



Raising awareness, advocating and influencing the AAC agenda

#AACForAll

There are many ways in which UK citizens can influence the public policy agenda. This toolkit has been developed to support the augmentative and alternative communication (AAC) community the guidance could be used for any topic where you might want to raise awareness and advocate with elected and unelected officials.

Remember, many policy makers and decision makers in central and local government will have never met an AAC user previously, nor know what AAC is. Meeting with an elected or unelected official can be really powerful when they have the opportunity to interact in real time with someone who knows about AAC and it can be particularly powerful when they meet an AAC user.

Toolkit contents:

Section 1: Background

1. What is policy?
2. What are your rights and responsibilities?
3. The role of elected officials: MPs, Councillors, Mayors
4. The role of unelected officials: Peers, Integrated Care Boards, Local Authorities
5. All Party Parliamentary Groups

Section 2: Taking Action

6. How to advocate
7. Preparing your message
8. Writing to Health Officials in your Integrated Care Board
9. Current provision of AAC around the UK
10. Taking action around AAC provision (England)

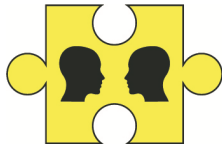
Section 3: Resources

11. Appendices with sample letters and fact sheet

Queries:

In the first instance contact Manager@communicationmatters.org.uk

Prepared by: Beth Moulam, Trustee



SECTION 1: BACKGROUND

1. What is policy?

Every society is governed by rules, regulations and laws. Social policies are those that are enacted by national and local government to address societal wellbeing. In broad terms in the UK these include universal access for all to:

- Education,
- Health,
- Social support (the benefits system),
- Employment,
- Housing.

Examples include:

- The provision of augmentative and alternative communication resources (AAC) for every individual who had little or no speech.
- Education policy around those who use AAC and training for teachers and school staff qualified to support AAC users in schools.

Policy varies across the United Kingdom (UK). Some areas of policy are devolved to governments in England, Northern Ireland, Scotland and Wales, including education, health care and the provision of AAC.

2. Your rights and responsibilities

With a few exceptions* all citizens are entitled to vote in UK elections. This includes individuals who are classed as not having mental capacity.

The right to vote brings with it responsibility. You have a right to freedom of expression and opinion and the right to access to information because the UK is a signatory to the United Nations Convention on the Rights of Persons with Disabilities (2006) especially with regard to [Article 21 Freedom of Expression and Opinion](#). This means when you hear about potential changes to policy at a local, regional or national level, or a gap in services is identified, you have the right to ask for more information, ask questions, and, if appropriate aim to influence decision making.

*Peers, convicted prisoners and convicted offenders in mental health institutions do not have a legal right to vote.



3. The role of elected officials

The UK is a democracy, that means elected officials are in place to do their best in the public interest. Of course, not every elected official will know everything about every topic and so it is our job as citizens to make sure they have the evidence and knowledge they need to make informed decisions on our behalf. Their role is to debate topics and hold national and local government to account.

Elected officials include:

- Members of Parliament,
- Local Councillors,
- Mayors of local councils and combined authorities.

There are 650 MPs in the UK, each representing a geographic constituency. An MP can raise a personal issue for you with government officials and do it in such a way that they maintain your anonymity. Alternatively, they can raise your concern in the House of Commons which puts the issue on public record and may well result in follow up by other interested parties and possibly the press. An MP can also be invited to speak at an event or pledge public support to a specific campaign. When you contact them you should expect a response.

There are currently 317 [local authorities of England](#), 32 [local authorities of Scotland](#), 22 [principal councils of Wales](#) and 11 [local councils of Northern Ireland](#). These local authorities and councils have the responsibility of delivering services and support at a local level including education, social care and community services. A local councillor works in a similar way to an MP but on local issues.

You can find out the name of MPs and Councillors here:
<https://www.writetothem.com/>

A simple web search should give you the name of your local Mayor



4. The role of unelected officials

Unelected officials include:

- Members of the House of Lords,
- Members of Integrated Care Boards and Hospital Trusts
- Governors or Trustees of educational establishments.

Members of the [House of Lords](#)

Peers are not elected, some have hereditary positions, but the majority are appointed to a life peerage by government based on an area of expertise or experience. Because they are appointed they do not represent a particular area or constituency, this means they do not have to respond to members of the public who contact them. Their job is to provide checks and balances around proposed new and changed legislation to ensure it is in public interest. One key area of their work is to shape policy through sitting on committees and debating proposals.

