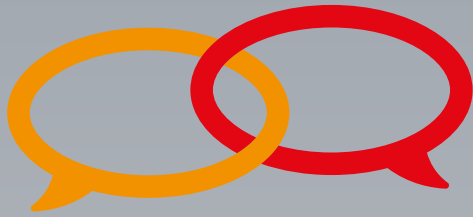


# NOW HEAR ME

Report on the implementation of the recommendations of **A Right to Speak** to support Alternative and Augmentative Communication (AAC) in Scotland.





# **NOW HEAR ME**

**it's my right  
to speak**

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# FOREWORD

FROM HELEN MCFARLANE

**I am delighted to introduce this report which celebrates 3 years of work to improve the experiences of people in Scotland who use Alternative and Augmentative Communication (AAC).**

When **A Right to Speak** was launched by Michael Matheson the then public health minister in June 2012 this was the culmination of many years of campaigning and highlighting the needs for a joined up approach to best meet the needs of the wide ranging people who could benefit from AAC. The launch took place at Corseford School, Capability with support from the Royal College of Speech and Language Therapists. This joint launch with an audience of teachers, speech and language therapists, children and families itself showed the vision for organisations working in partnership acknowledging the health, social and educational contribution required for good AAC services across Scotland. The report was relevant for children and adults; for schools, health centres and social and voluntary services; for people with communication support needs arising from life long conditions such as cerebral palsy, learning disability as well as conditions acquired such as stroke, motor neurone disease and cancers affecting communication. The report included examples of some good practice in some areas of Scotland and a series of recommendations as to how good practice could be shared across Scotland. The Scottish Government committed £4 million to support the implementation of the recommendations.

NHS Education for Scotland (NES) recognised the importance of not just supporting the education focussed recommendations such as the need to build capacity and capability but also in providing national leadership for developing the partnerships with all organisations involved in ensuring a good response to the needs of people requiring AAC. NES also agreed to coordinate activities relating to raising public awareness and developing the research and evidence base to support AAC provision. This report sets out the work that NES carried out in supporting the implementation of the AAC recommendations. It also gives examples of the contribution made by the Scottish government funding provided to each partnership area overseen by an AAC lead from each Health Board.

Being able to communicate is fundamental to all other human rights. Having the means to communicate and having staff from services across Scotland well informed and able to support people in Scotland accessing all the services they need was part of the vision set out in **A Right to Speak**. The public awareness campaign **Now hear me - I have the right to speak** which was a key part of the work has had quality of life at the heart of the message. Health, education, social care- as well as the community such as housing, shops, restaurants and other services that contribute to the quality of life of everyone in Scotland, all are key in ensuring that Scotland's citizens who use rich and varied ways of communicating are all included.

The costs of hi-tech communication aids must be balanced against the benefit of ensuring people can fully contribute to their lives and families in Scotland. The low cost but high value of using pictures, gestures and objects to aid communication are just as important to help everyone make their needs and choices known.

This report includes details of progress made, shows where and how the funding has been put to use and celebrates these achievements. It also sets out the work still to be done to ensure people in Scotland who need and use AAC can be confident that their needs will be understood and met. I commend the report to you all.

## ACKNOWLEDGEMENTS

As the Programme Director for NHS Education for Scotland (NES) I would like to gratefully acknowledge the contributions from the AAC community across Scotland who contributed so much to the implementation of the **Right to Speak** recommendations. Without these contributions there would have been no report to write. I am especially thankful to the team at NES including Education Project Managers Morag Ferguson, Joanne Boyle and Susan Shandley, and the project co-ordination support from Anne Richardson and Anna Girling. Thanks too for Mary Richardson and Fiona Bell commissioned writers of this report.

**Helen McFarlane**  
**Programme Director**  
**NHS Education for Scotland**



# **EXECUTIVE SUMMARY**

# INTRODUCTION

This report outlines the progress made to the recommendations and actions contained in **A Right to Speak: Supporting Individuals who use Augmentative and Alternative Communication (Scottish Government, 2012)**.

As the three year programme comes to an end, the report presents a summary of work to date and plans for the succession and sustainability of the initiatives that are now in place. The report is in two sections:

## SECTION 1

**NHS EDUCATION FOR SCOTLAND'S (NES'S) CONTRIBUTION TO SUPPORTING THE RECOMMENDATIONS**

## SECTION 2

**THE ROLE OF THE SCOTTISH GOVERNMENT**



The report starts with an overall introduction to and summary of the work undertaken. It ends with an appraisal of what work is complete and what is still to be done.

## EXECUTIVE SUMMARY

An introduction to the Alternative and Augmentative Communication programme work in Scotland.

### SECTION 1: NES' CONTRIBUTION TO SUPPORTING THE RECOMMENDATIONS

**SECTION 1** has four chapters. Chapters 1, 2, 3 and 4 relate to specific work streams that were undertaken during the three year programme of work. They provide examples and case studies representing the various local projects and how the funding was used.

#### CHAPTER 1: RESEARCH

#### CHAPTER 2: LEARNING AND DEVELOPMENT

#### CHAPTER 3: PARTNERSHIP DEVELOPMENT

#### CHAPTER 4: AWARENESS OF AAC

### SECTION 2: THE ROLE OF THE SCOTTISH GOVERNMENT

**SECTION 1** includes two chapters. These chapters focus on the funding directly provided on a proportional basis to each NHS Board for use in the geographic partnership area and the work to explore the feasibility of a national AAC service carried out by NES on behalf of the Scottish Government.

#### CHAPTER 1: SCOTTISH GOVERNMENT FUNDING

#### CHAPTER 2: EXPLORING THE FEASIBILITY OF A NATIONAL SERVICE

# PROGRAMME WORK

## INTRODUCTION TO THE ALTERNATIVE AND AUGMENTATIVE COMMUNICATION PROGRAMME WORK

### BACKGROUND

In June 2012, the Scottish Government published **A Right to Speak: Supporting Individuals who use Augmentative and Alternative Communication (Scottish Government, 2012)**. The report outlined a vision for Scotland as a place where:

**“Individuals who use augmentative and alternative communication (AAC) are included, free from discrimination, and live in an environment that recognises their needs and adapts accordingly.”**

**Scottish Government, 2012: 10**

In order to achieve this vision eight recommendations were made, each of which is about something that needs to happen to help make sure that people who use AAC can:

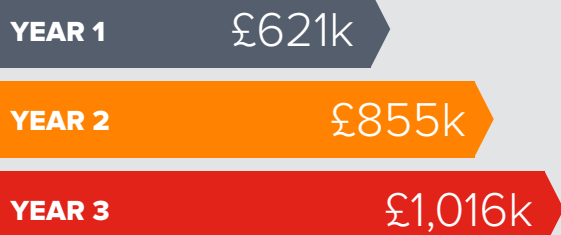
- **be fully included in society**
- **have equal access to AAC services**
- **get access to AAC equipment when they need it**

The Scottish Government released funds to NHS Boards on an annual basis; **Year 1: £621k**, **Year 2: £855k** and **Year 3: £1,016k**. This funding could be used to support all aspects of the recommendations. This included equipment and/or AAC expertise, service development and learning.

Each NHS Board was asked to nominate an AAC Lead to:

- **work in partnership with key stakeholders to agree how funds would be used**
- **oversee spending of funds**
- **be a point of contact for AAC project managers**
- **be a member of AAC Leads working group**

### Scottish Government Funding



## THE ROLE OF NHS EDUCATION FOR SCOTLAND

**NHS Education for Scotland (NES) was identified as a key partner in facilitating the delivery of the education, training and development aspects of A Right to Speak. £1,508,000 of the total £4 million Scottish Government funding was allocated to NES to deliver an AAC programme of work.**

Funding was be used to establish sustainable AAC services, equipment and education for all those supporting individuals who use AAC, working closely and in partnership with the following key stakeholders:

- **Scottish Government**
- **national, regional and specialist services**
- **service users and carers**
- **education**
- **NHS Boards**
- **social work**
- **voluntary sector**



## SUMMARY OF NHS EDUCATION FOR SCOTLAND'S PROGRAMME OF WORK

**NES was identified as a key partner in facilitating the delivery of many of the recommendations of *A Right to Speak*, having robust processes in place to be able to oversee how the money was allocated, ensuring specific deliverables were achieved, and monitoring and making sure delivery was linked to the recommendations of the report. £1.5 million of the total £4 million of the funding was allocated to NES to deliver an AAC programme of work.**

The remainder of the money (£2.5 million) was allocated directly to NHS Boards by Scottish Government according to size of Board area, on the understanding that Boards appointed an AAC lead and that the money was used across partnerships and not just within the NHS. Appendix 1 gives a summary of how £1.5 million fund was used by NES.

The NES contribution was primarily about laying the foundations for the vision of *A Right to Speak* to be achieved, developing an infrastructure and facilitating what needs to be in place for that vision to be fulfilled. Helen McFarlane (Programme Director, NES) explains why she believes the initiative was such a powerful opportunity and important part of the 'rights' agenda:

Having a background in speech and language therapy (SLT) and working with people with learning disabilities, I have seen the huge impact being able to use AAC can have on the lives of individuals. As a SLT I would do the assessment, do a referral to a national service and get some national expertise. Often we would be able to get the loan of a piece of kit so we were sure it was right for that individual. And then when the loan period came to an end, it was up to us to find ways of funding it, which was often challenging.

I knew from personal and professional experience the challenges but also the benefits.

For example, a child for the first time ever being able to tell his parents he loved them – just a massive impact. These are opportunities for people to be able to speak and express themselves which are often denied them.

An individual being able to participate in their annual review that they've been having since they were a child, or a man in his forties now being able to answer when you say **"what would YOU like?"** or **"what's your favourite bit of the week?"** He could tell us and make choices rather than relying on his family to answer for him.

## What's been achieved

### Research

Over the course of the project, NES commissioned a number of research projects each with the ultimate aim of providing information and resources for AAC workers to enhance the quality of and evidence base for their practice. For example the quality indicators research project and the follow-up work has provided AAC partnerships with a consistent and accessible

means of gaining feedback from people who use AAC. In this way each research project was part of an overall strategy to promote improvements for people who use AAC.



### Learning and Development

Using the **Promoting Excellence** dementia work (Scottish Government, 2011), a four level approach was used to produce the AAC Education and Development Framework, **Informing and Profiling Augmentative and Alternative Communication (AAC) Knowledge and Skills (IPAACKS)**. IPAACKS builds on quality indicators and sets out what someone needs to know if they just need a general awareness of AAC or what is needed if they're an expert in AAC.

Through the AAC Learning and Development Fund, NES has supported a wide range of AAC and communication projects and initiatives in health, social care, education and schools, voluntary organisations and others involved in delivering services for individuals who use AAC.



This learning and development funding has enabled individuals, in their respective partnership areas, to work differently and allowed for secondment opportunities with a focus on AAC.

**“ It has given people the chance and time to think about innovation. That has had a ripple effect and almost proved a need and enabled partnerships to get renewed funding.”**

**Joanne Boyle, Education Projects Manager, NES**

## Partnership development

Acknowledging that AAC is everyone's responsibility, this activity was about making sure that in every part of Scotland there is a partnership in which everyone is involved, and who are together agreeing the care pathways and agreeing how this work should be financed. This aspect of the project has been the most challenging. Different areas of Scotland were at very different starting points, some had a fully functioning partnership in place and others had no recognisable AAC partnership. There has been some success in establishing new partnerships eg in Lanarkshire and Tayside alongside work in further developing existing partnerships such as in Lothian. But there is more work to be done if we are to fully realise the aims and ambitions of equity for people across Scotland who need AAC services. The funding supported many practitioners from many agencies and different fields of work.



**“Despite the challenges, one of the highlights was the partnership working and involvement of people that are using the service with some excellent examples of good practice. It was an opportunity for those who use the services to shape and design the future.”**

**Joanne Boyle, Education  
Projects Manager, NES**

**“There needs to be that clarity of what the care pathway looks like: How do I as an individual get into the system, get a genuine assessment and have a chance of my needs being funded at the end of it? So that challenge is still there.”**

**Helen McFarlane,  
Programme Director, NES**

There were many challenges in working across such a wide range of services, each with their own cultures and processes. The project also straddles both adult and children services and one of the challenges was making it relevant to all services. In addition, some NHS Boards interface with a number of local authorities which complicated the implementation and information flow. An online **Community of Practice** has been set up to support sharing across partnerships.

## Universal support and public awareness

NES commissioned a range of resources designed to raise public awareness including posters and short videos. The resources were developed by CALL and are jointly owned by CALL and NES. NES then worked with a public relations company (Weber Shandwick) to develop a public awareness campaign which has achieved excellent media coverage including TV and radio interviews and endorsement from the director of the Oscar winning film **The Theory of Everything**.



**“** What we have achieved is getting people talking about AAC. The message has got out there, more than it was before.”

**Morag Ferguson, Education Projects Manager, NES**

**“** I think making awareness of AAC is really important because let's face it, it's not everyday people see people like myself using a talker. I have a lot of people coming up to me and asking “whats that?” meaning my talker or seeing me using the talker and being scared to talk to me.”

**Jill Clark,  
member of steering group.**

**“** I would like people to understand AAC better because everyone has got the right to speak and to be heard.”

**Jill Clark,  
member of steering group**

## The Legacy

Sustainability is inherently linked to the partnership working continuing. It's about people continuing to develop the partnerships, continuing to use the resources like the **Community of Practice**, and continuing to use **IPAACKS** and promote it.

NES has not only supported local partnerships to be established but also supported bringing them together on a regional basis, and NES will have a role to play in continuing to support those partnership meetings and help them to identify ways of good practice being shared.

The **AAC: A Right to Speak** community of practice site, which is available for all partners, is an ongoing way of virtually continuing the network and is a means by which examples of good practice can be uploaded and shared. The website **Now Hear Me** remains as a gateway and signpost.

One of research projects looked at outcome measures and how you can really measure the benefit of someone using AAC. This approach was tested with SLTs and teachers and it is now a tool that can be used by lots of people. The process involved in the quality indicators work, where service users were asked **“what do YOU think are the indicators about a good AAC service?”** was important. It is a useful legacy for those who really want to work with people with communication difficulties, as it shows evidence-based ways of measuring benefits.

**“It was a huge opportunity to work far beyond the NHS and to play a role in making the service better for those who use AAC, as well as improve the experience and work of practitioners. It was an opportunity to recognise the contribution of so many different professions, work truly in partnership. Not just health and social care but far beyond that.”**

**Morag Ferguson, Education Projects Manager, NES**

Recommendation 5 was about the need for an AAC national service. Although the responsibility for this was with the Scottish Government, NES acted to help move it forward. Part of sustainability of the recommendations of **A Right to Speak** is about having some kind of service responsible for setting standards, conducting research, monitoring the **IPAACKS** and updating it, adding and refreshing the **Now Hear Me** website, and the **AAC: A Right to Speak** community of practice.

**“What we really need for AAC doesn't quite fit the existing models such as a national service directed under NSS [NHS National Services Scotland] nor a managed knowledge network. We need some kind of new hybrid version of a national service. Is there some new way that embraces the integration agenda where we could have a national service that takes on some of those functions and roles that would best be done from a national co-ordinated level?”**

**Helen McFarlane, Programme Director, NES**



**Table 1** overleaf gives a summary of NES activities relating to each of the eight recommendations and shows the links to the four themes outlined in this report.

## Table 1: Summary of recommendations, actions and implementation

In delivering on these recommendations it became apparent that many of the recommendations and associated actions were interlinked. The NES project team identified 4 broad themes and the report is written to reflect progress on the recommendations under these 4 themes.



Partnership development



Research



Learning and development



Awareness of AAC

### RECOMMENDATION 1

**AAC services to demonstrate the effectiveness of AAC interventions by promoting the implementation of AAC research on specific, targeted and universal AAC interventions**



**ACTION:** Develop a National AAC Research Strategy

**IMPLEMENTATION:**

- four research projects commissioned and completed



**ACTION:** Evaluation of AAC related data from individual and population based intervention programmes

**IMPLEMENTATION:**

- one of the four research projects commissioned had data as the focus
- ongoing

## RECOMMENDATION 2

**National statistics on AAC to be gathered by relevant agencies to support future gathering of cost effectiveness data on AAC to ensure that AAC funding is sustained in the longer term**



**ACTION:** Implement use of nationally agreed data sets for AAC

**IMPLEMENTATION:**

- data sets research project completed. Working towards nationally agreed data sets for AAC across all sectors within Scotland
- cost calculator tool (outcome of cost effectiveness of research project) available



**ACTION:** Implement use of appropriate outcome measures for all people who use AAC

**IMPLEMENTATION:**

- outcome measures research project report available
- follow up project to explore the reliability validity of the AAC therapy outcome measures (TOM) as an outcome measure completed
- exploring how to support use at a local level

## RECOMMENDATION 3

**All AAC service providers should develop and implement a population based approach to the provision of support for people who require to use AAC equipment and services, ensuring that needs are recognised and responded to appropriately within the wider community**



**ACTION:** Development of national strategy to promote universal support for people who use AAC.

**IMPLEMENTATION:**

- universal support resources produced including posters, video clips and symbol and alphabet charts
- online learning modules developed raise awareness
- gaps in learning opportunities identified



**ACTION:** Implementation of national strategies to promote universal support for people who use AAC.

**IMPLEMENTATION:**

- marketing company commissioned to deliver wide range of activities to raise widespread universal awareness and partnership engagement
- **Now Hear Me:** it's my right to speak logo developed and website created
- **Now Hear Me:** It's my right to speak campaign launched 2014

## RECOMMENDATION 4

To ensure that people who are required to use AAC have access to appropriate levels of high quality specialist assessment and support delivered as locally as possible. Health Boards and local authorities should work in Partnership with each other and with National AAC services



**ACTION:** National services to design a planned programme of activity to develop capacity and competencies of regional and local services.

**IMPLEMENTATION:**

- national services have been involved in development of national resources
- IPAACKS developed
- IPAACKS awareness-raising workshops held in partnership areas
- scoping of locally delivered AAC learning opportunities being collated
- the AAC learning and development fund has supported 60 applications



**ACTION:** Establish multi agency regional AAC networks or centres providing support to local services and that are supported by national services.

**IMPLEMENTATION:**

- Funding to support partnership development was made available to bids where evidence of cross agency working was provided
- all areas have made some progress towards partnership working although stages of development vary



**ACTION:** National services to implement a programme to develop capacity and competencies of regional and local services.

**IMPLEMENTATION:**

- IPAACKS development and support.
- online learning modules developed to support IPAACKS

## RECOMMENDATION 5

The Scottish Government to explore the feasibility of NHS based National AAC services transferring to National Services Division, within NHS National Services Scotland, to support the monitoring of quality and effectiveness of AAC provision as well as to protect this valuable resource



**ACTION:** Scottish Government will conduct an impact analysis on the transfer of National AAC services to the NHS National Services Division (NSD).

**IMPLEMENTATION:**

- stakeholder meetings held
- further exploration of options required

**RECOMMENDATION 6**

**To ensure equitable, efficient and safe provision of AAC equipment for people who are required to use it, Health Boards and local authorities should work in Partnership with each other**



**ACTION:** Regional AAC centres/networks to have representation on local community equipment management groups.

**IMPLEMENTATION:**

- scoping the process for AAC equipment management across partnerships and identifying different processes and systems
- links made with technology enabled care strategy in Scottish Government and the Joint Improvement Team Equipment Lead.



**ACTION:** Build on existing Partnerships to agree priorities, policies and processes for AAC partnerships beginning to develop processes for equipment provision/ pathways which will be shared across partnerships to ensure national consistency equipment provision.

**IMPLEMENTATION:**

- contributed to training needs analysis of staff using technology across health, social care and education. IP**AACKS** resource highlighted as available to all of these groups.
- contact made with Telecare leads in Scottish Government, NES and JIT
- contributed to the UK wide review of telecare and ehealth VQ competencies.

**RECOMMENDATION 7**

**National AAC services to provide strategic advice to appropriate agencies on AAC equipment to support planning, procurement and provision of AAC**



**ACTION:** Establish strategic links with Scottish Government Joint Improvement Team (JIT) workstreams for (i) Equipment & Adaptations and (ii) Telecare.

