJ: This varies by funder, however, usually unless stated a funder will not allow for indirect costs, there are assumptions made that applicants already have buildings, general equipment and the infrastructure to support the project. Usually the costs include the salary of researchers and the cost of running the project such as research costs. This also means that £100 awarded by one body might not always be equal to £100 awarded by another (see also response at the end on cost of research).

What impact does research have, what does 'impact' mean?

JM: In many areas research is carried out to further knowledge with no intended direct impacts on the outside world. This is fine, however in AAC most research is likely to be applied – i.e. we are looking to improve practice or quality of life or some other measure (outcome). Research funders also want you to evidence 'impact'. Research institutions tend to think of impact in a couple of ways:

Academic impact:

We need publication outputs in high impact academic publications to share theory, methodology, findings and their application both within the field of AAC and in associated disciplines. Research can frame policy and legislation, shape service provision and develop debate.

Real world impact:

One of the key demonstrations of impact of the CM project is that it helped inform the development of the new specialised AAC service commissioning process. The project output is referenced, for example, in the specialised AAC service specification (https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/03/aac-serv-spec-jan-2016.pdf). And has been used by lobbyists and commissioners which helped justify additional resources for specialised AAC services (2014 onwards)

What will be the impact of the I-ASC project?

JM: On the back of changes to funding in England, the £15m pa for the provision of AAC through the specialist and local services) we all hope to better understand the communication aid identification process especially as current communication aid abandonment figures are challenging i.e. between 30-50% abandonment (Bailey et al, 2006; Johnson et al, 2006; Smith & Connolly, 2008; Smith & Murray, 2011). This project aims to support the decision making process by contributing to our understanding of a match between the child, their characteristics, and their communication needs, and the characteristics of the symbol communication aids available. The project will be led by the stakeholders involved as participants throughout the research, e.g. specialised and local assessment teams, people who use AAC and their families. Publication and dissemination opportunities will include academic and practice based outlets, e.g. AAC journal, CM Journal, Clinical Excellence Network events, charity-led initiatives (e.g. ISAAC research symposium, CM conference, 1Voice information events).

What do you need to understanding about any grant or funder's criteria for funding your idea?

LM: The BLF had key criteria that needed to be addressed: importantly, to enable a third sector organisation to identify and lead on a research project, but secondly around social isolation and mental health of an identified population. Other factors that were key at the time were the Bercow Review (2008) and the need to have robust evidence to support future provision of AAC.

SJ: Having developed a research question you then need to look at the practicalities of actually carrying it out – and one of the main practicalities is whether it can be funded – i.e. someone is willing to pay for you to carry it out. To do this you need to understand the range of funders and their criteria. For example, NIHR is an obvious potential funder for health related research (but not the only one) – and they have a number of funding streams each with a very specific purpose.

What are the chances of success when bid writing?

LM: I recall the BLF bid received hundreds of expressions of interest, at stage 1 selection they had over 450 applications and in the final round we think around 60 were successful. The process can appear quite daunting and definitely needs a commitment from all partners to make it work.

JM: Well now, shall I list the number of unsuccessful ones too? Yes I should, only then will it be clear that success is hugged by lack of success. You need to be willing to keep going, keep getting the knock back and to keep going.

What are the funders looking for in an application?

LM: A clearly defined objective and

outputs. Well thought out research question/s and a detailed budget.

SJ: Impact. That the team and project provides the best possible chance of success (recognising that research is 'risky').

JM: A new angle. Something that will have an economic and quality of life impact.

What are the roles of team members involved in the bid writing and delivery of the project?

LM: The BLF wanted to support third sector organisations to drive forward the research agenda with partners. The intention was to build research knowledge and capacity within the charity, whilst allowing the research partners to deliver on the objectives.