Health Boards

At present there are 42 Integrated Care Boards (ICB) in England. Each has responsibility for health provision in their geographic area including speech and language services and the provision of AAC services. Not every area currently has a local AAC service.

The equivalent boards in the UK are:

- Integrated Joint Board (IJB) in Scotland
- Integrated Care System Framework in Northern Ireland
- Local Health Board in Wales

National Institute for Health and Care Excellence (NICE)

NICE in England consult with the devolved bodies for approving medicines and technology in the UK. At present their recommendation is more research is needed around the clinical and cost effectiveness of AAC before they can recommend it as a technical appraisal which makes providing equipment mandatory.

England and Wales: The National Institute for Health and Care Excellence (NICE)

Scotland: The Scottish Medicines Consortium (SMC)

Northern Ireland: The Department of Health for Northern Ireland

5. All Party Parliamentary Groups

Members of the public can contact any Member of the House of Lords. (Lords are not elected officials). You can write to any of them, although they do not need to reply. Often Lords sit on All Party Parliamentary Groups (APPG) and can be contacted about their areas of interest.

The APPG for Assistive Technology (APPGAT) is currently chaired by the MP Josh Fenton-Glynn representing Calder Valley (2025). The Upper House officials on the APPGAT include:

- Lord Shinkwin,



Communication Matters

more than just talking

- Lord Low of Dalston,
- Lord Blunkett,
- Baroness Curran,
- Baroness Grey-Thompson.

You can find out more about Peers [here](#)

You can check [here](#) for the other 15 members to see if your own MP is a participant, and for contact details of the Peers listed above.

<https://www.parallelparliament.co.uk/APPG/assistive-and-accessible-technology>

There are many APPGs. For example, Speech and Language Difficulty, Special Educational Needs and Disability, and many health conditions. You can check the register of other APPG's which may be relevant to you cause [here](#)

Each APPG is supported by a cross-party think tank: The APPGAT works with [Policy Connect](#) who bring together parliamentarians, forums and commissions to support and influence government and parliamentarians through collaboration with academia, business and civil society.

If you write to a member of the House of Lords then also copy your local MP out of courtesy.

Policy Connect organise events for Parliamentarians and other interested parties, inviting along guest speakers to inform discussion and debate.



SECTION 2: TAKING ACTION

6. How to advocate

There are many different ways in which you can advocate, raise awareness and influence the political agenda. This might include:

- Creating or signing a petition

Anyone in the UK can create or sign a petition to government. When it reaches 10,000 signatures petitions get a response. When it reaches 100,000 signatures petitions are considered for a debate. You can create a petition in England [here](#), a different format is available for Northern Ireland, Scotland and Wales.

- Taking part in a Government consultation

The Government regularly undertakes consultations on important proposed changes to legislation and guidance. Under normal circumstances they have to give 12 weeks to allow for the public to respond, although in some circumstances this can be shortened. Usually there is a document provided on the relevant department website and often key questions they want answering. Always address the question and even if you gave the answer in another section repeat it if it is relevant to the question as sometimes different people look at the responses to different questions.

Alternatively, there will be an address to write to with your comments and feedback.

Information on how Government set up consultations can be found [here](#). You can find out about current consultations by typing into a search engine the 'department name + consultation' e.g. department of education consultation

- Completing a survey

Various organisations and groups create surveys to gain information to use when raising awareness, advocating and influencing. If you feel comfortable you may decide to share information with them to build a community picture around an issue or concern.

- Attending a peaceful march, protest, demonstration or rally

Anyone in the UK can attend a peaceful protest. It is the responsibility of the organiser to inform the police of the event location and dates/times. More information can be found [here](#)

- Asking relevant questions

- MPs and Lords can ask pertinent questions during debates, they can also write to government officials to ask for responses, so send them your question(s) with compelling reasons to ask them (see section 7. Preparing your message)..
- Members of the public can pose questions to be asked during ICB and other meetings. There is usually a deadline and process to be followed. Check out the ICB website for your area and search on the governance pages for submission dates and local practices.