**IMPLEMENTATION:**

- contributed to training needs analysis of staff using technology across health, social care and education. IP**AACKS** resource highlighted as available to all of these groups.
- contact made with Telecare leads in Scottish Government, NES and JIT
- contributed to the UK wide review of telecare and ehealth VQ competencies

## RECOMMENDATION 8

**All AAC service providers to implement the use of Local AAC care pathways to ensure equitable and timeous provision of equipment and support for people who require to use AAC**



**ACTION:** Local AAC care pathways to be agreed with regional and national services.

**IMPLEMENTATION:**

- looking at sharing pathways across partnerships with a degree of national consistency along with flexibility to locally contextualise



**ACTION:** Local quality indicators to be developed and monitored.

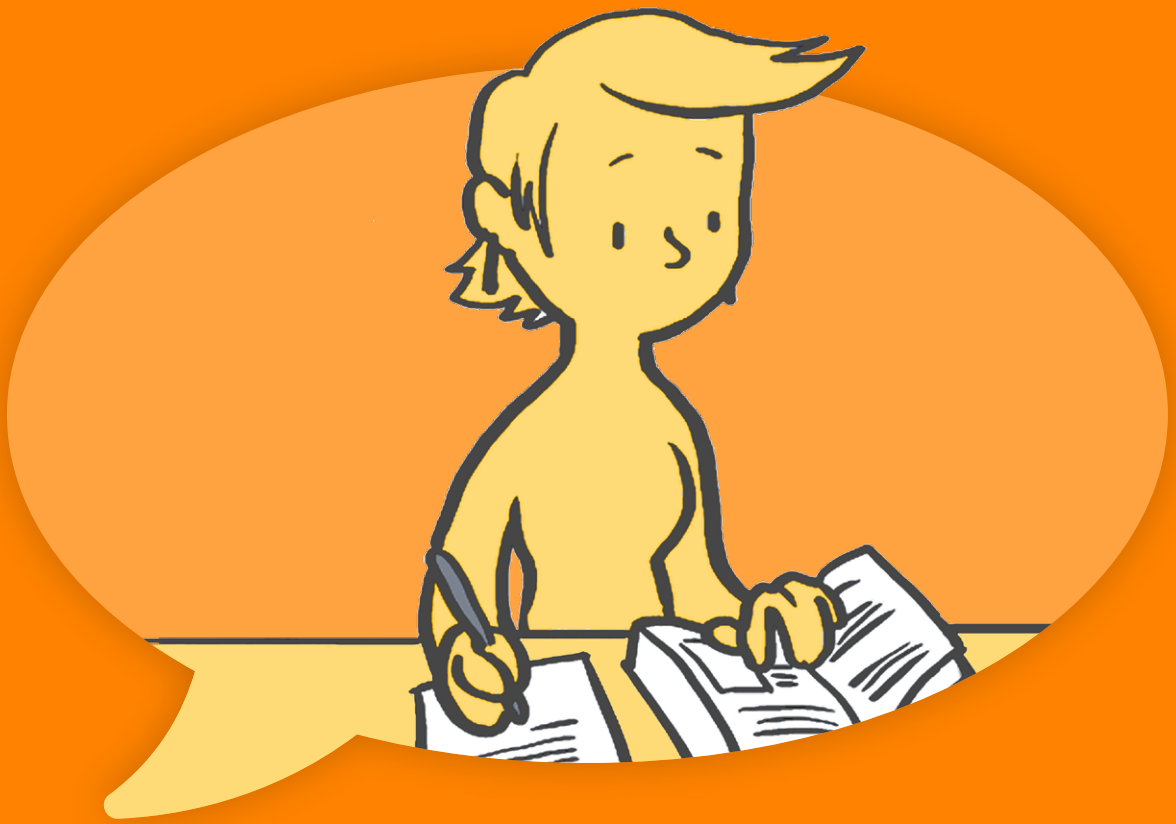
**IMPLEMENTATION:**

- quality Indicators research project undertaken
- core values and AAC specific capabilities within IPAAACKS mapped to the quality indicators identified
- potential follow up project to develop a user engagement toolkit based on the methodology used within the initial research.



# SECTION 1

**NHS EDUCATION FOR SCOTLAND'S (NES'S) CONTRIBUTION TO  
SUPPORTING THE RECOMMENDATIONS OF A RIGHT TO SPEAK**



# CHAPTER 1

# RESEARCH



# CHAPTER 1: RESEARCH

## ACTION

### DEVELOP A NATIONAL AAC RESEARCH STRATEGY (REC. 1)



The **Right to Speak** report highlighted a range of areas that required research.

The national research strategy therefore focussed on commissioning research in these areas. Four different research projects were commissioned including:

- **quality indicators according to people who use AAC**
- **data collection**
- **cost effectiveness**
- **identifying outcome measures relevant to AAC**

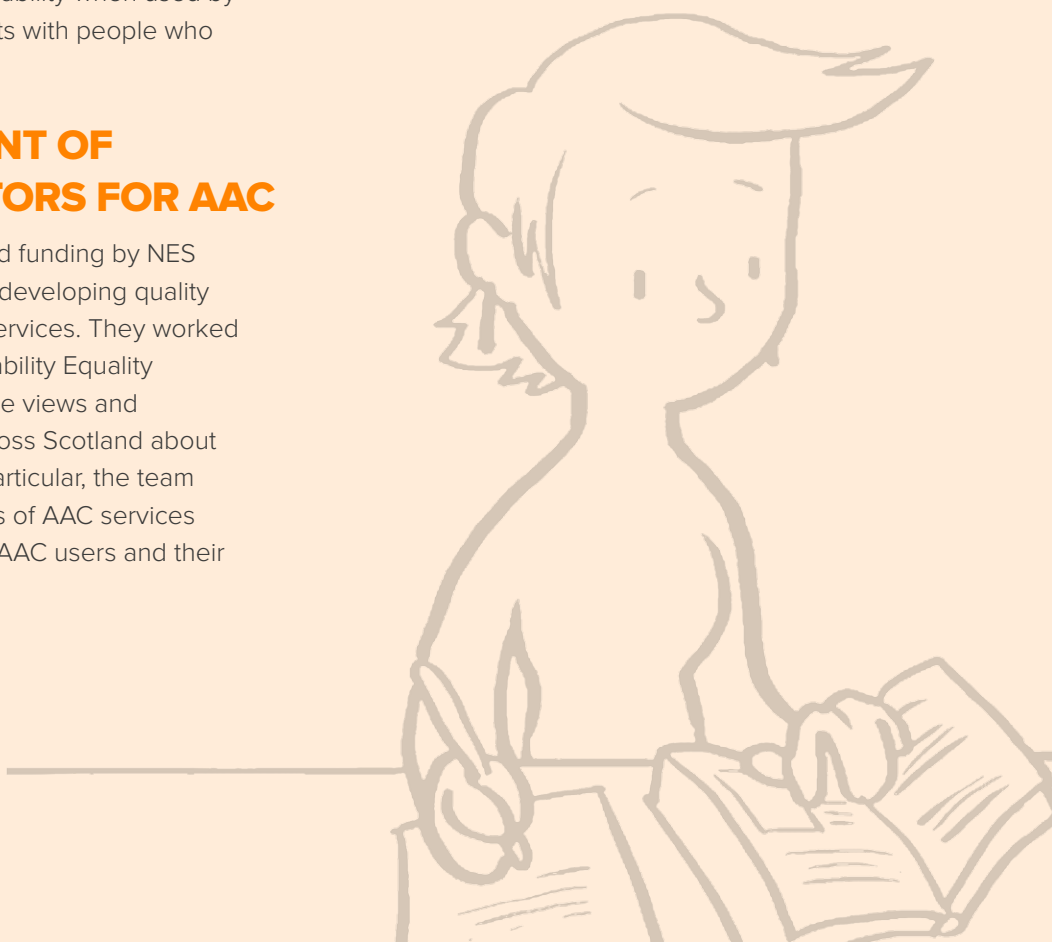
All four reports also included recommendations for further research indicated; this led to a further commission of research activity relating to outcome measures. Therapy outcome measures were tested and piloted for validity and reliability when used by teachers and speech therapists with people who use AAC.

The findings of this engagement, as well as the observations of **Talking Mats Ltd** team and the DEAs, resulted in recommendations in relation to the development of indicators of good practice for AAC services in Scotland.

“AAC services will be able to listen to AAC users and respond.”

## THE DEVELOPMENT OF QUALITY INDICATORS FOR AAC

**Talking Mats Ltd** was awarded funding by NES to conduct research aimed at developing quality indicators in relation to AAC services. They worked with Capability Scotland's Disability Equality Associates (DEAs) to gather the views and experiences of AAC users across Scotland about the services they access. In particular, the team aimed to find out what aspects of AAC services were particularly important to AAC users and their families.



## Quality Indicators for AAC services in Scotland

### ACTION

### LOCAL QUALITY INDICATORS TO BE DEVELOPED AND MONITORED (REC. 8)



Ten specific quality indicators were identified, each relating to the three categories from the original Communication Matters quality statements.

#### A. People who work with me:

##### 1 TRAINING:

AAC users and their families highlighted the importance of being provided with high quality training on using and understanding their AAC systems. Many believed that training should be provided at an individual level as well as within their own and the wider community (for example in respite and in their local communities).

##### 2 VALUES:

AAC users and their families believed that it was important for AAC professionals to understand, know and value them so that their views could be taken into account when decisions about AAC were made.

##### 3 BEING PUT IN TOUCH WITH OTHER AAC USERS:

AAC users and their families in remote settings indicated that at times they felt isolated. Most people agreed that they should be given the opportunity to have contact with other AAC users.

#### B. How information is provided:

##### 4 INFORMATION ABOUT THE AAC TEAM:

AAC users and their families felt that it was important to be given information about who was working with them, and what each professional's roles and responsibilities were. Many agreed that having a named AAC keyworker would be helpful.

##### 5 INFORMATION ABOUT TIMESCALES, THE ASSESSMENT AND FUNDING PROCESS:

AAC users thought it was important that they be kept informed about their plan, how long things would take and how their AAC would be funded.

##### 6 HOW INFORMATION IS SHARED:

AAC users and their families felt that their information should be treated confidentially, but also believed that at times it would be important and necessary for AAC professionals to share information with each other.

##### 7 HOW INFORMATION IS PRESENTED:

AAC users and their families felt that information should be provided in a format accessible to them.

### C. The process (how AAC services work)

#### 8 EQUAL ACCESS TO FUNDING AND SERVICES:

AAC users and their families felt that there should be equity of access to funding and provision of AAC, regardless of where they lived, age or health condition.

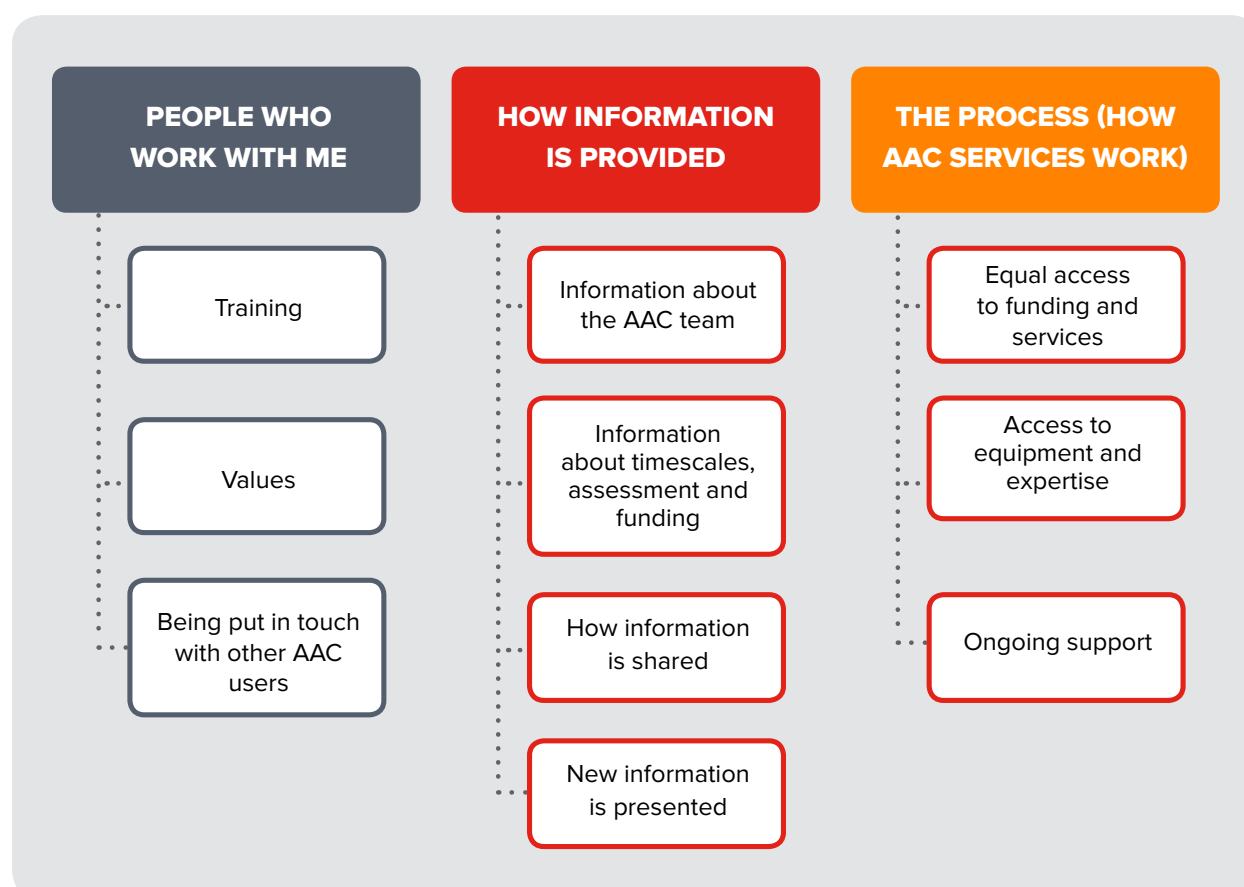
#### 9 ACCESS TO EQUIPMENT AND EXPERTISE:

AAC users and their families felt that they should have access to AAC professionals who had the right knowledge and skills, and that local services should be able to access advice and training from regional specialist centres. They agreed that there should be access to a range of equipment which should be available during assessment and when an individual's AAC system breaks down.

#### 10 ONGOING SUPPORT:

AAC users and their families felt that it was important that they were provided with on-going support from AAC professionals, particularly at times of transition (e.g. between school/adult services; between AAC systems). They also felt that AAC professionals should work together across agencies.

For more information: [www.talkingmats.com/wp-content/uploads/2014/01/Quality-Indicators-Final-report.pdf](http://www.talkingmats.com/wp-content/uploads/2014/01/Quality-Indicators-Final-report.pdf)



## Further development

The Forth Valley AAC partnership commissioned **Talking Mats Ltd** to use the quality indicators to consult with AAC users in the Forth Valley area. As a result, they have developed materials which can be used by those trained throughout Forth Valley to enable AAC users to give feedback about the services they receive. These materials could be adapted for use within other services (e.g. to support people to give feedback about environmental control or wheelchair services) and used nationally.

**“As a result of this project, five AAC workers in Forth Valley have been trained to use the materials developed. It will now be possible for regular consultation to take place with AAC users to find out their views about the AAC services they receive in relation to the people that work with them, information provided and the overall process of assessment and support.”**

**Forth Valley AAC Partnership**

## DATA COLLECTION SYSTEMS OF RELEVANCE TO AAC SERVICE DELIVERY

### ACTION

### IMPLEMENT USE OF NATIONALLY AGREED DATA SETS FOR AAC (REC 2)



The **Right to Speak** report (Scottish Government, 2012) recommended that national statistics on AAC be gathered to support a more sustainable and equitable provision of AAC equipment and services for people with communication support needs. Across the UK there is a lack of robust data in many aspect of AAC service delivery, including prevalence, systems used, support required, cost benefit, outcomes etc. Two studies were commissioned by NES to identify what AAC related data is currently and routinely collected and what data collection systems are in use in 1. Scotland and 2. outside Scotland.

### Data collection systems used in Scotland

**An online survey technique was applied, supplemented by consultation with key individuals and organisations.**

Although it was evident that some useful information is collected, it is ad hoc, not easily aggregated and frequently incomplete. The current IT support mechanisms for speech and language therapy services, in particular, do not lend themselves to easily collecting reportable data around AAC service delivery.

The findings of this study reinforce the need for improved data collection systems to enable services to evidence and improve quality, efficiency and effectiveness, resulting in improved outcomes for service users and their families.

**“A system that allowed collection of comparable data within and across board areas would be fantastic.”**

**Speech and Language Therapist**

**For more information:**

<http://www.knowledge.scot.nhs.uk/righttospeak/research.aspx>



## Data collection systems used internationally

As there is little information available about the size, scale, and success of AAC provision in Scotland, this prevents policy makers from answering key questions like **“How many people per 1,000 are using electronic AAC?”**, and **“On average, how much money would fund a person’s AAC?”**

This report found the following:

- internationally there are almost no examples of services recording of data of the type that is useful to our identified stakeholders. Indeed, in many cases, the systems that would record such information, simply do not exist
- internationally, the significant majority of information about AAC provision, need, and process is collected by academics charities, or government mapping exercises
- in general, academic approaches to collect information, although of high quality, are not scaleable to the national level, nor would the amount of data collected under some models be entirely free of potential privacy issues
- there is a general acknowledgement from data-users that over-collection of information on AAC could cause privacy issues for this, very vulnerable, user group. There is also wide general support for following an open-data agenda in publishing the information
- interviews with stakeholders lead us to conclude that the welfare of the AAC community is best served by the adoption of a small number of low cost additional questions to existing processes, spread amongst a range of services in Scotland
- this document recommends a group of such questions, designed to be easy to implement, satisfy a broad range of information needs, and run with low levels of overhead costs

For more information: <http://www.knowledge.scot.nhs.uk/righttospeak/research.aspx>



**“ The welfare of the AAC community is best served by the adoption of a small number of low cost additional questions to existing processes, spread amongst a range of services in Scotland.”**

**EnDevA**

## AAC SUPPORT IN SCOTLAND: A REVIEW OF THE RESEARCH LITERATURE AND COST BENEFIT ANALYSES

The study involved a review of the research literature to identify relevant information on the costs of providing AAC services for two patient groups, and the impact AAC services have on those groups.

It then goes on to describe how the information extracted was used to construct two cost benefit models associated with providing services for two patient groups:

- **Children with cerebral palsy**
- **Children with autism spectrum disorder**

The literature review identified gaps in evidence:

- **an inconsistent approach to measurement**
- **too many different outcome measures**
- **It recommended that the profession needs to develop integrated system to include:**
  - **clinical results**
  - **functional status**
  - **quality of life**
  - **satisfaction**
  - **cost**

### The models

The models were built to provide costs and benefit calculations for different geographical areas within Scotland, either at the level of Council areas (n= 32) or NHS Board areas (n= 14).

### 1. CHILDREN WITH CEREBRAL PALSY: KEY MESSAGES

Based on a default set of modelling assumptions, the cost-benefit analysis (CBA) framework indicates the following when applied to the Scottish population:

- every £1 invested in high tech AAC generates £1.23 – the monetary equivalent to the benefit generated in terms of quality-adjusted life-year (QALY)
- the Year 1 cost of providing high tech AAC for the 845 people aged 5 to 18 years old with cerebral palsy who have speech and communication impediments is estimated to be £1.6m. This would generate an estimated £2.1m in benefits, a difference of £0.58m.
- the lifetime costs of providing high tech AAC to this group is estimated to be £44.8m. This would generate an estimated £55.1m in benefits, a difference of £10.3m.
- the minimum improvement required in health-related quality of life (HRQL) to ensure that the monetary value of the benefits from the intervention outweigh the costs is 24%.

These results should be treated with caution given uncertainty in the estimated benefits. Improved communication certainly has benefits in terms of improved quality of life, such as improved communication, reduced stress and less dependence on carers. However, quantifying the benefit requires several assumptions to be made. Sensitivity analysis indicates that the conclusions of the analysis – that the intervention is cost effective and an efficient use of resource – is unlikely to be affected by this uncertainty, given the range of input parameters.