SJ: One of the concepts that NIHR promoting within the NHS is the idea/role of a 'clinician researcher' – i.e. people who work in the health service, but also carry out research. There are a number of ways of achieving this and a number of funded routes to do this. Some UK AAC researchers have taken up these opportunities, but the AAC field could well take up more: e.g. the Clinical Academic Programme: http://www.nihr.ac.uk/funding/nihr-hee-ica-programme.htm . And other options: http://www.nihr.ac.uk/funding/training-programmes.htm I believe that we should promote these roles, generally in the health service, and specifically in AAC. I also feel that people within these roles are in a unique position to contribute to research such as the examples in this article – as they bridge the 'gap' between research and practice.

JM: Unsurprisingly, I suggest that you hook-up with a university to help you do this, as they are best placed to help you get personal or team funding for research. To achieve significant funding you may need an organisation to support the process of bid writing, the process of budgeting, the process of ethics review and the capacity to insure researcher activities.

What does PPI mean? Patient or Participant Involvement in research

LM: The BLF project was commended for the detail on what people felt was important to research in the field of AAC. This information available from the CM on-line membership survey conducted in late 2007, and further work done with membership groups before the submission was made. It was noted that the use of co-researchers, the setting up of an Independent Research Panel to oversee the project and the involvement, as participants, of people who used AAC, and their families, demonstrated that the study was intent on capturing the input and views of all stakeholders.

JM: When the NIHR call came through we had already noted an appropriate 'research priority' identified by the 'Childhood Disability Research Priority Setting Partnership'. An independent panel of non-researchers using a defined process called the James Lind Alliance (JLA) process identified an AAC-related research priority. The priority identified was the second priority identified and asked: "what is the best way to select the most appropriate communication strategies?" (JLA, 2014; Morris et al, 2015). The JLA process is increasingly being used to identify what members of the public and patients feel should be the direction of research. This priority supported many aspects of our NIHR bid. So, the advice is to keep abreast of these types of publication as they inform funding research agendas.

How do we know what is the real or right question to ask?

SJ: Practitioners have one view point, researchers another and people who use AAC another. These can be difficult to bring together into a coherent research project, however in trying to do this you ensure the research is meaningful and has the best chance of having significant impact. This mirrors the process of 'evidence based practice' (in healthcare and other areas) where it is recognised that 'patient' choice, the best available evidence and a practitioner's judgement all have a part to play in a decision.

LM: Knowing what is happening in policy terms helps, the BLF project happened because there was a need for robust research to demonstrate to national and local government there was a need for funding AAC.

What were the key things learned from the first project that were implemented in the second grant application?

JM: Getting right your numbers and finances in the application. There is no going back for additional money and once a commitment is made to deliver then contractually the collaborators/partners must come through within the budget.

SJ: Research is risky, by definition – you should be doing things that are hard and may not work (as you planned). The key is to learn from these and allow other future researchers to learn from these (through publication). Funders want to see 'success' however – and this is a tension.

LM: That each person brings something different to the party. Use the strengths of everyone and have one overall lead who is in control of pulling everything together and ensuring the deadlines are met.

Research, it just proves the obvious doesn't it?

SJ: Possibly. But there is a constant tension in our work around this – things you think that are obvious that are actually not, and things that are obvious, but which lack evidence and are thus difficult or impossible to justify (e.g. to commissioners) carrying out. Health service policy is increasingly evidence led – the National Institute for Health and Care Excellence (NICE) - is the main driver for this – "Improving health and social care through evidence-based guidance". Without good evidence it will be increasingly difficult to justify the commissioning (funding) of AAC services and interventions.

LM: Without robust research it can be hard to prove a need. For years, we all knew that a greater investment was needed in provision of AAC and a post code lottery existed. The 'Shining a Light' publication was key to addressing this need with evidence.

JM: I have heard the phrase 'we will not continue to provide this service because there is no research evidence to support it'. Lack of (research) evidence is a very different concept from no evidence. All of us involved in any aspect of AAC have a responsibility to support our evidence base (researcher, practitioner, service user). We need to be clear what evidence is, and is not, and sometimes we need to prove the obvious by delivering it through a 'research' medium.

Research is expensive?

