

# What is Augmentative and Alternative Communication? An Introduction

Sally Millar and Janet Scott

Augmentative and Alternative Communication (AAC for short) sounds very complicated – it isn't really! This chapter aims to demystify AAC.

## *What exactly does AAC or Augmentative Communication mean?*

Augmentative communication means any method of communicating that supplements the ordinary methods of speech and handwriting, where these are impaired.

Some people with disabilities may not be able to use speech as their main means of communication, and may have to use special techniques. The idea of augmentative communication is to use to the full whatever abilities the communication impaired person does have, in order to bypass and/or compensate for areas of impaired function. With recent technological advances and an increasing awareness of the range of communication options open to individuals with a wide range of disabilities, the potential is there to provide more and more people with an improved level of communication.

Although there are times when we all may use aspects of AAC (for example gesturing across a noisy pub to a friend for a drink, pointing to a picture or gesturing when trying to make yourself understood in a foreign language), some people rely on AAC all the time. AAC is used in all sorts of settings – wherever people need communication: family homes, in nurseries and pre-school settings, in schools, colleges, and in Higher Education, in hospitals and intensive care units, in Day Centres, in residential homes.

AAC has the potential to greatly enhance the quality of someone's life. *"The joy of being able to write again and keep in touch with old friends ... is tremendous. Having the security of knowing I will always have some way of talking to those closest to me is too wonderful to describe."* (Macdonald, 1994).

AAC can allow an individual to participate more fully in society, by providing him/her with a greater level of independence. McFadden (1995) *"... to me and others like me being able to communicate puts us into society. It lets us have a voice. ...For me having a Liberator has changed my life completely."*

AAC can enhance an individual's access to learning and educational opportunities: *"Using the BIGmack has been very beneficial. It has allowed him to participate in various classroom activities and has helped to strengthen his understanding of symbols by adding speech to them."* (teacher of children with profound and complex learning difficulties).

## *Do 'AAC' and 'AAC system' mean the same thing?*

*One is the overall concept (AAC), the other is a specific example of the whole (AAC system).*

The term 'AAC' includes four interlinking strands:

- the **communication medium** – how the meaning of the message is being transmitted. This can be 'unaided', for instance by using gesture, facial expression, signing, etc., or it can be 'aided', where the person communicates using some sort of device other than their body, for instance via a communication chart, or an electronic device with speech output.
- a **means of access** to the communication medium – this may be via a keyboard or touch screen, or by using a switch to scan from an array of letters / words / pictures.
- a **system of representing meaning** – when people speak, their meaning is represented by spoken words which act as 'symbols'. Where a person is unable to speak, their meaning has to be represented by a different set of symbols. These symbols may be traditional orthography (letters / words), or it may be a set of pictorial symbols (e.g. Picture Communication Symbols)
- **strategies for interacting** with a communication partner, for example being able to start up a conversation, or to sort things out when the other person does not understand.

*adapted from RCSLT, 1996*

An augmentative communication **system** means the 'package' of techniques and technologies that makes up 'total communication' for a specific individual. Typically, an individual might use their facial expressions, body postures and gestures, eye-pointing, vocalisations with different pitch and tone, and speech attempts; they might also use a more specialised system such as signing or symbols, and/or computer-based message storage with text-processing and synthetic voice output.

Each individual's augmentative communication system will be personally customised and thus each will be different in important respects such as the specific device chosen, method of access / operation, the settings, the type of overlay, the particular vocabulary available, and the way messages are built up etc..

### ***What's the best form of AAC to use?***

*There's no such thing!*

That's like saying "what's the best car?" or "what's the best food?". It depends on personal tastes, and on personal needs, as well as on each individual's situation and abilities and disabilities; it will be different for different people. Specialised assessment will help to identify the most appropriate system.

Most AAC users use a number of different forms of AAC – a *mixture* of unaided and aided communication systems, and a mixture of low tech and high tech aids – depending on the situation.

### ***Unaided Communication***

This term is used for an augmentative method of communication which does not require the use of any additional material or equipment. The biggest advantage of gestures and signing is that they are, precisely, unaided systems, and thus wonderfully quick, immediate and practical – you can't forget to take these systems with you; you can use them wherever you are; you don't need any expensive or cumbersome equipment; they can't break down.

