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Cover: 'Uplifting' - a photograph in the 'Through My Eyes' exhibition (page 2)

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Through My Eyes

TOBY HEWSON Email: tobyghewson@btopenworld.com

Let me introduce myself: I am diagnosed as having athetoid cerebral palsy. What that means is that a small part of my brain does not work like other people's. So for example, when your brain says stand up, sit down, walk, talk, put a spoon or cup to your mouth – you do. It's not complicated, you just do it! But my brain does not allow me to do it.

So instead of walking I have my electric wheelchair, instead of talking I have my Liberator. And I need help to do some things so this is a chance for me to introduce you to Mary and Di who are my personal assistants (PAs). I have four PAs who work for me on either a 24 hour or 48 hour shift system seven days a week.

I live in a Local Authority Bungalow in West Sussex. I live a very busy life. I go to college – generally for a day each week. I visit mainstream schools in term time – sometimes two or three each week to help the children and teaching staff understand about disability. I travel a lot playing a sport called Boccia at international level – so in the last three years I have been to New Zealand, the Czech Republic, the United States, Canada and Belgium, to name but a few.

In 2004, I was in Brazil to attend the ISAAC Biennial conference on augmentative and alternative communication, after which I am spent two weeks in South Africa with my Mum and Dad on holiday. So although I have cerebral palsy I hope you will also see me for what I am: *a person*, just like you are, but different.

What I want to share with you is an exhibition called '*Through My Eyes*'. We prepared this exhibition by working together in a project called 'RITE' organised by the Dare Foundation at the University of Brighton. In simple terms a group of service users and service providers came together to talk about our experiences and then we chose some pictures to illustrate our feelings.

We hope when we show you these pictures they will help you to understand better the various points of view. Perhaps some of those views might resonate with your own life experiences.

So here it is: 'Through My Eyes'

my photo displays a sense of inner peace and change throughout the seasons of your life. By being part of this project I have learnt that there are many issues facing all people in their everyday lives."



Alice's photograph 'Perspective' stands for taking time out to think. It is the view from the South Downs Way behind her house, where she goes for a walk when she needs some space.

From working on the RITE Project, Alice learned how busy everyone's lives are, how much energy and commitment it takes to really work together, and how good it feels when it works.



This is Joe's photograph 'Shoreline'. Joe says, "I became involved with the RITE project as it was a new venture within what was a new job role for me. To me,



Dean's choice of photograph is called 'Uplifting'. Dean says, "I wanted to meet new, like-minded people and also be involved with something outside of the day centre I attend whilst raising issues that are very important to me.

"My photo means, 'In the midst of it all'. This project has enabled me to expand my knowledge of other places outside of my usual routine. I have also learnt that there are many more people in my situation and lots of things need to change if we are to have a voice in society."

Keyboard Alternatives



EA says of the photograph, "I became involved in the project because I have a

concern for the way students often fail to have the support needed during a transition process from college or university to work.

"My photo highlights the question 'Which is the right solution for me and can I communicate it to someone else?' I feel there are choices to be made and yet one never really knows which one will be right until one has tried it. It is also rare that this option is given in life even if a person had communicated their preferences. This applies in college, in employment and especially with assistive technology."



This is Cherie's photograph. Cherie told me that her photo shows a series of cards produced by colleagues at the University of Brighton to help inform lecturers and support staff about different disabilities and how to make teaching accessible for all.

She explained that exploring new teaching practices can sometimes feel daunting and this is why the caption is 'Every cloud has a silver lining'. She went on to say, "It has been refreshing to work in an equal way on a shared vision of what the members of the team believe to be important and to communicate this with a wider audience. Most importantly we have worked in a way that has reflected the principles we discuss in this exhibition, namely, if we give each other enough time, we can achieve what we want to achieve."

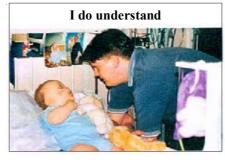


This is Gemma's photograph 'Flight'. Gemma says, "I was supporting Dean at the first workshop and thought the

project seemed very interesting and a great, exciting opportunity to raise awareness for young people with disabilities.

"My photos are a symbol of flight, freedom, reflection of us as people, breakdown of boundaries, beauty and nature.

"I've learnt to see things from everybody's angle and gain a greater understanding of the view point from all concerned both service users and providers."



Paul has called his choice of photograph 'I do understand'. Paul told me: "I was asked by a service user if I would get involved in the RITE project. I was happy to do so, both to support my service user and to explain ways in which the public can raise awareness of disability related issues.

"My photo is of my brother in laws's first signs of recognition following a serious accident in March 2003. He has cerebral palsy. My photo is extremely important to me. It highlights my personal experience of disability, the fact that I deal with many aspects of it in my private life as well as at work.

"I have learnt that there are lots of issues that need to be raised concerning disability. For example offering disabled people access and opportunities to pursue their chosen goals and eradicating the public's stigmatism that surrounds disability, the inability rather than the ability, of a disabled person."



Julia's picture is called 'Simple Communication'. When Julia was invited to take part in the RITE project she was very keen to be involved in something that not only involved users of our service but where the control of the project was equally balanced, rather than led by the provider of services. It seemed like a blank canvas with endless possibilities

She told me that she took this photo when she was on holiday in Thailand. Julia was struck by the trust the bird had in the young man not to harm him, that the monk took the time to "communicate" with this beautiful bird and that they communicated without words. The key messages were that successful communication needs interest in others, time, imagination to find alternative ways to communicate and desire to make contact.

Julia spends her whole working life working with people with communication difficulties, it has always been in an 'expert' role. It has re-enforced for her the fact that she is far from an expert!

Julia said, "I have thoroughly enjoyed working on a project where others have taken the lead, where we have let our imagination flow and where everyone has valued the contribution (however small) made by each member of the group."



Fiona's photograph is called 'Security'.

She says, "When I found out about the RITE project I felt it would be very beneficial for me and also an opportunity to meet other people, build new friendships and to share our experiences. However, I wanted to achieve something and use my experience to help others.

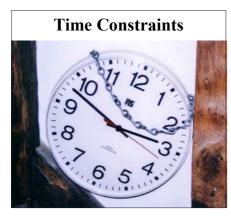
"I have a condition called cerebral palsy and have been living independently for two years now. My pictures capture how important my independence is and how this stems from the support I have from friends and family around me which has given me security and confidence to live independently and deal with the challenges I face now and in the future. Even though we all lead different lives, I feel that through this project we've worked towards a common goal and have positively challenged the assumptions that still exist with people in society about how individuals with a disability access, live and overcome barriers and stereotypical views."



This is Graham's photograph entitled 'Burning Question'. Graham told me: "I feel that the RITE project's work could prove invaluable to FE Colleges as they strive towards an inclusive environment by seeking the views of existing and potential students.

"These views inform us of the good and not so good practice happening in the sector and by reflecting on this practice colleges can widen participation and effectively meet the needs of a broader range of students. The students who are involved with the project bring a wealth of personal experience that colleges and other service providers would be advised to tap into, ultimately for all parties' benefit.

"I have found that this particular project has provided me with a valuable insight into the thoughts and vision of others."



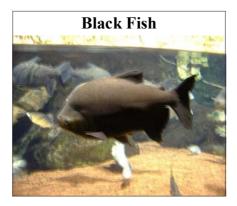
This is Pauline's photograph called 'Time Constraints'. Pauline says, "For some

years I have worked as a facilitator with the DARE Foundation and was delighted to be invited to facilitate Team 1 during their six-month workshop programme with the RITE project.

"During many discussions with the Team it was obvious that lack of time was a really important issue for everyone. We all need more time – to communicate effectively, to build relationships, to find out about people's needs and expectations, to provide flexible and appropriate services.

"My photographs focus on the fact that time is constrained by the way services are organised and that there should be greater recognition that different people need different amounts of time.

"I've learnt so much from taking part in this project but perhaps, most important of all, is not to make assumptions. By taking time to look behind the 'labels' imposed on us by society, and working together, I have learned to recognise each individual's abilities, value their experiences and understand their needs."



And finally - this is my photograph 'Black Fish'.

I decided to get involved with the project after Graham Vagg from Chichester College told me about it. I have found it interesting and good to talk about my needs and aims.

The main thing I have learnt from this project is that it is important to work together and that to do this we all need more time!

My picture represents holidays that I have been on and different exciting challenges. *



Toby

ISAAC 2004 CONFERENCE NATAL, BRAZIL by Caroline Gray

I thoroughly enjoyed the conference! I thought the Brazilian team did an excellent job in organising and running it (not an easy task) - it was a really accessible conference.

I went to some very interesting talks. I especially liked the idea presented by the school from Argentina whereby nine words helped to put a conversation into context. Before talking to someone who answers predominantly with 'yes' and 'no', first you ask "Do you want to tell me something, ask something or do something?" then you ask whether "Is it something that happened in the past, that is happening now or that is going to happen in the future?" And lastly you ask "Is it something to do with home or school or somewhere else?"

I was impressed by the work being done in South Africa and enjoyed the talk by Maureen Casey and Kitty Uys. It was lovely to see some of Carol Goossens' ideas working in a very different context. Carol was in the audience and I think she appreciated the work too.

I went to some very useful talks about autism and liked the work being done by the Autistic Unit at Oslo University. I also really liked the 'autigym' presented by Bea Kunst from the Netherlands - very practical ideas about managing children with autism in a mainstream gym situation - the ideas could transfer to other situations as well.

I heard a very interesting talk by a person who uses AAC on the problems of travelling by air as a wheelchair user. Now, I am even more impressed by the wheelchair users who managed to get to Brazil, and the Brazilian Para-Olympic team getting to Athens.

Hilary Johnson from Australia gave an interesting session on setting up a model of service over a large area for people with complex communication needs. And I was interested to hear a talk entitled 'Everything breaks all the time' a review of VOCA durability given by Nahum Sloan.

I thought the posters were excellent and learnt a lot about all sorts of things from them. I was delighted that the Brazilian group won the poster competition.



The Role Model Involvement Project

KATIE CLARKE

1 Voice, PO Box 559, Halifax HX1 2XT Email: info@1voice.info Tel: 0845 330 7862

1 Voice – Communicating Together creates opportunities to bring together people who use AAC and their families to share ideas, information, skills and personal experiences.

1 Voice realises the importance for disabled children, young people and their families to have successful disabled adults using communication aids as role models. Disabled adult Role Models play a vital part in the running of the organisation and provide inspiration and motivation to parents, children and our team of volunteers at events. It was for this reason that we decided to bring together a number of successful adult users of AAC from around the country, all of whom have something to share and inspire children with AAC needs and their families. We wished to consult with team of Role Models to find out from themselves just what makes a good Role Model.

We hoped that by listening to the views of the Role Models we would be able to build on good practice and improve the work already carried out by our organisation. Five Role Models came to our Role Model Involvement Project event on 3 to 4 July 2004 at Hothorpe Hall, kindly sponsored by *Communication Matters.* In a beautiful manor house in its own grounds, the Role Models spent their time between socialising in the bar area and attending workshops. By the time it was 4pm on the Saturday the Role Models had put together their own Job Description and Person Specification after hours of work and discussion.

On the Saturday afternoon families from around the country joined the Role Models and, in between the 1 Voice AGM, had the opportunity to meet new families and to be reunited with old friends. The venue was a delight for the younger AAC users and their brothers and sisters to explore. The sun shone for our National Network Day on the Sunday. We had over 80 people attending, including our great entertainer, our wonderful team of volunteers and disabled sports leaders, and our families and Role Models. Thanks to *Awards for All* for making this happen. We are delighted to be holding our next event on 16 and 17 July 2005 at Lilleshall National Sports Centre, nr Newport, Shropshire. It's in a wonderful accessible venue set in attractive grounds and parkland.

We are continuing with the Role Model Project in an informal way and invite new Role Models to attend and be part of our inspiring team. We are also inviting teenagers to attend on the Saturday and to give this group of young disabled people the opportunity to share issues around being a user of AAC.

Once again we are asking families to join us for the Saturday night (and our AGM) and to attend the National Network Day on the Sunday.

Families can choose if they wish just to come for the Network Day which promises to be a chance to have fun, meet lots of people who use AAC, enjoy the treasure hunt around the grounds and a buffet lunch. For more information please ring 0845 330 7862.

Katie Clarke



Barnsley Hospital NHS



Calling all users of communication aids!

What would you think to an aid that you control by speaking/vocalising?

Barnsley Hospital and Sheffield University are carrying out a project to develop a voice input voice output communication aid.

We are looking for people who use communication aids or who are interested in aids to complete a questionnaire to help us make the device as useful and acceptable as possible.

If you would like us to send you a questionnaire please contact:

Rebecca Palmer (speech therapist) or Peter O'Neill (software engineer)

Community Sciences Centre, Northern General Hospital, Herries Road, Sheffield S5 7AU

Telephone: 0114 2715920 or 01226 730000 ext 3903

E-mail: <u>r.l.palmer@sheffield.ac.uk</u>, or <u>Peter.ONeill@bhnft.nhs.uk</u>

Please indicate whether you would like to receive your questionnaire:

- a) in the post (return stamped envelope provided)
- b) on an e-mail attachment
- c) an electronic version online
- d) over the telephone

Minspeak in the 21st Century

A Language Development Model

SIAN BAKER

c/o Prentke Romich International Ltd, Minerva House, Minerva Business Park, Lynchwood Peterborough, Cambs. PE2 6FT, UK

The twenty-first century has seen the dawn of a new era for AAC. New funding arrangements in England have provided the opportunity for greater language development. This is because, in obtaining a communication aid sooner, children are able to explore their world earlier, and so develop their learning and increase their vocabulary, to further explore their environment. As Bruner (1990) stresses: "...language is acquired...through use..."

WHAT EFFECT HAS THIS HAD?

Learning to use an AAC device and the formal development of an individual's expressive language have never been intimately linked. With the new challenge of an earlier introduction to an AAC device it has been imperative to strengthen that link. To achieve this has required an overhaul of our programs and a complete revision of the support offered with them. It will not just be the children who will benefit from this; adult augmented communicators will also find that the revision of programs and development of support will enable them to progress more speedily to fast and effective communication.

HOW HAS MINSPEAK MET THIS CHALLENGE?

The Minspeak program we have reviewed is the Language, Learning and Living (LLL) program developed in the 1980s. The senior program is the LLL 128-location program and it is important to reassure all those using this, on any of our devices, that there has been no radical change to the philosophical basis on which this was developed. LLL's philosophical roots and icons are the bedrock from which we have developed a new family of Dynamic LLL MAPs (Minspeak Application Programs). These MAPs provide an introduction to Minspeak, via 4, 8 and 15 location 'teaching' programmes, with transition to the full 45 and 84 location LLL MAPs. It is also important to add that those using the old, smaller dynamic MAPs (including the original Stepping Stones-based LLL 45) will continue to be supported, although we have established case studies where transition has actually improved communication because of the additional vocabulary now available.