JM: Yes. But the costs of not doing research may be more. Universities provide a massive amount of infrastructure around research delivery. This is expensive. Values you see on research awards include these expenses. A summary of 'full economic costs' is here: https://www.admin.ox.ac.uk/researchsupport/costing/intro/. After taking into account these costs, most of the rest of the costs of the kind of research we do comes down to paying research staff.

Would we do it again?

LM: Certainly. The up-front investment of time and energy by all the partners has paid off for both projects outlined. These costs are never recouped as any funding is only from the moment the project goes live.

JM: Definitely. Things always change though and it is really difficult to stay current in rapidly changing service delivery, policy and research landscapes. That said, the key research questions tend to remain constant. The costs of not doing it again, for example repeatedly trying, and taking the knock backs whilst getting back up, reflecting on the feedback received and trying again means that AAC research would never get off first base.

SJ: Yes, well, we have done! Part of the research method is a critical approach to learning and carefully questioning your approach. Personally, I have learnt a massive amount from this work and I do also hope that our work has had some impact in the real world too.

NIHR Publication Protocol

1 The National Institute for Health Research Health Services and Delivery Research (NIHR HS&DR) Programme was established to fund a broad range of research. It builds on the strengths and contributions of two NIHR research programmes: the Health Services Research (HSR) programme and the Service Delivery and Organisation (SDO) programme, which merged in January 2012. The programme aims to produce rigorous and relevant evidence on the quality, access and organisation of health services, including costs and outcomes. The programme will enhance the strategic focus on research that matters to the NHS. The HS&DR Programme is funded by the NIHR with specific contributions from the CSO in Scotland, NISCHR in Wales and the HSC R&D Division, Public Health Agency in Northern Ireland. www.nets.nihr.ac.uk/programmes/hsdr

2 The National Institute for Health Research (NIHR) is funded by the Department of Health to improve the health and wealth of the nation through research. Since its establishment in April 2006, the NIHR has transformed research in the NHS. It has increased the volume of applied health research for the benefit of patients and the public, driven faster translation of basic science discoveries into tangible benefits for patients and the economy, and developed and supported the people who conduct and contribute to applied health research. The NIHR plays a key role in the Government's strategy for economic growth, attracting investment by the life-sciences industries through its world-class infrastructure for health research. Together, the NIHR people, programmes, centres of excellence and systems represent the most integrated health research system in the world. For further information, visit the NIHR website (www.nihr.ac.uk).

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Will “More Therapy” Help? A Review of ‘Traditional’ and Naturalistic AAC Interventions

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The following was submitted as coursework for the Evidence Based Intervention in Complex Communication Needs MSc level module delivered at Manchester Metropolitan University (2014).

“Needing more therapy” is a regular assertion to our speech and language therapy team supporting individuals (age 4-19) with a range of learning and physical disabilities, who are learning to use augmentative and alternative communication (AAC) systems to understand and express themselves. Through my practice I have developed the view that communication and learning opportunities are best provided in that individual’s usual educational and social environments, where communication disabled individuals can learn to use their own AAC systems in a way that mirrors the experiences of speaking communicators: watching others and learning through good communication environments and partners. These opportunities would not necessarily be provided directly by a speech and language therapist.

This review of the literature will explore views on “offline” and “online” intervention for AAC (Murray, 2014). “Offline” is taken as an individual being removed from their everyday environment to be taught communication skills directly by a therapist or therapy assistant as in the traditional (and often requested) view of therapy. “Online” intervention will be viewed as working on a communication target within the individual’s natural environment.

Searching the Literature

The terms, “naturalistic language” OR “direct intervention” OR “functional communication” OR intervention AND AAC were used as search terms and a hand search was carried out of Alternative Augmentative Communication journal. Articles were selected from reading the abstracts, if they reported results of different types of intervention, reviewed other intervention research studies, or specifically discussed approaches. Finally, relevant cited articles were included. If time allowed I would carry out further searches using the term “service delivery”. The search revealed evidence for both off and online approaches and also described some combination of approaches which will be discussed below. Each study described the efficacy of one intervention. However there were no direct comparisons of particular approaches to achieve the same outcome for an individual.

