Assessing for AAC and referring on to a Specialised Service:
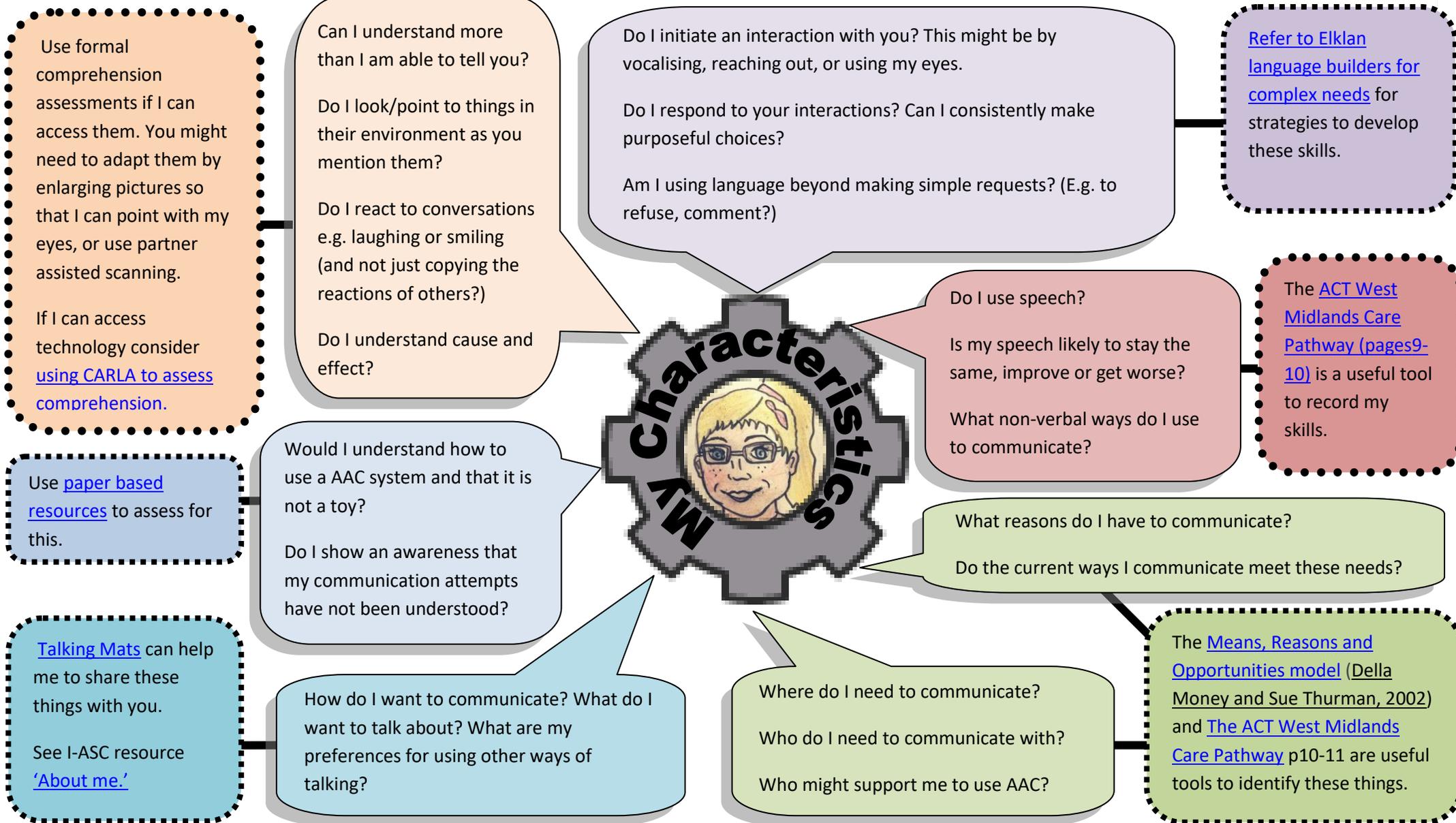# A guide for Speech & Language Therapists

Purpose of this document

Knowing who might benefit from AAC, how to assess, and where to look for support can be tricky. This guide aims to:

a) Outline the **key areas to consider as part of an AAC assessment**.
b) Suggest **resources** that may support an AAC assessment.
c) Identify **when** it would be appropriate to refer to a Specialised AAC service (in Yorkshire and Humber, this is the Barnsley Assistive Technology Team)
d) Identify **what the goals** of an AAC assessment might be.