Gesture is often used loosely to include the whole range of expressive things we can do with our bodies, such as facial expression, eye gaze, and body postures, and might include some mime-like movements and signs. At the simplest level, gesture is intuitive to everybody, and often immediately intelligible. It may be used by people with profound difficulties. More sophisticated gestural codes can also be developed. The disadvantage of gesture for transmitting information is, as Michael Williams (1994), who is himself an AAC user, says:

*“gestures can get you a cup of coffee in the morning, but they do a poor job of telling your friend about that delicious piece of cake you had the other night. Gestures can only express things in the here and now. Also, gestures are poor candidates for expressing things like truth and beauty.”*

Signing is a much more sophisticated form of communication (and as such, is a whole specialist area in itself, which is beyond the scope of this book). There are a number of different forms of signing – some use restricted numbers of signs as a support for speech, while at the other end of the scale, others provide complex and powerful language, with enormously rich expressive capabilities. While signing is of course a primary AAC choice for people with deafness and hearing impairment who live in a 'signing world', it is not always quite as useful for people with other communication difficulties. The disadvantage of sign language is above all that not everyone in the communication impaired person's environment – in fact, sometimes hardly anyone – may sign well themselves or understand sign to any very advanced degree. Staff need continual training in sign. Furthermore, many people who need augmentative communication systems have some degree of physical and/or neurological impairment, which may make the formation of recognisable signs physically difficult.

### ***Aided Communication***

This term refers to systems which involve some physical object or equipment such as symbol charts or books, or to computers or voice output communication aids (VOCAs). An aided communication system can be something very simple (e.g. the alphabet written on a plain post-card) or it may involve a highly sophisticated microelectronic system specially programmed with a large vocabulary.

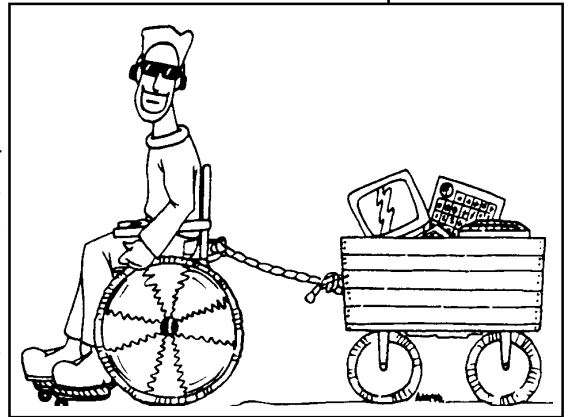
### ***Advantages of Aided Communication Systems***

The biggest advantages of aided communication are the flexibility and the richness of communication that can be achieved by creating and/or customising vocabulary sets; employing sophisticated methods of storage and retrieval; and providing users with special means of accessing them, if necessary. Aided communication can be used by very young children, non-readers, and individuals with severe intellectual and sensory disabilities, as many are based on simple pictures and symbols. Systems based on alphabetic symbols, for those who can use them, give access to a limitless range of communication. Low tech systems can be very quick and simple to use. High tech aids can be designed for operation by a very minimal movements (e.g. a single switch press), so can be accessible to individuals with severe physical disabilities. Rate enhancement techniques may be included in the design of an electronic aid, to try and help users approach a more normal speed of communication. Voice output increases users' independence. Use of high tech systems greatly increases the range of types of communication available (e.g.. group discussions, phone use, use in employment, connection with other computers, email, 'chatting' on electronic Bulletin Boards, etc.) above

and beyond personal face to face communication .

### *Disadvantages of Aided Communication Systems*

The biggest disadvantage of aided communication is the equipment itself. Having to remember and carry objects around with you, inevitably means something can get forgotten / left behind / lost / broken. Sometimes equipment can be bulky, or heavy, and often it may be very expensive. If the communication equipment is electronic, there may be a need to keep track of wheelchair mountings, battery rechargers or spare batteries, on top of the basic equipment – and there is always the spectre of technical failure. (For this reason, it is vital to have a) a non electronic back-up, and b) insurance.) Another disadvantage, to the user, of high tech aids is that acquisition of a sophisticated piece of technology may set up unhelpfully unrealistic expectations of ‘instant success’.



