

ELIGIBILITY CRITERIA FOR NHS ENGLAND SPECIALISED AAC SERVICES

Support

A vital part of the referral to Specialised AAC Services is for the person to have an identifiable support team in place, who will assist with communication goals and AAC interventions. Without a support team, optimal assessment and interventions are at greater risk of failure, with an increased chance of abandonment of AAC.

The referrer should have prior and regular ongoing involvement with the person being referred and be prepared to support that person through the assessment. Whatever the source of the referral, the specialised AAC service must be satisfied that ongoing monitoring of any AAC device provided will be carried out throughout its expected lifetime. It is at the discretion of the AAC service to refuse a referral if they believe that there will not be sufficient support throughout the assessment process or ongoing support in place to ensure continued use of AAC. If other referral criteria are met, then such a refusal would usually be accompanied by a recommendation to seek involvement of a local team who would be able to provide ongoing support. Once this is in place, a re-referral can be made.

Likely means of support of the AAC device after discharge from a rehabilitation setting should be identified. Where possible, the professionals that will take on this support should be actively involved in the referral and assessment process.



“I can expect to have a team to provide me with clear information and guidance to support me in learning to use my communication system and to continue supporting me as I develop my AAC skills”. Communication Matters Quality Standard for AAC Services (version 1.2) 2012.



“Effective communication is based both on the capacity of the person with complex communication needs, and of other key stakeholders (including communication and education professionals, family members, community partners, and healthcare professionals), to ensure that appropriate AAC supports are provided”. McNaughton, Light, Beukelman, Klein, Nieder & Nazareth (2019) Building capacity in AAC: A person-centred approach to supporting participation by people with complex communication needs, *Augmentative and Alternative Communication*, 35:1, 56-68, DOI: 10.1080/07434618.2018.155731

ELIGIBILITY CRITERIA FOR NHS ENGLAND AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC) SERVICES

The following table is designed to provide additional guidance on the eligibility criteria for a referral to a Specialised AAC Service. It should be used in conjunction with the Service Specification Decision Chart: Guidance on referral criteria for Specialised AAC Services on page 11 of this document [here](#).

This pathway focuses on people with Augmentative and Alternative Communication needs. This refers to strategies that are used to support or replace biological speech. It is recognised that email, other computer applications, texting and other technologies are forms of communication, however the primary aim of referrals to a specialised AAC service must be related to a significant difficulty communicating through speech. It is not the remit of the specialised AAC services to provide rehabilitation equipment, equipment to work on motor, cognitive or language skills (for example aphasia therapy software) as part of rehabilitation therapy sessions. These criteria are not for people who have intact biological speech but who have specific problems with computer access resulting from, for example, a spinal injury or motor difficulty with hands and arms. Please refer to the Environmental Control service specification:

<https://www.england.nhs.uk/publication/environmental-control-equipment-for-patients-with-complex-disability-all-ages/>

If a person meets the eligibility criteria the assessment will include considering the need for mounting of the required AAC equipment. A need for mounting of equipment alone would not make a person eligible for assessment from specialised services.

This document contains a range of (but inevitably not all) client examples. Please contact your Specialised AAC Service to discuss a specific client.

Pathway Section	Guidance on Eligibility	Examples
1. Does the person require a specialist assessment because they have a severe/complex communication difficulty associated	A person may require a specialist assessment because they would benefit from input by a highly skilled multi-disciplinary team to address a range of complex physical and/or cognitive impairments, which cannot be addressed by a local Speech and Language Therapist alone.	a) A person who has been diagnosed with a degenerative condition and is no longer able to speak sufficiently well to be understood in any situation where they would wish to communicate and who has severely impaired physical abilities, such that they cannot type on a keyboard or touch screen, would require a specialist assessment.