AAC and Language Development

There is a specific need for more research into interventions and language development in this area (Binger & Light, 2008). This review considers direct intervention for linguistic or communication skills, but has not referred to motor skills such as alternative access for speech generating devices or other communication systems, although it is recognised that some approaches consider the motor patterns of selecting symbols to be intrinsic to learning language. This review will consider approaches which develop AAC use online, develop AAC skills offline and other issues that arise from the literature.

AAC intervention has been increasingly delivered through communication partner training, enabling partners to provide models and opportunities for communication in natural situations (Granlund, Björck-Åkesson, Wilder & Ylvén, 2008)

Modelling is the most described *online* strategy, with three formal approaches being described. These are Aided Language Stimulation –ALS (Goossens’, Cain & Elder, 1992), System for Augmenting Language - SAL (Romski & Sevcik, 1992) and Aided Language Modelling – ALM (Drager, 2009). These mimic aspects of how natural speech is learned in typical speakers. In this review I have chosen to focus on references to ALS because this is what is used in our local area and because it focuses on the utilisation of any graphic AAC system, not just speech generating devices.

Beginning communicators need to be exposed to AAC before being expected to use it (Sevcik & Romski, 2002). By learning in context, an individual at

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any developmental stage can be guided towards more formal AAC by the communication partner shaping & interpreting reflexive communications until they become an intentional communication (Cress & Marvin, 2003). This provides a platform for introducing symbols in response to early intentional communication functions.

Early adult-child interaction patterns follow the lead and attention of the child (therapeutic target of Elklan,1999). Routines, play and natural interactions provide a consistent environment for introducing symbols (Carter, 2003) within the range of the child's attention rather than teaching labels outside everyday interaction, which is arguably inefficient according to Cress & Marvin, 2003. Carter had noted that spontaneous interactions were most often missed by communication partners but the opposite was observed by Cress (2004).

Working to enhance Communication Partner Interactions

AAC intervention should also seek to work on partner skills to reduce the input/output asymmetry (Binger & Light, 2008) to make the interaction more balanced, to help the partner to ask more open questions, avoid yes/no questions and allowing the individual who uses AAC to experience the role of an active speaker (Cress & Marvin, 2003). A more balanced interaction helps to develop language, communication and cognitive development (Clarke & Price, 2012). Conversation partner training is advocated therefore by Kent-Walsh & McNaughton (2005) amongst others. Kent-Walsh & McNaughton proposed a model for communication partner instruction which offers flexibility in selecting training goals, and a protocol for achieving these through a hierarchy of stages.

Peers can also provide models when they use an individual's AAC system, and even without instruction, can model AAC and have a positive impact on an individual's language skills, particularly comprehension (Barker, Akaba, Brady & Thiemann-Bourque, 2013).

The acquisition of social rules of language use (pragmatic) skills may also occur naturally if a child can experience the consequences of their output (for example learning the appropriateness of swearing (Cress & Marvin, 2003)). However an individual may also require offline sessions to discuss and reflect on situations. Beginning communicators have been given offline interventions in order to teach early functions and forms of communication. For example, PECS (Picture Exchange Communication System) (Frost & Bondy, 2002) starts with an intensive direct instruction period. Therapeutic responsibility to implement the offline work is shared with parents and others around the child (van der Meer, Sutherland, O'Reilly, Lancioni & Sigafoos, 2012).

Aided Language Stimulation (ALS)

The ComAlong Project (Jonsson, Kristoffersson, Ferm & Thunberg, 2011) empowered and trained parents to introduce and trial manual communication boards, taught through ALS. They reported an increase in modelling of a range of communication functions (not just requesting) and parents were then involved in decisions about continuing with AAC as an intervention. This would confirm the potential of parents to change their own communication style to provide good language models, although these parents were educated to university level (and had opted into the research), so using ALS in the home may not be accessible to all groups of parents.