### *The Technological Continuum*

#### *What's 'Low tech' ?*

*Anything you could use in a tent, with no power points or spare batteries anywhere – i.e. anything that doesn't involve electricity or electronics.*

‘Low tech’ communication systems may take many forms, and are discussed in more detail later in this book, in Chapter 2. ‘Low Tech’ systems might include, for example:

- tangible symbols (e.g. real objects, miniature objects or parts of objects, on an activity calendar)
- picture / photo boards or books
- symbol communication charts or books, topic boards
- letter, word or phrase boards
- communication cards (e.g. clipped on a keyring on a belt)
- eye-blink, or eye-pointing pointing codes
- ETRAN frames (fix pictures, symbols or letters, or a code to a frame in front of the user, who eye-points to the item they want to communicate.)

Features of a low tech system to look out for are the choice of *representational system*, (i.e. what kind of pictures, symbols or codes suit the user best) and the *method of selection* of items (e.g. direct pointing, saying ‘yes’ or ‘no’ when a helper points, switch use etc.).

#### *What's 'High Tech' ?*

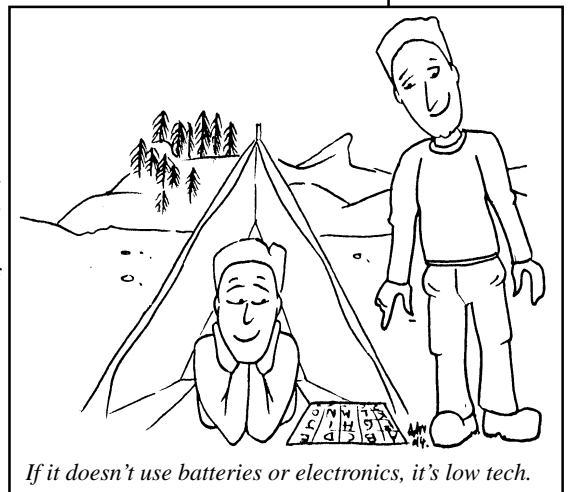
*Anything using electricity / electronics*

This category covers a wide spectrum, starting with very low ‘high tech’ devices (ie. which do contain some technological element, like a battery or a switch, but which are very simple). For example:

- pointer boards (hit a switch to stop the pointer going round, when it's at the object / picture / symbol required)
- switches connected to battery-operated toys or simple environmental control devices such as attention-getting beepers, cassette recorders, single message tape-loops or other simple message players
- switches connected to a ‘Mains Switcher’ to allow a user to control things like a television, or lamp
- toys or books that speak when certain areas are pressed.
- simple, single message devices such as the *Big Mack*

Specific high tech systems will be discussed in detail in another part of this book. Features to look out for in high ‘high tech’ communication systems would include:

- portability and robustness
- range and type of possible input methods (keyboard? overlay keyboard? switch input? a range of scan options?)



- type of screen display (none; static, displaying only text; dynamic, displaying symbols)
- techniques used to store and retrieve messages
- output (transient or permanent? (what type of screen, if any? digitised voice? synthetic voice? text? hard copy printout? storage on disk?)

'High tech' communication aids vary also in the degree to which they demand of the user more or less sophisticated techniques of visual perception, memory, sequencing skills, language processing, meaning associations, grammar or encoding.

### ***Who can benefit from AAC?***

Numerically, small numbers of people – probably less than 1% of the population. But although that percentage sounds small, that's still hundreds of thousands of people in the UK. Worldwide, it adds up to millions.

There are no reliable figures on the number of people currently using AAC in the UK. The total figure might be dramatically increased if we included people who *might* benefit from AAC (but who have not been assessed or provided with AAC), and people with severe hearing and visual impairments.