- Attending a meeting – observer only



- Houses of Parliament:
There are public galleries in the Commons chamber, committee rooms and for sittings in Westminster Hall. Room is restricted and available on a first come first served basis.

There are also public galleries in the Lords chamber, you can book a ticket via a member or turn up on the day. There is also public viewing for select committees on a first come first served basis.

- Local Council Meetings:

Members of the public can usually attend any council meeting on a first come first served basis. These meetings do not accept contributions from the public gallery.

- Attending a meeting – contributor

- There are different types of events when you might be invited ask a question or be asked to contribute, maybe to an inquiry or a panel.
- To ask a question check the relevant website and submit this within the timeframes stated. Often you may not get to physically ask the question, but have it read out by a clerk.
- Often these contributions are timed. For instance, at UNCRPD committee meetings, local council meetings and other events they give contributors 3 minutes. Establish this beforehand so you have time to get your message across.
- If you are an AAC user contact the organiser in advance and make the case for extra time as pre-programmed speech is often slower than spoken speech.

- Attending an event with an official present

Often at events an official will circulate around the room. In these cases, you may have a maximum of 2 minutes (often less) to raise an issue or concern. Plan your 'elevator pitch' beforehand, what would you say in 60 seconds, two minutes and three minutes to get an impactful message across. N.B. AAC users have the biggest advantage here by pre-programming alternatives it means there is no waffle time needed.

- Sending a letter or an email to ask a question, state your opinion or ask for support. See section 7 on preparing your message.

- Using social media

Many MPs, councillors and Peers are on social media. You can tag them on social media posts, although there is no guarantee they will see them and respond. Busy elected officials may leave social media interactions to their staff team.

- Filling out an online form

Frequently public websites include an online form to submit a query or question. When using these check if there is a word limit so plan what you want to write.

- Meeting in person

MPs and local officials will often be willing to meet you either in their constituency offices or a public space. Details of how to book an appointment can usually be found on their



Communication Matters

more than just talking

websites. This is the opportunity to really create an impact, if you are an AAC user set aside some of the available time to use your communication resources in real time rather than pre-programming everything you want to say. This matters as you want people to understand that communication is not spontaneous but is very effective with a good communication partner..

Many elected and unelected officials will not have met an AAC user before, and they may not understand the importance of AAC resources, who AAC users are, and why provision and ongoing support for AAC users is essential. Getting to meet an AAC user face to face can be very impactful, and conveying the right message to politicians is essential.

Building a relationship with those who represent you matters. The more contact they have with you the more likely they are to support your cause when it matters.



7. Preparing your message

Whether you are writing a letter or email, filling out a form, writing a social media post or have an in person meeting getting your messaging correct is important. The most important thing is to be succinct and to the point. If you imagine an elected official represents thousands of people then you want your communication to be impactful, meaningful and memorable.

Planning and preparation are key, you don't want to waffle, even in writing.

4 simple steps to make an impact:

- **Why talking to me matters**
Ensure they know you are worth talking to! Tell them your name and address and that you live in their constituency, that gives you power, they want your vote at the next election.
- **You need to know about my issue or concern**
Tell them briefly what the issue or concern is, state this clearly e.g. I am concerned about the future of AAC provision.
- **Why it matters to you – personal stories have impact**
Give a short personal example to illustrate why it affects you, people remember stories, especially one's which impact individuals.
 - Describe your challenges without AAC.
 - The difference having AAC does or will make both in the short and long term e.g. access education and contribute economically in the future, return to work, improve quality of life etc.
 - Make the point having access to AAC allows you to voice your opinions, thoughts and feelings in line with the United Nations Convention on the Rights of Persons with Disabilities (2006), government guidance around hearing the patient voice and the Special Educational Needs and Disability Code of Practice about hearing children's voices.
 - If you are an ally your observations of the difference having AAC makes the individual or group you are representing.
- **What you can do for me now – a clear call for action**
- Tell them what you want them to do for you, be specific e.g. vote for or against a named bill, raise an issue with a relevant Minister, ask your question in the House or council meeting etc.
- Ask for a response to your concerns.
- Thank them for their time and considering your request

If you use a letter or email to contact an elected or unelected official it is always worth copying it to others who maybe be interested in the issue. Do also keep a copy for your own records.



8. Writing to Health Officials

Members of the public are able to ask questions in writing of their local care boards. These have different names depending on where you live.