## 2. CHILDREN WITH AUTISM SPECTRUM DISORDER: KEY MESSAGES

Based on a default set of modelling assumptions, the CBA framework indicates the following when applied to the Scottish population:

- every £1 invested in high tech AAC generates £1.79 – the monetary equivalent to the benefit generated in terms of QALYs
- the Year 1 cost of providing high tech AAC for the 2,896 people aged 5 to 18 years old with Autism who have speech and communication impediments is estimated to be £5.3m. This would generate an estimated £10.6m in benefits, a difference of £5.3m
- the lifetime costs of providing high tech AAC to this group is estimated to be £153.7m. This would generate an estimated £227.7m in benefits, a difference of £120.9m
- the minimum improvement required in HRQL to ensure that the monetary value of the benefits from the intervention outweigh the costs is 17%

These results should be treated with caution given uncertainty in the estimated benefits. Improved communication certainly has benefits in terms of improved quality of life, such as improved communication, reduced stress and less dependence on carers. However, quantifying the benefit requires several assumptions to be made.

Sensitivity analysis indicates that the conclusions of the analysis – that the intervention is cost effective and an efficient use of resource – is unlikely to be affected by this uncertainty, given the range of input parameters.

The output of this research has provided an AAC cost-benefit calculator tool. This tool is useful to individuals involved in making a business case or funding request for an individual who requires AAC. For further support to use this tool guidance including a video podcast of a workshop by the author of the tool can be accessed through the community of practice.

**For more information:** [http://www.rcslt.org/speech\\_and\\_language\\_therapy/commissioning/aac\\_cost\\_benefit\\_tools\\_funded\\_by\\_nhs\\_education\\_for\\_scotland](http://www.rcslt.org/speech_and_language_therapy/commissioning/aac_cost_benefit_tools_funded_by_nhs_education_for_scotland)



## THERAPY OUTCOME MEASURE FOR AAC

### ACTION

IMPLEMENT USE OF APPROPRIATE OUTCOME MEASURES FOR ALL PEOPLE WHO USE AAC (REC 8)



### A critical appraisal of existing methods of measuring outcomes in relation to AAC

NES commissioned a project to critically appraise existing methods of measuring outcomes for use in AAC. This project involved:

- 1 A RAPID REVIEW OF THE LITERATURE
- 2 SYNTHESIS OF FINDINGS FROM LITERATURE REVIEW WITH THE COMMUNICATION MATTERS OUTCOMES MEASUREMENT PROJECT REPORT (COMMUNICATION MATTERS, 2012) AND UNIVERSITY OF STIRLING FRAMEWORK FOR MEASURING IMPACT
- 3 AN ONLINE SURVEY WITH PEOPLE WORKING IN AAC IN SCOTLAND, THE REST OF THE UK AND INTERNATIONALLY
- 4 EXPERT PANEL MEETINGS

The literature search identified that no specific outcome measure for AAC exists which can be used across client groups but there are some global outcome measures that may be applicable to AAC.

An examination of the Communication Matters report identified a lack of distinction between outcome measures and assessments and highlights that outcomes should collect data at different levels. These can be aligned according to the **Framework for Measuring Impact** which helps identify which measures we need to choose for different purpose. From the online survey, although many people said that they did not use outcome measures routinely in practice, most people felt that there was value in measuring outcomes for clients, professionals and services.

The expert panel discussions helped to clarify,

- the difference between outcome measures and assessment.
- what are we measuring and who the outcome measures are for
- which existing measures are useful in AAC

**A preliminary group of features was identified from the panel discussions:**

### **Outcome measures:**

- should measure change
- are repeated over time
- can be used across clients, settings and disciplines
- can be used to give feedback to services, professionals, carers and clients (about what works as well as what doesn't)
- are robust/standardised/well respected
- inform discharge
- are short and straightforward to use
- allow for comparison with different types of AAC/no AAC

## **Recommendations**

As the results of this project showed that no standardised outcome measure exists for use with people who use AAC, it was recommended that the use of an adapted version of Therapy Outcome Measure (TOM), a standardised, well respected outcome measure, (Enderby *et al*, 2006) should be investigated.

### **Testing the reliability and validity of the Therapy Outcome Measure (TOM) for AAC**

NES funded a further project to test the validity and reliability of TOM for AAC. This included:

- training of AAC professionals in use of TOM for AAC
- a questionnaire identifying issues of importance for establishing validity for this population
- focus groups to refine descriptors
- the development of case histories
- a reliability trial
- analysis of results using Intraclass Correlation Coefficient (ICC)

### **The results were as follows:**

#### **Questionnaire:**

- the descriptors were appropriate and relevant
- there was a good understanding of the domains of impairment, activity, participation and well-being
- the measure was quick and easy to use

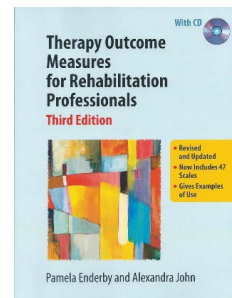
#### **Focus groups:**

- there was strong agreement that this was a useful measure
- issues around wording of the impairment section led to redrafting the impairment (communication) domain

## Reliability:

- agreement was highest for physical impairment (0.887), comprehension (0.831) and wellbeing (0.816) and lowest for expression (0.486)

The project concluded that TOM-AAC is valid, reliable and appropriate for capturing information on outcomes associated with AAC services. One section has been amended and retested to improve reliability.



A chapter on TOM adapted for AAC services is included in **Enderby and John (2015)**.

For more information: <http://www.talkingmats.com/wp-content/uploads/2014/11/TOM-AAC-Final-report-Oct-2014.pdf>





## CHAPTER 2

# LEARNING AND DEVELOPMENT



## CHAPTER 2: LEARNING AND DEVELOPMENT

### ACTION

**NATIONAL SERVICES TO DESIGN A PLANNED PROGRAMME OF ACTIVITY TO DEVELOP CAPACITY AND COMPETENCIES OF REGIONAL AND LOCAL SERVICES. (REC 4)**



### ACTION

**NATIONAL SERVICES TO IMPLEMENT A PROGRAMME TO DEVELOP CAPACITY AND COMPETENCIES OF REGIONAL AND LOCAL SERVICES. (REC 4)**



## DEVELOPMENT AND PROMOTION OF IPAACKS

Informing and Profiling Augmentative and Alternative Communication (AAC) Knowledge and Skills (IPAACKS) has been developed to improve the experiences, opportunities and life chances for children, young people and adults who use AAC by supporting the workforce to develop their knowledge, skills, values and commitments in AAC. It describes the core values and commitments required of those who work with people who use, or who may benefit from, AAC.

IPAACKS also highlights the AAC-specific knowledge and skills that workers should aspire to achieve in relation to the role they play in supporting individuals who use AAC and provides a framework for workers in health, education, social care, and the voluntary and independent sectors to identify their learning and development needs in relation to AAC. IPAACKS is available electronically and includes a self-assessment activity.

It can be used:

- by individual workers to highlight their knowledge and skills around AAC and to identify any learning needs, and to inform and support professional development reviews
- by managers to identify staff development needs, to inform workforce planning and to assist with recruitment and selection processes



- by education and training providers to inform the content of courses at different levels
- as someone using AAC to have some sort of benchmarking in relation to the standards of services and care received

Some excellent partnership work is taking place in the Forth Valley area using the IP**AACKS** with teachers using and introducing a whole training package and a systematic way of ensuring that all the teachers map their knowledge of AAC against the four levels of IP**AACKS**.

A range of AAC learning and development opportunities are available to support development needs for core values and commitments and knowledge and skills for AAC.

**For more information:**

[http://www.nes.scot.nhs.uk/education-and-training/by-discipline/allied-health-professions/augmentative-and-alternative-communication-\(aac\).aspx](http://www.nes.scot.nhs.uk/education-and-training/by-discipline/allied-health-professions/augmentative-and-alternative-communication-(aac).aspx)



## NES LEARNING AND DEVELOPMENT FUND

### About the Fund

The fund was part of the NES input to support the capacity and competencies of local AAC services. The AAC learning and development fund is one means by which NES has provided financial support to individuals and/or organisations who work with and/or support individuals who use AAC, to access relevant learning and development opportunities.

Through the AAC learning and development fund, NES has supported a wide range of AAC and communication projects and initiatives in health, social care, education and schools, voluntary organisations and others involved in delivering services for individuals who use AAC. Between 2012 and 2015, 60 projects were supported through the fund. All applicants were required to demonstrate how their learning linked to IPAAACKS and show that they had identified their learning informed by the specific levels set out within IPAAACKS.

### How the fund was distributed

The distribution of the fund is detailed below. This information is organised by financial year, sector the applications were from, applicant's role and type of educational activity.

#### 2012/13

Nine applications supported in this funding period. This was comprised of eight individual and one group application (for 18 participants) and there were 26 learners in total.

#### NES AAC Learning and Development Fund applicants 2013/14

Applicants by Sector		Applications by Educational Activity (Note: Some learners completed more than 1 activity)	
Further Education	1	Talking Mats	3
NHS	4	Communication Matters Conference	1
Education	2	Experiential Learning Placement	1
3rd sector	2	Signalong	1
Applicants by Role		Masters studies	1
Lecturer	1	Makaton	1
SLT	5	Emotion Talks	1
SLT assistant	1	PECS	1
Teacher	2 *	CALL	1

\* (1 Group Application covering 9 Teachers and 9 Pupil Support Assistants)

**2013/14**

Twenty-two applications were supported in this funding period. This was comprised of nine individual and 13 group applications. The group applications included at least 81 learners. As some applications were for funding to support the development of learning resources and delivery of learning to groups, it is anticipated that the exact number of individuals who participated is higher,

**NES AAC Learning and Development Fund applicants 2013/14**

Applicants by Sector		Applications by Educational Activity (Note: Some learners completed more than 1 activity)	
NHS	12	Talking Mats	5
Education	9	Communication Matters Conference	3
3rd sector	1	Signalong	1
		Masters studies	3
<b>Applicants by Role</b>		Makaton	1
SLT	11	CODES	1
SLT assistant	2	PECS	2
Teacher / related role e.g. head teacher / local authority support role	9	Work-based learning e.g. projects, resource development – includes staff development time to develop and undertake learning	7
		Bespoke training from CALL	1

## 2014/15

Twenty-nine applications were supported in this funding period. This comprised of five individual and 24 group applications. Some group applications included at least 77 learners. As some applications were for funding to support the development of learning resources and delivery of learning to groups, it is anticipated that the exact number of individuals who participated is higher.

### NES AAC Learning and Development Fund applicants 2013/14

Applicants by Sector		Applications by Educational Activity (Note: Some learners completed more than 1 activity)	
NHS	17	Talking Mats	5
Education	10 *	Communication Matters Conference	3
3rd sector	1	Experiential Learning Placement	1
Social work	1	Signalong	1
Other	1	Masters studies	2
Applicants by Role		Makaton	3
SLT	14	PECS	5
SLT assistant	1	Work-based learning e.g. projects, resource development – includes staff development time to develop and undertake learning	15
Teacher / related role e.g. head teacher / local authority support role	10		
Service Manager (Social Care / Voluntary Sector)	2		
Volunteer Services Manager (NHS)	1		

\* (1 joint NHS/ Ed application so 1 double count)

## Illustrating how the funding was used

In order to allow other individuals and organisations to be able to see how this funding was used and to learn from the work that has been developed, a series of case studies about some of the projects were developed. These are publically available through the **AAC: A Right to Speak** community of practice.

These case studies tell the story of some of the projects and initiatives that were funded by the AAC learning and development fund, and were developed by NES in collaboration with people involved in the projects and initiatives. They illustrate the range of projects supported and organisations and sectors where projects were funded.

A summary of five of the projects or initiatives is included below on pages 45-50 and the full case studies and accompanying resources are available from the **AAC: A Right to speak Community of Practice** at: [www.knowledge.scot.nhs.uk/righttospeak.aspx](http://www.knowledge.scot.nhs.uk/righttospeak.aspx)



## CASE STUDY

**Putting learning into practice – making the most of the Communication Matters conference and work-based experience at SCTCI has benefited patient/client care.** *Centre for Brain Injury Rehabilitation (CIBR), NHS Tayside*



The funding covered costs for conference attendance, work-based learning at Scottish Centre of Technology for the Communication Impaired (SCTCI) and associated expenses. NHS Tayside provided study leave to allow the SLT to participate in these activities.

### How the funding was used

Amy Hanschell, an SLT, had identified learning needs that this funding helped her meet through attendance at the Communication Matters conference and negotiating work based learning experience at the SCTCI.

She brought back her learning from the conference to the team resulting in great benefits for her, the team and patients.

Sharing this learning, in combination with work-based learning from a month long placement at SCTCI, has helped the team to develop their AAC skills, knowledge and practice. Careful planning and discussion with her colleagues beforehand about what would benefit all concerned, and communicating what she learned to them helped to make the most of these opportunities and led to the opportunity to take on a 0.2 AAC facilitator role for 12 months funded by A Right to Speak monies.

### Outcomes and impact

#### As described by Amy...

*"Attendance at the Communication Matters conference really kick started my learning*

*experience. I was able to learn about current research into AAC practice and meet others from a range of disciplines who are working in the field. My four weeks spent at SCTCI provided me with an in-depth awareness of the essential service that the centre provides. I was able to increase my knowledge of AAC processes, different devices and access methods. I developed an appreciation of the importance of building pre-requisite and basic AAC skills with clients prior to introducing more complex or high tech devices. As a result of my learning experiences I was appointed as AAC facilitator for the adult acquired service in Tayside.*

*This was funded by the Right to Speak Project and for the past year I have been working 0.2 sessions a week assisting my colleagues with AAC related cases. This assistance has included:*

- *suggesting low tech solutions*
- *supporting the set-up of new equipment*
- *programming communication software*
- *providing to training our support workers on AAC*
- *supporting our local CHSS groups on iPad use in communication*

*My level of experience means that I don't know all the answers but I have the time and developing networks from which I can source solutions."*

**Her learning has been integrated and embedded into her daily work and that of the team she works with and is being shared with the team, local services and beyond. This is ensuring that there is spread and sustainability.**

## CASE STUDY

### Establishing a communication friendly school, *Croftcroighan Primary School, Glasgow*



The funding allowed the school to contract an external course provider to provide training in Picture Exchange Communication System (PECS) and for staff and for cover from familiar bank staff to allow them to attend the training.

#### How the funding was used

Croftcroighan Primary School is purpose built to meet the needs of children with complex additional and complex support needs from nursery through Primary 1 to Primary 7. Many pupils have autism and require AAC methods put in place for them to develop their language and communication. They have a joint campus working in partnership with a mainstream school.

They are committed to establishing a communication friendly school which enables learners to maximise their potential for interaction, choice making, and communication through the support of a knowledgeable and skilled staff team, confident in the use of a range of AAC tool and techniques. This is embedded in the school improvement plan and they identified that developing staff capacity and capability in the use of PECS was one way in which they could work towards these aims. The funding they received allowed three members of staff to attend a Level 1 (Basic) 2 day workshop training who then returned to the school to spread this amongst their colleagues, learners and parents.

#### Impact and outcomes

Implementing PECS training allowed them to deliver a consistent and effective programme to those pupils that have been identified as being PECS users. By training additional staff in the use of PECS and liaising with SLTs, they are able to ensure they have a greater body of staff in the in-house PECS team who are confident in implementing this AAC method to support pupils to communicate

effectively. This then allowed them to set up class PECS mentors and have a trained member of staff oversee PECS development with the identified pupils both in school and beyond e.g. at home.

The impact to the service is an enhanced staff understanding and knowledge in the use of PECS to support improved levels of choice making and independent communication in pupils and a range of outcomes, focussing on the spread of PECS in the school and beyond where it's the most appropriate method of communication. There are already specific examples where PECS is proving to benefit a number of children in the school. These include PECS being used by children who are non-verbal and it enabling them being able to make choices that most people take for granted such as what they want to eat. It is also becoming evident that their understanding of the world around them is developing and this will impact positively on all aspects of their education. It is also proving valuable for children with autism.

Staff who are PECS trained are delivering a consistent and effective programme to those pupils that have been identified as being PECS users and working closely with SLTs and parents to ensure that they are putting in place every opportunity possible to allow pupils to develop skills across the curriculum and in the wider environment. This supports the recommendations, the Supporting Children's Learning Code of Practice, GIRFEC (Getting it Right for Every Child)/Wellbeing Assessment and the Curriculum for Excellence.

As there is some movement of staff, and staff trained to use PECS will take these skills with them to new settings, they are working to ensure that staff who are new to the school also receive the same training.

**This rolling programme will ensure that the learning is sustained and embedded in the school.**

## CASE STUDY

### A whole organisation approach to increasing AAC capability and use, *Capability Scotland*



The fund provided financial support that allowed them to engage an external trainers to provide **Talking Mats** training for organisations and for the **Talking Mats** trainer course, staff backfill to allow attendance and associated travel expenses.

#### How the funding was used

Capability Scotland's AAC Strategy aims to support individuals who use AAC and supports their 'right to speak' and to be heard in our society today, and this initiative was part of that. They have a commitment across the organisation to developing staff skills and supporting the use of AAC, with the aim of supporting customers to have their voice heard. Recognition of the need to increase staff capacity to deliver AAC support in order to give customers a stronger voice led to Capability Scotland to introduce a series of initiatives, supported by the fund. They assessed learning needs using **IPAACKS** and developed work-based learning to meet them, bringing in **Talking Mats** training for staff and for train-the-trainers for three staff.

#### Talking Mats

Through the **Talking Mats** training, staff learned how to use the **Talking Mats** visual framework. In all they will have trained over 250 staff throughout Scotland. The **Talking Mats** trainers' course has enabled the organisation to support clients more widely and quickly. The trainers are cascading this framework through the organisation and can respond to the need for this training as it arises. Having both staff trained in using **Talking Mats** and trainers is supporting them all to embed this framework throughout the organisation and ensure that the use of the framework is sustained.

#### Work-based learning and other learning

Taking on board their needs and feedback led to a series of SLT-led training days in all Capability Scotland services supporting people who use AAC, teaching a range of interventions, including those that are universal, targeted and specific, i.e. 'What is AAC?'; symbols and signing; and use of 'high tech' communication aids. In addition, they have introduced the eLearning modules funded by the Now Hear Me AAC monies to develop Universal Support resources and asked staff to complete Module 1 which is about communication in everyday life.

#### Impact and Outcomes

The work-based sessions, **Talking Mats** training for individuals and training have enabled staff to develop their knowledge and skills to support pupils and customers, using AAC strategies to support carers and families and share and promote the use of these new skills with colleagues throughout Capability Scotland. The children and adults who use their services are greatly benefitting as their communication needs are more fully supported by all within their environment.

**Talking Mats** training has directly impacted on the service by enabling AAC users to be more fully involved in decision making, particularly at times of transition, and to be central in planning their own lives. Building on the success of **Talking Mats** training for organisations, additional training places were offered by NHS Lanarkshire, as part of their AAC partnership with Capability Scotland.

**They plan to run Talking Mats training run by the trainers, and the work based courses on a rolling basis. And also plan to use IPAACKS to help them look at learning needs from organisational level to individuals.**

## CASE STUDY

### Developing AAC skills using two mobile technologies: Tobii PCEye Go Module and iPad, Support by Assistive Media Group North Lanarkshire



The fund provided financial support that allowed Smartbox training for the project team and backfill cover for time for the two SLTs to develop the module and, subsequently, for 4 teachers to attend this module.

#### How the funding was used

Support by Assistive Media Group (SAM Group) have a professional responsibility to keep up to date with all emerging technologies and their application and to support all children and young people within schools in the North Lanarkshire area. The focus of this work is to support inclusion and access to learning. This includes a responsibility for children and young people who use AAC.

Working together, they identified the potential for Smartbox training and the development of a work-based module to help to develop staff knowledge and capability in the use of technology in AAC. Specifically this was to use the Tobii PCEye Go gaze device on laptops, and for touch use they used apps on an iPad. Smartbox are specialists in computer based communication aids and enabling access to computer systems for people with disabilities.