However many or few, communication is a really important issue for each individual. The less speaking ability a person has, the greater their need for augmentative communication. Some people will need AAC as their main means of expressive communication, lifelong, because of congenital physical or language disability. Some will come to use AAC later on because of acquired disability, through accident or illness. Others may require AAC techniques only occasionally, to clarify or expand upon spoken messages or in particular situations. For some, AAC may be only a transitional stage in the development, ultimately, of speech. Some people can speak adequately, and need AAC only for writing tasks.

There is no single medical condition that indicates (or, for that matter, contra-indicates) the use of augmentative communication; AAC is a functional, not a clinical definition of a set of helping strategies that can be learned by people of all ages, with a wide variety of conditions. For example, users of AAC can be found amongst people with cerebral palsy, complex cognitive disabilities, specific speech / language disorder, stroke, head injury, motor neurone disease, multiple sclerosis, profound and multiple learning difficulties, Freidreich's ataxia, autism, spinal cord injury, and more.

The narrowest definition of AAC refers only to speech aids for people who can't speak clearly. The wider definition, which we use here, includes writing aids for people who can't physically write as a form of AAC. Many individuals can neither speak nor write so an ideal AAC system would include speech and writing aids integrated within the same system. Other individuals may speak adequately in the 'here and now', but will need to use AAC for writing tasks e.g. to access the curriculum in education, to record their work in class, or to enter or keep employment.

A special group is people who use a full-scale sign language. People with deafness or hearing impairment who sign are said to be using sign language as an *alternative* method of *communication* in that sign is usually their first or main language and often totally *replaces* speech. (Whereas most other communication impaired people are *supplementing* their existing speech attempts, sometimes with sign along with other systems, and are said to use augmentative communication.)

Blind or visually impaired people who use Braille or Moon and/or technology based on these systems may also be thought of as using a specialised form of augmentative and alternative communication, although this does not usually fall to AAC specialists to teach, but more often to specialists in visual impairment.

### ***What level of ability does someone have to have, before AAC is a possibility?***

*None. There are no prerequisites to the use of AAC. AAC should be introduced as early as possible.*

No one is too disabled to be able to benefit in some way(s) from augmentative communication techniques and technologies. The whole point about AAC is that it offers a *new* way of doing something. Rather than waiting until someone has failed with other approaches, AAC should be introduced as early as possible. The fact that a young child cannot apparently recognise and reliably pick out pictures does not mean they cannot use a voice output communication aid. It may mean that they need the aid to help them learn to associate the pictures with the words, through the supportive and consistent feedback of hearing the name of the picture spoken out each time they press it. People learn to communicate *by communicating* in meaningful situations – not by working up high test scores on apparently unrelated tasks such as picture matching.

**No one is too disabled to be able to benefit in some way(s) from augmentative communication techniques and technologies.**

Naturally, different people use different types of systems, and at different levels, depending on their age and stage and upon the pattern of their strengths and needs. For example, some individuals with complex multiple

disabilities may benefit most from use of technology to enhance their attention-getting, mobility and play – and thus interaction – before a ‘formal’ communication system as such is introduced. (They may have learned a lot of transferable skills useful for communication, such as switch use, cause and effect, and selection from an array of choices, from the earlier activities.)

### ***How easy is it to integrate use of AAC into Education and Everyday Life?***

*This is the really ‘key’ question!*

In fact, identifying the most appropriate augmentative communication system and even finding the funding to purchase it, for a user, is often the easy bit. Implementing effective use of the and integrating use of the system into daily life at home, school, or work can prove to be a difficult and a long term task. Recent work underlines the fact that

*“Mastery of a particular code ....does not ensure that the individual user will function as a competent communicator. Provision of an expensive communication aid will not ensure that it is used in a versatile and truly interactive way”*

(MacDonald & Rendle, 1994)

### ***Whose Responsibility is AAC?***

*Everybody’s. It’s not just the job of the speech and language therapist. A co-ordinated approach is vital.*

For someone to learn and use AAC effectively, it needs to be part of everyday life, not a ‘task’ done occasionally. Communication doesn’t happen in isolation. Each person using AAC will have a network of people around them – some with a formal remit to ‘work’ on communication and others who have communication links with that person on a more personal, social, work related or educational level. Murphy et al (1994) found that most of the people in their study could identify a group of individuals who had some communication remit in their work with the AAC user – however within each group there was confusion as to who the other members were, and the role of each.