Pathway Section	Guidance on Eligibility	Examples
<p>with a range of physical and/or cognitive impairments?</p> <p>CLICK TO GO TO GUIDANCE</p>	<p>A person may require a specialist assessment because they may benefit from a high- cost / highly complex communication aid, which cannot be provided by local services. This equipment may also require significant ongoing maintenance and management for the person to achieve their communication potential.</p>	<p>b) A person who has an acquired or congenital condition which affects their speech intelligibility in any situation where they would wish to communicate, and also presents with severely impaired movement (including exaggerated reflexes, low tone or spasticity of the limbs and trunk, unusual posture, involuntary movements or some combination of these) is likely to require a specialist assessment. In addition, this person may also have cognitive or sensory impairments, which would further support the need for specialist assessment.</p> <p>c) A child with autism or developmental dyspraxia who demonstrates a range of social communication differences, may be eligible for specialist assessment if they are able to functionally (or demonstrate potential to) use a range of communication functions using a symbol-based communication system.</p>
<p>2. Has the person developed beyond cause and effect understanding?</p> <p>CLICK TO GO TO GUIDANCE</p>	<p>A person may require a specialist assessment if they have the ability to make a connection between an action and a consequence and are consistently and reliably using intentional actions to interact with people and the world directly.</p> <p>Communicative intent would need to be demonstrated as this funding stream is not intended to cover devices provided for the purposes of language modelling, behaviour</p>	<p>a) A person who has a significant cognitive impairment but is able to use a nurse call switch to initiate calling for help and indicate a need either by looking or pointing.</p> <p>b) A person who indicates acceptance or rejection of an item/interaction by referring to this <i>intentionally</i> to the other person involved by head nod/shake, take/push away, agreement/protest sound, smile/frown <i>directed at</i> the person.</p>

Pathway Section	Guidance on Eligibility	Examples
	management and the development of social interaction skills.	
<p>3. Is the person able to understand the purpose of a communication aid?</p> <p>CLICK TO GO TO GUIDANCE</p>	<p>A person may require a specialist assessment if they are able to make purposeful selections on an AAC system and understand that the selections result in communication with another person.</p>	<p>a) A person who uses a representation of a language, i.e. word, phrase, symbol or sign, related to a motivation they have directed to a communication partner.</p> <p>b) A person who pauses after communicating and expects what the other person might say i.e. demonstrating turn-taking and expects a meaningful response.</p> <p>c) A person who is not just pointing to a real object they desire, and then looking to the listener, but for example, pointing to the relevant symbol on their AAC system, then looking to the listener. In the latter example, the person is demonstrating an understanding of the purpose of the AAC system/ how it can be used to support communication.</p> <p>d) A person who looks at or reaches for an AAC system within an interaction.</p>
<p>4. Is there a clear and evidenced discrepancy between the person's level of linguistic understanding and their ability to use biological speech?</p>	<p>A person may require a specialist assessment if they understand more language than they are able to express with speech and this discrepancy impacts on their functional communication and wellbeing.</p>	<p>a) A person who understands more language than they are able to express through their current total communication means and who demonstrates a need to express beyond this level. For example:</p> <ul style="list-style-type: none"> - a person who has verbal comprehension at a 2 key information carrying word level, but their speech is intelligible only at a single word level. - a person who demonstrates an understanding of a range of grammatical structures, and in assessment can

Pathway Section	Guidance on Eligibility	Examples
CLICK TO GO TO GUIDANCE		<p>sequence symbols to reflect knowledge of expressive language structure but has no speech output.</p> <p>b) A person who has intact verbal comprehension but has no speech output.</p> <p>c) A person where there is a small discrepancy between their understanding and expression but where the impact of this discrepancy is significant in terms of functional communication.</p>
<p>5. Have 'low-tech' strategies and techniques been tried or considered and are there identified reasons why such methods are insufficient to meet the person's communication needs?</p> <p>CLICK TO GO TO GUIDANCE</p>	<p>A person may require a specialist assessment if they have used low-tech AAC, such as a comprehensive personalised communication book, and issues have been identified which mean that low-tech AAC does not fully meet their needs. A preference for technology is not a sufficient reason for referral.</p> <p>If a person has variable speech, (i.e. is able to speak intelligibly at some times but not at others), then a clinical decision will need to be made on an individual basis as to whether a voice output communication aid is appropriate. This is likely to be determined by the proportion of time the person can and cannot speak intelligibly, their communication environment and which communication partners find them intelligible.</p>	<p>It may be challenging to develop low-tech AAC to meet the communication needs of some people, but it is important to have evidence of what has been developed, how it has been used and what the outcomes have been.</p> <p>Examples of low-tech AAC being insufficient for the person's needs may include:</p> <p>a) The ability to use low-tech AAC for message-making, including grammatical features, e.g. verb tenses, relative to the person's receptive language, is limited.</p> <p>b) Them having difficulties with movement, due to pain or fatigue resulting in them needing more efficient access to a dynamic screen device, to provide their full communication potential and the vocabulary a dynamic screen device can offer.</p>

