RCSLT

Position Statement: augmentative and alternative communication (AAC)

May 2024

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Audience

This position statement is aimed primarily at policy makers, commissioners, service providers and service developers.

Key statements

1. Anyone of any age with speech, language or communication challenges that are significantly impacting their quality of life should be considered for introduction to augmentative and alternative communication (AAC) as a method for improving their participation in everyday activities.

2. Communication challenges may result from developmental, life-long, acquired, progressive or temporary acute conditions.

3. Speech and language therapists (SLTs) are specialists in speech, language and communication difficulties and are integral contributors to the multidisciplinary teams who support AAC assessment, recommendation, provision, intervention, support and stakeholder training.

4. AAC users should receive service support primarily at their local service commissioning level. At times, they will need to be supported by regional or national specialist AAC provision, as relates to the four nations of the UK and their different service structures.

5. AAC needs to be introduced at an appropriate time for each individual. Timeliness will vary. For example, early adoption of AAC can assist young children to develop cognitive, language, communication and literacy skills to their full potential. Similarly, for people with progressive conditions they may benefit from being introduced to the concept of AAC whilst their own speech skills remain barely affected. The emotional impact of progressive diagnosis involving speech loss will require sensitive navigation of the timing of AAC provision.

6. As AAC users themselves have identified, successful AAC intervention support includes more than provision of equipment or initial training. It requires long-term support for AAC users and their communication partners. Long-term input refers to developing language and communication through learning to use the AAC system to its full capacity; or in progressive contexts it supports the individual to maintain effective communication.

7. AAC systems may include unaided forms (e.g. manual signing) or aided forms that are paper based (e.g. alphabet charts, boards, booklets) or powered (e.g. electronic tablets, dedicated communication aids). Many AAC users utilise a range of methods across their regular day, depending on the context. As there are no pre-requisites to using AAC, all types of system should be on offer to any potential AAC user.

8. All AAC users should have regular access to a review of their AAC needs, allowing

updating of their systems in line with their changing needs and abilities. As with GP services, AAC users should have on-going access to an AAC service.

9. During an assessment process, an objective trial period for potential AAC systems must be an integral aspect of any AAC service delivery, prior to recommendation, provision or purchase. Trial periods may vary in length.

10. Maintenance of AAC equipment must be an aspect of long-term service provision.

11. At the point of qualification, SLTs have advanced training in speech, language and communication impairment and basic training in AAC. With extremely limited access to postgraduate opportunities in AAC, SLTs need access to regular CPD training on AAC and consideration should form part of annual appraisal of professional development needs. This would ensure enhanced workforce competence in AAC assessment, provision and intervention support.

12. AAC service structures, procedures and legislation vary across the four nations of the UK and should be considered in terms of SLT employers. These may include governments health departments, social services, and the charitable and independent/private sectors. An AAC user will often receive AAC support from across all sectors. The interplay of provision must be considered in terms of multidisciplinary working.

What is AAC?

Augmentative and alternative communication (AAC) supports individuals to achieve their basic human right to be heard and included in an equitable way. The terms augmentative and alternative are typically describing a continuum of communication options:

- **Augmentative – may support existing forms of communication**
- **Alternative – may be used instead of speech**

AAC is defined by the International Society for Augmentative and Alternative Communication as describing 'extra ways of helping people who find it hard to communicate through speech, or another language modality, such as sign, or through writing. AAC may help them to communicate more easily.'

AAC systems are described as unaided, e.g. manual signing, body language, or aided, e.g. - powered technology or non-powered paper-based solutions. Systems chosen should be nuanced and personalised to meet the users' preferred methods of communicating. Options should not be restricted by perceptions of pre-requisite skill requirements for certain systems. For instance, for some individuals a speech output system may be more motivating than a paper-based solution. In other situations, unaided and paper-based solutions may be preferred.

AAC systems can support an individual's understanding of the context they are in, as well as

providing ways of expressing themselves. AAC systems can be used all the time, or intermittently, for example when someone is fatigued, to augment communication when an individual's own speech becomes too difficult to understand.

AAC tools, devices and techniques may enhance, replace and/or create speech, language and communication contributions for people who cannot entirely rely on their unsupported communication abilities to convey their intended message.

How many people could benefit from AAC?

In the UK, the current estimate is that 1 in 200 people may benefit from AAC at some point in their lives (Webb et al, 2023). This is based on earlier UK studies (Judge et al, 2017; Creer, 2016; Enderby et al, 2013; Gross, 2010). These current figures were established through review of existing literature (epidemiological investigation) and expert opinion. We acknowledge that whilst these are the most accurate figures on offer, they remain likely to underestimate AAC need.

The role of the SLT in AAC interventions

Speech and language therapists (SLTS) are specialists who can provide an assessment of needs, identify areas for intervention and implement recommendations to support people with speech, language, communication and associated literacy difficulties to maximise their potential and communication independence.

SLTs provide person-centred approaches by collaborating with those with lived experience to co-create AAC interventions. The focus of intervention will vary according to individual preference. This can include, for example, language modelling using the AAC, or communication partner training.

The SLT will incorporate different communication approaches that best meet the communication needs of the individual. This will typically include several methods of communication, including both unaided and aided methods. AAC methods may vary according to the communication context.

Non-AAC specialist SLTs will have people on their caseloads with AAC needs. Whether employed by statutory services, charitable sectors, or in independent practice, these SLTs should have access to more experienced SLTs who specialise in AAC. All SLTs should know when to refer on to

regional/national AAC services and have ready access to them.

Most AAC interventions require multidisciplinary working that may include other allied health professionals, educators, product specialists, and voluntary and community sector representatives. The SLT is an integral part of that team but central is the AAC user, family or representative.

What AAC users should expect from speech and language therapy and specialist AAC services

In 2012, Communication Matters wrote comprehensive recommendations for the features of a desirable AAC service. They are updating them in 2024. The latest version, (Augmented and Alternative Communication (AAC) services standard V1.2, 2012) can be accessed through their website.

While this update is in preparation, in addition consider, as a minimum, the provision of advice and resources for AAC users and families, for example:
- https://www.communicationmatters.org.uk
- https://www.1voice.info

Services should provide a person-centred, comprehensive assessment of AAC needs, trial period, provision and on-going support, with regular reviews of AAC needs. These activities will typically be completed by the local and/or specialist AAC provider to ensure appropriate updates are available to meet the evolving needs of the AAC user.

Where AAC users are no longer actively involved in speech and language therapy or AAC service provisions, they should be able to access information on who to contact locally to review their circumstances.

The evidence for AAC interventions

There is a growing evidence base for the use of AAC. A current example is Smith, M.M. (Ed.). (2023). *Clinical Cases in Augmentative and Alternative Communication* (1st ed.). Routledge. https://doi.org/10.4324/9781003106739

For additional evidence, see RCSLT AAC resources

References

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The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists in the UK. As well as providing leadership and setting professional standards, the RCSLT facilitates and promotes research into the field of speech and language therapy, promotes better education and training of speech and language therapists, and provides its members and the public with information about speech and language therapy.

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