Some researchers have provided a "naturalistic" modelling approach, but in an offline way, offering distinct therapy sessions to deliver language training. In individual and group sessions, children and adults increased their expressive vocabulary and syntax skills through ALS input delivered in offline therapy sessions (Bruno & Trembath (2006); Binger & Light (2007); Beck, Stoner & Dennis (2009)). Their input ranged in intensity from two 45 minute sessions per day over a week to 15 minute sessions one to three times a week but no indication was given as to what intensity would be most efficient. Beck, Stoner & Dennis also describe ALS as being successful with adults, whose skills one might have expected to have plateaued.

Adults (for whom one might expect less change) experienced ALS and all increased their use of AAC and maintained some increase, indicating the value of ALS (Beck, Stoner & Dennis 2009). Intervention can be provided in a natural context engineered to remove distractions and to focus on a particular skill. For example Sigafoos, O'Reilly, Seely-York, Wuru, Son, Green & Lancioni, 2004) taught an individual to use a speech generating device (SGD) in a café (real life situation) but at a quiet time and focussing on the skill of requesting through a structured programme before generalising this skill.

Areas of language requiring specific support: grammar & vocabulary

Individuals using AAC often have underlying difficulties with grammar, specifically word order and morphology (Binger & Light, 2008; Loncke, 2014), thought to be associated with a lack of speech experience (Blockberger & Johnston, 2003). Blockberger & Johnston suggest that individuals with a high number of symbols on their display and who directly access their system would benefit from intervention to teach morphology, although they do not directly specify whether this would be on or offline intervention.

Binger & Light (2008) suggest that interventions targeting grammar with AAC should use the same techniques as therapy for children using primarily speech, i.e. models, elicitation questions, recasts, forced alternatives, corrections and explanations. These authors describe milieu training, where children are responded to in a supportive environment and then incidental teaching techniques are used to further develop communication, such as modelling, expectant pauses and elicitation models to target grammar, using strategies in the natural environment. They suggest explanation and metalinguistic (offline) work for older children who have not learned via the environmental approach. Lund & Light (2007) taught grammar offline but found this to be slow, taking 52 hours to teach specific goals.

Researchers have used offline sessions to teach AAC vocabulary to typically developing three year olds (Drager, Light, Carlson, D'Silva, Larsson, Pitkin & Stopper, 2004) and concluded that skills were learned through repetitive practice rather than through a strategy that could be generalised. However, this was completed with speaking children who had not had previous experience of using symbols to communicate and who had not had the opportunity to learn AAC through naturalistic means. Indeed, Light & Drager (2005) (described by Reichle & Drager, 2010) concluded that children of up to 12 months old could learn to navigate a symbol display through observation and imitation.

Word order is another challenge for individuals using AAC, as output often follows the order of other visual languages such as BSL ("sensible combinations" Loncke, 2014) which Binger & Light (2007) indicate can be corrected through intervention although again they do not state whether this should be an on or offline or combination aproach.

Narrative skills responded well to therapy in three sessions a week for five weeks. Soto, Yu & Kelso (2008) worked with a young woman to increase her range of vocabulary, linguistic complexity and story complexity. Initial sessions were carried out 'offline' with a researcher. The strategy was then carried on beyond the research period by the teacher.

Working with the Communication 'Community'

McAllister, Wylie, Davidson & Marshall (2013) propose a third approach, of directing intervention to the community. They suggest that intervention should target the sources of disability as viewed in a bio-psychosocial approach, i.e. that society creates attitudinal and physical barriers. They also refer to populations who are unable to engage with individually focused approaches but who could still participate more in their own community if awareness and training were available to all. Community members can also be assisted with lobbying for an inclusion agenda and political change. The authors argue that therapists should include equal service provision across all sectors of a community. This wider scope of intervention would tackle issues of identity and create valued environments where people "belong" (Milner & Kelly, 2009) and help create the motivation that is vital for AAC (Beukelman & Mirenda, 2013) In support of this, the International Classification of Function, Disability and Health (2001) recognises that, in addition to an focussing on an individual's skills (function and structure), the communication environment and communication partners can have positive and/or negative influence on an individual's participation. Beukelman & Mirenda's revised 'Participation Model' stresses that environmental barriers should be overcome before working on an individual's specific communication skills.