The single agency team, of six specialist teachers, delivers support to people who use AAC. However, they have to seek out support from the national centres to allow them to meet the needs for specific children. Developing staff knowledge and capability in relation to Eye Gaze (Tobii PCEye Go) and Touch Access (iPad) will help them to further develop our local services and to build a multiagency team who can do much of the early assessment of these children at a local level.

The materials developed, along with staff training, will provide a good platform for multiagency working with a clear focus on developing skills which will offer improved services and, ultimately, will improve outcomes for children and young people who use AAC to communicate more effectively with those around them.

#### Outcomes and impact

The training materials used are increasing the scope of tools by multiagency partnerships: the initial focus being on education (teachers and support assistants) and speech and language therapy (SLTs).

By increasing skills, the staff who undertook the training are now more able to disseminate knowledge and understanding to colleagues, other professionals, people who use AAC, their families and carers. This in turn will allow others to enhance their skills to supporting people who use AAC at a local level more effectively and carrying out assessments. Towards this end, the education authority will identify a staff member to become the 'AAC Champion' in each school. The vision is to provide local access to specialist staff for AAC users who would be skilled in supporting their needs.

They plan to deliver the module across a range of agencies. Potentially, it could be delivered to all people who work to support people of all ages who use AAC, including workers in health, education, social care, and the third and independent sectors.

**Technology is an important part of AAC support and people coming into contact with people using AAC need to understand the technology that is used for it to be effective.**

## CASE STUDY

### Successfully improving the patient experience in ICU: a focus on communication. *ICU University Hospital Crosshouse, NHS Ayrshire and Arran*



In addition to the NES Learning and Development fund, two funding streams impacted directly on this project:

- the **Right to Speak** initiative funding via NHS Boards supported the SLT Service Lead for AAC
- **Effective Practitioner** project funding provided funds for staff backfill for data collection, meetings and staff attendance at improvement science course, teaching sessions for staff in new software, purchase of software and equipment

#### How the funding was used

ICU staff at University Hospital Crosshouse recognised that patients in this setting deserve the right to speak and brought in a series of initiatives and changes to improve their standards of communication with ventilated patients. Where patient communication was compromised in ICU was recognised as having a negative impact on patients. In this situation, patients are at greater risk of medical errors, poorer outcomes, are not as informed about what is happening to them. This can impact on care, in the long term, can have adverse psychological impacts and can result in PTSD at the extreme. They identified that this situation could be improved by the short term use of AAC systems and consideration of adapting the environment to facilitate communication. ICU staff worked in partnership with the SLT AAC lead to improve the patient experience.

They took a quality improvement/evidence based approach to improving patient care by applying for funding, applying fundamentals of improvement science and ascertain staff learning needs. This work focussed on improving communication for

and with patients in ICU. Initially, they carried out a literature review to attempt to identify how the problems identified had been approached in other units and found that there was little published research on this subject. They also contacted other ICUs in Scotland and found that, while the issues were identified widely, other units did not have tools and resources available.

**Using the information they had, they identified a range of specific ideas which were transferrable from other areas and which they could put into action in the ICU setting. These include:**

- guidance for staff about establishing the best way to communicate with patients
- using a simple communication board which is double sided
- using **Boardmaker** software to produce personalised communication boards.
- focussed and short coaching sessions involving 1:1 staff education
- bedside patient information charts provide information about that specific patient and their communication needs
- availability of an electrolarynx in ICU and guidance on its use
- clocks which display whether it is day or night and the time are at each bedside
- improved links with SLT – ICU staff now have skills and resources/tools available to support the communication of the majority of their patients.

**CONTINUED OVER....**

### Impact and Outcomes

A range of situations and strategies are ensuring that this work is being embedded and sustained in the original ICU setting. This includes:

- better relationships between ICU staff, speech and language therapists and the SLT Service Lead for AAC
- visual aids and communication resources are now in routine use
- communication goal plans are now being used
- staff education has taken place to allow them support communication and to use the AAC aids and resources that are available

- **Boardmaker** software is being used to personalise communication to meet patient needs

- environmental changes have been put in place including day to night clocks, an orientation board with the date and day, better lighting

Ensuring that all staff, whether permanent or transient know what is available and have easy access to information about individual patient communication needs is a key part of sustaining and embedding the work that has been done.

Working with NES, they are using the resources they have developed to create a resources package which is to be made available to all ICUs in Scotland.

### FURTHER READING

A wider range of case studies can be found at [www.knowledge.scot.nhs.uk/righttospeak.aspx](http://www.knowledge.scot.nhs.uk/righttospeak.aspx) which share how the AAC learning and development fund was put to use for the benefit of people who use AAC across Scotland.



## NES COMMISSIONED EDUCATION

**The third way that NES supported the implementation of developing the capacity and competencies of staff was by considering the gaps in educational provision. These gaps were mapped against IPAACKS and then NES commissioned education providers to meet these gaps by developing modules of learning that would be freely accessible.**

Education modules were commissioned at level 1 and level 2 of IPAACKS and related to the following areas:

- **technology and technological support for AAC**
- **language development and AAC**
- **assessing for AAC**

These modules are developed with clear learning outcomes and provided in an interactive web based format. They can be accessed through the community of practice.

At a level of Universal support and so below level 1 of IPAACKS NES also commissioned educational resources that contribute to the awareness raising aspirations of the **Right to Speak** report. These modules are co-owned by CALL Scotland and NES and are available through the **Now Hear Me** website.



# CHAPTER 3

# PARTNERSHIP

# DEVELOPMENT



## CHAPTER 3: PARTNERSHIP DEVELOPMENT

### Funding to support partnership development/enhancement

#### ACTION

**ESTABLISH MULTI AGENCY REGIONAL AAC NETWORKS OR CENTRES PROVIDING SUPPORT TO LOCAL SERVICES AND THAT ARE SUPPORTED BY NATIONAL SERVICES (REC 4)**



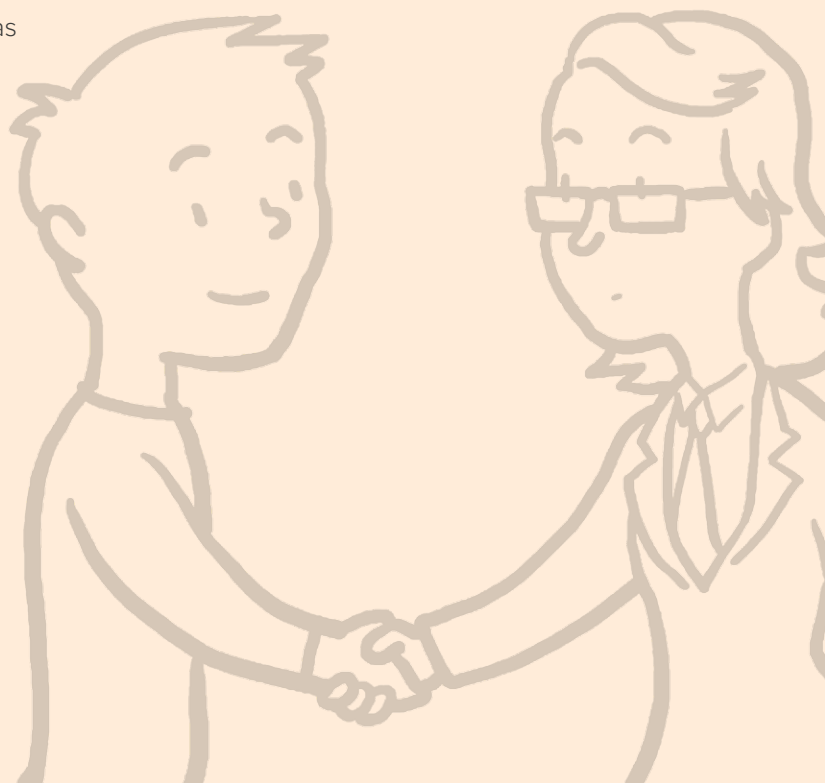
#### ACTION

**BUILD ON EXISTING PARTNERSHIPS TO AGREE PRIORITIES, POLICIES AND PROCESSES FOR AAC EQUIPMENT PROVISION (REC 6)**



A key part of the Right to Speak report is about the emphasis placed on the multi-agency nature of good AAC services and support. Being able to communicate may be seen as a social need, a health need and/or an education need; the clear outcome is that such distinctions are not helpful and it should be recognised that improving communication, funding AAC provision and setting out the care pathways is a joint responsibility across all these agencies. The Third sector can also play a key role. Developing partnerships and networks was a major recommendation from the report with a number of subsequent recommendations based on the partnership being responsible for carrying out the recommended actions. The programme has supported new partnerships to be established in areas that had no AAC partnership service in place and supported previously established partnerships to develop further. Applications for funding were invited to aid the establishment, development and maintenance of multi-agency AAC partnerships, focussing on two actions from **A Right to Speak** (Scottish Government 2012) Recommendations 4 and 6 (see above).

Reflecting the multi-agency nature of the AAC partnerships described in **A Right to Speak**, the submission of applications was welcomed from all agencies involved in the provision of AAC. A total of **£497,454** was awarded to partnerships (**£68.115 on 2012/13, £309,135 in 2013/14 and £120,204 in 2014/15**). This focussed funding helped local partnerships to clarify care pathways for anyone seeking AAC assessment and provision, organise equipment loan banks, host conferences and other events seeking cross agency working.



The NES team recommended that if work was seen as a priority within each partnership area then this could be funded locally in 2014/15 using the monies directly allocated to each area from the Scottish Government. The team recognised however that the smaller partnership areas would not find this as easy to do recognising that staff costs would be more than the funds available.

Additional funding of up to **£10,000** was therefore made available to partnerships in the Borders, Orkney, Shetland, Western Isles and Dumfries and Galloway. These smaller areas received **£41,609** to cover costs of continuing to establish or enhance the local partnership infrastructure.

Examples of how the funding was used are shown on pages 57-69.

## Establishing networks and care pathways

### ACTION

**LOCAL AAC CARE PATHWAYS TO BE AGREED WITH REGIONAL AND NATIONAL SERVICES (REC 8)**



Partnerships will have locally agreed care pathways and referral processes and the sharing of pathways across partnerships is being explored, with collating of processes and resources currently in place. This will be shared between partnerships and eventually be accessed via the website. Evidence of this work is shown in the following case studies.

**ORKNEY** ●

**HIGHLAND** ●

**FIFE** ●

**LANARKSHIRE** ●

**BORDERS** ●





## MANAGEMENT OF ACC EQUIPMENT PROVISION

### ACTION

**REGIONAL AAC CENTRES/NETWORKS TO HAVE REPRESENTATION ON LOCAL COMMUNITY EQUIPMENT MANAGEMENT GROUPS (REC 6)**



### ACTION

**ESTABLISH STRATEGIC LINKS WITH SCOTTISH GOVERNMENT JOINT IMPROVEMENT TEAM WORKSTREAMS FOR (I) EQUIPMENT & ADAPTATIONS AND (II) TELECARE (REC 7)**



A scoping of equipment management across partnerships and identification of different processes and systems has taken place. Links have been made with the Technology Enabled Care Strategy in Scottish Government and Joint Improvement Team equipment lead. The options appraisal paper will be available via **Community of Practice** to support partnership development in this area.

Partnerships are being assisted to upload their local processes for equipment provision and pathways to the Community of Practice to ensure national sharing and consistency.

A contribution to a training needs analysis of staff using technology across health, social care and education was made. Links with current national equipment and adaption guidance (community equipment) have been explored including the embedding of AAC technology as part of the technology enabled care strategy.

In relation to telecare and the ehealth agenda, the AAC team have made links with national leads from both NHS Scotland and Education Scotland with

responsibility for digital transformation.

The importance of health boards and local authority schools in getting IT access in place has been emphasised. Scotland's leaders in getting this right have been targeted in order to deepen their knowledge that access to IT is not only a staff effectiveness issue, but has profound implications for supporting adults and children who require high tech communication aids. There are too often examples where schools and health boards restrict IT access and make it difficult for staff supporting eg someone to programme software for an iPad for communication purposes. The AAC team has secured promises that the needs of AAC users and addressing the IT access barriers will be part of the digital transformation of services that is taking place.

Another way that the AAC team were involved in linking AAC with the telecare agenda was in influencing the UK wide work undertaken by Skills for Health in reviewing the National Occupational Standards for telecare. The Programme director represented Scotland on the UK steering group and brokered for the specialist AAC speech and language therapist from SCTCI to be a key member of the working group.

## Orkney AAC Partnership

Su Dutton, Orkney Council; Ann Gosman, SLT; Anne Leslie, Clinical lead, SLT Services

### The project

Orkney Health and Care (a partnership between Orkney Islands Council and NHS Orkney) was awarded funding for an AAC co-ordinator and administrative assistant. An AAC partnership forum, including education, social services and the charity Citizens Online, was established with the remit of developing pathways and policies, and establishing processes for the procurement of AAC equipment. Further partnership working between NHS Orkney speech and language (SLT) team and Orkney Health and Care Learning Disability services was established.

### Outcomes

Pathways are beginning to be discussed at regular partnership meetings and discussions have begun with partnership members and management as to the best way to procure equipment. There is now a process in place for procuring devices such as iPads and AAC apps for these. Policies are being gathered and discussed at regular partnership meetings and an equipment lending agreement drafted and circulated to members of the partnership for their feedback and approval.

Awareness sessions have been delivered with specific training for others in the use of AAC systems, e.g. signing training and has supported other staff to continue signing with a group of service users. The SLT has been able to support specific AAC users with specific aspects of AAC use in order for them to make decisions about their care.

Four sessions of IPAACKS training was carried out and an iPads and Apps training event hosted which was attended by more than a dozen partnership members from a range of sectors and increased their knowledge of how this technology can be used to support and enhance communication.

**“ Being part of a strategic group helped us break down some of the organisational barriers in terms of pathways to procure equipment which was housed within the NHS, but the Council have different procedures. It also helped to challenge some of this.”**

### Impact

The funding to support extra hours for a band 7 SLT to work with colleagues in the adult learning disability sector has raised the profile of AAC and consequently staff working with adults with a learning disability have greater awareness of the need for AAC and the types of clients they might refer. The numbers of referrals for specific AAC assessments for this client group have increased although this can be a challenge as they are restricted in what they can offer due to a lack of funding for specialist assessment.

**“ There has been an increased awareness of AAC and an improvement in multi-disciplinary working.”**

There have been opportunities to build on the training that AAC was able to fund and they were able to link people up digitally through **Get IT Together** enabling them to be part of the forum.

**“One member of the group had a family member who uses AAC and gave us a presentation, which was extremely useful.”**

There is a collective knowledge base starting to develop in terms of the best equipment and apps to use and an increased confidence to use and apply this knowledge. The funding of community wide awareness days is beginning to make some inroads into developing an AAC culture where people are comfortable with using AAC and some signing.

**“More people are using signage and AAC. It's become more part of the 'day to day' within the service base. It was more about the individual before and if you couldn't understand, it was very difficult for that individual to communicate. Whereas now it's very much part the culture.”**

**Ann illustrates how improved knowledge and awareness, working in partnership, has facilitated an improvement in AAC service provision to the benefit of two individuals.**

A gentleman with cerebral palsy and learning difficulties applied to be a telephonist at one of our centres. We thought that was rather ambitious due to his speech difficulties. But we did some research and key workers managed to get a telephone with a hands free button, supported with low tech Boardmaker® type equipment and low tech charts and after a few setbacks, it really helped his self-esteem, he was speaking more clearly showing his great outgoing personality.

We adapted a talking tin device for another client to use for menu choices; photos of the food and was able to tap the button and hear what it was, e.g. baked potatoes, and there was a chart to put the choices up. It improved his motivation and coupled with support in his own home improved his verbal communication and he started asking more questions.



### Sustainability

Much of the work undertaken has long-term implications. For example, they have created service information using AAC, like fire procedures so people are not depending on reading in order to evacuate a building safely and have incorporated **Boardmaker®** into their organisational procedures.

**“ The most significant change has been embedding that culture as part of everyday. Low and high tech environment facilitates AAC communication. The service was very fragmented before. Now we’ve created a service where it’s just part of the routine.”**

There have been small steps and some success. For example, new council staff structures for the new lifestyle service will include 1 Whole Time Equivalent lead for communication, so they will be able to continue to drive AAC forward and support the service.

**“ We saw the value of being able to dedicate time rather than an ‘add on’ as other priorities take over. We want to make sure it is there for the future.”**

Not having a contact with SCTCI is seen to be a challenge and the need for a national service was highlighted.

**“ We need ongoing financial commitment to ensure we get the best service in a timely manner.”**

## Highland AAC Partnership

Morag Tait, Speech and Language Therapist and AAC Lead.

### The project

The funding was used to release staff time to fulfil the role of providing the leadership and development required for the project.

### Outcomes

A scoping exercise was carried out in Highland (including Argyll and Bute) and information was gathered regarding the number of AAC users in Highland and the range of systems used. Baseline information has been collected from AAC users about their opinions of the service in Highland and those interested in being part of a users' support group. A users' reference group has been set up as a virtual group to feedback on project work.

**“The partnership aspect and pulling everything together has been a challenge. It was a challenge to identify the right, key people who have the time to assist when AAC is a very small part of their existing role and staff are spread widely throughout Highland.”**

Work has been undertaken to ensure equity of access to equipment and funding across NHS Highland including the setting up of a Steering Group, pathways for equipment loans and funding, repairs and safety testing, a prioritisation tool and a data base of AAC equipment.

Links with medical physics, asset management and the care and learning service in Highland Council have been extended and developed to ensure equitable funding.

Local key performance indicators have been written to assess the national AAC quality indicators and AAC TOMs will to be used to support ongoing measurement at an individual level.

An AAC study day was organised with 35 SLTs attending from across Highland as part of an AAC Community of Practice. All were trained in IPAAACKS, and the updated pathways and supporting paperwork were launched. Training was provided to match requests in the scoping exercise.

Individuals from across the partnerships have been trained in **Talking Mats**. and four individuals have been trained as accredited trainers in **Talking Mats**.

An AAC toolkit is being developed for adults with learning disability. The toolkit will be a person-centred reviewing tool for adults with communication difficulties, using a range of visual supports to aid their understanding and participation to enable them to be fully involved in decision making and planning regarding their future care needs.

## Impact

The questionnaires have provided a fuller picture of AAC users in Highland including their needs, equipment and their views.

**“ Finding out about what users think about the service is one of the most important parts.”**

A users' support group has been set up and the hope is that the group will be ongoing and led by the users. Procurement is much more equitable. Rolling out the universal resources has increased people's knowledge and AAC users will hopefully get a better response in the community. SLTs are better informed about available equipment, pathways and training.

**“ Although it is difficult to identify impact at this stage, going forward, we have asked the opinions of SLTs and AAC Users. We've developed better funding forms, a prioritisation tool and clearer pathways. Everyone now knows how to do things and it's much more equitable.”**

## Sustainability

There are a number of sustainable legacies from the work that has been undertaken. These include: the pathways and accompanying paperwork, the improvement group which will meet to continue the work of the project, the users group and reference group, the Talking Mats trainers and the community of practice.

The need for an AAC Lead to continue the work started during the project is being considered. A gap analysis and an impact assessment is being carried out to identify how the need can best be fulfilled post March 2015.

**“ Although we don't have ongoing funding just now we hope that an AAC lead will continue in some form in order to take the AAC work forward.”**

## Fife AAC Partnership

Jane Donnelly, SLT; Sandra Miller, Fife AAC Team (FAACT),  
Iain Rowbotham, (FCSS)



### The project

The project was initially about helping support staff within adult learning disability provisions to identify appropriate AAC supports for clients. There had been an increase in referrals coming to FAACT around the potential use of more mainstream technology, itechnology in particular, and it became apparent that 'high tech' was not always the best AAC solution: something more 'low tech' may be more appropriate e.g. visual resources, visual schedules etc. The project focus became much wider, looking at the full range of AAC support in more general terms and developing an AAC pathway. There was a need for some support around building the capacity of staff, to enable them to assess their client's current communication needs/profile, understand why these communication supports were necessary and what areas required support. This would then inform the possible range of lower tech resources that could be trialled pre FAACT referral, leading to a more robust referral outcome. Partners with NHS Fife included Fife Council Education Services, Fife Council Social Services and a range of Third Sector services, represented initially by ENABLE.