- Integrated Care Boards (ICB) in England,
- Integrated Joint Board (IJB) in Scotland
- Integrated Care System Framework in Northern Ireland
- Local Health Board in Wales

Every Board website is laid out slightly differently but with a bit of searching there will be an email with meeting dates, how to submit any questions, the notice required.

You can find out which body is responsible for your area below:

England

<https://www.england.nhs.uk/integratedcare/integrated-care-in-your-area/>

Scotland

<https://www.standardscommissionscotland.org.uk/about-us/who-we-cover/public-bodies/health-and-social-care-integration-joint-boards>

Northern Ireland

<https://www.nidirect.gov.uk/contacts/health-and-social-care-trusts>

Wales

<https://www.gov.wales/nhs-wales-health-boards-and-trusts>

Any UK citizen can also write to a Government Minister:

Minister of State for Health and Social Care – The Right Honourable Wes Streeting
Minister for Social Care – Stephen Kinnock

Any citizen can write to the bodies who approve medicines, equipment and give guidance for different conditions and treatment.

England and Wales: The National Institute for Health and Care Excellence (NICE)

Email: nice@nice.org.uk

Scotland: The Scottish Medicines Consortium (SMC)

Email: gmcscotland@gmc-uk.org

Northern Ireland: The Department of Health for Northern Ireland

Email HSCB-NICEInbox@hscni.net

When you contact your local Board it would be helpful to copy your letter, or email to your constituency MP and your local Councillor. In addition, you might want to contact your local Mayor, or if you live in a combined authority the Mayor representing your region.



9. Current provision of AAC around the UK

Currently there are two routes through health in England to be assessed for AAC. NHS England currently funds 15 regional specialised AAC centres who offer assessment for those individuals with the most complex communication and access needs. Access to this service is currently dependent on meeting eligibility criteria. Once resources are provided then ongoing support is from the local AAC service. The current 42 Integrated Care Boards are responsible for local AAC assessment services; however, these do not yet exist in every part of England. These should be a joint service funded by the ICB and the local education authority (for children) or by health for adults. Where services do exist referrals can be made by any speech and language therapist for an assessment. If the individual has more complex needs they will be referred for a specialised assessment. For those that can use more mainstream devices with communication software their needs should be met locally. Ongoing support, whatever the source of provision of resources, should be through the local AAC service.

In Scotland, there is no distinction between “specialised” and “local” services as elsewhere in the UK. Instead, AAC services are provided by local teams and supported by the national AAC services and, in some areas, by the regional services. Local teams (within each Health Board area) and regional services are funded by the NHS, local Authorities and, in some cases, third sector organisations. There is a designated AAC Lead at each Health Board who is responsible for overseeing clinical services.

The NHS funds Northern Ireland’s specialised service, which is delivered by the Belfast Health and Social Care Trust (BHSCT). Speech and Language Therapists at local NHS-funded Health and Social Care Trusts (HSCT) work with the specialised service to determine who can be referred.

The National Centre for Electronic Assistive Technology (NCEAT) Wales is commissioned and funded directly by NHS Wales. The NCEAT Service undertakes assessment and ongoing review of a persons’ needs. It provides and equipment and training for people with the most complex communication and environmental needs. Local AAC services, funded by local NHS Health Boards, provide low-tech AAC provision and support. Registered health care professionals can refer you to NCEAT for a hi-tech assessment. Registered Health Care Professionals can refer into NCEAT for a high-tech assessment.



10. Taking action around Augmentative and Alternative Communication (AAC) provision (England)

Abolition of NHS England (2025)

NHS England are to be abolished and the work they currently undertake through the Regional Specialised Services for AAC will be transferred to the ICB's. Currently there are 42 ICBs but the proposal is for many of these to be merged, final details are not yet available. We are assured the provision of specialised AAC equipment for those with complex communication and access needs will continue to be supported by the ICB's.

We would encourage members of the AAC community to raise awareness around the need for AAC, the continued provision of specialised service, and ensuring local services are maintained, expanded, or established promptly. As an AAC user, or potential user, your voice matters.