WHERE DID IT ALL COME FROM?

The fundamental basis of our programs is Minspeak, a language that allows a small number of picture (or icons) to represent thousands of different words, phrases, sentences and topics. It achieves this by each icon having many different meanings, depending on the context and order of use.

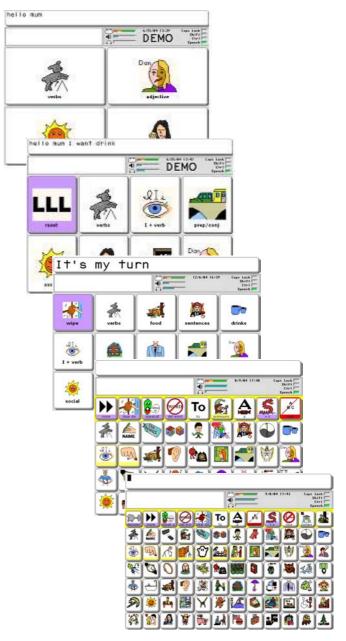


Figure 1 The LLL 4, 8 & 15 location programmes have been developed to provide an introduction to the full LLL 45 and LLL 84 programmes, by using the same icons to represent language across all MAPs, and maintaining architectural consistency as closely as possible.

Our smaller programs were essentially written for specific clients and the icons did not look the same as in LLL 128. Combinations of sequences were also different, again developed to meet a particular need at the time. We must not forget that AAC was very new when these programmes were developed and many would obtain a device never to move, usually because they were a teenager or adult before we were able to ascertain their specific needs and they could gain funding. Changes in circumstance have got to bring changes in what is on offer, and there must be an opportunity to progress as language develops and the needs of the individual demand more language opportunities.

DEVELOPING THE SOLUTION

When a toddler begins to speak we do not suddenly find that they are lecturing us on the meaning of life, with all the language requirements that possesses! Their language is limited to their needs, and their initial interactions with family and immediate friends. So their AAC program needs to provide for this, BUT it must also give the opportunities for the subsequent language that will develop as the individual interacts with their world, as Bruner states within the quote outlined earlier. Just as with the speaking person, the more language is used the more it develops, and there must be opportunities for this to occur.

As augmented communicators progress onto programs offering more language opportunities they do not want or need the aggravation of icons that change their appearance or sequences that alter. Consistency in icons and icon sequences is absolutely essential. The practical implications of this are that the person using the communication aid must recognise the same icons as they progress from one programme to the next, and the only learning taking place then relates to the increased opportunities not re-learning sequences. As speakers we do not change languages as our language progresses, neither should augmented communicators have to!

PROGRESSION AND TEACHING – A DOUBLE SOLUTION

For some augmented communicators the progression from one MAP to the next can assist in learning the icons and their sequences, helping to promote confidence and providing manageable goals which are easily achieved. We all like to see progress as we achieve new goals and we all feel completely overwhelmed if presented with too much too soon. This transition process may take as little as an hour or two, a few days or whatever time span suits the individual. As augmented communicators progress they build on prior learning and incorporate that into the next stages of language development.

WHO IS IT FOR? ASSESSING MINSPEAK

In order to help the professional identify the skill base required to use this particular programme and symbol set (Language, Learning and Living), and establish whether or not Minspeak is the best methodology for developing their language, we have included an assessment package.

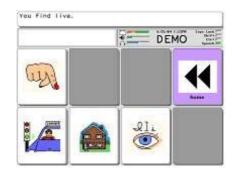


Figure 1 The LLL Assessment Tool enables the assessor to test the user's ability to recognise pictures, link them in sequences and to categorise them

This is again staged in order to help professionals determine whether or not the individual can handle the concepts required in order to use the LLL multi-meaning picture symbol set with Minspeak. It can also be used as a teaching resource to begin with, as well as being used as an assessment tool.

A simple tick sheet helps through the assessment processes to ensure we recommend the most appropriate communication system.

An essential requirement of increased funding is an assessment process which informs effectively the suitability of a particular communication methodology, which is why we deliberately included this in the MAP development process.

In summary therefore, the concrete practical outcome of this theoretical framework is: the assessment tool, plus the LLL 4, 8, 15, 45 and 84 Dynamic Minspeak Application programs (MAPs).

BUT WHAT ABOUT MEMORY OVERLOAD?

With the ultimate aim of reducing the memory requirements of individuals by using a multi meaning picture set with less symbols to learn, we did not disregard the attributes of some single meaning pictures. After all, a cup is a cup ... is a cup, and so as the individual develops their knowledge of Minspeak there is a purposeful helping hand given by using transparent single meaning pictures wherever it makes sense to do so.

CHOOSING THE WORDS

All the vocabulary in these MAPs has been identified for a reason. Language development is not possible unless the correct vocabulary is programmed into the device. We therefore explored academically researched vocabulary lists to ensure that the necessary vocabulary was included, and this wealth of experience from academia and AAC professionals ensured that key words appeared appropriately. Core vocabulary in particular needed careful consideration, but 'fashionable' vocabulary also had to be considered. The academic lists were then combined with the National Literacy Strategy word list - whilst this list is for literacy development our augmented communicators will still need to communicate these words and will probably, for example, use their devices to link to a computer to develop literacy skills. We established strong academic foundations, but we also realised that this was only part of the picture, and our new MAPs were trialled 'in the field' from their earliest conception, to ensure that key vocabulary was included and appropriately programmed. An example of the value of this 'practitioner input' was that the academic word lists ordered 'could' and 'give' differently to the reality of the way they were used in practice. Care was taken in their programming to take account of this.

MORE SUPPORT FOR THE MEMORY – THE IMPORTANCE OF MOTOR PLANNING

The last point about order of vocabulary and programming of the device required us to very carefully consider motor planning issues. Studies tell us that people with cerebral palsy, traumatic brain injury and a wide variety of neurodegenerative conditions depend on motor planning to perform single movements to an even greater degree than their non-disabled peers.

A well-developed motor plan allows people to perform actions without thinking, i.e. automatically. Our aim in setting this idea at our MAPs was to aid the speeding up of communication. With the MAPs increasing in size, maintaining a consistent architecture within and between the MAPs was a tall order. But we applied motor planning principles as much as possible, to help augmented communicators establish patterns and develop automaticity for frequently used words, ultimately to promote speedier communication.

HOW DO YOU MARRY LEARNING A SYMBOL SET WITH DEVELOPING EXPRESSIVE LANGUAGE?

Using language with a communication aid is a daunting challenge for both the professional as well as the augmented communicator. Even with the creation of an LLL assessment tool and the 4, 8, 15, 45 and 84 location MAPs, where does one start? What does one teach first? History has required us to teach the symbol set independently of developing language, *but* did this happen to the speaking population? Definitely *not*. So why should it be any different for an augmented communicator?

As we developed the MAPs, we also combined Speech and Language Therapy theory with practice 'in the field' to inform our support materials. I have already explained the assessment schedule drawn up for quick access, which will help establish the ability of the individual to use the Language, Learning and Learning symbol set and Minspeak. The SLT theory which helped inform our work included the Derbyshire Language Scheme and the AAC Curriculum.

The practical issues surrounding the development of the Derbyshire Language Scheme are the same as in our case. "The scheme was not put together on a theoretical basis and tried out to see if it worked," we are told by Knowles and Masidiover (1982).

The correct balance of theory and practice ensure that we get as close as possible to achieving an effective support mechanism. We wanted to pay attention to reality in the support materials which will help the professional plan their program of language devel-



Figure 3 Dawn Seals worked closely with the development team

opment as the individual learns the symbol set needed to create this language.

The practical application of these principles is a new Teaching Guide, which replaces the manual. The LLL 4, 8 and 15 MAPs have been ordered in the way expressive language is likely to develop. The 45 and 84 location MAPs have a wealth of language that makes this impossible. There is therefore a menu showing the likely order in which expressive language will develop. With detailed references to the pages on which this language will be found in the Teaching Guide, the professional can easily build the appropriate programme and personalise their menu for language development.

A common complaint amongst our colleagues in schools in particular is the reduced time available to spend on developing individual resources – our response to this is the inclusion of all resources on a CD for quick access. Quickly, a professional (from SLT to support staff) can find the appropriate sheets in the Teaching Guide required to create the appropriate menu for the individual.

In addition, there are ready-made practice sheets which can be printed and sent home, or put in an individual's language development folder. In ALL cases the icons and their 'address' on the overlay are given so that the supporting adults, who are used to working with two figure coordinates, can find icons easily.

TO SUMMARISE

Language is now intimately linked to the symbols used to create it. As you have witnessed, we have deliberately linked the LLL symbol set to language development, thereby allowing seamless development of both language and how it is created.

Our approach, using theory and practice, is not new. Piaget, and Knowles and Masidlover, have used this technique in producing their work. But it is how we will continue to develop our MAPs, with the aim of helping the augmented communicator become proficient in the use of their new technological voice box, as well as developing their language skills.

One of our Beta testers, who transferred from the original LLL 45 MAP to the new LLL 45, and then on to the new LLL 84 MAP, commented: "This is my dream machine". *****

Sian Baker, Education Consultant

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Matching Person & Technology

MATTHEW NAKONESKY

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On 18 November 2004, Marcia J Scherer, Associate Professor of Physical Medicine and Rehabilitation at the University of Rochester Medical Center, USA, presented her Matching Person and Technology workshop in Newcastle-upon-Tyne. This article is a review of the workshop and of the Matching Person and Technology Assessment Process.

'Living in the state of stuck' is not only the title of a Marcia Scherer publication and the name of a song by one of her clients, but is also an excellent way of setting the scene for this one day workshop aimed at professionals working with clients who require assistive technology. The goals of the workshop and ultimately the ways in which professionals can alleviate this 'state of stuck', were to identify a variety of resources to facilitate matching people with technology and ways in which to collate key information about our clients to ensure the most appropriate assistive technology is selected. The Matching Person and Technology (MPT) Assessment Process, developed by Marcia, was presented as a tool to help achieve these goals.

Before looking at the MPT Assessment Process in depth, Marcia presented some background theory that helped put her assessment tool into perspective. She stressed the importance of focusing on the client, the milieu (environments of use) and the technology. When focusing on the client, the issues of gender, age, adjustment to circumstance, functional needs and lifestyle need to be considered. Within the milieu, influencing factors include cultural differences, economic status, attitudes, physical barriers and legislative or political climate. Important aspects of technology were highlighted, including performance, cost, availability, and appearance of the technology.

The above areas were portrayed as rings within a circle. (See the 'Key Information' box at the end of the article.) The client quite rightly in the centre, with the milieu then technology forming further rings within the circle. On the outside of the circle were the key words: Evaluate, select, accommodate and use. This outer circle should be an ongoing and continuous process. With this client focused approach in mind, Marcia also discussed the important steps in any user-focused assistive technology assessment and some of the questions they raise.

1. Goals and dreams: These should be discussed in depth with the client, which will also help build rapport between the professional and the client.

2. Need for assistive technology: Is assistive technology needed or would other forms of support be more beneficial?

3. Readiness for assistive technology: Are they motivated to learn how to use such devices?

4. Assistive technology and lifestyle fit: Is the environment ready? Is there a good level of acceptance from others? How easy will it be incorporated?

5. Comfort with use: Not just physical comfort, but emotional comfort.

With that background in place, Marcia proceeded to explain the MPT Assessment Process with the help of a very useful information CD. Some of the information below has also been taken from the website of the institute that Marcia works at, The Institute for Matching Person and Technology. The website address is www.members.aol.com/ IMPT97/MPT.html and contains good information and contacts for ordering the assessment forms.

The MPT Assessment Process actually contains a series of assessment tools and forms to be worked through. The process was more succinctly portrayed in a flow chart on the day, however, here is my attempt to summarise this process. The first form that might be used in the process would be the Initial Worksheet for the Matching Person and Technology Process. This explores the client's limitations, strengths, goals and desirable intervention in a range of domains, including dexterity, mobility and speech/communication. The next form in the process would be the History of Support Use form. This looks at the same range of domains, however prompts the person to think what support they currently have and have used in the past and the support still required now.

With these preliminary forms completed, The Survey of Technology Use (SOTU) would then be used if the clinician wanted to identify technologies that the individual is comfortable with or has had previous success with. Then there are four technology specific tools. The first is called the Assistive Technology Device Predisposition Assessment (ATD PA). This tool is used to help the client select assistive technologies. The remaining three tools are more specific to a particular client population. The Educational Technology Predisposition Assessment (ET PA) assists students to use technology to achieve their educational goals. The Workplace Technology Predisposition Assessment (WT PA) can be used by

employers who introduce new technologies into the workplace and who train people in their use. And finally, the *Health Care Technology Predisposition Assessment (HCT PA)* which is aimed at health care providers who recommend technology as a form of health maintenance.

During the workshop, the *ATD PA* was the main focus of the day. This consists of a range of forms. The initial form consists of 54 items to answer which provides an initial baseline about the client's view of their functional capabilities (9 items), their well being/quality of life (12 items) and the client's temperament and personal characteristics (33 items). The first two areas are rated on a five point Likert scale from either *poor* or *not satisfied* to *excellent* or *very satisfied*.

The results from these 54 items can be interpreted by identifying both positive and negative ratings from the first two sections and any recurring themes within the third section. This initial form also prompts the client and therapist to identify goals to be achieved in 6 months time and goals to be achieved within one year. With this initial information gathered, the therapist should then identify a range of assistive technology devices that reflects the client's responses and that the client can trial for a short period.

The second form of the ATD PA is then used to compare these devices on how successfully they met the client's desired outcomes over the short trial period. Each device is rated from 0 to 5 (ranging from not applicable to all of the time) on 12 items related to the actual device and the client's experiences of the device. Three of the 12 items are given more weighting by the client and these are examined more closely when making the final choice of which device is the most appropriate. The device with the highest rating overall is considered to be the most appropriate device for the client and should then be provided for a longer trial period.

Following this longer trial and with the concept of 'outcome measures' being an ever present theme in best clinical practice, the client should return after 3-6 months and complete the follow up forms of the *ATD PA*. These forms are very similar to the previous 2 forms, so therefore the client is re-rating him/herself on these previous aspects. These can then be compared to their initial scores, thereby indicating whether the assistive technology device has in fact been useful and successful in meeting the client's desired outcomes.