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### ***AAC Team***

For AAC to be maximised there needs to be more co-ordination (Murphy et al, 1996), with someone with a clearly identified lead role (possibly, but not inevitably, a Speech and Language Therapist) acting as coordinator. The following people have a very important role to play, in helping the AAC system to function most efficiently, and to help the user learn to communicate effectively with AAC:

- Parents, families, spouses, friends
- Home and day placement carers
- Speech and language therapists
- Teachers and classroom assistants
- Occupational therapists
- Physiotherapists
- Rehabilitation engineers (or bio-engineers, electronic engineers)
- Computer programmers
- Volunteers
- AAC users!

### ***What are the Key Features of a Successful AAC Programme?***

*There are many interlinking factors.*

### ***Assessment***

Identifying the most appropriate communication medium, method of access and system of representing meaning can be a difficult task. The potential AAC user and their family, as well as other key people, need to be actively involved in the decision making process, rather than just having an ‘expert’ prescribe. It is important that the needs of the individual are met rather than the concerns of a third party, and so it is important to seek out assessment advice that is as professional and independent as possible. Obviously people’s needs and abilities change over time and AAC assessment should not be seen as a ‘one off’ event. Many people who have had communication difficulties all their lives will not be able to reveal their true potential until they have had access to a means of communication; they may need to work through a progression of AAC techniques as they develop their dormant skills.

### Training

At least three different groups of people need training: *the person using AAC; the person co-ordinating the input to the AAC user; those other people with whom he/she communicates*

**The person using AAC** – It is all too easy to miss the obvious – the person using AAC needs to be *taught*. Learning to communicate by some augmentative means is at least as difficult as learning to speak a foreign language (Murphy et al, 1996) – that fact is rarely acknowledged. Obviously the actual amount required will vary from person to person – but everybody using AAC as their means of communication will at least have to learn the following skills:

- how to operate their particular ‘communication medium’
- how to use this in an interactive, *communicative* manner – and how to integrate this with their other ways of communicating, e.g. gesture, vocalisation etc.

Some people will also have to be taught:

- what communication actually is about
- a symbolic language system
- how to access their communication system, e.g. switch scanning skills

**The person co-ordinating the input to the AAC user** – There must be ongoing training and support so that they can keep up to date with changes in philosophy and teaching approaches as well as in technology. They also need to be able to train and support all the *other* people in the communication network. Staff move on, and children change teachers each year, so training needs are continual.

**The other people with whom the AAC user communicates** – They need to be involved and trained. Communicating with a person using AAC is different from communication between two naturally speaking people. Conversations are usually slower so more time is needed; conversations can easily become dominated by the ‘natural’ speaker as he/she is able to speak at a faster rate than the AAC user, and has had more experience of communicating; conversations tend to have more frequent misunderstandings when the natural speaker has not been able to understand what the AAC user is saying and vice versa. The use of basic social interaction skills (e.g. eye contact, gesture and timing) can be different in an AAC conversation. People need to be aware of these differences and of the skills required for successful communication.

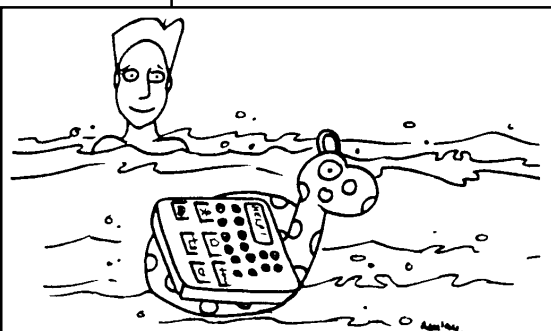
### Vocabulary

Some people who use AAC are able to spell out exactly what they want to say. For them vocabulary selection is not a problem. But, for the many people using AAC who have only limited reading and/or spelling, choosing the appropriate vocabulary for their communication aids / charts can be a challenge. It needs to be appropriate, and to change according to changes in interests, to new events happening, etc. It needs to reflect those messages and concepts that the person is unable to convey by other (perhaps more spontaneous) means. No one person will have all the knowledge required to select the vocabulary for a person using AAC. This task should be carried out by a number of people. The people who spend the most time in a variety of situations with the person using AAC are in a good position to have ideas about suitable vocabulary. Irrelevant vocabulary is one of the main reasons why an AAC system may be underused.