### Outcomes

An engagement day got the project up and running with an invited audience from health, education and the 3rd sector. A practical exercise was completed which in turn led to the development of a map of a possible 'pathway to AAC'. Following this, organisations were invited to become a part of the ensuing project **developing a Pathway to AAC and Technology** and so **PaacT** was born.

**“ We wanted to embed sustainability and ownership from the very start. Sharing knowledge between partners at the outset was vital in establishing a process for equipment and strategies that we could take forward.”**

The funding was initially used to second three communication development workers' for two days per week from within Fife Community Support Services (FCSS), and then a co-ordinator for one day.

Using an audit tool, the co-ordinator identified gaps skills and knowledge across the Service and developed a 'training triangle'. The training model was influenced by IP**AACKS**. All staff have now been trained at PaacT Level 1, and Level 2 training is now being rolled out by the development workers. Some of the money was used to accredit trainers e.g. Talking Mats, to ensure that the whole process is embedded and sustainable long-term.

**“It’s not just about having the equipment, it’s about having skilled staff who can develop and offer appropriate support.”**

In addition, some funding was used to equip each area with an ‘ICT suite’, including some simple voice output devices **“so staff can do some work and try things out before referral.”** Sets of generic, visual resources have now been developed and are readily available to all staff, and information around who is using what and, more importantly, WHY, is shared with staff teams on a regular basis. Guidance for the recommendation and implementation of mainstream technology (mostly iPads) has also been developed and iPads purchased for assessment and training use.

### Impact

The team in FCSS reported that the most significant change has been the increased knowledge around the impact of a learning disability and its effect on communication. There is also an acknowledgement of the enhanced quality of engagement with service users when staff have a better understanding of why strategies are necessary and why they work.

**“Getting the right process for clients is important. It can be something incredibly simple like sharing a client’s understanding of their day with the introduction of a visual schedule, right up to a referral which we had recently for a young lady who will move on to using high tech AAC.”**

There is now an increased, shared understanding of the possible benefits of augmentative and alternative communication strategies for someone with a learning disability. One of the biggest changes has been a better understanding of service users reduced levels of comprehension. Previously staff often overestimated how much of the spoken word service users really understood; **“I’ve made those decisions for them and never really asked the right questions.”** The training provided is enhancing communication opportunities.

Staff are coming to the SLT service and asking more direct questions, more knowledgeable questions. For example, **“this is something we’ve worked on and now would like to develop it further, do you have any ideas?”**

**“They know what steps to put in place on that journey through the pathway. If a referral is ultimately made to FaacT, then we are having better quality conversations around why the referral is being made now, and what steps in supporting service users have already been put in place. For the client it is ultimately more useful and more timely.”**

### Sustainability

The learning has been embedded into daily practice and staff are seeing much more consistency in supports offered to service users. The training that has been developed has been linked in to FCSS's online management training system, and will become part of induction training. It is hoped that access to the AAC Scotland online modules will also be accessible via the intranet system.

The final piece of work to be completed is to focus on the transition process from school into adult services, and how best to share information around the pupils' communication needs and supports. A forum of staff representatives from the education sector and FCSS has begun to meet and will work together to plan a more seamless transition for pupils, including the identification and sharing of information and resources, in preparation for a move into a more community-based service.

**“ We are looking at what has worked in the past, what is working now and how can we share and transfer that into an adult service: how resources and supports may need to be adapted and how schools might work on that in the last six months to make it an easier and more seamless transition.”**

Social services have now agreed to provide ongoing funding for the development workers to allow this work to continue post March 2015. **“It's a better outcome than we would ever have imagined.”**

## Lanarkshire AAC Partnership

Pauline Downie, Head of Service, SLT

### The project

The project was a partnership between NHS Lanarkshire, North and South Lanarkshire Council Education Departments, North and South Lanarkshire Council Social Work Departments, MND Scotland, Scottish Centre of Technology for the Communication Impaired, HOPE for Autism, Capability Scotland, the Scottish Centre for Children with Motor Impairments and New College Lanarkshire (Motherwell Campus). It also involved people who use AAC, parents and carers.

The project aimed to establish a sustainable multi-agency AAC network in Lanarkshire, and to ensure that people who require to use AAC have access to high quality specialist assessment and support and ensure that there are policies and procedures for the provision of AAC equipment in an equitable, safe and timely manner.

### Outcomes

An opening event took place and that was really the start of the partnership. Previously there were very few staff in Lanarkshire with AAC as part of their job description. They invited a range of potential partners as well as AAC users, focusing on A Right to Speak and what a partnership was and meant. They had an exercise to look at what they should start doing, keep doing, and want to do under the headings of assessment, provision, education and training, and support. They got people to sign up to a steering group as well as a distribution group.

Funding was used to appoint a 0.5 WTE SLT. Through the AAC partnership, a multi-agency AAC pathway was developed.

Equipment needs and requests from all partners has been collated and a loan system database developed so that there is wider access to equipment. They also looked at the Health Board funding and made sure that was used in partnership and put together a bid form so people could ask for equipment or things they wanted.

**“For example, our learning disability team were working with the addiction service to look at My Recovery Action Plan for people with a learning disability and needed who needed an easy read version which was symbolised to allow them to communicate with the service. It’s something I wouldn’t have realised was an issue.”**

**“It’s been a really good thing to be involved in as everyone has been passionate about AAC. It was difficult for some AAC users to participate in that kind of environment so we found other ways to get them involved and be able to contribute.”**



A scoping of training and support currently offered was carried out and gaps identified. **Picture Exchange Communication System (PECS)** and **Talking Mats** training was commissioned and they hope to offer Makaton Training. Awareness sessions for IPAAACKS have also been organised and work is ongoing on developing communication environments training in schools.

They worked with the education departments around the communication environment in schools, and with training and an equipment package, worked with people in their low security forensic department; and did work with **Talking Mats** to look at how people engaged with their interviews.

A second event was held where the pathway was launched and feedback on the various projects were given.

**“It felt so different from the first event and it was a good chance for reflection and realising everything that had been achieved.”**

### Impact

The work has significantly raised the profile for people who use AAC. People will say **“what’s that AAC thing, can we get someone to come along?”**

**“We’ve had a young lad and his Dad who came along to speak to our Chief Executive, and that was great, because it was getting the message out there but it was from people who use AAC and not through other people. That’s what we wanted it to be. People who use ACC should have a voice, they have things to say, have got ideas and lives they want to live, and a lot of what we are doing has been focusing on that.”**

There has certainly been a change and the awareness raising not only involved people who use AAC but also has informed and involved the wider community. The impact for users is that they are treated the same as everyone else and people are listening to what the person has to say, not focusing on the AAC system.

### Sustainability

Everyone on the steering group was keen to keep going focusing on IPAAACKs and awareness raising- there is a real momentum. Continuing funding will be provided for the co-ordinator for a number of sessions to continue the work. A monthly newsletter and briefing for the network takes place and they have set up Twitter and Facebook accounts (**“not easy when you work in the NHS”**) and **“we are using all means possible to raise awareness, keep the interest, inform people; looking at the whole vision for AAC users in our communities and having their needs understood.”** They are planning a public awareness raising campaign including the use of social media on Facebook and Twitter @ [AACLanarkshire](#).



Find us on  
**Facebook**

## Scottish Borders AAC Partnership

Ellen Baird, SLT; Sarah Fitch, Complex Needs Education Team Leader

### The project

The project was a partnership between the Scottish Borders Integrated Children's Services, Scottish Borders Education and Lifelong Learning and NHS Borders SLT department. In addition, representatives from Chest Heart and Stroke Scotland, Borders College and parents/family of people who use AAC attended the focus groups. The project aimed to support joint working in order to drive forward recommendations 4 and 6 of the **A Right to Speak**.

### Outcomes

A multiagency consultation event took place in January 2013 which aimed to introduce **A Right to Speak** and outline what AAC is and describe some of the equipment that could be purchased with money provided from the Scottish Government. A follow-up meeting took place six weeks later.

From these events, a core multi-agency group was established and continues to meet monthly focusing on the pathway that has been developed, and refining and testing the single process for accessing AAC within Borders. The project has both a teacher (1 day per week) and a SLT (1.5 days per week) in place. There is regular administration support available.

Two people (teacher and SLT) have attended **Signalong** training and this will be rolled out further, and two people (teacher and SLT) have completed their Train the Trainer course for Talking Mats. Local training in Talking Mats is planned. A continuing professional development programme has been established and sessions have been piloted with more planned. Some training has also been held in the community.

**“The increased knowledge has broadened people's experience, ideas and raised expectations. Not seeing AAC as something that's used in a classroom, not something that just helps us. It's a lifeline for them, a way of communicating. They are only in school for a very short time so we have to get it right for them.”**

Equipment has been purchased for loan and a pack of information on AAC and small equipment has been sent out to local support centres. A pathway has been developed and agreed among the 'core' group of agencies who meet monthly. Regular updates on AAC are made available through staff meetings and AAC posters are being printed and will be posted in a wide range of workplaces; community spaces to raise awareness.

### Impact

The main benefit is that staff are more aware and better trained in AAC. Within education, the CPD programme available to school staff has been revamped and a project to take AAC awareness training to schools is underway. A pack of material to distribute across Borders which contains information about AAC and links to further learning is under development. Staff in schools are benefiting from the equipment made available through the packs.

**“ It’s brought AAC to the forefront and helped develop a shared understanding between partners. Hopefully that will mean that people are thing more carefully about AAC and what’s appropriate for individuals.”**

The training programme is having an impact and the joint approach to training has worked well and is seen as extremely valuable and facilitated good team working.

**“ The most significant thing for us has been getting a robust CPD programme in place, which is accessible to all education staff. We had a programme in place but we’ve actually developed two new modules which have been well attended and received good feedback. The fact that people are training together has been really positive.”**

The message that everyone has a responsibility for communication appears to be getting across. Schools are no longer waiting for the ‘expert’ to come in and make decisions. They now have a range of AAC they can use and have already started something, thus are less dependent on the SLT service, due to an increased confidence, knowledge and awareness. This means that help will start more quickly.

The pathway needs to be continually reviewed but the benefits of having a pathway are becoming obvious.

**“ We had a child recently whose mum desperately wanted an iPad for, but using the pathway we were able to work things though and direct her to more useful things.”**

There appears to be a heightened awareness of AAC. Parents and staff were listened to at the focus groups and the roll out project of universal information has been based on their concerns. Involving everyone that’s working with the person using AAC and seeing the impact that enhanced communication can make has been a highlight for all involved.

**“ One child who is now using an AAC device just can’t wait to get home. He gets it out of his bag to communicate. His mum says it has that has made a huge difference to how things are at home and how they can communicate, not just with the immediate family but with the wider family. Everyone is able to communicate better and that has made a massive difference.”**

**Signalong** and **Talking Mats** training are being used more regularly and with increased understanding.

### Sustainability

Core group, multiagency meetings will continue as will the CPD and training events. The next steps include implementing IP**AACKS** in schools and social work. Consideration is also been given to how to include patients and families in training.

A business case has been developed to try and access ongoing funding. Senior managers have offered their support for the initiative but there needs to be more 'buy-in' at senior level to keep the momentum going.

**“ We are keeping going. We’ve seen the benefits of meeting regularly and see the benefits of working together. It’s made us more focused.”**

Two articles have been put in a local magazines, one which is distributed to every household in the Borders and one in the Scottish Borders Council magazine which is distributed to every school.

### Ongoing support of Partnerships

The NES AAC team facilitated sharing of experiences from one partnership to another by hosting regional meetings. This vehicle for sharing is an important way to spread good practice and minimize duplication of effort. Hosting opportunities for face to face discussions is a key way to cross fertilize ideas and to share care pathways and other ways of maximizing the AAC resources within and across partnership areas. Face to face discussions can be supplemented with on line sharing and this is the role of the Community of Practice.

The community of practice includes the option of online discussion forums and sharing of documents. NES can play a role in ongoing support using venues, conferencing facilities via video and telephone to ensure longer term support for partnerships.

[www.knowledge.scot.nhs.uk/righttospeak.aspx](http://www.knowledge.scot.nhs.uk/righttospeak.aspx)





# CHAPTER 4

# AWARENESS

# OF AAC



## CHAPTER 4: AWARENESS OF AAC

### Funding to support partnership development/enhancement

#### ACTION

DEVELOPMENT OF A NATIONAL STRATEGY TO PROMOTE UNIVERSAL SUPPORT FOR PEOPLE WHO USE AAC (REC 3)



#### ACTION

IMPLEMENTATION OF NATIONAL STRATEGIES TO PROMOTE UNIVERSAL SUPPORT FOR PEOPLE WHO USE AAC. (REC 3)



### SUPPORT MATERIALS

**CALL Scotland** was commissioned by **NES** to develop materials to help raise awareness of **AAC** and ways of providing communication support, aimed primarily at people who have little or no previous experience of communication disability. All these materials are available on the on the **AAC Scotland** website.

For more information: <http://www.aacscotland.org.uk/Home>

#### VIDEOS



##### 1 Ways to Communicate - an Introduction to Augmentative and Alternative Communication

Using a series of 'stickman' animations coupled with video and narration, this video explores different ways of communicating and introduces you to the AAC superhero who can help overcome barriers to communication.

##### 2 How many ways are there to communicate?

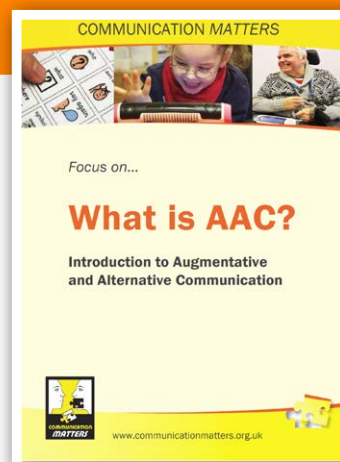
How many ways are there to communicate? This short video collage shows clips of a few folk from around Scotland who cannot speak, due to disability, but who CAN certainly communicate! They do so using a variety of different forms of AAC. This film provides a 'mini preview' of AAC in action.



## LEAFLET

Many people have never thought about communication support needs and have never heard of AAC. This leaflet provides short and simple answers to basic questions such as **‘What is AAC?’**; **“Will AAC affect speech development?”**; **“How long does it take to learn to use an AAC system?”**

The leaflet is in A4 PDF format.



## POSTERS

Many people have never thought about communication support needs and have never heard of AAC. The four different posters created will help people ‘spread the word’ about AAC, giving a positive message and offering access to further information. People can view, download, print and display these posters. They can include their own contact details at the bottom of each poster so that people know where to get in touch locally, for help or information. All the posters are in PDF format.



## COMMUNICATION BOARDS

These are practical low-tech ‘communication boards’ that a person who does not speak clearly can point to, to help them to communicate and get their message across to a listener.

They can be downloaded and viewed and saved, printed out (in colour), then laminated for use. One or two allow for personalising.





## LEARNING MODULES

Five short online learning modules have been developed for people who would like to learn more about augmentative and alternative communication. The modules can be viewed one by one as 'stand-alones', or in sequence. Module 1 in particular is a very basic starting point, suitable for people who've never really thought about communication much, and have never heard of AAC before. All five modules are at an introductory level, and highly accessible to people without any previous specialised knowledge of communication disability, or of communication aids.

Each module takes about 5- 10 minutes to view – or longer if you want to explore the many links and resources, and finishes with a 'Test your Knowledge' quiz, and a printable personalised certificate.

If used for training purposes, the modules will fit well as a more specific 'sequel' to more general 'disability awareness' or equalities training, and / or as an introductory 'starter' to more specialised studies in communication and social care. E.g. for staff training (in education, health and social care professions, voluntary sector, public and commercial services), and for students in a variety of disciplines e.g. therapy, education, nursing, medicine, social care, nursery nursing etc.

Whilst the learning modules were designed to be universally useful as part of awareness raising activities, the modules are linked to the **IPAACKS** framework: each module shows the specific 'core values and commitments' and 'AAC specific knowledge and skills' that are particularly relevant to that module topic. In this way the modules could be seen as a bridge between general awareness raising for universal support and a starting point for providing a source of learning for services wanting to improve their communication skills. They will therefore be a helpful tool for services, teams or individuals that wish to 'self-audit' and to develop best practice, and ensure positive outcomes for people who use AAC.

## PUBLIC AWARENESS

### Getting started

**Having commissioned and created lots of resources aimed at universal support, the NES AAC team involved a marketing company to help ensure public awareness was raised in the best ways possible.**

Weber Shandwick successfully won the tender and was commissioned to deliver a wide range of activities to raise widespread universal awareness and partnership engagement to support long term sustainability. At the outset Weber Shandwick carried out a literature review, a focus group with users of AAC and professionals, and an 'influencers' survey.

**“It was really important for us to understand as much as we could about this topic before we began to really shape what we were going to do and how we were going to do it. So, we put a lot of emphasis on research before writing our script for the campaign.”**

They found that there was a lot of good literature on this subject already, so the second step was to survey influencers and opinion formers to understand their view of the subject and the challenge they faced. This was focussed principally on the public sector, from MSPs to education directors, and also took in senior representatives of relevant charities.

Their conclusion was that there was, overall, very limited awareness of the subject and engagement with it. In those who were aware, there was a broad range of knowledge and confidence. Finally, **“to really help shape the campaign in a way that would work”**, they held a focus group with nine participants. This brought out some of the main issues they needed to consider, mainly on the tone of voice, the types of messages and some of the tactics.

The focus group helped to identify the main messages for the campaign and what it was that they wanted the audiences to do.

#### Key messages

- being able to communicate is a basic human right
- there are a variety of ways to communicate – and that's fine
- AAC has incredible potential to improve quality of life
- AAC tools themselves are not a 'magic fix'
- AAC could affect any of us at any stage of our lives

#### The 'ask' ...

**“Whether you use AAC, know someone who does, or are likely to meet someone who does in your day to day life, find out more.”**

## Getting the message right

The above work brought out some useful points as they wrote the script. It was really important to get the language right. Even though this is a significant challenge, ultimately the numbers involved are relatively small and not a part of most people's day to day lives and accordingly, it involves trying to get messages across to diverse and disparate groups of people. They therefore tried to ensure the script and how it would be delivered were:

- **credible and had a real foundation in what was important to people working with or using AAC**
- **used the power of individual testimony to bring the subject to life**
- **could stand the test of time and be used for years to come as part of a sustained effort**

## Branding

The focus group also helped to shape some ideas for a logo and branding. A number of options were created that aimed to illustrate the key messages emerging from the focus groups discussions. These options were presented to the AAC project steering group and following additional input to alter one of the designs the decision was made to create the campaign **Now hear Me- it's my right to speak** and to use the interlocking speech bubble symbols.

## The website

The website has been the focus point for the campaign. It has brought together the information, advice and resources that all people with an interest in AAC might need. Some of it is hosted on the site and some of it signposts other places. The website is a gateway to information and advice, ranging from a basic video introduction through to a set of e-learning modules that will help everybody to better understand AAC.