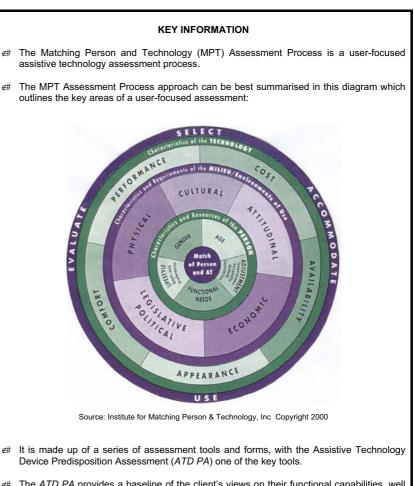
With the *ATD PA* presented in depth, Marcia invited the audience to provide their feedback and thoughts. One point raised was that throughout the workshop, the *ATD PA* was generally presented as being used by single disciplines. However, the audience certainly felt that this tool would be well used within a multidisciplinary team and would promote joint working. Marcia both acknowledged and embraced this point.

Another suggestion was that the tool would be inaccessible to clients with significant communication difficulties. The possibility of presenting this tool in a different format was discussed, with one format called 'Talking Mats' being offered as a possible solution to making the tool more accessible. Considering most clients with significant communication difficulties are likely to benefit greatly from assistive technology, it would be a worthwhile effort in adapting the *ATD PA* to meet this need.

SUMMARY

Overall, the ATD PA and the whole MPT Assessment Process is an excellent method for focusing on the individual and then considering their environment and also the different aspects of technology. With this focus on the client's preferences and perspectives, the ATD PA facilitates a joint approach for the client and health professional/team to select the most appropriate technology for that individual client, particularly when there are several alternatives to choose from. Given that there are continued developments and new products frequently launched in the field of assistive technology, the need to be more selective will only increase. The MPT Assessment package would be a very useful tool to have in any clinical setting that recommends assistive technology, and one on which the entire multi-disciplinary team can work jointly. *

> Matthew Nakonesky Specialist Speech & Language Therapist



- # The ATD PA provides a baseline of the client's views on their functional capabilities, well being and personal characteristics. It also facilitates comparison of assistive technology devices and provides outcome measures based on the client re-rating themselves.
- With continued developments and new products launched in the field of assistive technology, there is a need to be more selective. The MPT Assessment Process is one tool that would assist this selection process.
- ∉# Further information and details on how to order the assessment can be found at the following website: www.members.aol.com/IMPT97/MPT.html

Report Summary

Specialist Equipment Services for Disabled People - the need for change

EMLYN WILLIAMS

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With health and social care provision in the United Kingdom presently undergoing major reorganisation, both the Royal College of Physicians and the Institute of Physics and Engineering in Medicine are keen to ensure that the relevance of specialist equipment services for disabled people is properly identified and recognised.

They recognise that technology offers many people enhanced ability, greater independence and a lesser dependence upon others.

Much is readily and cheaply available, but whilst the numbers of disabled people able to benefit increase, equipment services often lack the coordination and the expertise to deliver it effectively. This is especially so when there is need to configure and integrate electronic and computer based technologies for the effective and safe usage of communication aids, computer access, environmental control systems and Telecare.

Nationwide there is wide variation in patterns of service delivery, so the inter-disciplinary working group has prepared a discussion document and a series of recommendations to stimulate debate and thereby promote a better and a more equitable provision.

A summary of the document and its recommendations is presented in this paper, on behalf of an inter-disciplinary working group set up by the Royal College of Physicians and the Institute of Physics and Engineering in Medicine.

INTRODUCTION

Medical intervention can increase longevity and improve the quality of life, yet for many disabled people assistive technology, environmental improvements and carer support can be equally important.

The document focuses on four modalities of assistive technology (communication aids, computer access, environmental control systems and Telecare) and identifies issues that determine their effective and timely provision.

Much of the technology is available in home and workplace and already offers disabled people a greater independence, but there remain some individuals with needs so complex that they require specialist assessment and provision.

Whilst equipment may be commonplace and mass produced, the ability to customise it, to design bespoke solutions and to safely integrate disparate technologies one with another, requires considerable specialist expertise. The availability of this expertise is critical: much of the equipment can be readily and cheaply accessed, but many disabled people require coordinated patterns of professional input if they are to use it effectively and safely.

There is nothing new in having technology compensate for functional impairment. Walking sticks have been used since ancient times, wheelchairs for hundreds of years and simple environmental control systems for nearly half a century.

Sequential reports have highlighted the relevance of assistive technology and electronic and computer based systems have increased its efficacy: - yet still it remains under-resourced and under-utilised [1]. Three recommendations from the Report of the Royal Commission on Long Term Care (1999) [2] and 'Fully Equipped (2002) [3]' are especially relevant:

• Personal independence can promote social inclusion and relieve pressure on acute health care facilities.

• Services should be easier to access and there should be more consistency in assessment and eligibility.

• Adequately funded and integrated equipment services should be part of a coordinated NHS and social service provision.

Modernising Social Services and *The NHS Plan* [4,5] proposed the amalgamation of local authority and NHS equipment services under the guidance of the Integrating Community Equipment Services (ICES) project.

This seeks to build upon local strengths, developing links with smaller and more specialised providers and introducing a single operational manager and equipment stock in each locality.

The working group welcomes the thrust of the principles and guidelines that underpin the ICES project [6].

However, it is keen to emphasise that optimal outcomes are achieved only when services offer the specialist expertise of clinical scientists and technologists, physicians and therapists and enable them to collaborate confidently and easily with each other, with other services and with service users.

All too frequently, poor coordination and outdated patterns of funding perpetuate confusion and delay provision.

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RECOMMENDATIONS

- 1. Specialist equipment services for disabled people should be widely and equitably available.
- 2. Complex need and the integration of disparate technologies should be overseen by specialist equipment services.

All too often, specialist equipment services are little known and little understood by professionals, by disabled people and by the wider community.

Their availability varies widely and there are those that remain difficult to access – adhering to rigid patterns of eligibility and requiring guaranteed funding prior to undertaking clinical assessment.

It is important that assessment is entrusted in a timely manner to skilled professionals working within an interdisciplinary setting that enables them to readily access expertise complementary to their own.

- 3. Evolving equipment services should build upon established provision so as to harness and better deploy experienced specialist personnel.
- 4. Specialist services require substantial investment in expertise and infrastructure and should serve catchments in excess of one million people.

All Electronic Assistive Technology (EAT) services use modern remote controlled equipment because it is cheaper, more effective and more reliable than older hardwired systems. Most offer timely emergency provision, but all too frequently routine provision can take many months. [7]

Implementation of the ICES project offers opportunity for specialist and community equipment services to collaborate more effectively one with another and to better target provision to user need.

It is suggested that community equipment services should offer:

• local or 'near user' availability of simple stock items;

• smart house technology, safety monitoring and Telecare in partnership with community alarm providers;

• access to specialist services able to safely meet and integrate the requirements of users with complex need.

These specialist services require catchment populations of a size sufficient to justify the cost of their staffing and support facilities, together with a body of users large enough to enable professionals to maintain and develop their skills.

With there being a shortage of specialist professional expertise and an urgent need to increase opportunities for training, research and development, services of a size, standard and critical mass that can justify the necessary investment are proposed.

5. Clinical governance offers a framework within which specialist professionals should facilitate and oversee a coordinated provision.

6. Supernumerary training posts should be established to facilitate training, promote innovation and support professionals seeking to further develop their expertise.

Experienced clinicians and technologists are critical to the effective and safe deployment of assistive technology, yet they remain a very limited resource.

The document proposes that clinical scientists should oversee the development and operation of services and recognises the need for technologists and therapists to develop expertise, to participate in on-going patterns of clinical governance and to have opportunity to further develop their competencies. Although specialist expertise in EAT has been historically linked with high cost - low volume provision, much electronic and computer based technology is now available on a low cost, high volume basis.

Nevertheless there remains need for specialist input if equipment is to be used to best advantage and there are always those requiring the special expertise of professionals able to ensure that disparate technologies operate safely together and in proximity one to another.

7. Budgetary provision for specialist equipment services should be sourced jointly from local authorities and Specialist Commissioners.

8. Services should highlight any financial shortfall rather than tolerating inappropriate and delayed provision.

Most equipment services struggle to meet demand from historically limited and poorly coordinated budgetary allocations. Many meet financial targets by delaying provision, even though they recognise that thereby they deny benefit to potential users.

The document welcomes the pooling of local authority and NHS budgets as part of the ICES project, but considers it imperative that monies for specialist services be specifically identified. It is important to maintain and further develop the expertise that can offer bespoke provision and competent professional supervision across the breadth of equipment services.

It is also important that equipment be provided on the basis of assessed need, rather than on the availability of dedicated funding.

SUMMARY

Within the totality of health and social service expenditure, the cost of specialist equipment services is small, yet effective, timely provision can potentiate existing lifestyles, enhance independence, reduce dependence on others and lower the cost of care.

However, whilst provision is delivered through ill-coordinated and inadequately resourced services, such opportunities will not be realised.

The working group is convinced that the key to better provision is a heightened awareness of the opportunities offered by EAT coupled with an increase in the number of the specialist professionals (clinical scientists, technologists, physicians and therapists) whose expertise is essential to delivery of safe, efficient and cost-effective services.

Emyln Williams Consultant in Rehabilitation Medicine

The full text of the discussion document can be downloaded without charge from *www.rcplondon.ac.uk/pubs.*

It is also available in booklet form at a cost of £7.00 from Publications Department, Royal College of Physicians, 11 St Andrews Place, London NW1 4LE, UK.

Please send any comments you may have regarding the document to: *kim.billingham@rcplondon.ac.uk*

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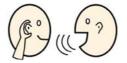
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Shut That Door!

How Combining Environmental Controls and the National Curriculum can be a Huge Motivator

DEBI TAYLOR

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Shut that door! Something parents up and down the country are heard to shout at their children, but for parents whose child has physical difficulties, it is not something that they will be able to do. In 2002 The Futcher School set up a Life Skills room where environmental controls allow children with physical difficulties to open and close the door, and do a lot of other things that they were unable to do before. The room was the idea of the, then, Communication Manager at the school, Jeanne Eames. She recognised the importance of environmental controls in the development of independence, as well as how important it was to give the children and parents in the school the opportunity to see what enabling technology exists.

Unfortunately it took another two years from her initial idea to secure sufficient money to buy the equipment for the room. Money was found from the schools standards fund and also by fundraising activities. At this point Jeanne retired, leaving the new Communication Manager and staff to continue with the development of her idea. A sum of £5,500 was ear-marked to purchase the equipment.

EQUIPPING THE ROOM

The first decision to be made was whether to have infrared or radio controls. After talking with the two main companies who deal with environmental controls it was decided that infrared was the best system to choose. The main reason for this was that Futcher School had a lot of DynaVox users and it meant that the communication devices could be used as controllers of the environmental control devices, so giving increased independence for the children. A wish list was then put together: a door opener, light control, an environmental controlled phone, plug sockets, curtain opener and a GEWA Prog and a Freeway. Most of this equipment was purchased, but unfortunately the curtain opener could not be purchased because it became too problematic (the existing blinds could not be used and it would be too expensive to replace them). A combined video and television was purchased as well as the specific environmental control equipment and a CD player.

When all the equipment was in place the task of programming and catching the codes for all the devices was begun. Possum Controls who supplied the equipment was very helpful and supportive during this period. Catching the codes onto the GEWA prog was relatively easy, as was programming the DynaVoxes and Freeway. One difficulty occurred with the CD player due to the type of player it was. It lost all the infrared controls codes whenever it was switched off from the mains, which meant that the DynaVoxes and Freeway could not operate it, so it was not reliable.

Once all the programming and installation were completed there was a grand opening and the Life Skills Suite was dedicated to Jeanne Eames as it was her idea that sparked the flame.

LIFE SKILLS IN THE CURRICULUM

Then began the practical issues of actually involving the Life Skills room in the school's curriculum. The school has a fairly unique set-up in that there is a dedicated communication department which is run by a teacher and three learning support assistants. Due to this we were able to introduce the Life Skills equipment into individual sessions and small group sessions fairly easily.

It was then that the real breakthrough occurred as it was quickly discovered what a huge motivator the environmental controls were. The game of opening a door for someone, then shutting it again before he or she could get through, became a firm favourite, as did putting on someone's favourite video or CD and turning the volume up or turning it off when they didn't want to watch it! There was one young man who discovered that by angling his electric chair in a certain direction in his classroom that he was able to open the door in the Life Skills room, which led to a lot of confusion, and a visit from the technician to check the door before we discovered what was happening. We had had a lot of concerns about this young man and his access and navigating through his DynaVox. However, it seemed that when motivated, access and navigation were not a problem! It was such as success that the three learning support assistants who worked in the department delivered a paper about setting up the room at Communication Matters 2003 National Symposium.

It was felt that even with this success, more could be done with the environmental controls and that there needed to be more careful thought as to what we where trying to achieve with the room. In discussion with Possum Controls it was decided that a programme that combined the curriculum and life skill activities could be developed. A

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structure was thought through which would cover all the stages of education, primary, secondary and tertiary, as well as a take home section. It was felt there needed to be the four levels so that any activity could be age appropriate and suitable for the environment in which it would be used, as well as making it easier to ensure that the correct vocabulary could be selected to go with each level. Within each level there are two main types of activity: turn-taking, and probably the most important, cause and effect. Life Skills equipment lends itself very easily to both these, but it has been with the cause and effect activities that we have seen the most progress and motivation.

Cause and effect and turn taking were then broken down into different activities for the different pieces of equipment, for example the door opener, IR plug sockets, the television and telephone. In all there are about two hundred different activities.

It was felt that to make this programme really successful and usable, not only in our context but in other schools and educational settings as well, the National Curriculum P-Level links needed to be added, as well as the City and Guilds qualification in Alternative and Augmentative Communication links and ASDAN (Award Scheme Development and Accreditation Network) qualification in Life Skills. This meant that by following the activities not only were we developing the child's independence but we were also meeting the requirements of the National Curriculum and two other qualifications.

We have tried and tested all the activities and had some wonderful successes and some awful failures, but we have had great fun too. The door chase remains a great favourite and gets some very strange looks from other people in the school as we all run out of the room laughing!

VOCABULARY SETS

Once all the activities had been written, it was decided to create vocabulary sets for activities at each level. When we first set up the Life Skills programme a lot of our time had been spent programming the different devices with the vocabulary they needed. It was also felt that not only should the child have the vocabulary to switch on and off the television, but they should also have and be taught the social elements of using the television, such as asking if anyone is watching the programme they are about to turn over! It would be very useful, therefore, to supply the vocabulary already programmed with the activities

so that all the user needed to do was down load the page set. This proved a little difficult as there are infinite combinations of page layouts and set ups, so we decided that just the vocabulary that the activity needed and some of the social vocabulary should be included.