Pathway Section	Guidance on Eligibility	Examples
	For patients in rehabilitation settings, the referring team and specialised service should be satisfied that it is likely that the person will continue to meet the referral criteria even when rehabilitation is complete or that they are likely to benefit from high tech voice output AAC for a significant period within rehabilitation when there is evidence that low-tech communication will not meet their reasonable needs.	<p>c) Difficulties are experienced with accessing low-tech AAC due to physical impairments, even with modifications to access and partner-assisted scanning in place. Access may be so complex that despite trialling low-tech, the optimal low--tech AAC solution has not been found.</p> <p>d) There is an identified need for voice output for independent communication e.g. for occupation, leisure or social participation. Where this is the primary reason being given, detailed examples and clinical reasoning will need to be provided on the referral.</p>
<p>6. How is the person likely to use high-tech or low-tech AAC in terms of language competence?</p> <p>CLICK TO GO TO GUIDANCE</p>	Consider the person's level of comprehension and expressive skills, based on your assessment. Think about how the person is using their low-tech AAC, and how they might use high-tech.	<p>A person who has trialled low-tech AAC as 5 above but is not able to combine symbols to create more than one concept at a time is likely to follow pathway 6/7a (see section 6/7a below- for more details).</p> <p>A person who has a comprehensive and personalised communication book and is able to use this to combine symbols to form complex messages is likely to follow pathway 6/7b (see section 6/7b below).</p> <p>A person who has been assessed as literate and is using low-tech AAC to spell out words and novel messages is likely to follow pathway 6/7c (see section 6/7c).</p>
6/7a If the person is unlikely to be able to	A person may require a specialist assessment if they are able to use AAC to select one concept at	A person who is not literate and has little or no active upper limb function and therefore would not be able to use