There are 2 sample letters:

Letter 1 (Appendix 1) for anyone who has received an assessment and provision of AAC from a regional specialised service ([check the list here of hubs](#))

Letter 2 (Appendix 2) for anyone who has been unable to access an assessment for AAC

Communication Matters wrote to the Rt Hon Wes Streeting, The Secretary of State for Health and Social Care about the abolition of NHS England and provision of AAC specialised services in May, 2025 (Appendix 2). We received replies from both Wes Streeting and Stephen Kinnock, Minister of State for Care.

What you can do now:

- Find out about how to contact your Integrated Care Board.
- Find the contact details for your local MP.
- Find the contact details for your local councillor and mayor.
- Write to your Integrated Care Board, example letter attached (Appendix 1).
- Remember to personalise this to you either as an AAC user, family member or as a professional supporting AAC users.
- Send a copy of your letter to your local MP, local councillor and mayor. Remember here to follow the guidelines in any covering email or letter so the recipient knows why you have sent it to them and what action you want them to take.
- Follow up if you are able but give them about 3 weeks to respond first, especially for MPs during the summer recess.
- Ask to meet with your MP and councillor.
- Share on social media that you have written to/received a response to/from your ICB, MP and councillor using the #2026AACForAll



Special Educational Needs and Disability Code of Practice (2015) England – Review

Communication Matters responded to the Department for Education (2026) consultation undertaken in preparation for the publication of their policy paper 'Every Child Achieving and Thriving' published on 23 February 2026.

A Communication Matters position paper will be published here when we have undertaken a review of how the White Paper affects children and young people who use AAC. A White Paper is not law, guidance or new regulation, it is merely a consultation document. Until this passes through Parliament the Special Educational Needs and Disability Code of Practice (2015) remains the only law governing how children are taught in England.



SECTION 3: RESOURCES

Appendix 1:

Sample letter 1 to MP or others (amend and personalise as needed)

Use this letter if you have had an assessment and provision of AAC by a regional specialised centre.

[Add here your name and address including postcode]

Dear [name of person you are writing to, or Sir/Madam if unknown]

I am writing to you as [a constituent/resident in your area] to share my concerns about the provision of augmentative and alternative communication (AAC) for people with complex communication needs. As [an individual who uses augmentative and alternative communication (AAC)/the family member of (NAME) who uses AAC/a professional who provides services to AAC users and their families] I am concerned about the plans for the Regional Specialised Augmentative and Alternative Communication (AAC) Services to be transferred to local integrated care boards (ICB). The existing 15 regional specialist centres were established in 2015 to meet the needs of individuals [like me/named person/those people I work with] who experience complex communication and access needs. These services assess around 10% of all individuals like me who would benefit from using AAC in daily life. Once they provide equipment this should then be supported by local AAC services funded by ICBs on an ongoing basis to use their resources in school, at home, in the workplace and in society more widely.

Add your personal story:

This affects [me/named person/my clients] because

- I have [condition]
- What this means for my communication
- I have been assessed at name of service
- I use on a daily basis a [device name] to communicate [include AAC, product name, software name]
- Without this I could not do xyz
- Following provision of my AAC equipment I have had no/little specialist ongoing input and my family/support team [including school name or service provider] need ongoing support to support me fulfil my potential [at school, lifelong etc].

The remaining 90% of individuals who need AAC, which equates to 1:2000 of the population (Enderby et al, 2013), who do not meet the eligibility criteria for regional specialised services should be assessed by ICBs who should provide locally commissioned AAC services including a specialist AAC speech and language therapist. This group includes many children and adults with autism and those who are already literate and are likely to benefit from using more mainstream technology, such as an iPad, with specialised communication software.

Many ICBs [like here in named area] are yet to establish local provision, or due to funding pressure and lack of specialist staff have reduced these services in recent years. Where local services exist the specialist AAC team may face high caseloads and challenges around recruiting specialist AAC speech and language therapists due to profession shortages. The



result is they struggle to have capacity to work 1-1 with the team around a [child/adult] [like name/personalise and add school or service name].

In summary, I am concerned about the provision of AAC where not every ICB is yet commissioning AAC services. The key concerns are around:

- Continuing access to highly specialist expert assessments.
- The postcode lottery of local services meaning an inability for many to receive a local AAC assessment.
- The lack of ongoing support services for those [like me/name/clients] with high need.
- Little or no ongoing support from specialist AAC speech and language therapists for individuals with little or no speech, the team around them, their networks and their families.