Initially we made the vocabulary sets for the DynaVox and new DV4 and MT4, but since we recognised that other communication devices can be used as environmental Life Skills controllers, and, in fact, have Tellus users in school, we needed to convert the vocabulary pages for the Tellus Mind Express, and Possum completed the programming for the Cameleon Personal Communicator. We do realise that there are other communication devices that can be used as environmental controllers, but it is easy for other establishments to adapt vocabulary for other devices.

PROGRAMMING GUIDE

We have learnt a lot about how to programme different communication devices and using devices such as the Freeway and GEWA prog but some of the time it has felt like an up-hill struggle. We felt that we needed to include a section that explained all about how to programme the environmental controls on the different communication devices and what different pieces of environmental equipment are available.

A Problems section has also been included to try and help others to avoid some of the pitfalls, when setting up their room, that we have suffered such as a CD player that loses its codes! But all of this has been very time consuming and these sections are yet to be written.

We are hopeful that by the beginning of 2005 this programming guide will be available free through Possum Controls when someone purchases their environmental controls.

CONCLUSION

The children and staff at The Futcher School have all really benefited from having the environmental controls in school.

All the VOCA users in school now have their own remote controls programmed on to their devices and a few are securing funding to get door, curtain openers and IR sockets. Having the environmental Life Skills room has been huge fun and we hope our programme will encourage others to 'Shut that door!' *

> Debi Taylor Communication Manager

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This grant is *not* to provide funding for a communication aid, therapy, training or other provision that falls within the remit of the statutory agencies, nor for an organisation's core funding.

Examples of the kind of project that may be awarded a grant include:

- The costs of organising an event for people who use AAC, or travel expenses to get to such an event.
- > The costs of publishing an information leaflet.
- > The costs of a social research project.

Aims of Communication Matters

- To increase awareness, understanding and knowledge of good practice in the field of augmentative and alternative communication.
- To provide a forum for the exchange of information and ideas between professional workers, AAC users, and their families.
- To promote the positive role of AAC in the empowerment of people with severe communication difficulties in society.

Successful applicants will be required to meet the following conditions:

- Present a paper about their project at the next Communication Matters National Symposium.
- Provide a write-up of the project for the Communication Matters journal.
- Acknowledge Communication Matters' involvement in the funding or part funding of the project in any published materials relating to the project.

Closing Dates

Funding is allocated by the Trustees after review by a sub-committee. Please ensure that we receive your application before the closing date of **30 June 2005.**

For an application form, please contact: Communication Matters Tel & Fax: 0845 456 8211 admin@communicationmatters.org.uk

www.communicationmatters.org.uk

AAC GRANT

Grant to Support People who use AAC and their Families

Communication Matters has identified a sum of money to help achieve its objectives in relation to people who use AAC, and their families.

We welcome applications for this grant from groups or organisations (applicants must be resident in the UK) who can demonstrate that the money will go to empowering and supporting people who use AAC, and their family members. This grant is to help with the costs of, for example, organising or setting up a support group or mentoring scheme. However, the grant is *not* to provide funding for a communication aid, therapy, training or other provision that falls within the remit of the statutory agencies, nor to provide for an organisation's core funding.

The priorities for Communication Matters for the years 2003-2006 are:

- Awareness raising and information for professionals and policy makers.
- Education and training for people who use AAC, and their family members, as well as for professionals.
- Campaigning and advocacy on behalf of people who use AAC and their family members in relation to policy makers and the general public.
- Empowering and supporting people who use AAC, and their families, as well as professionals.

Successful applications will be required to meet the following conditions:

- Six-monthly progress reports to be submitted.
- The support received from Communication Matters must be acknowledged in any materials produced or publicity resulting from/associated with the grant.
- A report/article (depending on the nature of the project/ grant) must be submitted for publication in the Communication Matters Journal on completion.
- A paper must be submitted for presentation at the Communication Matters National Symposium (for a grant made in 2005, there is an expectation that a paper will be presented at the 2006 Symposium).

Closing Dates

Funding is allocated by the Trustees after review by a sub-committee. Please ensure that we receive your application before the closing date of **30 June 2005.**

> For an application form, please contact: Communication Matters

Tel & Fax: 0845 456 8211 admin@communicationmatters.org.uk www.communicationmatters.org.uk



TRUSTEES'

Hello again! Already we are gearing up for the conference in Leicester in September. It doesn't seem a year since all the trustees were feeling slightly anxious about going to a new venue – what would it be like? Would people still want to come? Those of you who were able to be at last year's conference will know that even more people than before wanted to come and that, although there were teething problems, on the whole the venue was fine.

So what's been happening over the past year? Patrick Poon, our administrator, continues to develop the website - it is a really useful source of information. If you haven't already had a look, why not log on to www.communicationmatters.org.uk and see what's there. Membership of Communication Matters continues to rise - slowly. We are keen to continue to grow and develop as the UK organisation for everyone who has an interest in AAC. We are also keen that our membership reflects all 'stake holders' in the world of AAC: people using AAC, their family members and carers as well as all those different professional groups, researchers, developers and suppliers. So if you have any ideas of how we can encourage more people to join, then the trustees would be very happy to hear from you. A sub-group of trustees is looking at ways of increasing the involvement of people using AAC and their families/carers, and is trying to find out what they would like from membership of Communication Matters.

CM TRUSTEES

We are also developing an induction pack for new trustees. If you fancy putting yourself forward for nomination then at least this year you should get some information to help you understand what's going on! Don't be shy – when you see the call for trustee nominations please think of putting yourself forward. It's not as scary as you might think! This year we will be looking for at least three new volunteers.

Hopefully at this year's AGM we will also have a new set of bylaws to present to you for your approval. "Boring!" I can hear you think – but as Communication Matters continues to grow and develop as a financially viable organisation with a wide membership it is really important that we review how the organisation is managed and make changes to ensure that it continues to meet its charitable objectives in the years ahead. The new bylaws that we are working on should actually make it easier to see how the organisation relates to its individual members and should also make the 'job' of being a trustee more defined.

And there's cause to rejoice this year - that Communication Matters / ISAAC-UK will be 20 years old in November 2005 - to be exact, ISAAC-UK was incorporated under the Companies Act on 12 November 1985. Expect some celebrations at this year's conference...and watch out for the 21st birthday party!

Janet Scott, Chair of Communication Matters Email: sctci@sgh.scot.nhs.uk Tel: 0141 201 2619

нот NEWS

'SPEAK OUT LOUD' POST-CAP CAMPAIGN

Jenny Herd writes: The Communication Aid Project (CAP) is due to end in April 2006 with no clear successor.

This is of major concern to children who have little or no functional speech and their families, however since CAP only applies to school age children there is still a major provision shortfall when it comes to adults without speech. This stems very much from the lack of any equitable national strategy or funding policy, and locally managed and prioritised ICES (Integrated Community Equipment Service) will not help this situation.

Scope published a very comprehensive document five years ago, entitled 'Speak for Yourself', to which many MPs and Ministers pledged allegiance. However, the demise of CAP and no national strategy mean that things will be almost the same in 2006 as they were when it was written.

For that reason a new campaign group (discussion group based) 'Speak out loud' has been launched. To find out more please go to:

Website: groups.yahoo.com/group/speakoutloud Subscribe: speakoutloud-subscribe@yahoogroups.com Post message: speakoutloud@yahoogroups.com

List owner: speakoutloud-owner@yahoogroups.com Or contact me at: jenny@thrumpster.freeserve.co.uk

*

ISAAC NEEDS YOUR HELP

ISAAC is keen to develop an international library of articles and photos which have got into the news. This really helps with fundraising and raising our international profile. An example of this might be someone using a voice output AAC device or any achievement which brings augmentative communication and people who use AAC into the newspaper or a magazine. Please send them to Clare Bonnell at the international ISAAC office (email address below). Make sure you write on them the date and place from where you got the article.

We are very keen to include people who use augmentative communication from all over the world in making policy to assist their full participation in ISAAC. If you know of anyone who would be interested please email Clare Bonnell: clare.bonnell@isaac-online.org.

*

DO YOU WHO USE A COMMUNICATION AID?

Barnsley Hospital and Sheffield University would like the views of people who use a communication aid concerning a project to develop a voice input controlled communication aid.

If you would like to help by completing a questionnaire, please turn to page 6 for more details. Alternatively, tel: 0114 2715920 or 01226 730000 ext 3903, or email: r.l.palmer@sheffield.ac.uk



CASC NEWS

THE COMPLEXITIES OF RUNNING A BUSINESS

One of the big issues currently facing CASC members, and therefore a hot topic of conversation within the group, relates to two new legal controls introduced in 2005.

Insurance and Extended Warranty

The first new regulation is the Financial Services Authority Insurance Register governing the selling of insurance, which came into force on 14 January 2005. If a company offers anything called 'insurance', or if they advise people on where they can get insurance from, they must be registered! Even if they introduce a client to a broker they have to be covered! There is even a suggestion that some forms of 'extended warranty' may be assumed to be insurance and therefore would need the company to be registered.

Some people reading this might think, "I recommend individuals to get insurance for their communication aid – does that mean I need to be registered?" Not necessarily.

If you are recommending a specific insurance company or policy, supplying information to an insurer, helping complete an insurance application form, advising on specific insurances, dealing as an agent or assisting in the administration and performance of insurance policies (e.g. assisting with claims) then you *are* carrying out a regulated activity and almost certainly will need to be registered.

However, if you are just telling a client that they should get their device insured, and that they should check with their household insurer, then that is NOT a regulated activity. From my understanding of the regulations you can even say things like, "I understand from another client that such and such insurance company might offer this sort of policy..." without the need to be registered – so don't panic.

If you need more information there are downloadable documents from the FSA website *www.fsa.gov.uk*

Waste Electrical and Electronic Equipment

The second set of regulations is the WEEE (Waste Electrical and Electronic Equipment). These come into force on 13 August this year. Basically if a company offers any form of computer based hardware they have to be registered and have to have a policy on how they will dispose of it when it gets to the end of its life (the supplier is responsible for the disposal of it - not the consumer, purchaser or owner!).

There is a suggestion that 'medical devices' may have a slightly later introduction date but it may depend on what is termed a 'medical device'! No-one seems to be sure whether the CE definition of a medical device will be used – but this would appear to be the most commonly used definition at present.

Other Regulations

Complicated or what?! You can almost hear the groans every time more legislation hits the statute books! Of course there are many other regulations that need to be adhered to for instance the Consumer Credit

CASC NEWS

Act - if a company offers any extended credit to consumers (not other companies or organisations as that is normal trade), whether they charge interest or not, they must be registered. If they are not they can be fined and/or imprisoned!

And then, of course, there is CE marking (didn't you just know that would raise its head?) There are still some issues relating to CE marking that have not been resolved to the satisfaction of all the CASC members.

MRSA

Another recent hot topic of discussion is on protecting the health and safety of employees. An employee of one of the CASC members was told, after completion of an assessment, that he should "...wash his hands thoroughly as the patient has MRSA!" One would have thought he should have been told before the assessment, not after.

Although companies obviously have a desire to help patients as much as possible, they also have a legal responsibility to protect their employees from foreseeable and/or avoidable dangers.

One wonders how many times CASC members have been exposed to such dangers to their health and have *not* been told!

Who said running a business was easy?!

Dave Morgan

Chair of CASC (Communication Aid Suppliers Consortium)



NEW LIGHTWRITER & ADVOCATE+

Toby Churchill Ltd has just launched new models of the Lightwriter with a new speech synthesiser which offers a male or female British accent, as well as in a full range of Western European languages.

Also recently launched is the adVOCAte+ which has new software to enable the infrared link to operate toys, home entertainment equipment, or to create an environmental control system with auditory scanning and speech output. An upgrade to the original adVOCAte device is available.

For more information tel. 01223 576117 or visit www.toby-churchill.com

*

AT LAST - A SIMPLE TO USE MOBILE PHONE!

The SilverPhone has been specially designed for people with special needs, elderly people and anyone who needs a simple to operate mobile phone. The phone has three large, brightly back-lit buttons - just press one to call a pre-stored number. Monthly and Pay-As-You-Talk contracts are available.

For further details, tel. 08701 600 600 or visit www.silverphone.co.uk





12 May 2005	CALL Centre, Edinburgh		
Listening to Children CALL Centre: 0131 651 6235 www	callcentrescotland ord uk		
16 May 2005	ACE Centre North, Saddleworth		
How to decide on an AAC Sys			
Contact ACE Centre North: 01457 8	829444 www.ace-north.org.uk		
23-24 May 2005	Bolton		
SpecialneedsIT Bolton Contact Inclusive Technology: 0800	975 6090 www.inclusive.co.uk		
24-26 May 2005	NEC, Birmingham		
Naidex 2005	-, 0		
Contact: 020 7874 0350 www.naide	ex.co.uk		
27-28 May 2005	Genova, Italy		
ISAAC-Italy: First Italian Con More information at: www.isaacitaly.it			
8 June 2005	ACE Centre North, Saddleworth		
Adopting a Switch Assessme	nt Framework		
Contact ACE Centre North: 01457 8	*		
10 June 2005 Evidence-based Outcomes in	Birmingham		
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Clicker 4 Day at The Institute	of Education, London		
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	Newcastle		
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4 July 2005	Portsmouth		
CASC Road Show at Futcher S FREE Tel: 0845 456 8211 www.co			
5 July 2005	Bristol		
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13 July 2005	Meldreth		
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5-7 August 2005	Pittsburgh, USA		
Pittsburgh Employment Confe	-		
Communicators (PEC)			
More information at: www.minspeak.or	com/shout/index.html		

	DIARY	
	DATES	
(run in conjuncti	aining Program in AAC on with Camp Chatterb o: jbruno@childrens-specializ	
31 August - 3 Sept AGOSCINational More information at:	al Conference: Togethe	Brisbane, Australia er We Can
21-22 October 200 SpecialneedsIT Contact Inclusive Te	-	Islington, London www.inclusive.co.uk
•	Study Day with Karen I COMM: 0131 443 6775	Dunfermline Erickson
9 November 2005 TASH 2005 Annu More information at:		Milwaukee, USA
11 November 2008 AAC & Literacy Contact: 0845 456 8	5 Study Day with Karen I 1/211 www.communicationma	
	5 Study Day with Karen I 211 www.communicationma	
	5 Study Day with Karen I 1211 www.communicationma	



1 Voice is run by a team of families, role models and professionals in consultation with children to provide a network of information and support for children and families using communication aids.

> For more information please contact: 1 Voice PO Box 559, Halifax HX1 2XL Tel: 0845 3307861 Email: info@1voice.info

MyLanguage StoryBags

NOREEN BROWN

KEYCOMM/ITSU, Oaklands School Annexe, 40 Broomhouse Crescent, Edinburgh EH11 3UB

This article reports on a KEYCOMM project which was part-funded by a grant from Communication Matters in 2003-4

KEYCOMM developed a number of StoryBags following an award of a grant from Communication Matters (August 2001–July 2002). StorySacks, and now NumberSacks, are well-established in nursery and early primary classes but they are targeted at mainstream classes and seemed to miss out a group who often have limited literacy opportunities.