### Access to AAC and Communication Opportunities

It may seem very obvious, but if the people using AAC do not have their communication aids available and accessible to them, they will not be used. We are all familiar with communication charts and high-tech devices being kept in cupboards – perhaps to keep them safe, perhaps because they’ve been forgotten about, perhaps because they take up too much space, perhaps because they’re broken, perhaps ..... Perhaps the person using AAC will *choose not to* use it all of the time, but if it is not there, if the person cannot see it or reach out for it then he/she can never *choose to* use it.

People with physical impairments may find it difficult to start up a conversation with their AAC aid independently and may need practical help – for example, someone to ensure that a battery operated device is charged up regularly, to help get a communication aid out of their bag, or switch it on, or to position / fix down their switch, turn pages in a communication book and so on.



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Sometimes the environment needs to be ‘engineered’ somewhat, to offer *communication opportunities* to an AAC user, so that they can practise and get positive communication experiences. The use of ‘non-questions’ or closed ‘question and answer’ interactions (“I’m sure Henry wants a drink, don’t you Henry?”) needs to be reduced, if possible, and replaced by more exciting and open-ended prompts, and opportunities to make choices (“OK Henry, what time is it? What should we do now? a song? a bath? a drink? a peanut down the back of your tee shirt?”) – with plenty of time given to *expectant waiting* – i.e. assuming that the user can and will take up their communication turn, not that they can’t or won’t.

There needs to be new people to talk to and new things to talk about – a user may need trips to shops or cafes where s/he can ask for things independently; ‘buddy’ or group activities where they can meet and interact with non-disabled people of the same age; changes and continual new challenges in the daily routine so that the user *has to* use their system actively to stick up for themselves, ask questions or to demand things – as opposed to a dull routine where all needs are anticipated and there is no real need for communication.

### *Technical support*

AAC technology is becoming ever more sophisticated. It is providing opportunities which could not have been imagined even a few years ago. People with severe disabilities are able to communicate globally on an equal basis via the Internet. Their disability is hidden unless they choose to reveal it; for once in their lives, the wheelchair or speech difficulty is not the only thing people notice about them. However this increasingly complex technology also brings its own problems. Even not-very-sophisticated technology also brings difficulties – for instance, switches break or fall off their mountings. Few of us working in the AAC field (at least therapists and teachers) have skills in soldering, wiring up switches, computer programming, etc.. It is very important to identify sources of ongoing technical help locally, as well as contacting the supplier of the high-tech aid. From the perspective of a person using very sophisticated AAC equipment (who also has a need for Velcro!) “*Don’t underestimate the importance of such help ...*” (Macdonald, 1994).

### *Time*

One of the most important resources for the support of effective use of AAC is *time*. Not only do conversations with a person using AAC usually take longer than with a naturally speaking person, considerable time has to be found to learn about the AAC aid / technique; to teach the person using AAC; to coordinate / train / support the network of communication partners; for technical repairs / maintenance; and finally to sit back and reflect on progress and plan for the next step. Murphy et al (1996) argue that more time is needed for Speech and Language Therapists to work directly with people using AAC (and not just in the clinical setting – therapy needs to be taken out into the real world), and to train and support those other people in the communication partner network. For children in school, there can be a real conflict if the time available for delivery of the 5-14 / National Curriculum’ is *also* required for teaching them to communicate using AAC. Reid et al (1996) stress the importance of having time allocated officially for joint planning between teachers and therapists. Priorities have to be set and reviewed on a regular basis. Perhaps for some children learning how to use their communication aid will be the priority for a period of time, as this will give access to other aspects of the curriculum, which can then come to the fore at a later date.