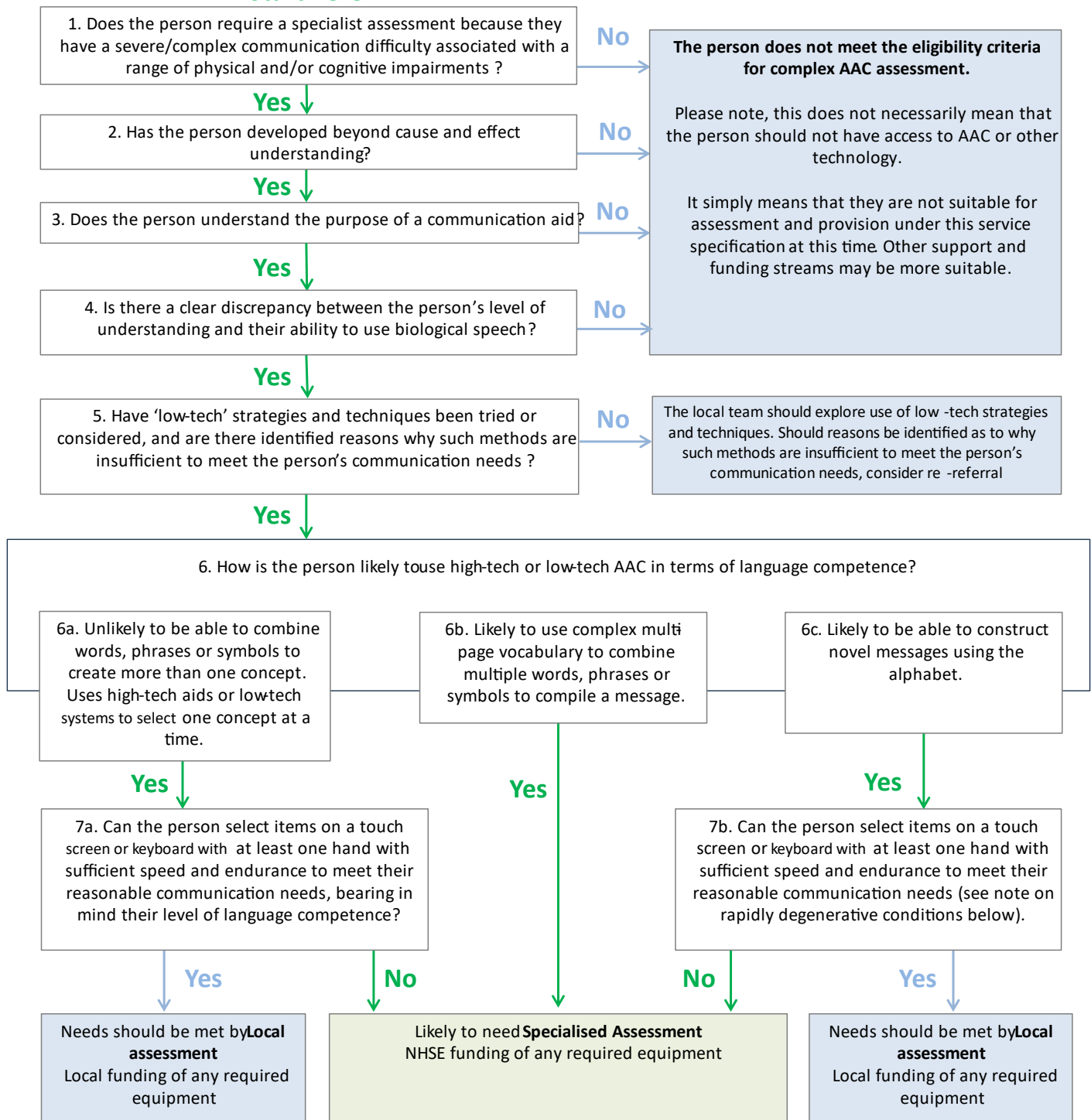
Pathway Section	Guidance on Eligibility	Examples
<p>combine symbols to create more than one concept, and uses high-tech aids or low-tech systems to select one concept at a time, can the person select items on a touchscreen with at least 1 hand with sufficient speed and endurance to meet their reasonable communication needs?</p> <p>CLICK TO GO TO GUIDANCE</p>	<p>a time, but are unable to select items on a touchscreen, with at least one hand, with sufficient speed and endurance to meet their functional communication needs. i.e. Do they now or are they expected to require an alternative access method within 18 weeks of referral given their rate of deterioration?</p> <p>Alternative access should be considered if current methods are impacting negatively on posture or tone.</p> <p>It would be expected that the clinician has fully explored the available off-the-shelf options before referring to a Specialised Service. If the clinician is not satisfied the adjustments support the person to access the touchscreen to meet their communication needs, they should consider referral to a Specialised Service.</p> <p>Assessing language skills is essential to be able to provide full information when referring a person to a Specialised Service.</p>	<p>a touchscreen sufficiently well to meet their communicative potential. They will be using an alternative access method such as partner assisted scanning or eye pointing to access their low-tech AAC system.</p> <p>For example:</p> <p>a) A person who is using an alternative access pragmatically organised communication book to communicate single concepts and who uses a range of pragmatic pathways.</p> <p>b) A person who is using eye pointing or partner assisted scanning to navigate to pages in a communication book to communicate single concepts for a range of communicative functions e.g. to ask questions, comment, negotiate, greet, express emotions, direct others etc.</p>
6/7b. Is the person likely to use complex multi-page vocabulary to	A person may require a specialist assessment if they are likely to use a high-tech system at a level where they are accessing a wide range of different pages and combining symbols to create their	<p>A person who can independently navigate through multiple pages to spontaneously convey a range of messages.</p> <p>Examples of using a comprehensive personalised</p>

Pathway Section	Guidance on Eligibility	Examples
<p>combine multiple words, phrases or symbols to compile a message?</p> <p>CLICK TO GO TO GUIDANCE</p>	<p>message. This is evidenced through their use of low-tech and their level of comprehension.</p> <p>The person should demonstrate ability to link ideas/semantic categories and syntactic functions beyond basic requests.</p> <p>Assessing language skills is essential to be able to provide full information when referring a person to a Specialised Service.</p>	<p>communication book might be:</p> <p>a) Using a pragmatically organised communication book to convey “I go restaurant in the car” (e.g. I, <i>More to say</i>, <i>Let’s Go (Places)</i>, go, <i>Shops</i>, restaurant, <i>go back to Places</i>, in the car)</p> <p>b) Using core and fringe vocabulary in a comprehensive personalised communication book, to convey messages such as</p> <p>“I feel excited”</p> <p>“Not go bed”</p> <p>“Where + friend’s name?”</p> <p>“I like pepperoni pizza”</p> <p>“You pop bubbles”</p> <p>“I see red car”</p> <p>c) A person who has strategies to use the language available to them flexibly within their low-tech to communicate a message which is not available within their vocabulary e.g. “go + dog + doctor” (go to the vet’s)</p> <p>A person who uses direct access to spell some high-frequency familiar words such as key words relating to highly motivating topics but would not be able to use their literacy skills to write novel sentences in a variety of situations. For this person, using a keyboard to communicate would not meet their functional communication needs so a symbol or word-based AAC</p>