Summary

Most of the literature considered in this review suggests a combination of approaches, targeting intervention at the individual, conversation partners and to reduce barriers in the environment (Bray, Ross & Todd, 2006; Beukelman & Mirenda, 2013). Several authors refer to the advantage of an initial naturalist approach to AAC and some of these approaches could be delivered on or offline, for example, modelling in a child's natural environment or providing specific intervention sessions. However, there is recognition that some elements of AAC use may need to be taught at a metalinguistic or interactional level, such as grammar, narrative and some problem solving of social interactions. This may be particularly indicated for older individuals and those with a more disordered communication profile. Offline work may also be recommended for individuals who we believe less able to learn through imitation.

Having found literature that levelled intervention at breaking down community and participation boundaries, the author would be interested in researching this area further.

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Working with ‘My First Symbols’ for families and children with complex Communication Needs

KATE HOLLOWAY
Support Services for Education, Somerset County Council
Email kholloway@somerset.gov.uk

My First Symbols is a pack which includes information and resources to help support professionals working with families with children who have complex communication needs (CCN). It is meant as an aid for those who want to know what early steps can be taken to help children who are not developing speech. The pack was put together after a series of meetings and discussions among a variety of professionals, educational staff and parents who work/live in Somerset. The aim was to provide ideas and suggestions for introducing symbols to young children that would be accessible and easy to use and help bring about some consistency of use across the county.

The pack is divided into sections including how the symbols and vocabulary were chosen, how to introduce the symbols as well as some ideas and games to teach their meaning in natural settings. Many children who have difficulties with communication have been provided with photo books and pictures for choosing and sharing news however in order to be able to develop language and sentence structure other types of words such as verbs, adjectives and position words all need to be provided. This is what this pack aims to do.

The Vocabulary was chosen by a group of speech and language therapists and then verified as common early words using published studies and resources. The words chosen allow a wide range of functional language to be developed, so there are describing words which can encourage commenting, question words, verbs that would allow instructions to be given e.g. “stop” or “again”. The vocabulary includes what Beukelman and Mirenda (2013) call “Developmental Vocabulary” these are words that allow language to develop in complexity so that nouns can be combined with verbs or adjectives to begin developing sentence structure.

Strategies and ways to introduce the vocabulary are discussed within the pack; the emphasis is very much on developing communication in real life settings. These strategies are based on ideas from Carol Goosens “Aided Language Stimulation” and engineering the environment to give children a reason to communicate from Coupe, O’Kane and Goldbart, the Hanen approach of waiting for a child to communicate and to follow their interests is also mentioned.

Some of the ideas on how to use and teach the vocabulary are detailed in a series of appendices, there are ideas on how to use the symbols with picture books, switch toys and simple voice output message devices as well as how to organise and store the symbols.

Delivering the pack to Portage Teachers was combined with a work shop and a follow up was conducted including a questionnaire approximately 9 months later. The pack has now been widely used in Somerset by both Portage teachers and speech and language therapists and the reponse has been positive. The questionnaire found that 75% of the Portage teachers had used the pack with the children and families they worked with since the introductory training session. All of those teachers had used it with at least two families and most had used it with between 4 and 8 families. They felt that most of the parents (82%) had been very positive about using the symbols and 85% of the teachers had used the games and ideas section and all of those had found it useful. They felt that it had helped them feel confident about the vocbulary they chose and how to introduce it.

These are some of the responses from the questionnaire:

> The resource has made it easier to introduce the idea of symbols to families earlier than I might have done

> It has helped me realise the benefit of using symbols for language development

> It has helped me think beyond nouns and to offer more communication opportunities

The pack is in a downloadable PDF format and has the 30 symbols attached in two different sizes. These symbols are from the Widgit Rebus vocabulary as this is the format most often used in Somerset schools. There was an informal questionnaire given to a large number of people omparing three different symbbol systems and generally the symbols from Widgit were the preferred ones. The symbols chosen for the action words were those that most resembled the sign, as Somerset promotes the use of total communication and signing is used in many early years setings as part of a multi sensory communication approach.The pack is still helpful even if Rebus symbols are not the chosen system, as of course the principles behind introduction of symbols and the games and ideas are the same what ever the symbols are used. It is the consistency of use and teaching of these more symbolic or opaque images that is important.