### *Changing Attitudes*

Blackstone (1991) argues that the quality of the interaction that takes place with a person using AAC is generally dependent to some extent on the kind of beliefs and attitudes the speaking partner has about people who have a disability. Attitudes toward people with disabilities are generally rather negative. Attitudes towards people using AAC (or who may be able to use AAC) need to be positive. If people seem to give out the message that AAC use is “too difficult” or “takes too much time” then it will not be surprising if the user appears unmotivated to use their system. The user needs to feel they are working in a positive environment where their AAC use is encouraged and valued.

There needs to be a realisation that the speaking partner has an important role to play in the process of AAC. For AAC to be successful, the person using AAC needs to be included actively in the selection and development of the appropriate form of AAC. They need to be asked what they want! Murphy (1996) quotes a Speech and Language Therapist who has found it essential to consult her clients when selecting the vocabulary for their AAC devices: “*I’ve found that my selection of vocabulary, what I thought was going to be most interesting, hasn’t actually been that accurate...with client led selection looking at the vocabulary that’s available ... I’ve found that I had a better response.*” Blackstone (1993) quotes a lovely example of the need to include the potential AAC user in the creation of their communication aid: a colour-coded communication overlay full of symbols had been made up for an adolescent boy. Much time and care had been taken over the task. One of the colours used was pink. The boy took one look at it and said “*You don’t expect me to touch pink, do you?*”

### ***How can I get Advice and Information on AAC, or an AAC Assessment ?***

*Because AAC is quite new and specialist, not all teachers, therapists and Day Centre officers have acquired training in its use. If this is the case, and you think you or your family member or client could benefit from AAC, you could ask for a special assessment for AAC.*

Anyone who already has speech and language therapy is half-way towards a referral for specialist help with AAC: all speech and language therapists have a 'duty of care' and professional standards which include the requirement that a non-specialist local therapist "*might seek to establish a joint assessment process with colleagues with special competence in augmentative / alternative communication. In certain circumstances the assessment process may result in onward referral to a specialist centre for augmentative / alternative communication.*" (Royal College of Speech and Language Therapists, 1996, p.90)

In Scotland, each NHS Trust has a nominated 'Link Speech & Language Therapist' who takes special responsibility for AAC and is supported by regular contact from SCTCI. SCTCI will provide a list of the names and addresses of existing Link Therapists, who may be contacted directly. Your Link Therapist will be able to organise a specialist assessment for AAC

If there is no Link Therapist, or you are not sure of the procedure in your area, ask the local speech & language therapist about this. If there is no contact with a local speech & language therapist, try contacting the Headquarters of the Health Board for the area for advice. With the help of their Speech & Language Therapy Adviser, the Health Board will be able to clarify which NHS Trust covers the case of the communication impaired individual, and what is the appropriate point of contact for Speech & Language Therapy and/or specialist AAC help in that Trust.

A number of regions in Scotland now have centres or services specialising in AAC and/or technology for education. Even if the remit of these agencies does not allow them to 'take on' a particular child or adult client directly, they are likely to be able to suggest other possible sources of help or guide enquirers towards the appropriate procedures in their own area.

If there appears to be no-one locally who can help, a national agency such as SCTCI (all ages) or CALL (mainly for educational settings) can help to provide information and advice and sometimes assessment support. These specialist agencies will accept requests for help directly, and do not necessarily require speech & language therapy referral.

If you live outside Scotland, you may wish to contact one of the Communication Aids Centres or one of the ACE Centres (mainly for educational settings).

### ***Who pays for 'High-tech' Communication Aids?***

*Yes, well, a good question.....*

In spite of considerable efforts from the AAC field (National Paramedical Advisory Committee, 1997), policies on the funding of AAC equipment and services are still far from being established. It seems, unfairly, that the situation may depend to some extent upon where one lives and the age of the person needing the communication aid (and the time of year – budgets run out or have to be spent quickly).

If the person needing the communication aid is a child with a Record of Needs, and the communication system along with necessary support is specified in Part 4 of the Record (Statement of Special Educational Needs), the Education Authority will take responsibility either for itself funding the purchase of the necessary aid, or for arranging for funding jointly with other appropriate sources, (depending on the procedures that apply in different regions / Health Board areas). This alone is a worthwhile reason for persuading the authorities to open a Record on a child. It will then be very important to ensure that the AAC requirements are detailed very clearly and precisely in Part 4 of the Record (*not* in Part 5, which is where it is currently often placed, under 'Other Needs') (Scottish Consumer Council, 1989). The situation is similar with Statements, in England and Wales.