The KEYCOMM StoryBags project had a target audience of children who, because of communication impairment or other disability, may not be able to participate in and enjoy stories in the same way as their peers. They also aimed to provide ready-made support materials for parents or siblings and other adults who wanted to share the storytelling experience with the children. It was hoped that by providing a complete pack the sharing stories experience could become more fun for all participating.

Research into emergent literacy is suggesting that exposure to literacy in the environment and direct experience of literacy activities are important in the development of literacy skills. Wildmuth [1997]. Erickson and Koppenhaver [1993] have demonstrated that even children with severe developmental disabilities can benefit from literacy instruction. Birch, Cross, Dumble and Park [1999] are convinced that "storytelling, it seems, is a vital ingredient of human experience". I would add, "listening and sharing storytelling is something specifically human".

THE NEED FOR DUAL-LANGUAGE BOOKS

Through discussion with several professionals, speech and language therapists and teachers and enquiries from families, a number of children were identified whose needs are not being fully met by the StoryBags as they are at present. These children come from the settled ethnic minority communities in Edinburgh and the Lothians – the Urdu, Bengali and Cantonese speaking communities. Within some of these communities, one language may be used for speech and another for literacy. For example, in the Pakistani community Punjabi may be the spoken language and Urdu the written language; in the Bangladeshi community, Sylheti may be the spoken version and Bengali the written version.

A successful application to Communication Matters for a small grant to cover the provision of five stories in three languages was made and the project was under way.

Dual-language format books, with the story in one of the target language with English translation below, were chosen to extend the possible readership. A book with Urdu and English versions of the story will be accessible to Urdu and English speaking families.

Since some parents, although fluent speakers, may not be fluent readers of their language, a CD with the story read aloud was added to the pack. Each CD had the story in the selected languages along with many others. The books and CDs for each story were obtained from Mantra Lingua, a publishing company specialising in dual language books and story CDs.

Visual materials to support the story were created based on Boardmaker symbols, laminated individually with a small dot of hook Velcro attached to the reverse. This allowed the child to place them on a story mat – a 99p door-



Figure 1 Dual-language book, story CD and visual materials

mat – as the story developed. Toys and other small items to extend the storyline were added to the colourful bag.

A Guide for parents and others was prepared for each story. This included a list of contents, how to use the MyLanguage StoryBag materials, suggestions of a simple repeated line for a single message communication aid and a sequence of messages for a communication aid holding several messages.

The Guides were now available in English for each book. The issue of a written translation of the Guides in the target languages was discussed and a second application was made to Communication Matters for an additional grant to cover the costs involved in providing the written translation of each Guide in the three languages.

TRANSLATION

The Interpreting and Translation Service in Edinburgh was contacted and agreed to provide the Guides in the target languages. The translation threw up some technical problems, which caused a delay. The translations were provided to KEYCOMM in PDF format. I was fortunate in identifying a piece of software, free for education, which allowed me to add the graphics to the PDF files.

Production of the Guides highlighted a further concern - as we had provided a CD with the stories read aloud to support an adult with limited literacy. so reading the simple instructions in the Guide might have proved difficult for some family members. At first, it was anticipated the translators would simply read the Guide aloud and have it recorded to CD by the Edinburgh Audio Visual Support Team. As we began, it became obvious the text in the Guides would have to be translated into spoken form. This involved further translators time producing a written script to be read aloud and recorded. This resulted in a doubling of the anticipated translation costs.

Eventually, the Story CDs, the books, the toys and Guides and recorded translations were ready and KEYCOMM had MyLanguage StoryBags available for loan to families, professionals and other interested adults. Each bag has a Story CD, a dual-language storybook, graphic materials, toy/s, a story-mat, and a Guide for use in English - the appropriate translated materials are added when the loan is made.

AVAILABILITY

The MyLanguage StoryBags are available for loan to any family member or professional involved with a child. The existing loan procedure for the KEYCOMM StoryBags has been adapted to include the new set of dual language stories. All loans are entered into a database recording the age and language of the child, details of the borrower/ adult; a Comments sheet is included with each bag for feedback and evaluation. This is recorded and enables us to build on improvements and suggestions from the families.

The production of these MyLanguage StoryBags has been an interesting journey, with a few extra diversions! It has been a learning process for KEYCOMM and the Interpreting and Translating Service, which may provide a quicker route for other groups who wish to follow our lead.

It is hoped that as the MyLanguage StoryBags are loaned out to bilingual and English only families, they will provide increased literacy experiences for the target group, and raise awareness of the language skills of developing bilingualism.

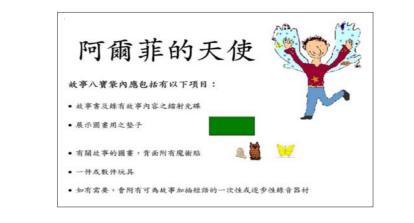




Figure 2 Examples of translated pages

FUTURE DEVELOPMENTS

KEYCOMM is investigating some of the adaptations and additions necessary to extend the StoryBags idea to produce packs which are accessible to children and young people with severe and profound communication and sensory impairments.

From initial discussions and evaluation of some sensory story support materials, it is felt that there is a shortfall in this area.

Using the expertise and ideas developed at KEYCOMM in the two projects described above, we hope to begin to create MultiSensory StoryBags which will be accessible to this specific target population. *****

> Noreen Brown Learning & Technology Support Officer

ACKNOWLEDGEMENT

KEYCOMM wishes to thank Communication Matters for the support through the award of two Small Grants, which has enabled us to produce these MyLanguage StoryBags.

RESOURCES

Dual-language books: available from Mantra Lingua, 5 Alexandra Grove, London N12 8NU Tel: 020 8445 5123 *www.mantralingua.com*

Software to produce PDF documents: www.smileonmymac.com/PDFpen/ index.html

Story books (Mantra Lingua Ltd):

Mei Lings Hiccups by David Mills & Derek Brazell.

Alfies Angels by Henrietta Brakow & Sarah Garson.

Limas Red Hot Chilli by David Mills & Derek Brazell.

The Wibbly Wobbly Tooth by David Mills & Julia Crouth.

The Giant Turnip by Henrietta Barkow & Richard Johnson.

MAKING ANY STORYBAGS - HINTS AND TIPS

Identification of stories and rhymes:

What makes a good story?

- Lots of action
- Clear sequence
- Familiar objects
- A bit of mystery

• Repetition - 'tag line or phrase ["So I sent him back" from Dear Zoo or "Run, run as fast as you can, you cant catch me, Im the Gingerbread man"]

Adapt stories by:

• Reading - only use it if you like it.

• Keeping it simple - cut out non-essential elements.

• Collecting support materials - toys & items from lots of different sources.

• Adding a tag line, if not there originally, ["*Poor old Humpty*" at end of traditional rhyme].

• Simplifying the original text to make it more accessible [Three Little Pigs, Bob the Builder and Goodnight Owl].

• Writing your own stories or finding some copyright-free ideas on the Internet.

Production of the materials for StoryBags:

• PCS symbols, Boardmaker

• Variations of Boardmaker symbols

• ClarisWorks clip art, internet clip art.

• Create your own images using ClarisWorks, KidPix and StoryBook Weaver software.

The interactive materials are designed to be handled and moved to support the storyline - the display methods can vary, for example:

• Simple doormats which hold the hook velcro on back of symbols [3 Little Pigs].

• Spiral binding for laminated 'books with removable symbol materials [5 Lit-tle Penguins].

• The bags can be simply made with colourful material, a drawstring and a label with the title and contact address.

What goes in a StoryBag?

• The story or rhyme.

• Symbol materials to handle and build up the storyline.

Display mat or alternative.

• A simple VOCA (Voice Output Communication Aid) – e.g. a One Step or Step by Step, Partner 2, Partner 4.

• A child who is already using a communication aid may be able to use it, or may still find it easier to use the simple, re-recordable device.

• A switch can be available for access to the communication aid, if appropriate.

• A Guide with suggestions for initial use and ideas for further activities.

Instructions to record on VOCA.

• A Log to evaluate the bag and note anything missing.

• For a child who may not be able to hold the toy easily, add a simple double-sided velcro strap to go around a child's hand and hold the toy by a velcro tab stitched on to it.

• A set of 'Talk about it' cards to encourage interaction and commenting during shared storytelling, the child can indicate 'Read it again', 'I liked that or 'I've had enough'.

Who can borrow a StoryBag?

• Parents and carers, speech and Language therapists, teachers, nursery nurses, anyone supporting the child.

Why use the StoryBags idea?

The aim is to provide:

• Enjoyable activities for children and adults to share.

• Increased literacy experiences for the target group.

• Improved skills - turn taking, focusing on an activity, anticipation, sequencing and relevant use for users of simple VOCAs.

• For children who will be switch users, a fun activity to improve timing, as well as the above.

REVIEW OF RESEARCH AND OTHER EVIDENCE AS BACK-GROUND TO THE DEVELOPMENT OF KEYCOMM STORYBAGS

1. Caroline Musselwhite, *AAC & Literacy* Communication Matters National Symposium 1996 "Nonverbal children inevitably miss out on the crucial babbling/playing with language phase of speech development; we have to try to provide them with some equivalent experiences."

2. Caroline Musselwhite

& Pati King Debaun *The Topic Setter*, vol 3, number 1, Spring 2001 *Emergent Literacy for Everyone: What does that mean?* "For young children [with disabilities] this means books and book reading type activities, art opportunities, print-rich activities, and writing opportunities."

3. Pati King-Debaun, Beginning Language, Communication and Creativity for Children with Disabilities in Creative Computing "Children with severe communication and physical disabilities are provided with fewer quality opportunities in reading and writing" and "Story telling and story construction are perfect activities for promoting interaction" and "Several simple adaptations can be made to materials so the child with disabilities can take a more active role in play."

4. Pati King-Debaun, Babes in Bookland in Closing the Gap, Oct/Nov 1995. www.closingthegap.com/cgi-bin/lib/ *libDsply.pl?a=1017&b=12* "It is difficult...to make predictions about the development of verbal communication for young children with severe disabilities between the ages of 12 months and 3 years. Yet professional judgement tells us that an environment immersed in rich language models...can, in fact, enhance the development of both verbal and non-verbal communication." and "Parents of children with and without disabilities spend countless hours reading to their children. Children with disabilities, however, often do not have a means to participate in the reading process. The child's lack of control can have its effect on parents. First, trying to support a child and hold the book so that both child and parent can see to read can be a juggling nightmare. Second, parents become the dominant figure in the story reading process."

5. David Koppenhaver et al *Childhood Reading and Writing Experiences of Lit-*



erate Adults with Severe Speech and Physical Impairments 1991 "Learning to read, speak and listen are skills that develop concurrently" and "Children learn about print...by being given the opportunity to interact with printed materials."

6. Mencap - *Reading for All* on Access to books and literature for children and adults with PMLD "It is a basic human right; communication is much more likely to develop if you have something fun, interesting and exciting to communicate about. Stories and books can appeal to the emotions as much as to the intellect and 'feeling the story through atmosphere (such as fear, sadness, happiness, calm) can be as rewarding as understanding the plot."

7. Keith Park *Interactive Storytelling for Deafblind Children* Deafblind Perspectives Spring 2000 "Storytelling, it seems, is a vital ingredient of human experience; it is one of these uniquely human experiences."

8. Sandra Stewart *AAC* and Literacy May 1999 at *seds.sturt.finders.edu.au/ matthews/gcaac/act_a/sess7/ literacy.htm* "[children with communication impairments/barriers are]...often reliant on others to initiate storybook sessions and to choose books; have fewer opportunities to participate actively in story reading sessions (e.g. ask questions, comment, predict what will happen next, retell, act out)."

9. Jill Wildermuth, *Literacy Development: Early Intervention for Children with Severe Speech and Physical Impairments* 1997 www.comdis.wisc.edu/fac_dirs/ *jmiller/Jon_CD731/Jillpaper.htm* "Children with severe speech and physical impairments are frequently hindered by ineffective use of language, unintelligible speech or an inability to speak" and "The key to facilitating development of emerging literacy skills with children with severe speech and physical impairments is to encourage active participation." *****

Communicate: In Print 2 in colour The first genuine symbol desktop publisher

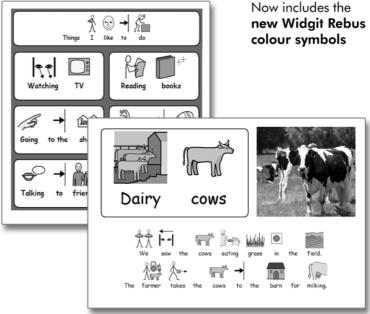


See the symbols as you type. Use the integrated picture browser to add your own pictures and photographs. Enjoy complete freedom of layout, arrange text and images however you like.

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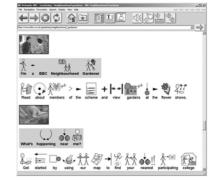
Communicate: Webwide The world's first symbol-supported web browser

Make browsing the web more accessible to people who find text difficult. Visit websites in normal view, in simplified layout or with symbol support; with full speech support in any view.



Standard view





Plain text view

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Report Summary

Evaluation of the Communication Aids Project (CAP)

DAVE MITCHELL

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This article is a summary of the DfES Research Report RR580 'Evaluation of the Communication Aids Project (CAP)' by Jannet Wright, et al. The 144 page report, published in October 2004, is available as a free download in PDF format from the DfES website: www.dfes.gov.uk/research/data/uploadfiles/RR580.pdf

According to the Introduction, CAP aims "to help pupils who have communication difficulties by providing technology to help them access the curriculum and interact with others and support their transition to post-school provision" and continues that "CAP should be viewed as offering 'valueadded' funding that supplements but does not replace the English Local Education Authority funding for the provision of aids."

CAP provides support for pupils who have difficulty in "understanding language, communicating verbally and using written communication".

CAP, managed by BECTa, commenced in 2002 with its first phase (2002 to 2004) funded through the Treasury and its second phase (2004 to 2006) funded through the DfES.

CAP has six CAP Centres which provide a service on a national or regional basis with specific specialist orientation.

The systems which have been provided include VOCAs, switch access and wheelchair mounting systems, portable PCs and appropriate software for pupils with dyslexia, portable PCs with access software for pupils with a visual impairment and remote screen and keyboard for use by staff supporting a pupil with a hearing impairment. The study appears to use the term 'communication aid' to cover all these forms of assistive technology.

This report was commissioned by the DfES during the first phase and was published in the Autumn term of 2004. In the words of the report, "(T)he study aims to evaluate the impact of CAP on children receiving communication aids, the process of the CAP strategy of delivery and to explore the cost of the CAP service."