Pathway Section	Guidance on Eligibility	Examples
		system is required.
<p>6 / 7c. If the person is likely to be able to use the alphabet to construct novel messages, can the person select items on a touchscreen or keyboard with at least 1 hand with sufficient speed and endurance to meet their reasonable communication needs?</p> <p>CLICK TO GO TO GUIDANCE</p>	<p>A person may require a specialist assessment if they are literate (able to use an alphabet to compose messages successfully) but are unable to select items on a keyboard or touchscreen, with at least one hand, with sufficient speed and endurance to meet their functional communication needs.</p> <p>i.e. Do they now or are they expected to require an alternative access method within 18 weeks of referral given their rate of deterioration?</p> <p>Alternative access should be considered if current methods are impacting negatively on posture or tone.</p> <p>It would be expected that the clinician has fully explored the available off-the-shelf options before referring to a Specialised Service. If the clinician is not satisfied the adjustments support the person to access the keyboard or touchscreen to meet their communication needs, they should consider referral to a Specialised Service.</p> <p>Assessing literacy is essential (reading and writing) to be able to provide full information when referring a person to a specialised service.</p>	<p>a) A person who has intact literacy and cognitive skills but little or no active upper limb function, due to reduced range or strength of movement, fatigue or pain and therefore cannot use a keyboard or touch screen sufficiently well to meet their communicative potential.</p> <p>b) A person who has Progressive Supranuclear Palsy and has visual difficulties that make it difficult to use a keyboard or touch screen sufficiently well to meet their communicative potential.</p>

Decision chart: Guidance on referral criteria for Specialised AAC Services

Start here



NOTE: People with rapidly degenerative conditions can be referred before they meet all the criteria, particularly in terms of speech and hand function (boxes 4 and 7). The referrer and specialised AAC service team should be satisfied that they are deteriorating at a rate meaning that they are likely to meet the criteria within the time a communication aid would be provided. Although this time varies a period of 18 weeks is suggested. It is recognised that this is a difficult determination to make, but evidence of how a person has deteriorated in the previous 18 weeks, prior to the referral will be useful. Decisions will be made on individual clinical circumstances.

Referral for re-assessment of AAC:

When a person already has a communication aid provided by a Specialised Service, it is expected that the person should:

- Continue to meet the eligibility criteria,
And
- Be able to demonstrate routine use of their communication aid for face-to-face communication,
And/Or
- There is sufficient evidence of routine use for face-to-face communication.

For example:

- A person, whose AAC device is nearing its end of life and will require a new device soon, can be referred if there is evidence that they are using the device routinely (considering the communicative opportunities available to them) and as expected, based on their assessed language competence.
- A person who finds it difficult to use their device because their physical abilities/needs have changed, can be referred if there is evidence that they were previously using their device most days with their carers/family/professionals.
- A person who is a long-term and normally consistent AAC user, but whose use of AAC has significantly changed following a change in their home and support situation, can be referred for reassessment.

Evidence

- Video footage of a person, demonstrating the use of their device in a range of functional situations, would provide good evidence of the need for specialist re-assessment. Most Specialised AAC Services will have a secure way for video footage to be provided with consent of the person concerned.
- The person uses their device functionally with you, during your session with them.
- Detailed descriptions of how a communication aid was being routinely used, prior to a change in their needs.

Additional Guidance

Section 1 - Does the person require a specialist assessment because they have a severe/complex communication difficulty associated with a range of physical and/or cognitive impairments?

You are asked to consider whether the person has a severe or complex communication difficulty and whether this is due to a complex physical / cognitive presentation. The primary reason for their communication difficulty must not be a sensory impairment, although this may also be a contributing factor.

Evidence

- Video footage of a person, demonstrating the quality of their speech and their physical disabilities, would provide good evidence of the need for specialist assessment. Most specialised services will have a secure way for video footage to be provided with consent of the person concerned.
- Reported examples of functional use of a low-tech system to communicate, to demonstrate communicative intent and motivation, the use of a range of communicative functions and learning ability associated with an indirect communication method e.g. eye transfer frame, pragmatically organised communication book.
- Results of trials with high-tech communication aids if available.
- Results of formal language and cognitive assessments.
- Results of functional visual assessments.
- Results of hearing assessments / auditory processing assessments.

Section 2 - Has the person developed *beyond* cause and effect understanding?