The format of the booklet is user friendly and could be given out in sections as appropriate, if not as a whole booklet. The PDF is a high resolution format so pages can be enlarged quite easily to be produced as posters (this was one person's idea who came to talk to me at the conference).

If you would like any further information then please email me on kholloway@somerset.gov.uk. The publication is available from Support Services for Education, Somerset County Council. A small charge is made to cover costs- please telephone 01823 348266 and a PDF copy can be emailed to you.

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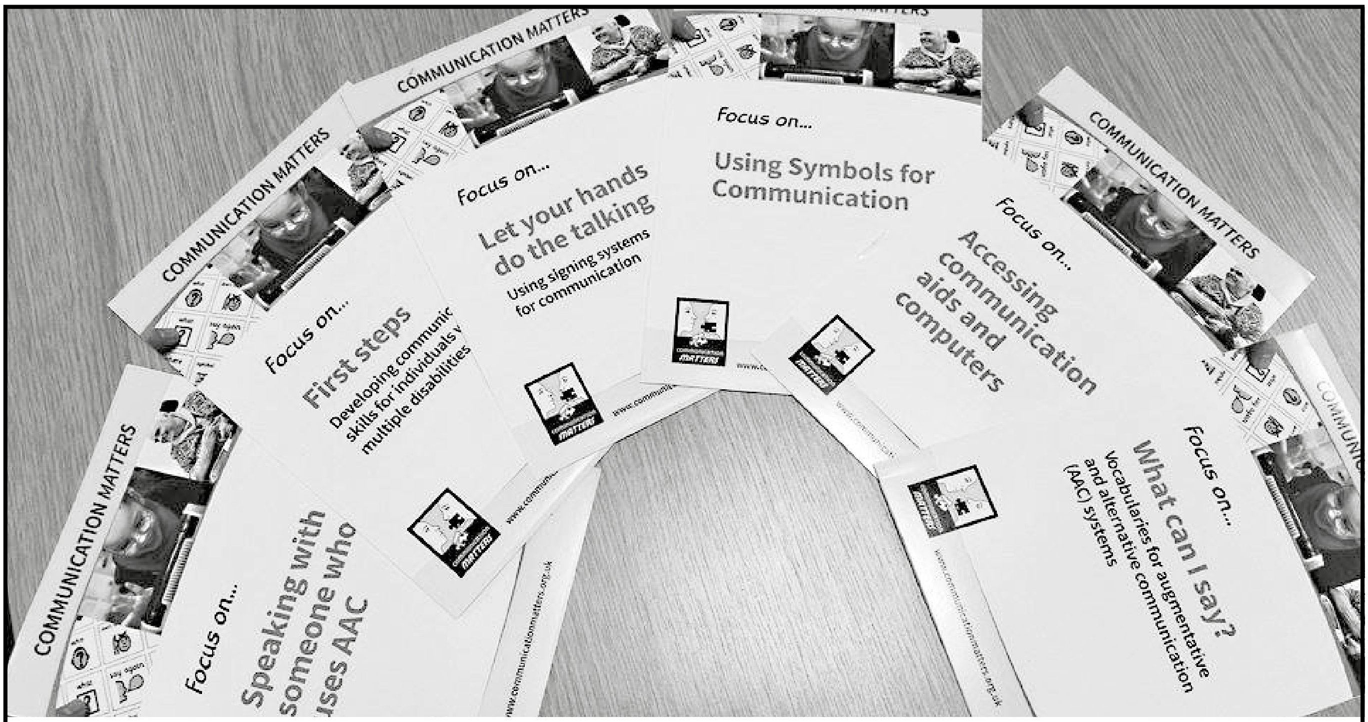

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