After Acknowledgements, Glossary of terms, List of Tables, list of Figures and Executive Summary, there are ten sections. The sections are; Introduction, Methodology, Analysis of CAP database, Service use and costs, Application, Assessment, Post assessment, Impact of CAP communication aids, Transition and Conclusion (which contains the main recommendations of the Report). These are followed by References and Appendices on the CAP Centres, Child Interview, CAP Application Form, CAP Assessment Form, Application rates by LEA and Young Person's Use of Services. Inevitably a report summary will be selective. What follows has been judged to be the key features of the report for readers of Communication Matters. There is a lot, lot more and readers are encouraged to acquire the full report. We will look at the three issues evaluated - impact of use, processes and costs.

IMPACT

As reported above, CAP serves youngsters in England. However, Sections 8 and 9 will be of interest to anyone considering the impact that AAC systems have on learners. In addition to seeking the views of parents, teachers and speech and language therapists, an important feature of the study was the evaluation of the views of the youngsters who received communication aids. "The research used an individual case study approach to explore children's views about specific communicationbased activities and related quality of life issues that they identified as relevant to their own experiences." The interview method used is described in greater depth in Appendix B.

Section 8 specifically looked at 'before and after' effects. The sample size is small (18) compared with the overall CAP caseload and the time gap between the two interviews was short. Nevertheless useful messages are elicited which warrant both specific local responses and further, wider, study.

Section 9 looks at the impact of an AAC system during the period of transition between phases of education. Again, the sample size is small (12). The messages are clear: staff in the receiving establishment / department require training; a keyworker is required to en-

sure continuity of support and flow of information between all partners and the new context requires a close assessment to identify new procedures. It is a pity that the experiences of youngsters transferring to Further or Higher Education or work settings could not be included.

PROCESSES

Sections 5 (Application), 6 (Assessment) and 7 (Post Assessment) address the issue of the processes introduced by CAP. These sections will be of interest to those of us involved in CAP and to those readers who are contemplating a similar system in their country or region.

CAP processes were built up from the ground but exploited the experiences of the CAP Centres. Lessons have been learnt and implemented during the life of CAP. The study reports the expressions of frustration of parents and professionals with some aspects of the process, especially the time gaps, communication and the changes in documentation. However, the developmental nature of this project has to be recognised and worked with.

Arguably the most challenging has been the time gap between making an application and the receipt of the complete system. This has varied enormously but, to the credit of all, is being progressively reduced. (see Section 3, tables 6, 7 and 8 on pages 33 and 34).

One of the gains of CAP has been the creation of a database on the applications. This is already proving to be a rich seam of data which is and will be mined for some time to come.

A further significant outcome has been the development of local teams of assessors and the enhancement of their skills. CAP has brought together a range of professionals from different agencies. Whilst the formation of these teams is patchy they nevertheless reflect the drive towards integrated children's services at a local level.

As this review is being written, it is not known what arrangements will be in place after the end of CAP in April 2006. If, as it is understood, there will be no further funding for a centrally managed system and responsibility will default to local agencies, much of what has been constructed and learnt from the central processing of applications and assessments and the role of CAP Cenwill become redundant. tres Unfortunately the study does not consider the strengths and weaknesses of this centralised system.

COSTS

Costs are considered in sections 2 & 4. The original grant from the Treasury for the first phase of CAP was spread over three years, which included a period for setting up the project (up to April 2002), which was £1.5m, a second year with £3.5m and a second year to April 2004 with £5m. Further funding was provided by the DfES to cover April 2004 to April 2006.

The study reports that "(A) total of 2,236 successful applications were recorded, some of which were still ongoing. The average cost per child (including BECTa overheads and any costs claimed from BECTa) was £3,790 (2002/ 3 prices) varying approximately fourfold across centres from £2,298 to £8,978." The study calculated the cost on the basis of the service level agreement with the CAP Centres and therefore included: equipment library and loan stock, assessment and training, administration and technical support and travel and subsistence. In addition the costs incurred by BECTa to support CAP were added. The average cost of £3,790 is not the average cost of the equipment supplied to the users. The study makes clear that there have been start-up and administration costs which will progressively become a smaller proportion of the overall cost over time. Further details are not provided.

The study also examines the costs of services not funded by CAP, such as those incurred by local agencies and families but the sample size was small and caution has to be exercised in interpretation of the results.

The absence of figures for equipment is unfortunate for many readers who will be attempting to make judgements about local budgets. However, the knowledge of the average cost combined with the number of applications made in each LEA (Appendix E) and the rate of successful applications (Section 5) will give budget holders/senior managers some indication of finances involved. Nevertheless it is to be hoped that more detailed information will be made available eventually.

RECOMMENDATIONS

Section 10 includes a series of key points and a set of recommendations for the DfES, BECTa, CAP Centres and school managers. Some relate to CAP processes and others to issues concerned with the provision, use and support for 'communication aids' which are applicable beyond CAP.

SOME OTHER ISSUES

It is unfair to criticise a report for the absence of issues which were not requested. However, it would be a lost opportunity if, in this review, attention was not drawn to related and arguably important issues.

Is there a case for a centrally managed system for the distribution of central government funds (along the lines of the CAP system) to augment local finances allocated to 'communication aids'?

Will it be possible to maintain and develop the database, especially if it includes post-provision valuations/ impact reports?

An important feature of CAP is that it is intended to 'add value' to local provision. In the context of significant variation between LEAs in funding per pupil, how can equitable criteria be applied if a centrally managed allocation system is to be continued?

CAP, in general, presupposes that local education services have the primary responsibility for provision of 'communication aids'. As central government is driving local agencies towards integrated children's services, is it necessary to create a new bureaucracy at a national level to manage the allocation of funds as a means to ensure that the target population receive the provision?

How does the work of CAP relate to Integrated Community Equipment Schemes, the NHS Electronic Assistive Technology National Framework Agreement and AAC Care Pathways?

SUMMARY

The Report contains interesting and useful information of relevance to all involved in delivering 'communication aids' to learners. It should also prove useful to budget holders / senior managers. It is a large document but is worth the time, effort and cost to acquire.

The authors have started to answer some questions and it is to be hoped that they are answered in a further report, along with others which could inform local practice from 2006. *****

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The Research Report RR580 is available in PDF format from the DfES website: www.dfes.gov.uk/research/data/ uploadfiles/RR580.pdf

How are we doing?

The Doncaster Communication Aid User Survey

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INTRODUCTION

A joint-funded budget for the provision of communication aids to adults was established in Doncaster in 1998. Since this time, the Speech and Language Therapy Department has been able to create a small stock of equipment for assessment and short term loan purposes, alongside some resources for creating 'low-tech' communication supports for clients with speech and language impairments. We have also been able to provide 'high tech' communication aids to individuals on a permanent basis.

As the Lead Speech and Language Therapist co-ordinating this service, it seemed timely to review our policies and procedures to ensure the continued provision of a high quality service to Doncaster residents. I particularly wished to seek the views of service users to contribute to this process.

AIMS

• To encourage service users to give their views about the service.

• To discover if there were aspects of the service we can improve.

• To find out if there was interest in a communication aid users group.

I wished to seek information which related both to the nature, quality and reliability of products provided and to the service provided in enabling clients to make best use of their equipment. In this way I hoped to be able to identify any areas of weakness in the service provided, to inform future policy amendments and to suggest ways in which the service could be improved.

METHODOLOGY

A questionnaire was devised in 2003 to seek the views of our clients. We considered face-to-face interviews but because of the additional time required and the difficulty of finding an unbiased interviewer with the background to understand the complex issues involved with communication aid use, it was decided that a postal questionnaire would be the most suitable in this case.

Two questionnaires were devised. These were sent to clients in November 2003, along with a covering letter of explanation, which provided a contact number if help was required to complete the questionnaires.

Both questionnaires were designed to provide quantitative data alongside the opportunity for unrestricted qualitative feedback. They were also designed to be short, in order to be user-friendly and not taxing for clients with concentration difficulties or who fatigue rapidly.

The questionnaires were sent only to users of 'high tech' communication aids on a long-term basis, since many short-term users are those with terminal degenerative conditions e.g. Motor Neurone Disease. The needs of these groups can be very different and I did not feel it was sensitive or appropriate to contact clients with degenerative conditions.

QUESTIONNAIRE A

The questionnaire gathered data on:

• Demographic information relating to age, gender and type of communi-

cation aid, first to familiarise the client with the questionnaire format and to help them feel comfortable with the following questions. (Questions 1 - 4)

• An indication of the extent to which the client relies upon their communication aid and to which it meets their needs. (Questions 5 - 7)

• Information relating to the reliability of equipment and the back-up available when faults develop. (Questions 8 – 12)

• Information relating to support of the communication aid use. (Questions 13 - 15)

An opportunity to express any opinion.

The questionnaire was anonymous to prevent bias, unless the clients chose to identify themselves. Some questions were similar (e.g. 6 and 7), but phrased in both positive and negative terms to help eliminate bias and aid comparison of data.

Fourteen questionnaires were sent out and each client received a telephone call prior to this to encourage them to respond. As the client group was small, it was felt a high response was vital to inform us reliably about perceptions of the service provided.

QUESTIONNAIRE B

It seemed that the next step in developing the service to communication aid users might be to start a local support group. Such a group might provide social support, self-advocacy for users and a forum in which technical support and training might be delivered in a time efficient manner. Clients are currently seen on an individual basis, usually in their own homes and so rarely, if ever, meet other communication aid users. Some clients develop more technical expertise than others and might be able to share this with others and it would also give people the opportunity to ask questions in a non-threatening setting. I also felt that since communication impairments can be frustrating and dis-empowering, mutual support and encouragement in expressing thoughts, ideas and feelings around these issues could provide a powerful support socially and emotionally for our clients.

This section related purely to the level of interest in starting such a group and some initial indications regarding the possible location, format, etc.

Section B was not anonymous because of the need to identify and contact any interested party, and so separate envelopes were provided to return both questionnaires.

RESULTS

Section A

A total of 14 questionnaires were sent out to clients and 7 were returned, giving a 50% response rate.

Question 1 - Gender

There were 3 male respondents and 4 female indicating a balance of responses between genders.

Question 2 - Age Group

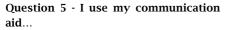
Three respondents were aged 16–30, four aged 41–50, two aged 61–70 representing a wide range of ages.

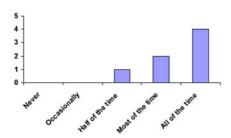
Question 3 - Type of Communication Aid Used

Six respondents used a Lightwriter and only one used another type of communication aid. This result is unsurprising since in the adult population most users are literate and so text-based aids are the most commonly supplied.

Question 4 - How long have you been using your communication aid?

Four respondents had been using their aid for 1-2 years, two users between 2-5 years and one for over 5 years. This data is important because of its relationship to question 14 relating to annual reviews.





This response is encouraging since it suggests the following;

• The equipment is appropriate to the client.

• Clients have few problems using equipment.

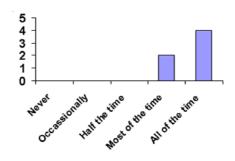
• Clients are likely to be using equipment in more than one context without embarrassment.

• Clients have received the support required to enable them to use the equipment provided effectively.

Some research highlights perceived 'under-use' of communication aids and suggests a number of reasons for abandonment or under-use of equipment. The responses received here suggest that the service provided in Doncaster enables clients to use alternative and augmentative communication effectively.

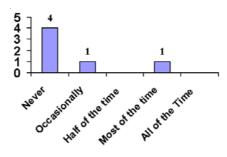
It should be noted that many clients use a combination of communication methods (e.g. residual speech, eye contact, body language, books or charts) in the same way that speaking adults use a variety of communication methods. It is to be expected that levels of reliance on a 'high-tech' communication aids will vary between individuals.

Question 6 - The aid meets my communication needs...



The responses correspond exactly to those in question 5, with the exception of one 'no answer'. This again indicates that the service provided is appropriate and effective.

Question 7 - I feel unable to communicate effectively using my aid...



Five respondents indicated little or no difficulty communicating effectively using their communication aid. One

client did not respond to this question and one client had difficulty most of the time.

The responses are again mainly positive but highlight a shortcoming of the questionnaire, since there may be many reasons why a client feels they are mostly unable to communicate effectively with their aid. One might speculate that they find the time taken to operate their device interrupts the flow of conversations, or that background noise interferes, or that synthetic speech sounds unnatural. As the question does not define 'effective communication' this response is highly subjective. It would perhaps be more appropriate to follow this question with "why" if future research is planned.

Question 8 - Have you ever experienced a fault with your communication aid?

Four clients had never experienced a fault and three had. With long term loan battery replacement is required every 2 to 3 years with most aids and so ongoing maintenance funding is essential to maintaining the service.

Question 9 - Are you aware of who to contact for help with a fault?

All respondents were aware of how to seek help should a fault develop with their communication aid. This indicates that the service available is adequately explained at the time of supply and that faults are unlikely to be overlooked or cause distress to the client.

Question 10 - Do you feel faults are dealt with quickly enough?

Four respondents had never experienced a fault. The three that had experienced a technical difficulty indicated that the fault was rectified within a satisfactory time frame.

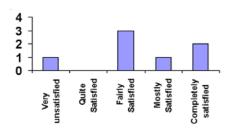
Question 11 - If a fault has developed, have you been supplied with an equivalent aid on temporary loan while yours is repaired?

The responses here were as question 9: all had the provision of an equivalent aid while the repairs were carried out. This indicates an excellent level of support, which anecdotally is not available through much of the United Kingdom because of less effective or no local communication aid budget. It is pleasing that clients have been able to have their needs met quickly even when difficulties occur.

Question 12 - Do you have difficulty having your communication aid cleaned?

None of the respondents indicated a difficulty cleaning their communication aid. This result was surprising as most faults reported are the result of keys sticking on heavily contaminated keyboards. It is possible of course that the 50% of clients who did not return a questionnaire are the same 50% who cannot or do not keep their equipment clean. In one case, quarterly cleaning is arranged via a Rehabilitation Assistant.

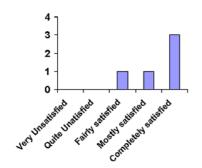
Question 13 - How satisfied did you feel with the advice you received about operating your communication aid when it was first supplied to you?



Only one client was very unsatisfied with the advice they received about operating their communication aid when it was first supplied. Two were fairly satisfied, one mostly satisfied and three completely satisfied.