The professionals currently employed in the regional specialised services are highly experienced experts in complex AAC and access solutions. They provide a valuable resource that benefits the wider AAC population by sharing their knowledge with local AAC teams (where they exist) and during initial training for schools and families when they provide equipment. This expertise, along with their technical support desks, cannot be easily replaced if services are disrupted through the proposed changes. It is important that the DoH and ICBs sets out their plans for future commissioning, including how any changes will affect current service provision.

Assistive technology and communication

The existing AAC model of provision was established a decade ago based on a prevalence of need study undertaken by Sheffield University (Enderby, 2013). Since then, the need for AAC has grown due to various factors, including but not limited to:

- Better survival rates for infants.
- Greater awareness of assistive technology and AAC.
- Access to evidence based practice papers and strategies for AAC users.
- The positive impact of using AAC for cohorts including those with [autism and Motor Neurone Disease].

As the use of assistive technology becomes ever more the norm and new solutions have become available in everyday education and society it is essential those with complex communication needs are not left behind or overlooked.

I would like to ask you to

Writing to MP:

- Raise with Ministers how AAC users who were supported by Regional Specialised Services will receive continuity and provision.
- Ask Ministers to remind both ICBs and Local Authorities of their statutory duty to provide early identification of need for children and adults with little or no speech who need AAC, provide prompt professional assessment, provision of equipment and the necessary ongoing support to allow them to fulfil their own communication potential.
- Urge Ministers to ensure both initial professional training for professionals and then CPD is available to health practitioners and teachers to support their own professional



development around AAC and digital technology, in turn to support AAC users and their families.

Writing to an ICB

- Provide reassurances on commissioning the specialised AAC services that were provided previously by NHS England will not be disrupted.
- Commission in line with their statutory duty local AAC services for all children and adults with little or no speech who need AAC by providing early identification of need, prompt professional assessment, provision of equipment and the necessary ongoing support to allow them to fulfil their own communication potential.
- Urge Commissioners to ensure CPD is available to health practitioners and teachers to support their own professional development around AAC and digital technology to support AAC users and families.

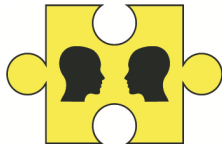
I look forward to hearing how you can help with this.

Yours sincerely (if you used a person's name)

Yours faithfully (if the letter is addressed to Sir/Madam)

Your name

[Title if applicable]



Appendix 2:

Sample letter 2 to MP or others (amend and personalise as needed)

Use this letter if you have not been able to get an AAC assessment.

[Add here your name and address including postcode]

Dear [name of person you are writing to, or Sir/Madam if unknown]

I am writing to you as [a constituent/resident in your area] to share my concerns about the provision of augmentative and alternative communication (AAC) for people with complex communication needs. As [an individual who uses augmentative and alternative communication (AAC)/the family member of (NAME) who uses AAC/a professional who provides services to AAC users and their families] I am concerned about the lack of a local specialised assessment service for AAC in [name of your area].

There appears to be some confusion that any individual needing powered AAC is seen by a Regional Specialised Augmentative and Alternative Communication (AAC). However, these services only assess around 10% of all individuals who would benefit from using AAC in daily life. The regional specialised service criteria exclude those who are already literate, can directly access equipment, and are likely to benefit from using more mainstream technology, such as an iPad, with specialised communication software.

The remaining 90% of individuals who need AAC which equates to 1:2000 of the population (Enderby et al, 2013), [like name, client etc], who do not meet the eligibility criteria for regional specialised services should be assessed by ICBs who provide locally funded AAC services including a specialist AAC speech and language therapist.

[Add your personal story: This affects me/named person/my clients because

- I/name have/has [condition]
- This means for my /their communication they rely on [sign, behaviour, actions]
- I have been assessed at name of service but do not meet their criteria for AAC provision
- I have not been assessed for essential communication support.
- Without essential communication equipment I cannot communicate my wishes, opinions or view in relation to daily life and functional living.
- Without a reliable method of communication, I cannot [access education, work, enjoy family life, social situations etc]

Until locally commissioned service for children and adults like [me/name] will not be identified early as needing AAC, assessed or provided with equipment, and will not receive the necessary ongoing support to achieve to the maximum of their potential in education or contribute economically.

In summary, I am concerned about the provision of AAC where not every ICB is yet commissioning AAC services. The key concerns are around:

- The opportunity lost to identify need for an AAC assessment early.
- The inability for many to receive a local AAC assessment.