The terms in which the AAC system needed is recorded should be balanced somewhere in between an over-vague reference like "an AAC system" (which cannot be interpreted reliably and thus may never be implemented) and an over-precise reference (which ties the child for ever to some specific system that might quickly become unsuitable). The best format to use is something like "*a system of graphic symbols, implemented on a portable electronic voice output device with acceptable voice quality, storage capacities and a range of access methods similar to those currently available (1998) on the 'DeltaTalker'*". It will be important too that the necessary speech and language therapy and other services to introduce and support use of the AAC system is also included in the Record under 'Educational Needs' rather than under 'other needs'. *And* that the Record includes provision for regular reassessment of AAC needs and upgrading of AAC system as necessary.

For non-recorded children (especially pre-schoolers) or adults, there may be arguments as to whether their need for an AAC system should be paid for by Health, Education or Social Work. Again, in many cases, an ideal solution is to try and arrange joint funding, and some authorities are starting to put in place joint agencies for this – but in other places it can take up a good deal of time and effort finding out who to write to and how to make sure everyone is in touch with everyone else. If the needs of an adult are being formally assessed under Care in the Community procedures it is important to ensure that their AAC needs (which may be highly relevant to other issues such as independent living) are assessed, recorded and specified clearly, so that Social Work Departments are obliged to make provision for these.

Students in Higher Education may be eligible for a Disabled Student's Allowance as part of a mandatory award or grant from the Scottish Office or from the Local Education Authority in England and Wales. From the academic year 1998-9, the Disabled Student's Allowance will no longer be means-tested. There are three types of allowance and students may be eligible for any or all of them:

- (a) Specialist equipment allowance (maximum payable for the whole course £3,955 for 1998-9) for purchase or lease of major items such as a computer.
- (b) Non-medical helpers maximum per year (£10,000 for 1998-9) for special helpers such as note-takers or sign language interpreters.
- (c) Miscellaneous Allowance – maximum per year (£1,315 for 1998-9) for expenditure not covered by the first two.

More information can be obtained from the Scottish Office or local education authority's Student Awards Section (Disabled Students Allowance) or by discussing the matter with the university Adviser on Disability.

Students on other courses in Further Education may qualify for discretionary 'bursaries' from their local education authorities or from the College to which they are applying, or even, in some cases, funding from their local Social Work Dept. In all cases, arrangements for applications through these sources should be set in motion as early as possible in the process of applying to college.

The fact of the matter is that currently many people still have to wait for many months, if not years, for the statutory services to provide funding for an AAC system – if they ever do – and many end up relying on friends, families and charitable donations and awards to fund purchase of their communication systems.

### **Conclusion**

In summary, there has been, in recent years, exciting progress in the field of augmentative communication – in people's awareness and understanding; in the development of powerful and user-friendly technology; and above all in the development of the skills, confidence and increasing independence and assertiveness of people who use AAC. An excellent example of this is the person we know who has never been able to speak with their own voice, yet who is confident enough (and skilled enough) using their voice output communication aid to 'page' an unknown Speech and Language Therapist in a hospital at the other end of the country (having negotiated at least three levels of 'telephone receptionist'). As further evidence, you need look no further than some of the later chapters of this book where Scottish AAC users speak for themselves.

For users, AAC may be their means of accessing the rest of their lives. For those of us who are involved in helping people to use AAC, although it can sometimes feel as if it is taking up our whole lives, it is a privilege to work in this area. We have learned so much from the people we have been involved with and their families. As one carer put it, "*It's like being paid to go and spend time with my pals!*" We hope that this book will be a friendly and useful introduction for newcomers to the world of augmentative communication and its users.

*Sally Millar  
CALL Centre  
University of Edinburgh  
4 Buccleuch Place  
Edinburgh EH8 9LW*

*Janet Scott  
SCTCI  
WESTMARC  
Southern General Hospital  
1345 Govan Road  
Glasgow G51 4TF*

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