All communication aids are supplied with full printed instructions and this normally follows a period of introduction and demonstration during therapy sessions. We have been careful to try and avoid the pitfall of delivering a hightech aid and leaving a client to 'get on with it'. This has included in-house training for Speech and Language Therapy staff, suggested therapy session plans to introduce aids and liaison with carers. However, the responses suggest that in some cases we could improve the service, perhaps by introducing more user-friendly instructions, providing additional practice and familiarisation via Rehabilitation Assistants, or by followup telephone calls in the early stages to ask if there are any problems or queries, and responding as appropriate.

Question 14 - How satisfied do you feel with your minimum annual review of your communication aid requirements?

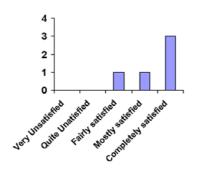


Five respondents were fairly, mostly or completely satisfied with the minimum annual review of their communication aid.

It is a matter for concern that two clients have not had this review, although they have been in possession of their aid for over a year. It would be useful to identify these clients who might have 'slipped through the net' for any number of reasons and to rectify this situation.

It may be possible to devise a way of managing the system so that reminders go to the relevant Speech and Language Therapy staff when a review is due. This might prevent clients being overlooked, for example if a member of staff has changed. It is important to continue this system to account for changes in technology and the needs of users. It also maintains a contact with the Speech and Language Therapy service reminding users of the support available.

Question 15 - How satisfied do you feel with the service you have received in relation to your communication aid?



Five clients were fairly, mostly or completely satisfied with the service they have received. Two clients did not respond to this question. There does not therefore seem to be any major cause for concern. The following comments A and C are a concern and we need to address this as outlined under question 13 and 14. Comments B and D related largely to the fact that even the best technology is not perfect and cannot replicate the infinite complexities of verbal communication.

Comments regarding the service you receive in relation to your communication aid below?

A. I haven't had any servicing or review of my communication aid.

B. Seems hard to communicate a sense of humour the voices are so boring.

C. Since Dad received his communication aid and he came home from hospital there has never been any enquiries about his Lightwriter. D. Used mostly to write/save/download letters I write. Very effective. Some minor problems with loss of memory if the battery goes flat.

QUESTIONNAIRE B

Five clients (36%) returned the questionnaire regarding possible development a user group. None of them expressed an interest. One person went on to make suggestions about such a group. It is a little disappointing that the level of interest is very low. The person who responded more fully should be identified and written to, thanking them for their input and explaining the results.

CONCLUSIONS

The questionnaires have produced some useful information about the communication aids service in Doncaster. Some questions were not sufficiently sensitive to reveal some issues e.g. Question 7 and could be improved upon if the exercise is repeated in the future by providing additional space for clients comments.

The response rate of 50% is pleasing, particularly in view of the effort it takes many communication impaired clients to respond. The relatively high response rate suggests that the findings are reliable and represented a wide age range and both genders.

The feedback in general is positive showing that appropriate equipment is beneficial to client's well being. Technical faults and maintenance problems are dealt with quickly and clients are provided with interim measures. Repairs and maintenance currently operate in a reactive manner and in future a more pro-active approach would be beneficial, maybe by further training for Rehabilitation Assistants, who already assist in equipment maintenance, decontamination and delivery.

There are one or two clients who appear to have 'slipped through the net' with regard to initial instruction and an annual review of their needs. Action is required in these areas and the suggestions made should inform future policy reviews.

RECOMMENDATIONS

• To identify and respond to the positive respondent to questionnaire B.

- To develop a system with the Lead Speech and Language Therapist to:
 - i. inform the Lead Speech and Language Therapist of all new Alternative and Augmentative Communication (AAC) service users;







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ii. to alert the service user's responsible therapist of the need for annual reviews.

• To update the Communication Aids Policy in line with the points above and to include 'Communicating Quality 2: Professional Standards for Speech and Language Therapists' Guidelines.

• To develop the skills of named Rehabilitation Assistants by providing appropriate training, resources and assessment of competency.

POTENTIAL FUTURE SERVICE DEVELOPMENTS

The current situation in which the Lead Speech and Language Therapist works is on a half-time basis in the Neuro Rehabilitation Outreach Team. This can potentially lead to difficulties responding quickly to reports of faults and problems with communication aids. Service responsiveness could be improved if the post was full time allowing Monday to Friday cover. Improvements could be made with the provision of additional time to advise colleagues locally regarding AAC and to consolidate the service by bringing it under one therapist's remit, regardless of a client's diagnosis.

I am aware that with new government funding for the CAP Project led by the British Education Communications and Technology Agency (BECTa), for communication aid provision for disabled children, there will be a need in future to strengthen ties with Sandall Wood School (Doncaster Communication Aids Project Centre), aiding transition arrangements for young adults as they leave school. This may involve a need for additional training for both Speech and Language Therapists and Rehabilitation Assistants as a wider variety of communication aids become used amongst adults in the community.

Current funding for equipment purchase and maintenance appears to have been adequate to date. It is vital that this funding continue since we can safely predict a gradual rise in AAC users who will need continued support and maintenance of equipment. In some cases it can be appropriate to upgrade equipment as new technology emerges. *

> Kevin Gosden Speech & Language Therapist Neurological Rehabilitation Outreach Team

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Communication on the Move

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INTRODUCTION

Craig y Parc is a specialist school for pupils with physical impairments. It has 55 pupils between the ages of 3 and 19 years. We have always aimed to promote effective communication skills and throughout the school use a range of communication systems, for example symbol books, charts and Makaton signing.

Historically, we have also had a number of students who have used some form of hi-tech communication aid. However, the acquisition of an electromagnetic track and mobility platform, which enables students to experience mobility through switch access, appeared to have a dramatic effect on the students' desire to communicate.

This paper describes the development of *Communication on the Move*, the link between motivation and learning.

Re-organization of office space three years ago meant that the speech and language therapy team and the schools ICT (Information Communication Technology) co-ordinator began sharing the same room. Whilst an awareness of each others' work existed, conversations over coffee took on a whole new meaning as the overlapping and transferability of skills became apparent.

The communication team is an amalgamation of three disciplines: speech and language therapists, information and communication technology coordinator and VOCA (Voice Output Communication Aid) specialist (see Figure 1).

Now known as CaTs, (Communication and Technology services) the team has developed new working practices. Discussion takes place as students develop skills in either ICT or mobility via the track, and from this dialogue the possible use of new low tech or high tech aids is considered. The combination of

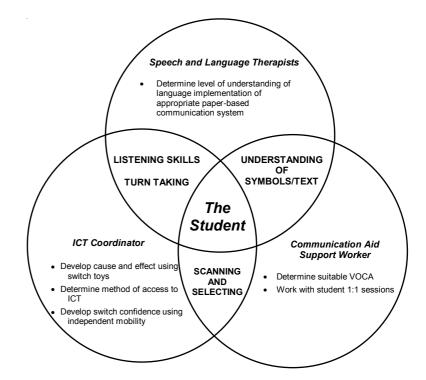


Figure 1 Communication and Technology Services (CaTs)

skills and ideas has led to increased numbers of students being assessed for communication aids who would not have been considered in the past.

MOBILITY

The initial stage in the process was the introduction of a mobility system. Designed by Dr Carole Thornett, the system consists of a mobility platform on which the student's manual wheelchair can be mounted. By pressing a single switch, the platform moves along a pre-determined course, so teaching vital cause and effect concepts and enabling observers to establish the best possible switch position.

As abilities develop the platform is used in 'free' mode, without following the track as a guide. Up to 4 switches or a specialist joystick are gradually introduced and the student becomes independently mobile. It is then anticipated that the Wheelchair Service will provide the students with a powered wheelchair of their own, modified to incorporate the schools preferred method of access. The student can develop skills by attending our Power Rangers (learner drivers) club where progress can be monitored. Movement seems to be an extremely motivating factor when trying to develop core skills such as cause and effect, looking, listening, sequencing, and following instructions.

As the student achieves success, switching becomes more deliberate and consistent. These skills have seen to be readily transferable to other switch accessible technology.

MERCURY

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ide SIDEWINDER is a 128-location symbol system with a large pre-stored vocabulary. The majority of vocabulary can be accessed with 2 activations. Includes: - ViP, Adder & VocabPlus - £700

INFORMATION COMMUNICATION TECHNOLOGY

One specific area of the curriculum that impacts on students' abilities to communicate using hi-tech communication aids, is computer use. Looking, tracking, and scan and select activities can all be learnt and developed with the aid of the correct software and controls on the computer. Language and literacy skills evolve through the use of various software using pictorial, symbol and text representations. Confidence and selfesteem are enhanced by printing out the students' own work or using the computer to access games, their favourite type of music, or to talk to someone else in class.

COMMUNICATION

The essential skills for the development of language are enabled through exploring the environment on the mobility platform and on the computer. These skills are transferable to the educational curriculum within school. Across the school a variety of communication strategies are used to enable language input and two-way communication for all non-verbal students. Gesture, symbols, charts, books, and language groups are made use of in all classes to support learning.

Despite trying to encourage the use of these communication aids there are some students who knowingly still manage with a smile to get what they want. However, a smile doesn't say where you want to go or with whom. Looking, pointing or using a switch to access the appropriate symbol will.

The acquisition of good switching skills appears to improve use of ICT, with scan and select and symbol/text recognition. Whilst using paper-based communication aids is continued, a student will trial a VOCA (Voice Output Communication Aids) from the school's resources.

These resources range from a recordable switch, to a dynamic screen device with a variety of aids in between. A number of different strategies are used to teach and motivate the development of communication skills. Students can, with a little assistance or independently, carry messages around school, one young lady forming her first sentence to ask "Can I go driving with Mel?". Another introduced the school play using her switch and a school VOCA.

CONCLUSION

Switch skills that start by the use of a single switch on a platform, may transfer to using multiple switches or a joystick to access computers and communication aids. Some students started using a single switch with basic switching activities and are now independently driving powered wheelchairs with switches, using the same controls to compile a piece of work on

the computer and again to talk to their friends using a communication device.

As students enter the school at any age, both younger and older students gain an opportunity to become role models. This enables them to demonstrate their skills, encourage others and become ambassadors of their own success. Table 1 charts the progress of one pupil, but could also represent several others' experiences.

The work of the CaTs team has been cited by inspectors of ESTYN (The Office of Her Majesty's Chief Inspector of Education and Training in Wales) that information and communication technology is a major strength in the school. Their report states, "The development and implementation of programmes for alternative communication skills and independent mobility skills is particularly strong. They (students) make very good progress in their core needs of communication, mobility, and use of communications technology to gain access to learning".

The *Communication on the Move* programme has been beneficial to many students. It has improved their self-confidence, motivation and increased independence across all areas of learning. *****

> Melanie Inglis, Gwenda Jones, Kerry Hill & Chris Bradshaw Craig y Parc School

MOBILITY	COMPUTER	COMMUNICATION
Able to hit single switch with hand to make platform move, following the track. Highly motivated by mobility.	Able to hit single switch with hand for cause and effect activities. Unable to look at screen whilst using switch and not successful with software that involves a timing element.	No definite 'yes' or 'no'. Very poor concentration. Lots of laughter. Unable to determine level of comprehension.
Explored multiple hand switches but not possible to operate more than two.	Using two hand switches to introduce early scanning and selecting. Appeared to understand concept, but physically very difficult and very slow due to pattern of movement, and still unable to maintain eye contact with the screen.	Little interest in using symbols.
Explored head switches, but could only manage two and found it difficult to release the switches and have a good rest position away from them.		
June 03 - Used multiple (4) chin switches for the first time and drove using the mobility platform.	Straightaway able to keep eyes on the screen whilst using switches. Using simple scanning and selecting software such as Disco.	Using two chin switches attached to Big Macs for 'yes' and 'no' and other simple classroom communication.
September 03 - Such progress made that the wheelchair service provided power chair to be operated by chin switches. (Switches provided by Scope's Microtechnology Service).	Scanning and selecting using simple Clicker grids.	Pupil able to demonstrate level of understanding through mobility. Able to follow instructions and drive where requested. Being taught to use school's DynaVox.
Jan 04 onwards - Driving regularly at home and at school. Competent and confident driver who enjoys playing games with friends and has learnt how to be mischievous!	Scanning and selecting with National Curriculum based Clicker grids. Using point and click interface and four chin switches to draw pictures on the computer.	Education authority has provided pupil with her own DynaVox MT4.

Table 1 The progression in the mobility, ICT and communication skills of one pupil

ESSENTIAL PUBLICATIONS FROM COMMUNICATION MATTERS

Speaking Up and Speaking Out! Pathways to Self-Advocacy

This pack is intended for carers, facilitators and others concerned with the advocacy needs of people with severe communication difficulties who need or use AAC. It is useful for staff development, especially for those working with adults. The pack comprises two books. One is a comprehensive and detailed Handbook which includes case stories, discussion points and references. The other is a Practical Guide which summarises the main points of the Handbook in a series of photocopiable overheads, checklists and activities designed to help users build an advocacy plan for individuals.

Price: £30 including p&p from Communication Matters

Safety in Numbers: A Photographic Phonebook

This photographic phone book is for people who find reading difficult. The pack includes an information page with key information about the person, several blank pages ready to add photographs or symbols, space for additional notes for an enabler, babysitter or other adult, a tag to make the book easy to hold as well as identifying the owner, and a page of symbols for common services printed on labels ready to stick in. Price: £3.50 including p&p from **Communication Matters**

Communication Without Speech: AAC Around the World

This ISAAC book is a highly accessible introduction to AAC. It contains lots of questions and practical tips such as vocabulary selection, assessment, education and vocational considerations, making communication boards, and includes excellent photographs and illustrations.

Price: £15 plus £1.50 p&p from Communication Matters

Beneath the Surface

In August 2000, the creative works of 51 authors and artists from around the world were published in one book, Beneath the Surface. What these writers and artists have in common is that they are unable to speak and thus rely on assistive technology to communicate. Published by ISAAC.

Price: £15 plus £1.50 p&p from Communication Matters

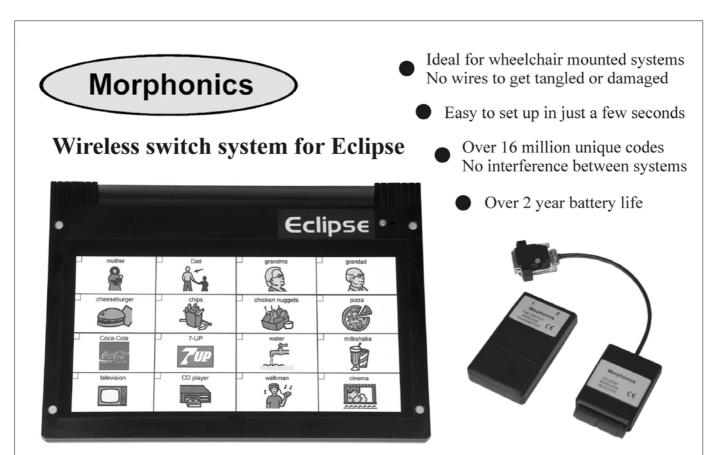
Waves of Words

The challenges confronting individuals with severe communication disabilities are chronicled in Waves of Words: Augmented Communicators Read and Write. The focus is on the strategies that teachers, therapists and individuals who rely on augmentative communication from around the globe have used to produce ultimate success in the struggle to learn to read and write.