- The onward referral to an specialised service for those with the most complex communication and access needs.
- The lack of provision of AAC for those [\[like me/name/clients\]](#) with high need.
- Little or no ongoing support from specialist AAC speech and language therapists for individual children with little or no speech, the educational team around them, and their families.

The professionals employed in the regional specialised services are highly experienced experts in complex AAC and access solutions, they should be transferred over to ICBs in the coming months. They provide a valuable resource that benefits the wider AAC population by sharing their knowledge with local AAC teams (where they exist) and during initial training for schools and families where they provide equipment. This expertise, along with their technical support desks, cannot be easily replaced if services are disrupted through the proposed changes.

Assistive technology and communication

The existing AAC model of provision was established a decade ago based on a prevalence of need study undertaken by Sheffield University (Enderby, 2013). Since then, the need for AAC has grown due to various factors, including but not limited to:

- Better survival rates for infants.
- Greater awareness of assistive technology and AAC.
- Access to evidence based practice papers and strategies for AAC users.
- The positive impact of using AAC for cohorts including those with [\[autism and Motor Neurone Disease\]](#).

As the use of assistive technology becomes ever more the norm and new solutions have become available in everyday education and society it is essential those with complex communication needs are not left behind or overlooked.

I would like to ask you to

Writing to MP:

- [Raise with Ministers the importance of maintaining the expertise currently held by Regional Specialised Services to ensure continuity and provision of resources and training for local teams.](#)
- [Ask Ministers to remind both ICBs and Local Authorities of their statutory duty to provide early identification of need for children and adults with little or no speech who need AAC, provide prompt professional assessment, provision of equipment and the necessary ongoing support to allow them to fulfil their own communication potential.](#)
- [Urge Ministers to ensure both initial professional training for professionals and then CPD is available to health practitioners and teachers to support their own professional development around AAC and digital technology, in turn to support AAC users and their families.](#)

Writing to an ICB

- [Provide reassurances on commissioning that the specialised AAC services that were provided previously by NHS England will not be disrupted.](#)



Communication Matters

more than just talking

- Commission in line with their statutory duty local AAC services for all children and adults with little or no speech who need AAC by providing early identification of need, prompt professional assessment, provision of equipment and the necessary ongoing support to allow them all to fulfil their own communication potential.
- Urge Commissioners to ensure CPD is available to health practitioners and teachers to support their own professional development around AAC and digital technology to support AAC users and families.

I look forward to hearing how you can help with this.

Yours sincerely (if you used a person's name)

Yours faithfully (if the letter is addressed to Sir/Madam)

Your name

[Title if applicable]



Appendix 3: Example letter from Communication Matters May 2025 for info only

Subject: Urgent clarification regarding NHS England providing specialised augmentative and alternative communication (AAC) services for individuals with complex communication needs

Dear the Rt Hon. Wes Streeting and Sir James Mackey

We are writing on behalf of the membership of Communication Matters, the main UK charity supporting the augmentative and alternative communication (AAC) community, to highlight the potential implications of the reintegration of NHS England into the Department of Health and Social Care (DHSC) for individuals affected by complex communication disabilities.

The scale of this reorganisation has created considerable concern for those working in NHSE funded regional specialised assessment services, local assessment centres who provide ongoing support for AAC, AAC users and their families. Communication is a fundamental human right and continued uninterrupted support is needed to allow individuals to achieve their life and communication potential. We are writing to request clarification urgently around the following:

Current commissioning arrangements

The existing 15 regional specialist centres were established in 2015 to meet the needs of individuals with the most complex communication and access needs. This equates to around 10% of all individuals who would benefit from using AAC in daily life. The cohort they assess and provide equipment for should then be supported by local AAC services on an ongoing basis in terms of individuals learning to use their resources in school, at home, in the workplace and in society more widely.

The regional specialised services are to be commended for their work; providing an assessment/reassessment expert service for those they serve, including servicing and troubleshooting the equipment they supply. It is important for patients and staff to understand how the Department intends to ensure the uninterrupted operation of all these existing services during this transition to Integrated Care Boards (ICBs) and what the plans are for future commissioning for all those that need AAC. This cohort of AAC users should then be supported on an ongoing basis by local AAC services commissioned by ICBs.