You are asked to consider the person's ability to make a connection between an action and a consequence. However, in addition to this you are asked to consider whether the person has intentional communication. This refers to the person deliberately signalling a message to someone. So, in addition to basic cause and effect, this requires a person to have an awareness of the listener, and to attempt to engage with them.

Evidence

It will be helpful to have examples or video evidence of communicative intent **beyond** cause and effect in an interaction e.g.

- Intentionality of action/gesture/sound/look.
- Reference to another person, item or communication partner, including them sharing attention within the activity.
- Consistency of signals throughout an interaction and across communication partners e.g. always using the same sign for "I don't understand".
- Evidence of planned anticipation of the end result

Section 3 - Is the person able to understand the purpose of a communication aid?

You are asked to consider whether the person is able to make purposeful selections on an AAC system and understand that the selections result in meaningful communication.

Evidence

If the person understands the purpose of an AAC system, they might:

- Look at/reach for a communication system within an interaction.
- Pause and expect a meaningful response from the communication partner.
- Use a word/phrase/symbol/sign to direct a communication partner, even if it is to get out of an activity.
- Look from the AAC system to the communication partner to transmit a message they have accessed.

Tip: While not specifically mentioned on the 'Decision Chart: Guidance on referral criteria for Specialised AAC Services', the ability to communicate "yes" and "no" is an important skill. At the same time that many people who use AAC are working on cause and effect and more intentional communication, they may also be working on establishing a reliable yes/no response.

Tip: In cases where the purpose of a communication system is not understood, an AAC system may be used in non-communicative ways, for example, repeatedly pressing buttons on a voice output system to hear the spoken words (this is not purposeful communication). There may be no engagement with a listener, or no expectation that a communication exchange could take place.

Section 4 - Is there a clear and evidenced discrepancy between the person's level of linguistic understanding and their ability to use biological speech?

You are asked to consider whether a client has a higher level of communicative competence than they are able to express using functional speech output. Detailed information about the person's level of understanding helps to identify the appropriate vocabulary level for any AAC system. Also consider how this discrepancy impacts on their functional communication and wellbeing.

Evidence

- **Results of formal assessments** - for people with complex physical presentation this can be challenging, and it may require a clinician to be innovative in how assessment is completed e.g. standardised assessments which require pointing to targets may be difficult or impossible to administer. In addition, often assessments are not standardised for clients presenting with a physical impairment. Deviating from standardised procedures e.g. using eye pointing or partner-assisted scanning, instead of finger pointing, will invalidate standardised test scores but may provide useful information about a person's language functioning and provide useful descriptive data to assist with goal setting and commenting on this section.
- **Results of Informal observations** -
 - Evidence of observed communication in multiple situations where AAC might be used.
 - Evidence of the person's understanding of language and their expression, whether this be in English or another preferred language.
 - Evidence of the person's ability to express yes/no should be described with a comment on consistency.
 - Evidenced examples of where the discrepancy between understanding and speech has caused frustration or psychological impact.
 - Evidence of the person's motivation / desire to communicate should be included.
 - It is also important at this stage to investigate literacy skills. It is important that emergent or retained literacy skills, in all the person's languages, are assessed and not dismissed simply because a person is non-speaking.

Section 5 - Have 'low- tech' strategies and techniques been tried or considered and are there identified reasons why such methods are insufficient to meet the person's communication needs?

You are asked to consider the low-tech AAC systems that you have trialled, and why these have not met the person's needs.

Low-tech AAC systems are defined as those that do not need batteries, electricity or electronics to meet the person's communication needs. These are often aids created by placing letters, words, phrases, pictures and/or symbols on a board or in a book. Depending on physical abilities and limitations, people might indicate the appropriate message with a body part, eye pointing, a head or mouth stick or light pointer. Alternatively, they might indicate yes or no as a communication partner scans through the possible options.

Note: Even if high-tech AAC is provided, low-tech AAC will always be needed as a back-up or in some situations, so developing this will always be useful.