This document has been developed with reference to the **I-ASC** Explanatory Model of Decision making.

Refer to the I-ASC website for more support and resources:
https://iasc.mmu.ac.uk/

This document is not intended to be part of the referral to a Specialised AAC Service but more as a guide to the information you will need to gather before considering a referral. You may of course include this completed document with your referral should you wish but the resources and assessments suggested in this guide would be a better place to fully record evidence you collect as part of the AAC assessment.

My Characteristics

Use formal comprehension assessments if I can access them. You might need to adapt them by enlarging pictures so that I can point with my eyes, or use partner assisted scanning.

If I can access technology consider using CARLA to assess comprehension.

Can I understand more than I am able to tell you?

Do I look/point to things in their environment as you mention them?

Do I react to conversations e.g. laughing or smiling (and not just copying the reactions of others?)

Do I understand cause and effect?

Do I initiate an interaction with you? This might be by vocalising, reaching out, or using my eyes.

Do I respond to your interactions? Can I consistently make purposeful choices?

Am I using language beyond making simple requests? (E.g. to refuse, comment?)

Refer to Elklan language builders for complex needs for strategies to develop these skills.

Do I use speech?

Is my speech likely to stay the same, improve or get worse?

What non-verbal ways do I use to communicate?

The ACT West Midlands Care Pathway (pages 9-10) is a useful tool to record my skills.

Use paper based resources to assess for this.

Would I understand how to use a AAC system and that it is not a toy?

Do I show an awareness that my communication attempts have not been understood?

What reasons do I have to communicate?

Do the current ways I communicate meet these needs?

Talking Mats can help me to share these things with you.

See I-ASC resource 'About me.'

How do I want to communicate? What do I want to talk about? What are my preferences for using other ways of talking?

Where do I need to communicate?

Who do I need to communicate with?

Who might support me to use AAC?

The Means, Reasons and Opportunities model (Della Money and Sue Thurman, 2002) and The ACT West Midlands Care Pathway p10-11 are useful tools to identify these things.

Barnsley Assistive Technology Team 22/03/2020

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Refer to the I-ASC website for more support and resources regarding access features.

The Eye Pointing Classification Scale offers guidance on measuring progress and setting goals for eye pointing.

Could I use my eyes? Remember- eye pointing for communication is a very specific skill and different to using your eyes for vision.

Do I have any vision or hearing problems? Do I need to wear glasses or hearing aids? Can I see all areas of a page or screen?

Could I use a switch? To do this I need to be able to comfortably and consistently make a movement when I want to.

Remember, I might use any body part to operate a switch, such as my foot, knee, elbow, chin or nose!

The ACT West Midlands Care Pathway (pages 14-17) can help you assess for this.

The switch progression roadmap can help progress these skills.

The Switch Access to technology guide can help with assessment and implementation.

Access Features

The ACE Centre 'getting started with AAC books offer advice on how to use partner assisted scanning.

Can I tell you 'yes?' If so then I could use partner assisted scanning to access a paper communication system.

Can I use my hands? Remember- this doesn't have to be 'pointing' with a finger, a person may use a fist, an elbow, a whole hand.

Consider enlarging pictures or words, spacing them apart, or using accessibility settings if you are using touch-screen technology.