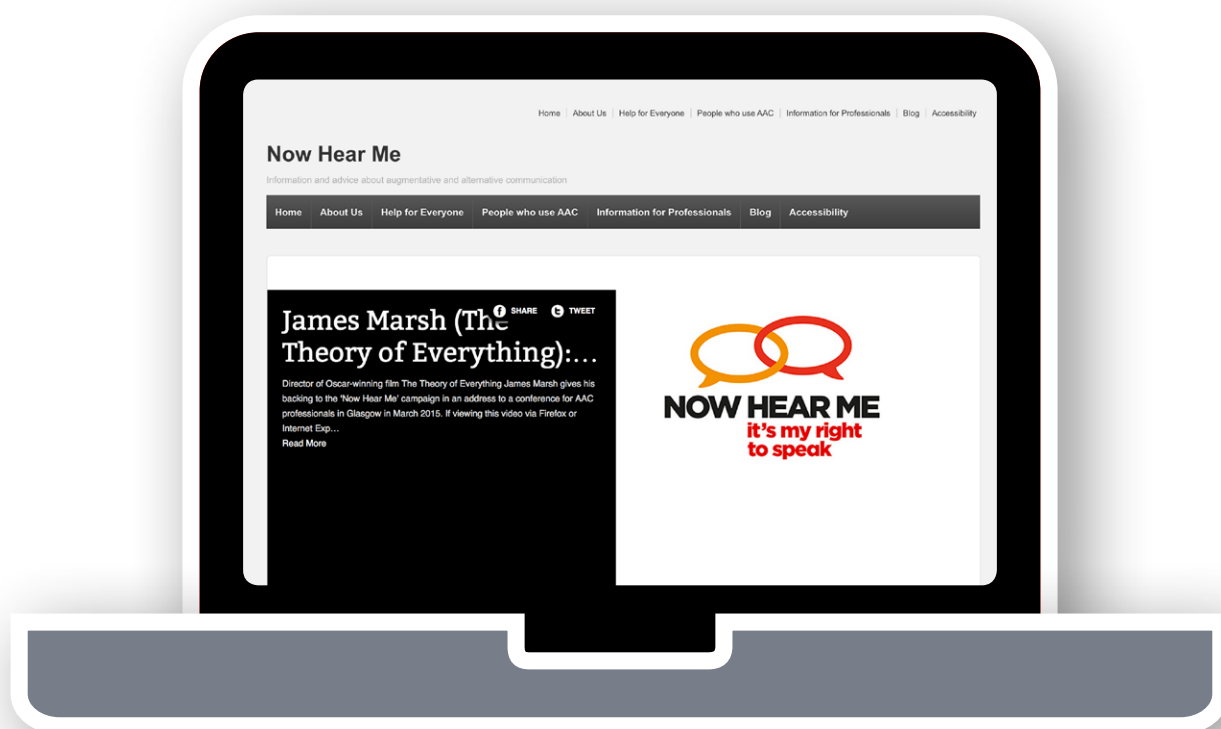
**“The website, the videos and other resources all create a campaign toolkit that can be used in telling the story about AAC.”**

For more information:

<http://www.nowhearme.co.uk/>



**NOW HEAR ME**  
**it's my right  
to speak**



## Promoting the campaign

The campaign and website been promoted through:

- mainstream, professional and special interest media
- targeted advertising – trade and social
- public sector partners
- charities
- commercial/ other AAC interests

“You will have professionals and users of AAC who have stories of their own to tell. Nothing is more powerful than that. And when you are shaping your story there are three really important things to remember:”

- 1 As well using real people, **keep your message simple**. Think about how you would talk to someone down the pub about this – or wherever you might happen to socialise with people who are new to this topic.
- 2 And when you’re doing that, also answer the question that everyone naturally has when told about something new, which is **“so what?”** or even **“why should I care about this”**.
- 3 Finally, be clear about what it is that you want people to do with the information. Is it to visit the website, or share a video with their networks, or complete a training package?

## EVENTS

A number of events took place to support the implementation of the programme of work.



**These events were also a good way of raising awareness about AAC with people from services. Some staff already had a good knowledge and role with people who use AAC but for other staff it was the beginning of their connection to being part of AAC services.**

### Launch event: The Future of AAC in Scotland, May 2013

The first national event took place in Edinburgh with an audience of over 100 delegates and involved people from the NHS, education, social care and voluntary sector and universities. The event was opened by two people who use AAC and emphasised the importance of getting it right for people across Scotland. The event attracted sponsorship from Communication Matters the UK organisation that had recently completed some significant research into the incidence of communication support needs and AAC across the UK. The conference became the way that these research findings were disseminated in Scotland. This helped to ensure that the Scottish Right to Speak work programme was based on the evidence and work completed so far in the rest of the UK. To view the video clips of the speakers Barry Smith and Rachael Monk please go to the community of practice:

<http://www.knowledge.scot.nhs.uk/righttospeak/partnerships.aspx>



The focus was about progressing partnership recommendations and encouraging local partnership initiatives to share their activities with neighbouring partnerships.

### Celebration of AAC Learning event, December 2014

In Perth concert hall every successful applicant to the AAC learning and development fund was encouraged to attend. The focus of this event was about the learning and development that had been achieved with AAC A Right to Speak monies. As part of the application for funding, all applicants had given an undertaking that they would share their learning across Scotland. All delegates therefore were expected and invited to contribute to the event so that maximum Scotland wide benefit was achieved. Learning was shared in a range of ways including as key note speakers, workshop facilitators, posters, stands and submitting articles and reports on learning to a publication that was circulated to all delegates. This publication as well as the posters and workshop presentations were all then uploaded to the online community of practice for further sharing.

### Regional partnership events

Members from each multi agency AAC partnership were invited along with all successful applicants to the AAC partnership fund to one of 3 regional gatherings. These took place in COSLA, Edinburgh; the Centre for Inclusive Living and Sense Glasgow and the Science centre, Inverness with video conferencing links to the islands.

For more information: <http://www.knowledge.scot.nhs.uk/righttospeak/learning-and-development/celebration-of-aac-learning.aspx>



## Now Hear Me: Its My Right to Speak Conference 10 March 2015, Glasgow

This event was the finale of the 3 year funded programme and was attended by 100 delegates from a wide range of sectors including NHS, social care, education, 3rd sector and AAC users.

The opening session chaired by Helen McFarlane (Programme Director (AAC), NES) and co-chaired Jill Clarke (AAC Steering Group member and AAC user) gave an overview of the AAC project and set the context for event and included an address by Jamie Hepburn, Minister for Sport, Health Improvement and Mental Health.

This was followed by four sessions which reported on the AAC programme of work, outlined what had been achieved and how the work could be sustained.

### Research: A Panel Discussion

An overview of all the research and service development projects that have been supported was presented via a panel discussion. The chapter in the book that had been written following one of these research projects “**AAC Therapy Outcomes Measures**” was gifted to all delegates for them to take to their workplaces and put into use.

### Learning and Development

An overview of the all the learning and development related projects that have been supported, including IP**AACKS** and the AAC learning and development fund. This session consisted of a presentation followed by a choice of a range of workshops.

### Session 3: Partnerships

An overview of the partnership development that has been supported, focusing on sustainability and including:

- **how NES has supported partnership development involving 3rd sector, education, AAC users and local businesses**
- **the role of the Joint Improvement Team (JIT) in supporting partnerships**
- **the role of the Community of Practice in sustaining partnerships**

### Session 4: Universal support and public awareness

A showcase of the projects that have been developed to increase public awareness of AAC including:

- **a message from James Marsh, film director The Theory of Everything**
- **keeping the momentum going by Stewart Argo, Weber Shandwick**
- **universal support materials**

The highlight for many was undoubtedly the involvement of AAC users in every session and the entertainment provided by the Ashcraig School iBand over lunch time. A video montage of the conference is available on the **Now Hear Me** website.



# APPENDIX 1

## FINANCE REPORT A RIGHT TO SPEAK

### A Right to Speak: Funding to NHS Education for Scotland to support implementation of the 8 recommendations

	2012-13	2013-14	2014-15	Total
<b>Research</b>  Including: identifying outcome measure tools, data sets, cost benefit analysis, involving service users in setting quality indicators as measures of a good service, purchase of TOMs books, creation of “how to” podcast for cost benefit analysis tool	£84,000	£44,500	£29,500	£158,000
<b>Learning and Development</b>  Including: developing the learning framework, reference group, CALL courses, scoping existing educational resources, Ashcraig school resources, SCTCI time to develop IPAACKs, writing and design of hard version of making Communication Even better, AAC learning and development fund awards, communication matters conference attendance, Children and Young people AAC resource, printing IPAACKs, hosting conferences May 2013 and Nov 2014, commissioning development of online learning modules	£97,000	£138,500	£180,500	£416,000
<b>Partnerships</b>  Including: service level agreements and contracts with partner organisations NHS boards, voluntary organisations and local authority education departments, AAC resources library for each partnership, design and print showcase magazine, partnership regional meetings	£89,000	£318,000	£140,500	£547,500

	2012-13	2013-14	2014-15	Total
<b>Public Awareness and Universal Support</b> Including: design and development of posters, alphabet charts, AAC symbol charts, marketing focus group, marketing strategy, creation of video and learning resources, branding and logo design, press, TV and social media campaigning, creating podcasts, final conference March 2015 showcasing results, promotional materials including branded iPad covers, bags, pens, wipes etc	£30,000	£49,000	£49,000	£128,000
<b>Other Supporting Expenditure</b> <b>Including:</b> AAC leads meetings, attending AAC forum in London, AAC study day EPM attendance, RCSLT Scotland event attendance, AAC team membership of Communication Matters, travel costs, exploring feasibility of national AAC service, writing and production of final report	£4,000	£2,000	£7,000	£13,000
<b>Total</b> Excluding costs for NES project staff	£304,000	£552,000	£406,500	£1,262,500
<b>Staffing costs</b> <b>Including:</b> <b>Educational projects manager (8b)</b> 0.6 wte Sept 2012-March 2013 0.5 wte April 2013-March 2015 0.5 wte August 2012- June 2015 0.6 wte July 2014- March 2015 0.2 wte April 2013- Dec 2014 <b>Project co-ordinator (5)</b> 0.9 wte August 2012- March 2014 1.0 wte April 2014-March 2015 <b>Administrative support (3)</b> 0.2 wte Oct 2013-March 2014	£58,500	£107,500	£79,500	£245,500
<b>Budget provided by Scottish Government</b> <b>“Right to Speak” monies</b>	£379,000	£645,000	£484,000	£1,508,000
<b>Totals</b>	<b>£362,500</b>	<b>£659,500</b>	<b>£486,000</b>	<b>£1,508,000</b>





# SECTION 2

THE ROLE OF THE SCOTTISH GOVERNMENT

# INTRODUCTION

The Scottish Government launched the report **A Right to Speak** in June 2012 at Capability Scotland's Corseford School in the West of Scotland. The following press release was issued at the time:

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An extra £4 million pounds is to be given to health boards to improve services and provide new equipment for people who have alternative and augmentative communication needs.

Thousands of people across Scotland will now be able to benefit from the kinds of equipment which help Professor Stephen Hawking communicate. Public Health Minister Michael Matheson announced the funding to support the rollout of new guidance to improve services for people who need augmentative and alternative communication (AAC). AAC equipment enables people with difficulty expressing themselves using speech to communicate. Equipment can range from high tech computer equipment with specialist software, to low tech picture communication books.

The **Right to Speak** guidance is being launched jointly with the Royal College of Speech and Language Therapists. The guidance takes forward the recommendations of a Short Life Working Group set up in 2009 to agree short, medium and long term goals to deliver better outcomes for people who need these services. The funding, which is being provided over the next three financial years, will be provided to health boards to buy equipment to meet current and future demand and to set up quality, sustainable AAC services in partnership with education and community care services.

Some of the funding will also be provided to NHS Education for Scotland to develop education and training for NHS staff.

**Announcing the funding during a visit to Capability Scotland's Corseford School in Renfrew, Mr Matheson said:**

*"I am delighted to be able to announce this £4 million funding, which I am sure will make a real difference to people who have difficulty expressing themselves using speech and their families. The kinds of equipment and speech and language therapy support services it will buy are vital for thousands of people in Scotland. I'm also very pleased that we will be able to take forward the recommendations of the working group, which I'm confident will make a real difference to the lives of those people who need these services."*

**Kim Hartley, Scotland Officer at the Royal College of Speech and Language Therapists (RCSLT) said:**

*"We are delighted with the "Right to Speak" recommendations and the new funding they come with. This clear direction and money together has the potential to be life changing for the 26,500 people in Scotland who need quality AAC services to speak with their loved ones, to learn, to get in to work and to generally enjoy life. Problems with speech and language can imprison an individual and severely limit their quality of life. We applaud the Scottish Government for literally putting their money where their mouth is by leading the way in recognising every individual's right to communicate."*

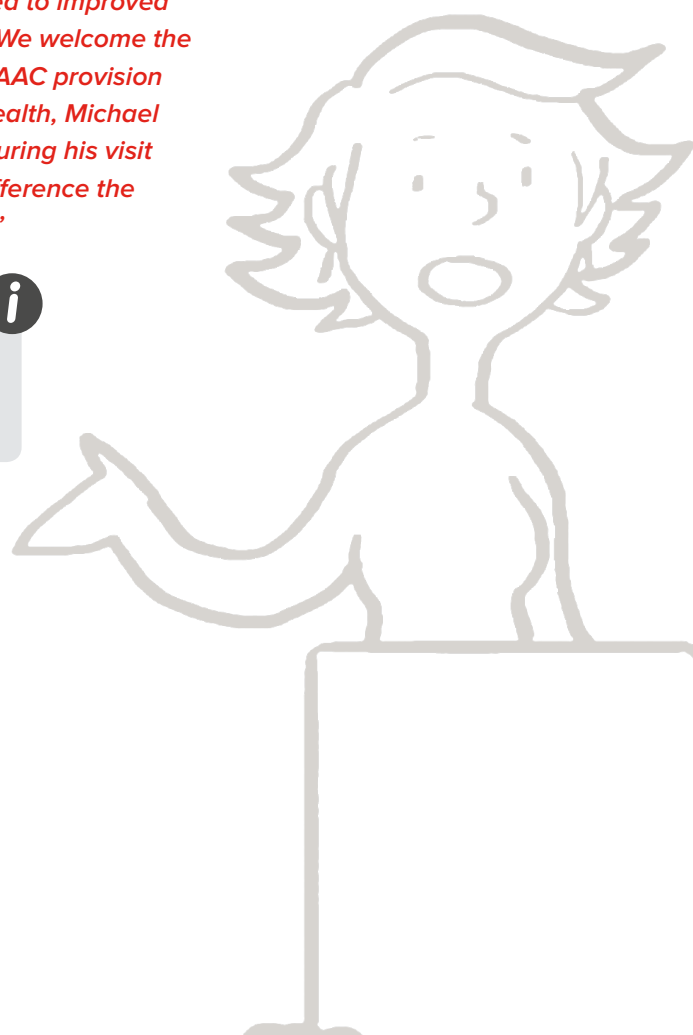
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Capability Scotland's Chief Executive, Dana O'Dwyer, said:

*"Many of the adults and children who use Capability Scotland's education, employment and care services rely on AAC devices. They use them to learn and make choices, as well as to communicate their thoughts, feelings and ideas. The difficulties faced by AAC users inspired our long running campaign with the RCSLT and Augmentative Communication in Practice. We're proud that this has led to improved access to high quality AAC provision across Scotland. We welcome the Scottish Government's new guidelines and funding for AAC provision and are delighted to welcome the Minister for Public Health, Michael Matheson to Capability Scotland's Corseford School. During his visit he'll get the chance to hear from disabled pupils the difference the improvements in AAC provision will make to their lives."*

The press release also included details of the funding being made available to each NHS Board area of Scotland.



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# **CHAPTER 1**

# **SCOTTISH**

# **GOVERNMENT**

# **FUNDING TO NHS**

# **BOARDS**

# CHAPTER 1: SCOTTISH GOVERNMENT FUNDING TO NHS BOARDS

**Whilst recognising the multi-agency nature of the AAC community and the recommendation to create partnerships in each local area, there was a need for the funding to be allocated to each area for the benefit of AAC provision.**

The Scottish Government required each NHS Board chief executive to nominate a designated AAC Lead. This person would fulfil the financial function of being accountable for the funding allocation for their area. Every NHS chief executive received a letter and follow-up letter from the Scottish Government. A summary of the content of these letters is outlined below:

## Letter 1

The attached guidance takes forward the recommendations of the Short Life Working Group and the commitment of the Minister to address the common problems associated with the provision of AAC services and equipment, supported with £4m of new funding, over the next 3 financial years. This new allocation will be passed through health boards and used to implement the eight recommendations contained within the guidance, all aimed at improving the current level and provision of AAC services and equipment. This will ensure a more joined up and strategic approach to the delivery of AAC services and provision across health boards and local authority areas through the development of national and regional AAC networks.

Funding is provided both for AAC services and equipment and for the purpose of supporting the education and learning and supportive infrastructure to ensure sustainable services are provided at local, regional and national levels as per the recommendations within the guidance. NHS Education for Scotland will receive and administer funding relating to the education and infrastructure developments. The equipment funding in financial year 2012-13 will be allocated through local health boards to purchase the required AAC equipment to meet current and growing demand.

This funding will be ring-fenced for this purpose. Future allocations to health boards (2013-14 and 2014-15) will be dependent on health boards demonstrating that they have developed clear local partnership structures for ensuring that the allocation will be spent on the purchase of AAC equipment and associated support services; and the nomination of a named individual within the health board to take responsibility for the management of the resource

This three year funding allocation is given to specifically enable transition to a comprehensive, well resourced, efficient national and local AAC infrastructure able to take advantage of economies of scale in relation to purchasing, skills development etc. Local partners thereafter will be expected to sustain good practice established from general funds.

The Scottish Government will monitor progress against the eight key recommendations to ensure that the provision of equipment and services for those who require them continues to meet demand.

## Letter 2

### What can funds be used for?

It appears from queries raised that this has led to an erroneous interpretation that, in year one at least, funds can only be used to purchase AAC equipment – and not any Speech and Language Therapists (SLT's) or other services required to support those using AAC equipment. This is not the expectation of Scottish Government.

The funding in the financial year 2012-13 allocated through local health boards can be used to purchase either the required AAC equipment or the local expertise required to optimise its use by individuals, and the funding will be ring-fenced for this purpose. Local services should note that NHS Education for Scotland (NES) have been allocated funding to deliver the infrastructure, research and other strategic elements of the guidance.

The recently published AHP National Delivery Plan (Scottish Government, 2012) states:

*The implementation of the Augmentative and Alternative Communications (AAC) (Scottish Government, 2012) programme in partnership with local stakeholders should also be supported by professional leaders in speech and language therapy.*

To drive this aspect of implementing “A Right to Speak”, the following process has been put in place and requires action, in the first instance, by SLT leads working together with their local AHP Directors.

Each NHS Board is asked to nominate one responsible SLT Lead for AAC provision. This may be the local SLT professional leader/service manager or the most senior local SLT AAC expert. NHS Boards should select their preferred local nominee. Please note that, although we recognise that some health boards may have more than one expert in this area, we ask that you provide only ONE nominee.

### It is expected that the nominated SLT will:

- be employed by the local NHS Board receiving funds
- be working at Senior/Advanced Practice level
- have established relevant senior contacts within local social care and education partner agencies
- have detailed knowledge of AAC and the quality care pathways described in **A Right to Speak**

### In year one, nominated SLT Leads for AAC provision will be required to:

- consult with local stakeholders on best use of year one funds and agree with them what the money will be used for
- oversee expenditure of funds allocated to their Board in year one
- provide an annual monitoring return to Scottish Government by 31st May 2013
- act as an initial point of contact for AAC Project Managers

Each NHS Board responded and for the first time in Scotland a list of nominated leads for AAC was established. As at June 2015, the AAC lead contact details were as follows:

Name	Board/ Organisation	E-mail address
<b>Anne Galbraith</b> (Jean Alexander AAC project coordinator)	Greater Glasgow and Clyde	<b>Anne.Galbraith@ggc.scot.nhs.uk</b>
<b>Anne Leslie</b>	Orkney	<b>anneleslie@nhs.net</b>
<b>Christine Lapsley*</b>	Western Isles	<b>christine.lapsley@wihb.scot.nhs.uk</b>
<b>Bernie Brophy-Arnott</b>	Tayside	<b>bbrophy-arnott@nhs.net</b>
<b>Clare Burke</b>	Shetland	<b>clareburke@nhs.net</b>
<b>Lucie McAnespie</b> (Debbie Jans delegated lead)	Lothian	c/o <b>Deborah.Jans@ea.edin.sch.uk</b>
<b>Elaine Crighton</b>	Forth Valley	<b>elainecrighton@nhs.net</b>
<b>Ellen Baird</b>	Borders	<b>ellen.baird@borders.scot.nhs.uk</b>
<b>Linda Page</b>	Ayrshire and Arran	<b>linda.page@aapct.scot.nhs.uk</b>
<b>Helen Fletcher</b>	Dumfries and Galloway	<b>hfletcher@nhs.net</b>
<b>Morag Tait</b>	Highland	<b>morag.tait@nhs.net</b>
<b>Pamela Cornwallis</b>	Grampian	<b>pamela.cornwallis@nhs.net</b>
<b>Pauline Downie</b> (Elaine Holden AAC coordinator)	Lanarkshire	<b>pauline.downie@lanarkshire.scot.nhs.uk</b>
<b>Susan Fisher</b>	Fife	<b>susanfisher3@nhs.net</b>

*\*Barbera Bates - former AAC has lead - has now retired*

In the first year of the project, an AAC leads meeting was established, funded by NES on behalf of the Scottish Government and providing an opportunity for the Scottish Government representative to meet with all the AAC Leads. In addition to the leads nominated by the chief executive of each Board the 2 national AAC centres in Scotland ie Sally Millar from CALL and Janet Scot from SCTCI were included in any meetings of all AAC leads. When the partnerships were established, the AAC leads meetings were replaced with the multi-agency regional partnership meetings. The AAC leads continued to meet through the RCSLT and the Communication Matters third sector organisation.