Low-tech AAC communication systems/strategies can lay the foundation for the development of communication skills for a client requiring AAC and their communication partners. SLT intervention to develop low-tech strategies are important for a variety of reasons including:

- To develop the foundation communication skills that will be required when using any communication system including high-tech, for example learning the meaning of symbols, learning turn taking skills, learning to integrate AAC with verbal strategies, learning to manage listeners.
- To enable the SLT to evaluate and develop the most appropriate type of picture/symbol set and vocabulary layout for the client.
- To develop a client's communication skills to meet a range of communication functions e.g. requesting, commenting, rejecting, turn taking etc.
- To evaluate and develop how a client will access an AAC system in conjunction with the multi-disciplinary team.
- To help develop a client's communication skills by developing a structured system that can be used with a variety of communication partner.
- To have a positive impact on communication environment and identify training needs in the environment.
- To address immediate communication needs, reduce frustration and risk of development of social, emotional and behavioural issues. The reasons for and pattern of use of low-tech AAC systems will differ from person to person depending on their needs.

It may be challenging to develop a low-tech AAC system to meet the communication needs of some people, but it is important to have evidence of what has been developed, how it has been used and what the outcomes have been.

Evidence

- Reported examples and/or video footage of functional use of a low-tech AAC system to communicate, to demonstrate communicative intent and motivation, the use of a range of communicative functions and learning ability associated with an indirect communication method e.g. Eye-transfer frame, pragmatically organised communication book.

Section 6 - How is the person likely to use high-tech or low-tech AAC in terms of language competence?

In this section you are asked to refer back to the information gathered about the person's level of comprehension and expressive skills, based on your assessment from section 4. Then consider how the person is using their low-tech AAC, and how they might use high-tech.

It is also important to identify the person's ability to use spelling to create their messages as this would lead through pathway 6/7c.

Evidence

- Reported examples and/or video footage of the person's communication detailing the words/concepts/phrases used spontaneously.
- Reported examples and/or video footage of the person's use of their low-tech AAC system or of a high-tech system detailing the words / concepts / phrases used spontaneously.
- Results of informal or formal expressive language assessment including adapted assessments, for example, using symbols.
- Results of informal and formal comprehension assessment.
- Reports on literacy skills and ability to use spelling or results of literacy assessment.

Section 6/7 a) If the person is unlikely to be able to combine symbols to create more than one concept, and uses high-tech aids or low-tech systems to select one concept at a time, can the person select items on a touchscreen with at least 1 hand with sufficient speed and endurance to meet their reasonable communication needs?

Section 6 asks you to consider the person's language competence and the way they are likely to use AAC, resulting in one of 3 pathways. Section 7 asks you to consider the person's ability to access a communication system. The combination of both answers determines whether a person requires assessment from a Specialised AAC Service. Clients are seen by the Specialised AAC Service when they require assessment around complexity of language system and/or complexity of access. As with other areas of the criteria, if someone does not meet the criteria set in this section, they may still require an assessment for AAC, but this should be completed locally.

You are asked to consider whether the person can select items on a keyboard or touch screen with at least one hand with speed and endurance to safely meet immediate and future communication needs.

People may have difficulty physically accessing a communication system via pointing or selection of symbols, most commonly using a finger or fist. This may be due to a range of issues including an inability to raise the upper limbs sufficiently due to weakness, tremor, increased tone, uncontrolled body, arm or hand movements or an insufficient fine motor function in the fingers to allow for accurate navigation and selection across a keyboard or touch screen.

People with posture and tone issues need very careful examination so that they are able to use a touchscreen with reasonable ease and without long-term negative impacts. It is helpful to seek the advice of professionals such as Occupational Therapists and Physiotherapists when considering access and positioning. Where the referrer has concerns regarding the speed, endurance and/or safety of access, they may wish to consider if use of a keyguard, pointing tool (stylus), the use of access settings or alternative positioning solves these issues.

If the team are not satisfied that these adaptations support the person to access the keyboard or touch screen with enough speed and/or endurance to safely meet immediate and future communication needs, or they are concerned that directly accessing a communication system is negatively impacting positioning, tone and safety of the person, they should refer to the Specialised AAC Service for assessment.

Evidence

- Reported examples and/or video footage of a person using their low-tech symbol systems. If a person cannot point to a chart, then this evidence can be gathered using partner assisted scanning or eye pointing.

- Evidence of reduced accuracy and speed when selecting symbols on a low-tech system or touch screen. It can be useful to time a message being constructed and consider the number of errors made.
- Evidence of strategies and alternative equipment that has been trialled and found not to be successful e.g. trials of larger touch screen devices, different styli, adaptations to touch screen and keyboard settings, positioning products such as wedges/trays.
- Evidence of the person's perceived pain whilst using a direct access low-tech system or touch screen.
- Description of range and strength of movements – formal measurements if possible, including information from other professionals such as Occupational Therapists or Physiotherapists.
- Evidence of the amount of time in the day when the person is unable to communicate.