Try these formal assessments (adapt them for me if I need this):

PALPA: Psycholinguistic Assessments of Language Processing in Aphasia (Janice Kay, Max Coltheart, and Ruth Lesser)

Frenchay AAC Screen

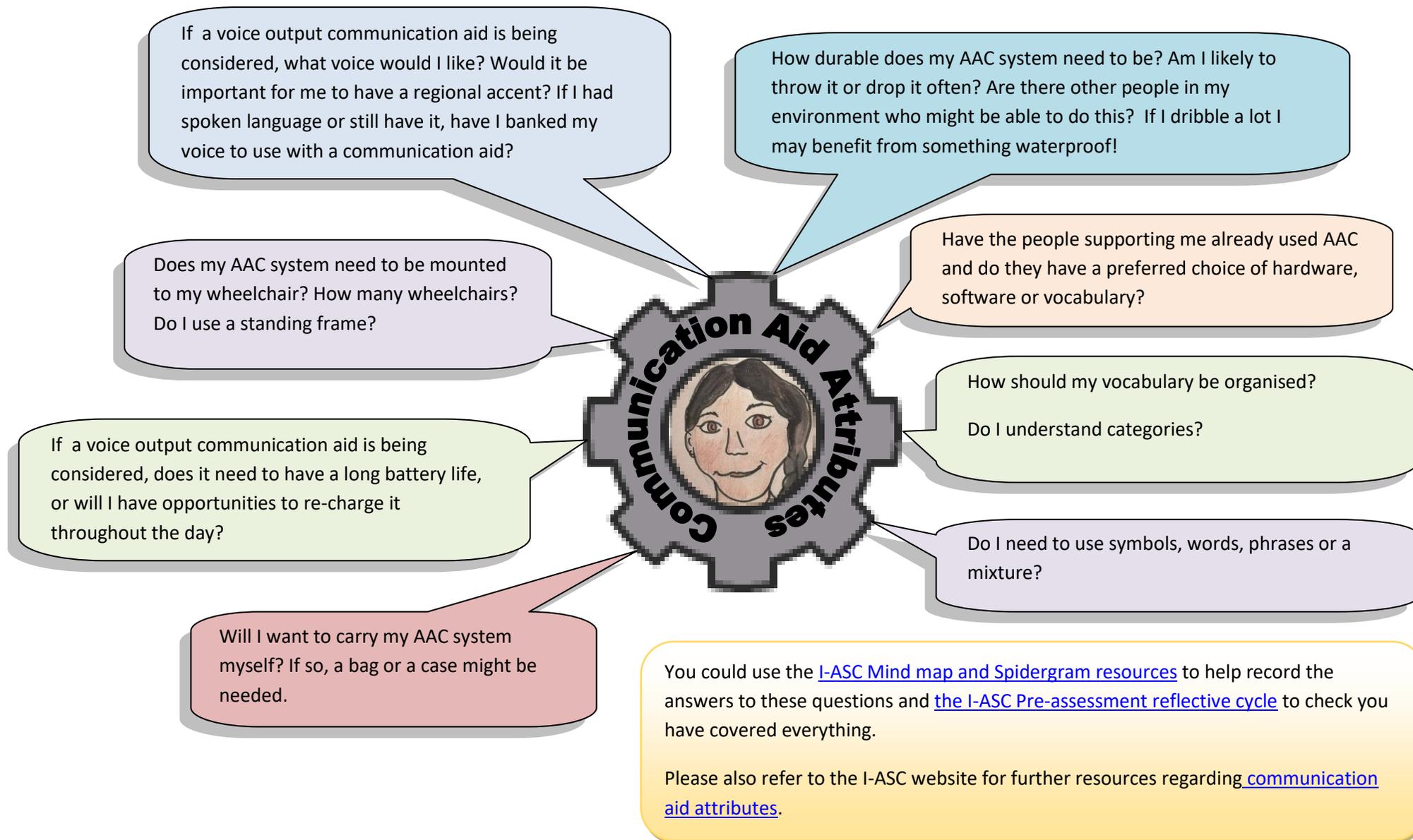TASP: Test of Aided Communication Symbol Performance

