

Themes of augmentative and alternative communication (AAC) practice and guidance statements for SLTs

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This is a summary of the themes of AAC practice and their related guideline statements.

AAC user identity

Guideline 1: Speech and language therapy services should be mindful of the identities, roles and contributions of the AAC users of the service by supporting access to interventions that are timely and individualised.

Guideline 2: An AAC system is often for life, regardless of the age at which it is introduced and may take time to learn. This should be factored into the on-going management and support of the AAC user.

Guideline 3: Awareness of everyone's linguistic and cultural influences should be recognised in any decision-making process. Consider AAC language representation options, language output options and, if using electronic options, available accents and opportunities for voice banking/donor voices.

Awareness of AAC skills, knowledge and clinical competencies

Guideline 4: Appraise yourself of the Communication Access UK (CAUK) training and encourage service providers to consider it as mandatory training content for all staff.

Guideline 5: Individuals, service managers, service providers, commissioners, and education and training providers should draw on the resource '[Informing and Profiling AAC Knowledge and Skills](#)' (IPAACKS and derivations of) as an evidence-informed template to appraise and develop AAC skills, knowledge and provision.

AAC service structures and provision

Guideline 6: Awareness of AAC service structures and provision locally, nationally and UK-wide will inform referral procedures and intervention options that are inclusive of the service user perspective.

Guideline 7: Awareness of transdisciplinary contributions to the AAC management process will

ensure AAC users, families and supporters access a holistic appraisal of their AAC needs.

AAC assessment, recommendation and provision

Guideline 8: AAC assessment referrals and final recommendations should be based on consistent reporting of speech, language and communication characteristics. Reporting should include consideration of all forms of AAC, vocabulary selection and, in aided forms of AAC, vocabulary organisation, graphic representation options and trajectory plans.

Guideline 9: Familiarise yourself with key AAC assessment frameworks and support tools and apply them to your appraisal of individuals who may benefit from AAC.

Guideline 10: AAC recommendations need to be recorded for future appraisal of outcomes. AAC recommendations should be shared amongst all members of the team supporting the individual.

AAC intervention/management

Guideline 11: SLTs should be appraised of the range of intervention strategies that are available to support the language and communication abilities of AAC users.

Guideline 12: Within AAC user intervention contexts, SLTs should apply language and communication interventions that are used in contexts where AAC is not regularly needed, e.g. developmental language disorder.

Conversation partner training and support

Guideline 13: There is a variety of evidence-based communication partner training programmes and strategies that have been developed to support communication between AAC users, families, supporters and professionals. It is important SLTs understand what is available to support the AAC users and their communication partners.

Guideline 14: Communication partner training programmes have been shown to enhance the interaction and engagement of AAC users and reduce their anxiety and stress when communicating. Ensure that partner training forms part of any AAC intervention plan.

Managing transitions

Guideline 15: In every AAC decision-making encounter, anticipate transitions and changing needs. Take considerable advice on potential changes to the AAC user's characteristics and needs, as well as any technology change and development. In doing so this will lead to the best-informed speech and language therapy recommendations, and choices for the AAC user.

Guideline 16: Keep detailed records of AAC decisions, so that at transition points the AAC user can continue to move forward, rather than repeat what may have happened in the past.