Section 6/7b - Is the person likely to use complex multi-page vocabulary to combine multiple words, phrases or symbols to compile a message?

If a person requires a complex multi-page vocabulary system to combine multiple words, phrases or symbols to compile a message then they are appropriate for referral to a specialised service (providing they also meet the criteria in sections above) regardless of whether they can control a touchscreen or keyboard with a hand.

In this section you are asked to refer back to the information gathered about the person's level of comprehension and expressive skills, based on your assessment from section 4. Then consider how the person is using their low-tech AAC, and how they might use high-tech.

Often the easiest way to gather evidence in this section is through observation of a person's use of their personalised, comprehensive low-tech system. You are looking for the person to be able to independently navigate to a range of different pages. This includes using navigation icons with a communication partner turning pages rather than turning pages independently.

You are also looking for the person to demonstrate the ability to combine words, phrases or concepts spontaneously. The person should demonstrate ability to link ideas/semantic categories and syntactic functions beyond basic requests. The person should be able to demonstrate these skills outside of structured/engineered communication environments.

Evidence:

- Reported examples and/or video footage of a person using their low-tech system spontaneously, detailing multiple examples of the word/symbol combinations used and the person's navigation to different pages.
- Detail of a person's current personalised, comprehensive low-tech system and how this is being used throughout a day. Photographs of the person's system can be provided.
- Results of informal and/or formal comprehension assessment.
- Evidence of the amount of time in the day when the person is unable to communicate successfully.

Section 6/7c – If the person is likely to be able to use the alphabet to construct novel messages, can the person select items on a touchscreen or keyboard with at least 1 hand with sufficient speed and endurance to meet their reasonable communication needs?

You are asked to consider whether the person can be literate and able to select letters on a keyboard or touch screen with at least one hand with enough speed and endurance to safely meet immediate and future communication needs. You are asked to comment on the language(s) a person is literate in.

A person who has functional literacy/spelling to get their message across may experience difficulty physically accessing a communication system via pointing or selection of letters, most commonly using a finger or fist. This may be due to a range of issues including an inability to raise the upper limbs sufficiently due to weakness, tremor, increased tone, uncontrolled body, arm or hand movements or an insufficient fine motor function in the fingers to allow for accurate navigation and selection across a keyboard or touch screen.

People with posture and tone issues need very careful examination so that they are able to use a touchscreen or keyboard with reasonable ease and without long-term negative impacts. It is helpful to seek the advice of professionals such as Occupational Therapists and Physiotherapists when considering access and positioning. Where the referrer has concerns regarding the speed, endurance and/or safety of access, they may wish to consider if use of a keyguard, pointing tool (stylus), the use of access settings or alternative positioning solves these issues.

If the team are not satisfied that these adaptations support the person, to access the keyboard or touch screen with enough speed and/or endurance to safely meet immediate and future communication needs, or they are concerned that directly accessing a communication system is negatively impacting positioning, tone and safety of the person, they should refer to the Specialised AAC Service for assessment.

Evidence

- Reported examples and/or video footage of a person using their alphabet charts or keyboards. If a person cannot point to a chart, then this evidence can be gathered using partner assisted scanning or eye pointing.
- Evidence of a person's reading level e.g.
 - can the person read at single word, phrase, sentence or paragraph level?
 - is the person's reading ability dependant on the support of symbols (if so what symbol set)?
 - is the person's reading level dependant on context?
- Evidence of reduced accuracy and speed when selecting letters from a keyboard or touch screen – it can be useful to time a message being constructed and count the number of errors made.
- Evidence of strategies and alternative equipment that has been trialled and found not to be successful e.g. trials of larger touch screen devices, different styli, adaptations to touch screen and keyboard settings, positioning products such as wedges / trays.

- Evidence of the person's perceived pain whilst using a keyboard or touch screen.
- Description of range and strength of movements– formal measurements if possible.
- Evidence of the amount of time in the day when the person is unable to communicate.

PLEASE NOTE THAT YOUR SPECIALISED AAC SERVICE HAS A REMIT TO PROVIDE TRAINING AROUND AAC AND CAN ALWAYS BE CONTACTED FOR ADVICE IF YOU REQUIRE ANY GUIDANCE ON REFERRING A PERSON OR THE ELIGIBILITY CRITERIA.



Thanks to [Drawn To AAC Teaching Resources | Teachers Pay Teachers](#)