



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 <u>Barnsley Assistive</u> 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.

Refer to the I-ASC website for more support and resources regarding <u>assessing characteristics.</u>



Comprehension assessments can be adapted 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.

Written observations are also helpful.

Use <u>paper based</u> <u>resources</u> to assess for this.

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

See I-ASC resource 'About me.'

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?

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?

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

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?

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

Do I use speech? Is my speech likely to stay the same, improve or reduce? What non-verbal ways do I use to communicate?

Are there signs I might be a gestalt language processor? (e.g. watching or saying lines from videos repeatedly, enjoying songs or copying intonation)

What reasons do I have to communicate?

Do the current ways I communicate meet these needs?

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) can be helpful to identify these things.

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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? Remembereye 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 Seven Stages of Switch development can help progress these skills.

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

The Ace Centre 'getting started with paper-based symbol resources' offers 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.

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

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.

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

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Barnsley Assistive Technology Team

05/04/2024

Barnsley Hospital, Gawber Road, Barnsley. S75 2EP

Web: www.barnsleyhospital.nhs.uk/at/ - Email: Barnsley.AT@nhs.net - Phone: 01226 432159





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?

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?

How should my vocabulary be organised? Do I show a preference for phases (gestalt language processing) or am I joining single words together? (analytical processing) Do I understand

categories? Do I need lots of fringe words?

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

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

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

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

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

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Refer to the I-ASC website for more support and resources regarding <u>ways</u> 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?

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

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

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

Available resources

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

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.



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/



Name:	DOB:	Date:



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.



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My characteristics

Use this snace to ma	Use this space to make notes about my learning and communication skills:					
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What are my goals? What can you do to support me?



Name:	DOB:	Date:	
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My Access Skills

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

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



Name:	DOB:	Date:



My means, reasons and opportunities for communicating

e this space to make note	es about how I am curre	ently communicating a	and how this is supporte	d:	

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



Name:	DOB:	Date:

	NHS
Barnsley	
NHS Four	ndation Trust

My AAC System Attributes

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

Is there anything else you need to find out about?