What are my literacy skills? Can I read? Can I spell?
Can I recognise initial letters?
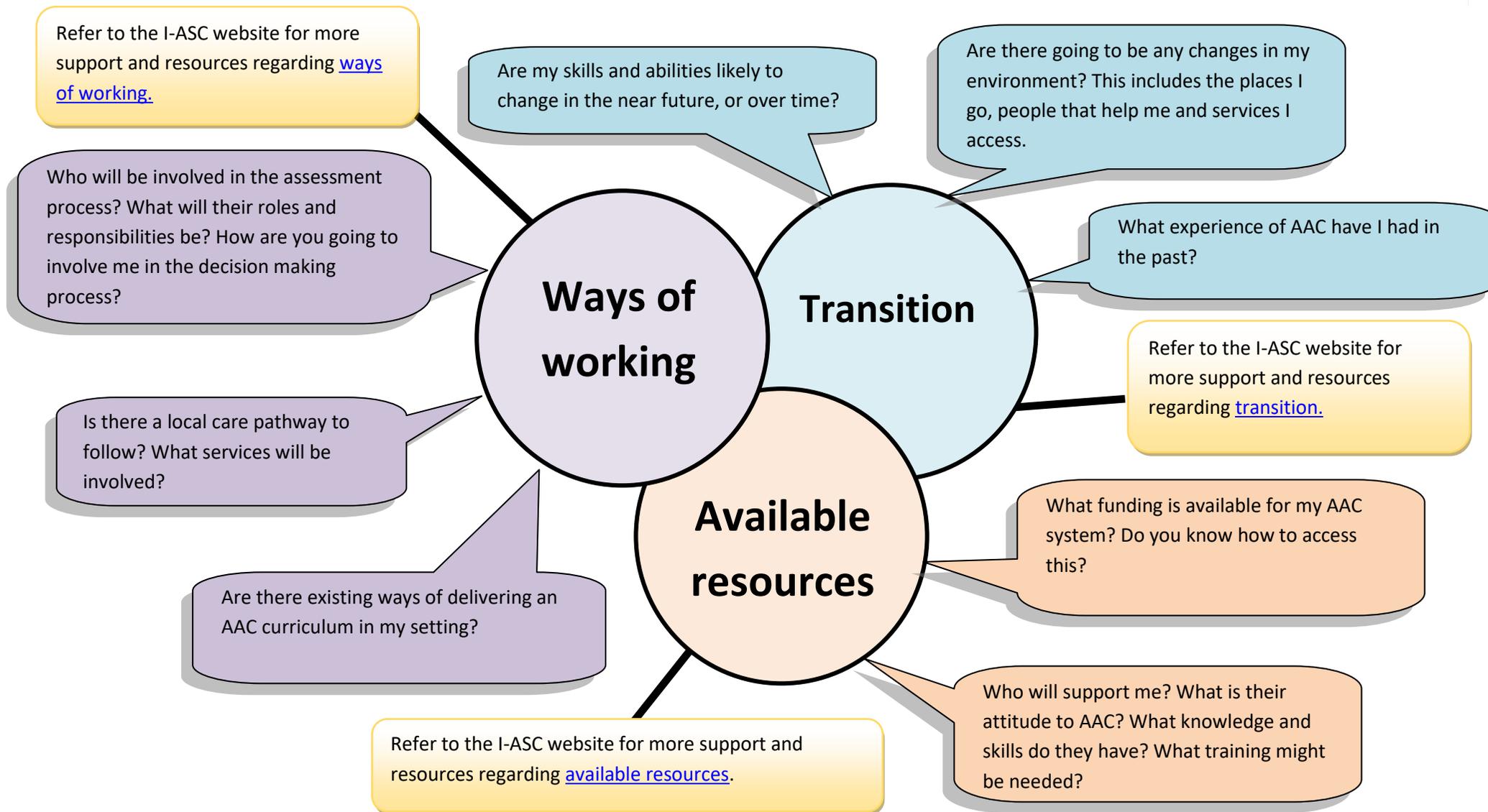Could I use predictive text?