Price: £15 plus £1.50 p&p from Communication Matters

When ordering from Communication Matters, make your cheque payable to Communication Matters, and send to: Communication Matters c/o ACE Centre, 92 Windmill Road, Headington, Oxford OX3 7DR

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North Yorkshire Communication Aids Partnership - NYCAP

Ann Underwood

c/o Specialist Teaching Service, Harrogate Education Office, Ainsty Road, Harrogate HG1 4XU, UK Email: nycap@fsmail.net

INTRODUCTION

The Communication Aids Project (CAP). funded by the Department for Education and Skills via BECTa, has been running for approximately four years. It started with a pilot scheme which set up six CAP Centres to provide expertise, assessments and loan library facilities for communication aids. It was envisaged that the CAP Centres would be aware of 'cutting edge technology', be able to disseminate information and introduce new equipment and essential training to those teachers, associated professionals both in education and health, parents and others who may be concerned with the expressive and receptive communication skills of pupils up to the age of 16.

After the initial stages it became apparent that the funding stream for CAP met shortfalls in provision across the country - but not evenly spread. Some LEAs had good provision, making few referrals to CAP. CAP was extended from the initial two year concept - the second two years of funding until 2006 allow a training emphasis as well as the provision of communication aids. As BECTa begins to consider an exit strategy for CAP, LEAs are being encouraged to recognise and accept responsibility for the provision of communication aids and any supportive provisions that need to be put in place.

NORTH YORKSHIRE'S RESPONSE

North Yorkshire LEA was approached by some of the CAP Centres to provide supportive funding for communication aids that were being provided through CAP. This raised the overall issue of how North Yorkshire could and should deal with pupils, both in special and mainstream schools, who need additional support for communication.

Following a series of meetings the Head of the Specialist Teaching Services took this work forward. Working closely with the SEN Advisor, the project started with funding obtained from Standards Fund 2003/4 to help resource staffing, training and supply cover.

Capitalising on equipment available through CAP, Springhead School has been working with SCOPE piloting lowcost aids and planning some outreach work in Scarborough. It was thought this could provide a model for the LEA to respond to CAP, working within the project until its funding ceased and working towards full responsibility when this is appropriate. A consultant with close working knowledge of CAP was approached to help with the setting up and organisation of the LEA response.

CONFERENCE

The consultant arranged for BECTa to fund a consultation conference which

was held in May 2004. An invited audience from four special schools (Springhead school in Scarborough, Springwater school in Harrogate, The Dales



school in Northallerton and Brooklands school in Skipton), members of the Central Specialist Support teams (for vision, hearing, autism, early years, learning support and educational psychology) under the leadership of the Head of the Specialist Teaching Services, as well as representatives of the five NHS Trusts in North Yorkshire including speech and language therapists (SLTs) and occupational therapists (OTs).

The four CAP Centres dealing with North Yorkshire referrals gave presentations describing their work and what they could offer to the *North Yorkshire Communication Aids Partnership (NYCAP)* in terms of training and resources. The delegates then considered how this work could be part of a supportive overlay to the current work.

Following the government initiative to encourage special schools to take a lead in sharing expertise, there was considerable enthusiasm for the development of NYCAP based on the four special schools. There would be a 'link assessor' in each school who would manage local referrals and the staff needed to carry out assessments – local school expertise augmented by the Central Special Services and NHS professionals. The challenges of providing training across such a large county were discussed, and consideration given to video conferencing.

MOVING FORWARD WITH NYCAP

A strategy group meets regularly to move NYCAP forward. The four link assessors and the NYCAP Co-ordinator attended the Communication Matters Symposium in Leicester in September 2004 to extend their own knowledge and expertise and building contacts in the field. A CASC Road Show of the latest communication aids was held in February 2005 in Boroughbridge - this was as a result of making contact with CASC (Communication Aids Suppliers Consortium), a subgroup of Communication Matters. Over 70 delegates attended the event which launched NYCAP, provided training and raised awareness of new developments in the communication aids forum.

In addition, an information leaflet (shown below) has been produced to support the plans to increase awareness of good practice in the use of communication aids and explain where the teams can be contacted. The leaflet was funded by a grant from Communication Matters.

The team members are growing in confidence and are able to offer help in four areas: • Advice - teaching techniques, materials, equipment, contacts, sourcing possibilities to help meet unique communication needs.

• Training - for everyone involved: introduction and use of equipment, preparing materials.

• Assessment - specific assessment in situ or via video to consider all aspects of the needs of the individual

• Recommendations – equipment and techniques that may be used, potential developments, possible sources and funding areas.

A programme of training involving North Yorkshire County Council personnel and the CAP centres is also being developed.

PHASE TWO

This second phase (2005 – 2006) will embed NYCAP across the county, as increase the profile of the team and awareness its remit.

• The teams in the four special schools will continue training, and their operational areas will be defined. The teams will become more autonomous in their local operation.

• To ensure that there is equity of provision county-wide for all pupils, the groups will be monitored by a senior member of staff, currently Head of the Specialist Teaching Service, who will meet with a senior member of each team once a term to discuss developments and to moderate assessments carried out.

• The Central Support Services will become increasingly involved in specific assessments, as appropriate.

• The initial remit of the team will be to give assessments for individual children with complex learning difficulties wherever they are placed. This decision was reached because that is where staff expertise is at present. As skills and knowledge increase, a wider range of pupils will benefit from the services provided.

• There will be a number of opportunities for all staff involved to gain more skills and knowledge through paired visits and assessments as well as specific training events.

• It is intended to produce relevant support materials.

NYCAP is a multi-disciplinary partnership including experienced teachers and support staff, health professionals (SLTs, OTs and physiotherapists).

Initially the team will provide advice, training and assessment to all schools and families with children and young people who have complex communication needs. It is hoped to include children and young people with other needs as the experience of the team grows and the team expands to involve other professionals. *****

> Ann Underwood NYCAP Co-ordinator





AUGMENTATIVE AND ALTERNATIVE COMMUNICATION: DEVELOPMENTAL ISSUES

STEPHEN VON TETZCHNER & NICOLA GROVE (EDS.)

ISBN 1-86156-331-0 280pp Paperback £39.50 Whurr Publishers, London (Dec 2003) www.whurr.co.uk

Reviewed by Janet Larcher, AAC Consultant

This book is essential reading for anyone interested in improving the communication abilities of people (particularly children) who use augmentative and alternative communication (AAC).

The field of AAC began only in the 1960s but is now coming of age and is moving away from looking at new systems and technologies to looking at the processes underlying the development of language and interaction skills of people who



use AAC. AAC is not simply a non-vocal expression of spoken language but a system with its own characteristics. This book highlights the fact that there are no longitudinal studies of the development of children who use AAC similar to the diary studies of young children learning to speak, which so informed our knowledge of typical language development. The lack of such studies means that a critical knowledge base for intervention with children using AAC is missing. It is this lack of knowledge that provided the impetus for this book.

The editors have international reputations in the fields of language development and AAC and literacy for all, and have drawn on their own work and that of colleagues from around the world to present the achievements of children using AAC from a broad developmental perspective. They review how these children's semantic, grammatical and pragmatic development are shaped or limited by the social interactions with which we and society present them.

The book's 16 chapters challenge us to review which AAC systems we introduce to which groups of children, when, the vocabulary we provide, the communication opportunities we establish and the support we offer to the AAC users, parents and teachers. Most importantly the book does it by looking initially at the various theoretical perspectives that underpin what we do. It is particularly valuable to read these chapters within the context of their clear focus on AAC. It is also the first time that a chapter on the relationship between the development of memory and other cognitive skills and the demands of electronic speech-output communication aids has been written. Later chapters draw more on practical and case study research on children with disabilities of various aetiologies and from different countries. All intervention is based on the assumption that it is possible to influence children's development through environmental adaptation and several authors address the notion of 'scaffolding' - the supports necessary and available to guide children in expressing themselves which influence the process that underlies their language acquisition.

This is a book that gains from each chapter being written by different authors. Their briefs must have been very clear

and the overall editing strict since the book achieves conceptual integrity while covering so many aspects of developmental issues in AAC: joint attention and lexical development in typical and atypical communication; manual signing as a tool of communicative interaction and language; the development of children with Down's syndrome and their parents; environmental influences on aided language development; the role of partner adaptation; co-construction in graphic language development; narratives in manual signing by children with intellectual impairments; aided communication and the development of personal story telling; late development of independent conversation skills with manual and graphic signs through joint activities; supporting the development of alternative communication through culturally significant activities in shared educational settings; patterns of language use in Hindi speaking children with cerebral palsy, both natural speakers and aided communicators.

It is not an easy read, but do not let that put you off. Nonetheless it is well written, comprehensive and certainly challenges all of us who work in this field to think about the how, when and why of our current practice. It will also be particularly important for lecturers and researchers in developmental psychology, speech and language therapy or teaching.

As a practitioner rather than an academic, throughout the book I was frequently caused to think, "Oh yes, oh dear – I've seen that happen, that may explain...", "That's a good idea I wonder if that would provide the breakthrough for...", "Oh I never thought of that." Really that is what the authors set out to do – to provide us with a better basis for our interventions by guiding us towards an understanding of developmental aspects of AAC.

By giving our practice a better grounding in theory and research the authors hope that our interventions will be more successful and the children who use AAC will have greater social success and a higher profile within society.

LISTENING TO CHILDREN 2004

STUART AITKEN & SALLY MILLAR

ISBN 1-898042-26-8 Paperback £15 + £2 p&p

The CALL Centre, Edinburgh www.callcentrescotland.org.uk Tel: 0131 651 6235

Reviewed by Clare Latham, The ACE Centre, Oxford

communication.

'Listening to Children' is a book and CD resource pack. It is funded by the Scottish Education Department to help people working with children who have communication difficulties. It is the result of a two-year follow up study of the 2002 resource pack Listening to Children 2004

The aim of the pack is to disseminate good practice and provide materials that will help us listen to and consult with children. The project draws extensively on information gained from staff in education settings, health settings, parents, and young people requiring support for their

'Listening To Children With Communication Support Needs'.

There are three sections to the pack:

• Practical steps for local authorities and other agencies to consult children

• Additional resources including many from the 2002 pack

• Aspects of Scottish legislation that relate to consulting with children

The first section 'Practical Steps For Local Authorities And Other Agencies' is short but offers two key principles:

• Building an 'ethos' in establishments for consulting with children.

• Developing a strategy for consultation across agencies to ensure that working together becomes a reality

The above principles are illustrated within the book.

The second section 'Additional Resources' is by far the largest section and builds on the previous 2002 publication. The practical ideas are coded for young people with severe and profound communication needs, young people who are independent communicators through symbols and VOCAs (Voice Output Communication Aids), and ideas for young people, who have autistic spectrum disorder needs. The range of ideas and downloadable forms/templates is extensive and an invaluable resource to be 'dipped into' by professionals and support workers. There are examples of:

- Observation charts
- Charts for children to give their views in simple symbol form
- How to make communication passports
- Using Clicker and Cloze Pro to gain children's views

The final section lists the relevant policies in Scotland that need to be used and influenced policies such as Data Protection, the Disability Act and the Children's Act. Whilst these policies only relate to Scotland, the principle of looking broadly at consulting with children and embedding it in legislation is an important message for all of us.

SUPPORTING CHILDREN WITH SPEECH AND LANGUAGE DIFFICULTIES

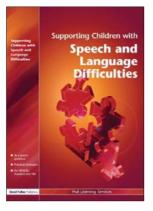
HULL LEARNING SERVICES

ISBN 1-84312-225-1 144pp Paperback £10 David Fulton Publishers, London (May 2004) www.fultonpublishers.co.uk

Reviewed by Janet Larcher, AAC Consultant

This is an extremely useful, well structured and clearly presented book and one that I would love to see on the shelf of every teacher with such a child in their class. It will also be a valuable aid to student and newly qualified speech and language therapists.

Within the 144 pages of this A4 booklet the authors have managed to provide a clear picture of the range of difficulties such children present with, and then



to present developmental progressions anticipated for each underlying component as well as general and specific strategies to develop the skills necessary to overcome these difficulties. The components addressed are:

- Attention, listening and memory skills
- Listening skills
- Phonological awareness
- Comprehension of language (understanding)
- Expressive language (spoken)
- Social communication difficulties in children
- The development of speech

Nothing in the book is earth shattering, and equally there is nothing about the book that is overwhelming. Each new topic is started on a new page, activities are bulleted and the main concept highlighted. It is a useful reference document, a 'start here' manual for supporting children with speech and language difficulties in the classroom.

By the nature of the subject much, emphasis is placed on nursery and primary education, although some sections do provide examples for secondary age children. In the social communication difficulties section, there are three pages of ideas on how to use Circle Time to develop this aspect of a pupil's communication, with one of the pages focusing specifically on the citizenship curriculum of secondary schools.

The authors have been careful to reference their sources so these will provide a useful starting point for those seeking more in depth knowledge on specific skills and problems underlying speech and language difficulties in children.

This book is part of a series *Supporting Children with*.... If the others are as good as this one then I will be adding them to my bookshelf – having read them first of course!

CAN YOU HELP REVIEW A PUBLICATION?

We are looking for reviewers of the following items (for publication in future issues of this journal):

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- Building Success through Better Behaviour (by Rob Long) a series of booklets, each approx 30pp: The Art of Positive Communication, Children's Thoughts and Feelings, Loss and Separation, Motivation, Yeah Right! Adolescents in the Classroom, Working with Groups, Better Behaviour, Obsessive Compulsive Disorders.
- Special Needs and Drug Education (Richard Ives) helps teachers to address drug issues in schools, particularly for pupils with SEN, and to help schools to create or revise their drugs policy.
- **Dyslexia and Inclusion** (Gavin Reld) provides teachers with an understanding of dyslexia and offers practical approaches that can be used for assessment, teaching and learning.
- Supporting Mathematical Thinking (Anne Watson et al) describes new and creative ways of developing mathematical thinking among pupils, and gives a thorough overview of how to promote inclusive practice in mathematics.
- Educating Children with Acquired Brain Injury (Sue Walker & Beth Wicks) how to maximize learning opportunities for pupils with this condition.

If you require more information or would like to be a reviewer (we will send you the item for review), please contact:

Communication Matters on Tel: 0845 456 8211 Email: admin@communicationmatters.org.uk



The FuturePad is a tough portable tablet computer with a bright touch screen that can be used with either a stylus or a finger.



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