Funding for each health board area was allocated on a pro rata basis reflecting the population of each health board area.

Area	Funding 2012-15	Area	Funding 2012-15
Ayrshire & Arran	£184,408	Highland	£157,244
Borders	£52,081	Lanarkshire	£272,873
Dumfries & Galloway	£75,008	Lothian	£366,822
Fife	£171,199	Orkney	£10,466
Forth Valley	£136,560	Shetland	£11,213
Grampian	£239,232	Tayside	£195,621
Greater Glasgow & Clyde*	£604,060	Western Isles	£15,200

*\*Greater Glasgow and Clyde made arrangements to use their funding from 2013-2016. Each year therefore is one year later for Glasgow.*

## A RIGHT TO SPEAK – FUNDING MONITORING REPORTS 2012-13

**Each AAC lead was tasked with reporting to the Scottish Government on an annual basis accounting for how the allocated monies had been spent.**

The majority of this funding has been utilised for the purchase of equipment and software, however some areas have also made significant investments in training and other services to support use of AAC across their areas. Whilst the funding was allocated to the NHS Board, the funding was provided to be used to support the wider partnership. In some areas work that was initially funded via a bid to a NES partnership or learning and development fund in 2012/13 grew and developed as a local partnership priority and in the 2nd or 3rd years of the programme the local allocated monies direct from Scottish Government were then used. This was an important part of considering the sustainability and legacy of work being delivered by local partnerships.

**The following are examples from Lanarkshire, Western Isles and Grampian that give examples from 2012/13 of how the funding was put to use locally to reflect the priorities of each area.**



## NHS Lanarkshire

NHS Lanarkshire received funding of £67,998 in 2012/13.



## NHS Grampian

NHS Grampian was allocated £59,616.00 for financial year 2012/13.



### How funding was used

A range of high and low tech equipment was purchased for AAC assessment and loan. Negotiations have taken place with the Medical Physics Service around costs for equipment acceptance and maintenance for high tech equipment which is estimated at 7-10% of equipment cost for lifetime of equipment

### Local stakeholder/partnership working

Previously informal partnership working existed but no formal AAC partnership existed. Contacts have now been made with local authority education and social work, local and national charities and within other departments in health and a partnership event was held in April. There have been some difficulties in finding the right people to engage with within social work but some progress is being made.

### Local outcomes

As a result of the funding:

- clients will have access to a wider range of equipment in order to assess their AAC needs
- clients will receive AAC equipment on loan for a longer period of time

### How funding was used

10% of the funding was used to cover NHS Grampian overheads, and £53,654 was initially made available to the named Lead SLT for **A Right to Speak** for the organisation. Following internal discussions, a further £6000 was made available by Aberdeen City CHP, there was access to £59 654 in total.

All of the funding was used to purchase equipment for people who use, or have an assessed need to use AAC. The funding was allocated in two groups, according to need:

- 1 Equipment for named patients with an identified and assessed need for AAC kit where no other funding stream (NHS, local authority or third sector) was available. These items have been made available to the named individuals for as long as they need them. When equipment is no longer needed, it will be cleaned, reprogrammed and recycled to be made available to other patients who subsequently have needs identified.
- 2 Equipment purchased in preparation for the establishment of mini hubs across Aberdeen city, Aberdeenshire and Moray (i.e. the NHS Grampian Board area). The plan is that there will be a number of locations across Grampian with a stock of the most frequently needed AAC equipment. In time, each location will have a link person trained in the use of the equipment as the first tier of support to the local team around the child or adult. The aim is to ensure that people working across sectors (NHS, Council, Third sector) can quickly and easily access equipment for assessment / trial with people identified who have a clinical need.

### Local stakeholder/partnership working

Early initial contact was made with Aberdeen City, Aberdeenshire and Moray Councils. Contacts have been established with council colleagues from education in all 3 authorities, some of these are new partners, others long established. It was more challenging to identify or find a way to engage with council colleagues from Social Care. Contact with partners who have engaged so far has included email, telephone and face to face discussions about

**A Right to Speak**, the recommendations and the resources available either directly, or that we could bid for. Partnership meetings have taken place to discuss and plan our use of funding, our plans for the next two years and to begin to plan for services when the Right to Speak project comes to an end.

### Local outcomes

#### As a result of the funding:

- equipment has been provided directly to patients with an assessed need for AAC
- partnership working has been established across three local authorities and NHS Grampian, with a clear commitment to build on that over the next two years, and planning ahead to the end of the project
- they have started to collect resources that will be used to stock local hubs across the NHS Board area, as described above.

### Western Isles

The funding budget for 2012 to 2013 for the Western Isles was £3,788, all of which was made available to the project.



### How funding was used

It was agreed to use this budget to purchase equipment and software. The equipment is to set up a new loan bank and the software is for the production of material to be used for low-tech AAC such as communication books. The table below shows the equipment list which was purchased using this budget.

Equipment	Item Cost	VAT	Number	Total Cost	Cumulative cost
Ipad	£266.00	£53.20	3	£957.60	£957.60
Apps for ipad	£100.00	£20.00	3	£360.00	£1,317.60
New Boardmaker software	£209.00	£41.80	2	£501.60	£1,819.20
Big Point single switches - pack of 6	£42.00	£8.40	2	£100.80	£1,920.00
Big step by step switches	£135.00	£27.00	1	£162.00	£2,082.00
Small step by step switches	£115.00	£23.00	1	£138.00	£2,220.00
The Grid2 software for setting up frames for communication	£360.00	£72.00	1	£432.00	£2,652.00
Big Mack switch	£84.00	£16.80	1	£100.80	£2,752.80

Equipment	Item Cost	VAT	Number	Total Cost	Cumulative cost
<b>PODD software for making communication books</b>	£199.00	£39.80	1	£238.80	£2,991.60
<b>Talking photo album</b>	£29.00	£5.80	2	£69.60	£3,061.20
<b>Go Talk 32+</b>	£199.00	£39.80	1	£238.80	£3,300.00
<b>Jelly Bean Twist Switch</b>	£30.00	£6.00	1	£36.00	£3,336.00
<b>Ablenet toy control timers - Choice</b>	£95.00	£19.00	1	£114.00	£3,450.00
<b>Smart phone to use for communication</b>	£120.00	£24.00	1	£144.00	£3,594.00

All equipment has been made available for loan to adult or paediatric clients through Speech and Language Therapy. There has been some difficulty in completing the iPad purchases because the process for purchase of iPad apps within the Health Board is not clear.

### Partnership working

While there were many informal and case-specific partnerships in the Western Isles, until now there has been no formal partnership process. AAC equipment for children is generally funded through education, and specialist services are supplied to the Health Service via a service level agreement with SCTCI and to education via a Service Level Agreement with Call Scotland. Both agencies provide specialist assessment and training services on an ad hoc basis.

Partnership activities for 2012 – 2013 focused initially on establishing who would best represent education, social care and 3rd sector in ongoing activities, and agreeing the proposed list of equipment to be purchased. There have been some issues with establishing precisely who should be involved for the social care sector due to changes in personnel, but this has now been resolved. Other partnership activities included conversations with education and voluntary groups about the project and agreement that a training initiative in Talking Mats would be a valuable activity which could have an impact on all four agencies involved.

During 2013 more formal partnership meetings were initiated with the objective of delivering a more standardised pathway for the delivery of AAC services. Due to the low volume of AAC users in the Western Isles, it is likely that the specialised input supplied from SCTCI and Call Scotland will continue to be required. There are significant issues around provision of funding for high-tech AAC equipment – clients needing specialised equipment such as eye – gaze technology are very rare but the technology is particularly costly, and one person requiring this type of system would use up the whole of the Scottish Government Funding for all 3 years. This is an area which needs further thought.

### Outcomes

#### As a result of the funding:

- improved information about our users of high and medium tech AAC equipment
- more knowledge about exactly what equipment is currently being used
- a robust process to manage loan of equipment
- a small library of loan equipment has been purchased and more up to date software which is now available for the manufacture of low-tech AAC materials

## A RIGHT TO SPEAK – FUNDING MONITORING REPORTS 2013-14

**Scottish Government monies allocated in 2013-14 were used to support AAC with some areas using this funding to support training and service provision as well as equipment to support individuals requiring AAC.**

Equipment includes not only the high tech communication aids but also the switches, mounting systems and software required to ensure the AAC can be utilised. For some people, especially children, where AAC is being considered then equipment that is designed to develop cause and effect skills and to promote use of a switch is valuable precursor to introducing AAC and some areas purchased items for these purposes. Examples of the equipment purchased is illustrated for 3 areas Forth Valley, Fife and Orkney.

The following are examples from Orkney, Fife and Forth Valley that give examples from 2013/14 of how the funding was put to use locally to reflect the priorities of each area.



### NHS Orkney

**NHS Orkney has received £3591.50 equipment funding.**



#### How funding was used

This money was received by NHS Orkney and transferred directly to the SLT budget and given a coding. We have purchased or ordered the following equipment:

- **'Predictable' app**
- **Inclusive Talking Photo Album Pro**
- **Boardmaker for Windows - UK edition x 2**
- **Baby signing books x 3**
- **Let's sign dictionary CD Rom**
- **AAC apps**
- **iPad missing manual**
- **Miscellaneous iPad Accessories - styli, cases, switches, mounts**
- **2 x iPad Air plus cases**

'Predictable' app has been purchased for a specific patient. Boardmaker software has been allocated to specific establishments. All other equipment has been purchased for a loan bank.

There were no support services provided.

There were no difficulties experienced when purchasing the equipment.

### Local stakeholder/partnership working

Orkney has established an AAC Partnership involving the following organisations and representatives:

#### NHS Orkney

- Speech and Language Therapy team members
- Learning Disabilities Manager
- Occupational Therapists
- MS Advisor

#### Orkney Islands Council

- Social Work department: All Age Disability service managers; Day Centre managers; Rehabilitation Officer for Sensory Impairment
- Education department: Head of Schools; Educational Psychologist; Pupil support staff; Representatives from schools catering for Additional Support Needs

#### Voluntary Sector

- Representative from the local Stroke group.

#### Charity

- Representative from Citizens Online.

Our difficulties with establishing and maintaining partnership links have been that senior staff, for example in management roles and with budgetary responsibilities, do not have time to attend meetings or respond to communications and are therefore not adequately represented within the partnership.

### Local outcomes

The Predictable app has been very successful for a patient who has Motor Neurone Disease. The patient finds the app very user-friendly and can communicate in most settings. Without funding the app could not have been purchased and more SLT time would have been spent trying to find a suitable method of communication for this patient.

### Sustainability

The AAC Lead and AAC Coordinator set up a meeting with managers and budget holders within NHS Orkney and Orkney Islands Council in order to discuss sustainability, future funding of equipment/staff, and service level agreements with specialist AAC centres.

Currently NHS Orkney does not have SLA's with specialist centres, nor do we have sufficient specialist expertise within the county to provide individuals with specialist AAC assessment. We are currently unable to progress development of local AAC pathways until this issue is resolved.

The AAC Coordinator and a colleague from Education have been trained in the Elklan course 'Supporting Children and Adults using AAC'. This should provide training for local staff working with children and adults using AAC, however there is an issue with ongoing costs of keeping up trainers' registration and the cost of individuals accessing the training.

NHS Orkney have secured additional training in the use of iPads for AAC from CALL Scotland via the NES AAC Learning and Development Fund.

## NHS Fife

**Fife received £58,738  
Scottish Government  
Funding for AAC in 2013/14.**



### How funding was used

Fife received £58,738 Scottish Government Funding for AAC in 2013/14. The full amount of this money was made available to us. NHS Fife did not charge an 'administration' fee as some health boards have done in the past, however, we were charged VAT on equipment purchased. We have previously purchased through Fife Education service and VAT has not been charged.

#### Equipment Purchased (approx £30,000)

- **1 portable EyeGaze system including Samsung tablet and software**
- **Sensory Eye software**
- **Switching and access mechanisms**
- **Occupational Therapy Toolbox Kits (x's 3)**
- **Paediatric S.L.T. Toolkits (x's 3)**
- **SL 40 communication devices**
- **Tracker Dots and chargers**
- **Apps for iPads**
- **Printing**
- **Communication Matters Conference/ Accommodation (x's 3)**

None of the above 'equipment' was purchased for named individuals as the Fife Alternative and Augmentative Communication Team (FAACT) already has a tripartite funded equipment budget to fund recommendations following assessments. As was the case last year, the above equipment is being used to enhance EyeGaze assessments within a range of environments for a wider range of clients.

In addition we have continued to develop assessment toolkits to increase the capacity to assess less complex children within the generic speech and language therapy (SLT) service.

We have also developed toolkits for the paediatric occupational therapy (OT) service to allow them to develop their skills in assessing children's ability to access AAC higher tech devices via a range of switching systems.

### Support and Maintenance

The more expensive items of equipment e.g. EyeGaze systems, have a 2 year warranty included in the basic cost. We usually pay for an extended warranty to take us up to 4/5 years. This is included in any costings we have provided.

### Challenges

All of the same challenges, as in 2012/13 have continued (see below) but with less impact due to managing the project over the full financial year.

Challenges/difficulties have been around the administration of funding and order/setting up of iTech/AAC devices. This is mostly due to the lack of existing infrastructure within Health and lack of experience in facilitating the management of such projects:

- Ordering unusual equipment from unfamiliar suppliers via the health board (usually education/council who have done this).
- Apple iTunes not set up for selling to government agencies via an invoicing system so other systems/suppliers have had to be identified.
- ADC service unfamiliar with equipment constantly querying why we are ordering it – slows things down significantly.
- Internal security issues around IT/Data systems e.g. ordering unencrypted laptops for the Adult Toolkits. Great debate re whether AAC devices should be ordered through IT or mainstream Area Distribution Centre (ADC). Difficulty obtaining unencrypted laptops for use in training.
- 20% VAT added when ordering through health board but not education? Hoped that this would be resolved at a Scottish Government level for 2013/14 but it has not been as far as I am aware.

- Economic climate resulting in micro-management of budgets by senior managers – orders over £2,000 have to be signed off by General Manager of CHP. Use of outside venues also has to be signed off by General Manager of CHP.
- Reduced flexibility in recruitment and contract extension make it difficult/laborious to employ staff to carry out extra hours or advertise for additional temporary staff. As arrangements have 'rolled over' this year, this has not been a significant issue.

**N.B. As everyone is aware, the current financial climate is extremely precarious. The fact that this is additional, short term money from the Scottish Government, designed to enhance rather than replace existing funding arrangements, is a point that requires to be re-stated clearly at the start of each of the 3 years of the project.**

Staffing/Expertise Purchased	
Backfill for 1 day a week (April '13 – March '14) of a specialist SLT to develop and support the enhanced assessment projects in education, SLT and OT	<b>£10,000</b>
Backfill for 1 day a week (April '13 – March '14) specialist teacher to work collaboratively with the SLT to deliver the enhanced assessment projects	<b>£ 9,000</b>
Backfill for 1 day a week (Aug '13 – March '14) teacher to allow skills development for succession planning	<b>£6,000</b>
<b>TOTAL</b>	<b>£25,000</b>

*N.B. Travel and sundries for above staff and projects £3,000 (approx.)*

### Local Stakeholder/Partnership Working

Fife already has long standing, existing partnerships with Fife education and social services, given the tripartite nature of FACCT's funding and the Management Advisory Group. We have continued to strengthen these partnerships and have further developed our partnerships with our O.T. colleagues.

New partnerships initiated with social services and 3rd sector providers via NES partnership funding have developed extremely well this year. We now have a genuine partnership with some parts of the social work sector via the developing Pathway to alternative and augmentative communication and Technology (PacCT) project. The relationships made are also starting to have a positive impact on the core elements of the FAACCT service.

### Local Outcomes

1. The capacity for AAC assessment within generic/mainstream paediatric SLT, acquired adult SLT and paediatric OT will be increased.
2. The achievement of succession planning for the retirement of the existing specialist teacher in FACCT within the next 3 years has commenced.
3. The use and applicability of EyeGaze assessment technology in a range of environments e.g. leaving devices in situ in schools for longer periods to allow longer term assessment for individual children and trials with a wider range of children, has commenced.

## Sustainability

**N.B. Fife already has a well developed tripartite funded AAC services which was established 25 years ago which already covers the areas bulleted under sustainability. Sustainability is the ultimate aim for both the government and NES funded 'Right to Speak' projects in Fife. As they complement and support each other it is difficult to comment on government funding in isolation but I have flagged up the main points below:**

- We are further developing the capacity of generic/mainstream SLT (Adult/ALD and paediatric teams) and OT staff via the introduction of AAC Toolkits supported by training. This will enable a wider range of staff to carry out less complex assessments which would previously have been referred to FAACCT.
- We have back filled a teacher for 1 day a week from August '13 – March '14 to further develop their skills in AAC with a view to succession planning. The current teacher in the FAACCT team is planning to retire within the next 2/3 years.
- We have placed an Eyegaze system within an ASN school environment to allow in depth, longer term assessment of children's skills. It is also allowing school staff to develop an understanding of what Eyegaze technology can and cannot do. This is adding to sustainability through the development of these skills.

These are some very real challenges to the sustainability of the FAACCT service as we know it and the additionality brought about by the Right to Speak funding:

- Just prior to the Right to Speak monies being identified and allocated reductions to both health (SLT) and education (teacher) were made due to 'organisational change'. Both posts were reduced from 1.0 WTE → 0.6 WTE. It will already be difficult to sustain the level of service we have now achieved and if the staffing were further reduced it would be an impossibility.
- Sustainability within Fife, as in most other areas, will also be dependent upon an agreed model for the ongoing development of a national AAC strategy which supports local services. Although we recognise that a national strategy is required any top – slicing of NHS budgets would be likely to be removed from FACCT's core budget causing service reduction at a local level. This is currently being discussed by National Services Division, N.E.S. and local stakeholders, but as yet there is no final agreement.
- FACCT is going to have to move out of its current accommodation this year as a consequence of buildings rationalisation. The plan is to house staff in purely office accommodation and separate them from the larger items of equipment i.e. the 'tools of their trade', which they require to access on a daily basis. This will mean that the team's ability to function will be significantly less efficient, making it harder to sustain services.

**Fife was allocated £58,738.00 and spent approx £30,000 on equipment as detailed in the list on page 96, with the remainder spent on training.**

## NHS Forth Valley

Forth Valley was allocated £46,854 and used funds to purchase equipment.



### AAC Equipment Purchased 2013-14

Equipment Purchased 2013-14	NHS Forth Valley
AAC Equipment	
Advocate +	1
Apple i-Pad with P2G, Sonoflex, MyChoicePad	4
Apple iPad with Predicatable & P2G	1
Apple iPad with Predictable	3
Big Grips	2
Big Grips Hipster	2
Disco Ball	1
Go Talk - Pocket	1
Go Talk 32+	1
iTalk 2	1
iTalk 2 with levels	1
Liberator Vantage Lite	1
Lightwriter	1
Megabee	1
Nova Chat 7	1
Photo Albums	1
Pocket Comms Books	1
PODD	1
Proxtalker and package	1
Quicktalker 12	1
Quicktalker 23	1
Quicktalker 7	1
Smooth Talker	1
Talking Woody	1
Tobii C12	1

## AAC Equipment Purchased 2013-14

Equipment Purchased 2013-14	NHS Forth Valley
Tobii mounting system	1
Acapela	1
PCS	1
Aquaborne waterproof bag	2
Carry Bag	1
Grip Case	1
i-Pad cases	4
Sherpa Bag	1
<b>TOTAL PURCHASES BY BOARD</b>	<b>44</b>

## NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde was allocated £207,252.



Funding allocated to NHS Greater Glasgow and Clyde was the largest amount reflecting the size and population of this part of Scotland. Glasgow took longer than the other areas to be in position to utilise the funding appropriately and agreed to accrue the funding. In effect this has meant that year 1 for Glasgow was equivalent to all other areas of Scotland year 2 and that Glasgow AAC project has continued into 2015-16 as their final year. The Greater Glasgow and Clyde area now supports and coordinates partnerships in each local authority area eg Inverclyde, Glasgow City, West Dunbartonshire.