Do I understand symbols?
Am I exposed to symbols in my environment?

To support direct touch assess to tablets, refer to

Apple accessibility settings

Android accessibility settings

If a voice output communication aid is being considered, what voice would I like? Would it be important for me to have a regional accent? If I had spoken language or still have it, have I banked my voice to use with a communication aid?

How durable does my AAC system need to be? Am I likely to throw it or drop it often? Are there other people in my environment who might be able to do this? If I dribble a lot I may benefit from something waterproof!

Does my AAC system need to be mounted to my wheelchair? How many wheelchairs? Do I use a standing frame?

Have the people supporting me already used AAC and do they have a preferred choice of hardware, software or vocabulary?

Communication Aid Attributes

How should my vocabulary be organised?

Do I understand categories?

If a voice output communication aid is being considered, does it need to have a long battery life, or will I have opportunities to re-charge it throughout the day?

Do I need to use symbols, words, phrases or a mixture?

Will I want to carry my AAC system myself? If so, a bag or a case might be needed.

You could use the I-ASC Mind map and Spidergram resources to help record the answers to these questions and the I-ASC Pre-assessment reflective cycle to check you have covered everything.

Please also refer to the I-ASC website for further resources regarding communication aid attributes.

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Refer to the I-ASC website for more support and resources regarding ways of working.

Are my skills and abilities likely to change in the near future, or over time?

Are there going to be any changes in my environment? This includes the places I go, people that help me and services I access.

Who will be involved in the assessment process? What will their roles and responsibilities be? How are you going to involve me in the decision making process?

Ways of working

Transition

What experience of AAC have I had in the past?

Is there a local care pathway to follow? What services will be involved?

Refer to the I-ASC website for more support and resources regarding transition.

Available resources

What funding is available for my AAC system? Do you know how to access this?

Are there existing ways of delivering an AAC curriculum in my setting?

Refer to the I-ASC website for more support and resources regarding available resources.

Who will support me? What is their attitude to AAC? What knowledge and skills do they have? What training might be needed?

Can I access AAC in a reliable, accurate and efficient way? If not, I need support to find and practice an **access method**.

My communication goals

Can I tell you everything I want to? If not, I need support to **develop the vocabulary** in my AAC system and practice using it.

The Barnsley Assistive Technology Team can support you with a complex AAC assessment and meeting the communication goals of an individual. If we recommend a specialised communication aid, we will provide this. An individual who would access a specialised AAC service would have both of the following:

- a severe/complex communication difficulty associated with a range of physical, cognitive, learning, or sensory deficits;
- a clear discrepancy between their level of understanding and ability to speak.

In addition, an individual must:

- be able to understand the purpose of a communication aid;
- have developed beyond cause and effect understanding; and may:
- have experience of using low tech AAC which is insufficient to enable them to realise their communicative potential

For advice or information about how to make a referral, please visit our website:

hwww.barnsleyhospital.nhs.uk/assistive-technology/contact-assistive-technology/referrals/

AAC Assessment notes

The following pages are not intended to be part of the referral to a Specialised AAC Service but more as a guide to the information you will need to gather before considering a referral. You may of course include this completed document with your referral should you wish but the resources and assessments suggested in this guide would be a better place to fully record evidence you collect as part of the AAC assessment.

My characteristics

Use this space to make notes about my learning and communication skills:

What are my goals? What can you do to support me?

Name: **DOB:**   **Date:**

NHS
Barnsley Hospital
NHS Foundation Trust

Barnsley Hospital
Quality in Care

My Access Skills

Use this space to make notes about how I can or might access a communication system:

What are my goals? What can you do to support me?

My means, reasons and opportunities for communicating

Use this space to make notes about how I am currently communicating and how this is supported:

What are my goals? What can you do to support me?

Barnsley Hospital
Quality in Care

NHS
Barnsley Hospital
NHS Foundation Trust

My AAC System Attributes

Use this space to make notes about what is important about the design of my AAC system:

Is there anything else you need to find out about?

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