Representatives from each local AAC partnership meet together with the AAC Lead and the AAC Project Coordinator. The AAC Lead chairs the Greater Glasgow and Clyde AAC Partnership Board meetings. The Board meeting has overseen the allocation of funding to organisations within the area to enhance the experience of AAC service users, establish partnership working and to provide education and learning experiences for a wide range of practitioners including volunteers, podiatry services, schools and social care service staff.

	Year 1	Year 2	Year 3	Total
<b>Greater Glasgow &amp; Clyde</b>	£150,530.40	£207,252.00	£246,278.40	£604,060.80

## USE OF FUNDING 2014-15

**The monitoring reports from Scottish Government requesting the AAC leads report on how they have utilised the final year of funding and the impact this has had are not yet available at time of writing this report (June 2015).**

Each AAC lead will be requested to provide a report that details this information, however, as it is useful to consider the impact that this funding has achieved and monies can be spent right up to the end of the financial year in March: each area needs time to consider how this money has had an impact on improving AAC services. A summary of these reports will be shared via the community of practice when available and it is expected that some excellent work will be evidenced. In Greater Glasgow and Clyde for example, working with education, community development and the City of Glasgow leisure services, a major consultation

event for children who use AAC from every school in the area will be held at the Emirates Arena in the Autumn of 2015. This and many other initiatives will be reported and added to the community of Practice.

As the work to support an AAC partnership involving schools, social care and third sector organisations in each area has taken effect, it is the expectation that this Scottish government allocated funding will be increasingly used to reflect the range of organisations and agencies involved in providing improved AAC services.



## **CHAPTER 2**

# **TOWARDS A NATIONAL SERVICE**

# CHAPTER 2: TOWARDS A NATIONAL SERVICE

## BACKGROUND

Exploring the feasibility of a national AAC service for Scotland was one of the recommendations made in the Scottish Government published report, **A Right to Speak**.

### Recommendation 5:

The Scottish Government to explore the feasibility of NHS-based National AAC services transferring to NHS National Services to support the monitoring of quality and effectiveness of AAC provision as well as to protect this valuable resource.

#### ACTION

**THE SCOTTISH GOVERNMENT WILL CONDUCT AN IMPACT ANALYSIS ON THE TRANSFER OF NHS-BASED NATIONAL AAC SERVICES TO THE NATIONAL SERVICES DIVISION. (REC. 5)**



NES delivered this recommendation on behalf of the Scottish Government. The NHS-based National AAC services to which the recommendation refers is the Scottish Centre of Technology for the Communication Impaired (SCTCI) hosted by NHS Greater Glasgow and Clyde. The Chief Executive of NHS Greater Glasgow and Clyde was made aware of this work in September 2013.

However, in relation to this recommendation there was a lot of concern that change to the SCTCI may result in a worse rather than better service. Work on exploring the feasibility of a transfer of NHS based National AAC services therefore was carried out with careful acknowledgement of the concerns and anxieties especially expressed by existing regional or local AAC service leads.

A mandate for change was articulated in the report **A Right to Speak**, central to which was the vision: **“Individuals who use augmentative and alternative communication (AAC) are included, free from discrimination, and live in an environment that recognises their needs and adapts accordingly”.**



## The Process

Following discussions between the NES AAC Project Team and representatives from the National Services Division (NSD) it was agreed that an opportunity for all stakeholders to explore the options available for national commissioning was essential.

- **March 2014:** Stakeholder Meeting hosted by NES and NSD at which the options for national commissioning (National Specialist / Designated Service and National Managed Clinical Network) were presented and discussed.
- **April 2014:** Outputs of stakeholder meeting used as basis for exploratory paper that went to all AAC partnerships (c/o AAC Leads) and AHP Directors. It was also requested that this paper was sent to the NHS chief executives for information.
- **May 2014 – July 2014:** Exploratory paper feedback analysed and written up. A summary diagram is attached as Appendix 2. Consensus on a preferred option was not reached, though an appetite to explore change clearly articulated. Findings were discussed with NSD representatives who advised again that consensus is a prerequisite to progress with either option for national commissioning.

- **August 2014:** Meeting held with those involved in current delivery of National AAC Services (SCTCI (NHS Based service – SLAs with 10 NHS Boards) and CALL (Education funded service); Regional services (FAACT (Fife based multi-agency service, NHS Ayrshire and Arran (SLT Specialist Service) and KEYCOMM (Lothian based multi-agency service) to agree core functions of a national service but not necessarily as defined by current NSD models.
- **February 2015:** A paper was presented to the National Directors of Planning meeting outlining the project and the situation as at August 2014.

## Current situation

The outcome of the August 2014 meeting was to agree the following as core functions of a national service.

These are:

### 1 Education

Examples include delivering education, liaison with further and higher education sectors, commissioning national educational resources, updating and ensuring relevance of current resources e.g. IPAAACKS.

### 2 Communication and Co-ordination

Examples include leadership for AAC issues, liaison with government, campaigning/ lobbying at a national level for benefit of people who use AAC, liaison and support for local AAC partnerships.

### 3 Quality Assurance

Examples include standard setting, setting and monitoring of care pathways, providing support for new services to develop their capacity to meet the AAC needs of their populations, advising all agencies regarding best practice.

### 4 Data Collection and Research

Examples include co-ordination of national data collection, evaluating and interpreting research evidence at a national level.

## 5 Clinical Services\*\*

Examples include AAC Assessment, advice re access and control methods, clinical second opinion.

## 6 Equipment\*\*

Examples include loan for trial, loan bank of new, innovative and expensive equipment, evaluation of new/innovative equipment and approaches.

\*\* In relation to these functions the need for flexibility in any nationally commissioned service was highlighted. Specifically, these functions may only be required when not delivered at a local level. The landscape of AAC provision across Scotland is inconsistent. Any nationally commissioned service must be flexible enough to meet a complex range of needs. Support and provision in remote and rural areas is a particularly difficult question to address; it is unlikely that practitioners in these areas will ever have the opportunity or need to develop specialist skills but at any time could be required to employ them. This issue will require further exploration and discussion.

Furthermore, it is also essential to acknowledge that AAC is a truly multi-agency field that transcends the current thinking of health and social care integration to include the education and voluntary sectors. Feedback from the exploratory paper indicated that there was no confidence in the capacity of current NSD models to reflect the contributions of all agencies. NSD is part of a NHS Board and other service currently supported reflect a more medical model of service often including a medic led surgical or diagnostic intervention and this is not relevant for AAC services which may involve a range of agencies and have no medical input.

## THE NEXT STEPS

At the close of the AAC project (March 2015), the process delivered by NES has elucidated that there is an appetite for change. Whilst there was consensus on the need for change, neither of the two models used by NSS i.e. a National Specialist / Designated Service and a National Managed Clinical Network seemed to be a good fit for AAC. Given the multi-agency nature of AAC service provision, both NSS models were seen as very medical model focussed.

What is possible? Can we develop a tiered, multiagency service from which AAC partnerships can 'buy' different levels of service from an agreed set of core functions e.g. assessment, quality assurance, education, research? This work needs to be continued and in the light of integration of services, exploring the feasibility of a nationally organised and/or coordinated AAC service that fully involves all the relevant agencies may serve as a useful pilot for NHS National Services Scotland as it develops to meet the new integrated service landscape of Scotland.





# **FINAL SUMMARY**

# FINAL SUMMARY

The work commissioned to NES has been concluded, however, whilst significant progress has been made, there remains work to be done before the full aspirations set out in “A Right to Speak” report are fully realised. The final meeting of the AAC project team reviewed each of the recommendations and considered to what extent they had been achieved. This is shown in the following chart.

## RECOMMENDATION 1

AAC services to demonstrate the effectiveness of AAC interventions by promoting the implementation of AAC research on specific, targeted and universal AAC interventions.



## RECOMMENDATION 2

National statistics on AAC to be gathered by relevant agencies to support future gathering of cost effectiveness data on AAC to ensure that AAC funding is sustained in the longer term.



## RECOMMENDATION 3

All AAC service providers should develop and implement a population based approach to the provision of support for people who require to use AAC equipment and services, ensuring that needs are recognised and responded to appropriately within the wider community.



## RECOMMENDATION 4

To ensure that people who are required to use AAC have access to appropriate levels of high quality specialist assessment and support delivered as locally as possible. Health Boards and local authorities should work in Partnership with each other and with National AAC services.

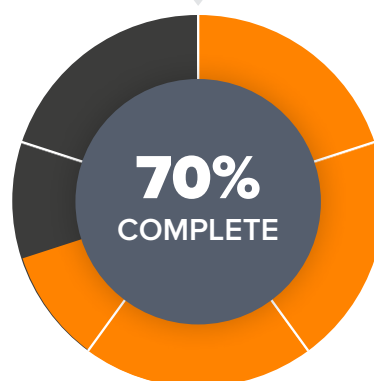


**RECOMMENDATION 5**

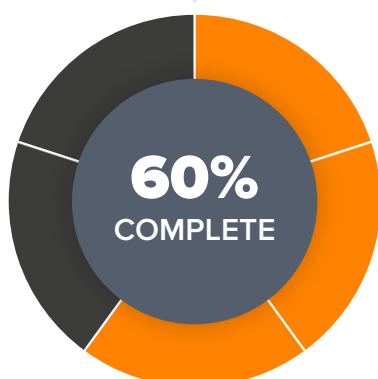
The Scottish Government to explore the feasibility of NHS based National AAC services transferring to National Services Division, within NHS National Services Scotland, to support the monitoring of quality and effectiveness of AAC provision as well as to protect this valuable resource.

**RECOMMENDATION 6**

To ensure equitable, efficient and safe provision of AAC equipment for people who are required to use it, Health Boards and local authorities should work in Partnership with each other.

**RECOMMENDATION 7**

National AAC services to provide strategic advice to appropriate agencies on AAC equipment to support planning, procurement and provision of AAC

**RECOMMENDATION 8**

All AAC service providers to implement the use of Local AAC care pathways to ensure equitable and timeous provision of equipment and support for people who require to use AAC



# RECOMMENDATIONS

The **Now Hear Me it's my right to speak** conference that took place at the end of the funding for the project included a good mix of celebrating the progress achieved whilst agreeing that more needs to be done if all the recommendations in the **Right to Speak** report are to be realised.

Jamie Hepburn, MSP and Minister for Sport, Health Improvement and Mental Health in his address to conference delegates stated:

**“** Today's event celebrates - and rightly so - the impressive advances made in the lives of people who use AAC but also looking forward to the next phase to nurture and expand on what has already been achieved.”

Specifically in relation to the work in establishing multi agency partnerships the Minister said:

**“** Cross agency working is important and these partnerships have to be supported, strengthened and sustained in order to maintain the impetus generated over the past 3 years.”

He also acknowledged that:

**“** A good deal of work remains to be done we must not lose sight of the greater goal...to achieve a fairer, more equal and more accessible society for people who use alternative and augmentative communication in Scotland.”

The legacy of the 3 year funded programme is about ensuring equity and quality across Scotland and Jamie Hepburn encouraged all delegates to continue to make progress noting that:

**“** Many people participate in our society today through much less technologically sophisticated ways than professor Stephen Hawking but whether communication is through low tech picture communication books and mats or by highly specialised computer programmes, the important point is that AAC users feel part of their community without discrimination and without barriers in their way.... and people who do use alternative and augmentative communication are included in a society free from discrimination and in an environment that recognises and adapts accordingly meeting their individual communication needs.”

In order to continue to make this progress, the following actions are recommended:

## We are asking:

### The Scottish Government to:

- Continue to support implementation of the recommendations of the report **A Right to Speak**
- Take forward the work initiated under recommendation 5 of **A Right to Speak** report and work with NSS and other partners to explore a feasible national service for AAC that reflects the multi agency nature of AAC
- Recommend that any health board that does not have in-house AAC expertise is encouraged to have a Service Level Agreement with SCTCI to ensure equity of access to specialist advice for any child or adult as temporary solution while the work towards a national AAC service continues
- Promote the **Now Hear Me it's my right to speak** campaign and messages of inclusive communication for the benefit of everyone in Scotland
- Explore the differences in VAT charges for AAC equipment where VAT is charged to health but not to education and provide any advice to AAC Leads regarding VAT charges
- Review progress by end of 2016 and publish findings

### NHS Education for Scotland to:

- Continue to host the online **Community of practice** ensuring access for all AAC practitioners whether in NHS, schools, social care or other sectors and provide training for all identified administrators
- Support sharing of knowledge and skills across each partnership area in Scotland via regional partnership forums

- Work with the Scottish Government to ensure transition of responsibility for national education resources, **Now Hear Me** website and other legacy resources to any national AAC service that evolves from recommendation 5
- Update the IPAACKS and include signposting to all education resources developed with AAC **A Right to Speak** funding

### Scotland's health boards, voluntary sector bodies and schools and social care organisations to:

- Continue to work in partnership with each other for the benefit of AAC service users
- Identify an administrator from each partnership for the AAC Community of Practice
- Further develop formal AAC partnership bodies to agree and implement local care pathways and shared funding arrangements for AAC equipment
- Share progress by uploading information to the online Community of Practice
- Ensure each partnership is represented at regional partnership forums as the means to share practice across Scotland

### People who use AAC and their families to:

- Be engaged in your local AAC partnership ensuring your views are included in service improvements
- Continue to help us all to listen to you. **Speak up and speak out - it's your right to speak.**

# REFERENCES

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# GLOSSARY OF TERMS

This glossary provides a definition or description of abbreviations and AAC specific terminology used throughout this report.

Abbreviation	Definition
<b>AAC</b>	see Augmentative and Alternative Communication
<b>App</b>	Short for “application software” – computer (or mobile device) software for a specific purpose
<b>CPD</b>	Continuous professional development
<b>DEA</b>	Disability Equality Associate
<b>HRQL</b>	Health-Related Quality of Life
<b>High-tech</b>	See High-tech electronic communication aid
<b>High-tech AAC system</b>	See high-tech electronic communication aid
<b>ICC</b>	Intraclass correlation coefficient
<b>IPAACKS</b>	<b>Informing and Profiling Augmentative and Alternative Communication (AAC) Knowledge and Skills</b> (AAC Education and Development Framework)
<b>IT</b>	Information technology
<b>NES</b>	NHS Education for Scotland
<b>PECS</b>	Picture Exchange Communication System (PECS)
<b>SLT</b>	Speech and language therapist
<b>SCTCI</b>	Scottish Centre of Technology for the Communication Impaired
<b>TOM</b>	Therapy outcome measure
<b>QALY</b>	quality-adjusted life-year

Terminology	Definition/Description
<b>AAC assessment</b>	This term is used to describe the process of deciding whether or not there is a suitable AAC system for an individual – and identifying which system/s are most suitable. The person using AAC is central to the assessment process.
<b>AAC assessment provider</b>	Any organisation providing AAC assessments. The organisation may be statutory sector, third sector, independent or commercial
<b>AAC equipment</b>	This broad term encompasses any or all equipment relating to aided AAC – it can include low-tech AAC systems, high-tech communication aids, specialised software, access equipment, wheelchair mounting equipment etc.

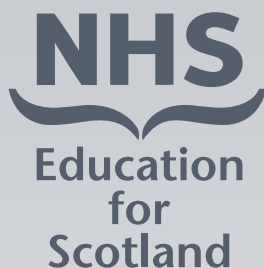
Terminology	Definition/Description
<b>AAC pathway</b>	This term is used to describe the “journey” taken by the individual with communication support needs – from when a potential need for AAC is identified, through assessment, provision of the AAC system/s, learning to communicate using the AAC system/s, adapting the AAC system depending on changing need and/or ability. The pathway will usually highlight the resources and personnel required at each stage. There may be sub-sets within the overall AAC journey e.g. an AAC assessment pathway.
<b>AAC service</b>	Any service that directly assists an individual with a disability in the selection, acquisition, or use of an AAC system.
<b>AAC specific strands</b>	This term is used within IP <b>AACKS</b> to describe those capabilities that are specific to the AAC process or journey
<b>AAC system</b>	An integrated group of components, including the symbols, aids, strategies, and techniques used by individuals to enhance communication
<b>AAC team</b>	People whose role relates to AAC and who are involved in working with/ supporting an individual who uses AAC. The person using AAC and their family and immediate carers are central to this team and are integral members of it
<b>AAC techniques</b>	This term is an umbrella term covering how the message is conveyed using AAC
<b>Alphabet board/chart</b>	A chart with the letters of the alphabet written on it – to allow the user to spell out words
<b>Assistive technology</b>	This is an umbrella term covering devices, equipment and software designed give disabled people greater control and independence
<b>Augmentative and Alternative Communication</b>	Augmentative and Alternative Communication is an umbrella term covering a wide range of techniques, systems and approaches used to support or replace spoken communication. AAC techniques can also be used to support an individual’s understanding of what is said. In some definitions AAC also include techniques for supporting/replacing written communication.
<b>Boardmaker</b>	Basic software used to create and print communication boards and educational materials with Picture Communication Symbols (PCS) and other pictures and graph
<b>Communication aid</b>	This is a piece of equipment which helps a person to communicate. Communication aids can be low-tech or high-tech.
<b>Communication board/chart</b>	A single board or sheet with photos, pictures, graphic symbols, letters or words displayed. Some people may have a number of boards/charts displaying vocabulary for different topics/environments e.g. a board for shopping, a board for playing in the sand, a board with specific vocabulary for going to the bank etc
<b>Communication book</b>	These provide pages of symbols usually organised by topic.
<b>Communication support needs</b>	An individual has a communication support need if they need help with understanding, expressing themselves or interacting with other people

Terminology	Definition/Description
<b>Eye gaze</b>	This describes a method of access in which the person looks at objects, symbols, letters etc. Eye gaze can be either a low-tech access method, or it can be used with specialised equipment to give the user control over high-tech AAC systems
<b>Electrolarynx</b>	An electronic larynx - a battery operated machine that produces sound for you to create a voice.
<b>Get IT Together</b>	Helping people get - tailor-made guides for helpers and beginners
<b>Gesture</b>	Any unaided action that is performed with the intent to communicate e.g. waving goodbye
<b>Graphic symbols</b>	A written symbol or picture used to represent speech. (also see symbol)
<b>High-tech electronic communication aid</b>	This is a broad term describing communication aids which require some power to function and produce spoken and/or text output. High-tech AAC systems range from single recorded message output devices to highly complex electronic devices
<b>Integrated system</b>	An integrated system provides control of all an individual's assistive technology devices from the same access method, allowing them to perform a range of different functions e.g. communicate, move, control their environment etc
<b>Low-tech/Low-tech AAC system/Low-tech communication aid</b>	Communication aids that do not require power (mains or battery) to function. Communication books and alphabet charts are examples of low-tech AAC.
<b>Makaton</b>	A language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order
<b>Picture Exchange Communication System (PECS)</b>	A form of AAC produced by Pyramid Educational Consultants. While the system is commonly used as a communication aid for children with autism spectrum disorder (ASD), it has been used with a wide variety of learners, from pre-schoolers to adults, who have various communicative, cognitive, and physical impairments, including cerebral palsy, blindness, and deafness
<b>Signalong</b>	Sign-supported communication for people with learning difficulties
<b>Smartbox</b>	Smartbox Assistive Technology are specialists in computer based communication aids and access to computer systems for people with disabilities
<b>Talking Mats</b>	A social enterprise whose vision is to improve the lives of people with communication difficulties by increasing their capacity to communicate effectively about things that matter to them.



# NOW HEAR ME

**it's my right  
to speak**



June 2015

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