The remaining 90% of individuals who need AAC, which equates to 1:2000 of the population (Enderby et al, 2013), who do not meet the eligibility for specialised assessment should be assessed by locally funded AAC services including a specialist AAC speech and language therapist. This group includes those who are already literate and are likely to benefit from using more mainstream technology, such as an iPad, with specialised communication software. Yet, many ICBs are yet to commission local provision, or due to funding pressure and lack of specialist staff have reduced these services compared to 10 years ago. This has created a two-tier postcode lottery of provision for crucial communication equipment.



Where local services exist the specialist AAC team often face high caseloads and challenges around recruiting specialist AAC speech and language therapists due to profession shortages. The result is they struggle to have capacity to work 1-1 with the team around a child who is provided with specialist equipment by the regional specialist assessment centres. The absence of a locally commissioned specialist AAC team also means children and young people in some areas are refused an AAC assessment. Some, but not all, special schools provide equipment children can access in the classroom, but when they return home at the end of the day, week and for holidays they are left without any effective communication resources. Both scenarios reduce the life chances of individuals fulfilling their own communication and life potential and contributing economically to society.

Ensuring continued expert commissioning

Whilst the post-code lottery of provision still exists for AAC users we welcome hearing from our NHSE colleagues that in the short term the regional specialised assessment services will continue uninterrupted.

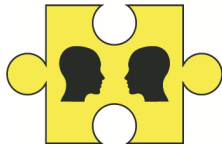
In the medium/longer term our members are concerned about the transfer of specialised services to ICBs where not every area is yet commissioning AAC services. The key concerns are around:

- Continuing access to highly specialist expert assessments.
- The lack of ongoing support services for those with high need.
- The inability for many to receive a local AAC assessment.
- Little or no ongoing support from specialist AAC speech and language therapists for individual children with little or no intelligible speech, the educational team around them, and their families.
- Little or no ongoing support from specialist AAC speech and language therapists for adults with acquired communication disabilities and their support networks in health and social care.

The professionals employed in the regional specialised services are highly experienced experts in complex AAC and access solutions. They provide a valuable resource that benefits the wider AAC population by sharing their knowledge with local AAC teams (where they exist) and during initial training for schools and families where they provide equipment. This expertise, along with their technical support desks, cannot be easily replaced if services are disrupted through the proposed changes. It is important that the Department sets out their plans for future commissioning, including how any changes will affect current service provision.

Assistive technology and communication

The existing AAC model of provision was established a decade ago based on a prevalence of need study undertaken by Sheffield University (Enderby, 2013). The research team at the time believed the statistics underestimated actual need for AAC based on lack of official data, responses based on then current conditions of individuals using AAC, the variability of responses across regions and inconsistent supplier data. Since then, the need for AAC has grown due to various factors, including but not limited to:



- Better survival rates for infants.
- Greater awareness of assistive technology and AAC.
- The positive impact of using AAC for cohorts including those with autism and Motor Neurone Disease.

As the use of assistive technology becomes ever more the norm in everyday education and society it is essential those with complex communication needs are not left behind or overlooked.

Ensuring the patient and public voice is heard in decision making

It is crucial the voices of those who use AAC, and their families, are heard during the process of integrating regional specialised assessment services into the ICBs to ensure the needs of those with complex communication and access needs are not lost in the process of change. At the same time, it is imperative the needs of those who do not have the privilege of a local specialised service for assessment and ongoing support are recognised and their needs are addressed in these proposed changes.

Communication Matters

As an organisation we are committed to the advocating for the essential support of all those with complex communication disability who need AAC. We are a volunteer led organisation, with a board representing the wider AAC community. Our role is to promote collaborative working between AAC users, families, professionals in health, education and social care, researchers and developers/suppliers in order to ensure individuals receive the highest level of support to fulfil their own communication and life potential in school, the community and the workplace.

We would ask for the opportunity for you to meet with us to discuss how the proposed transitions can be delivered whilst maintaining the high standard of support regional specialised AAC centres currently provide for individuals with complex communication disability and access needs. We look forward to hearing your prompt response and commitment to engaging with the AAC community throughout the process of integrating NHS England services into the DHSC.

Yours sincerely

Helen Whittle
Chair of Communication Matters
MSc, BSc. MRCSLT

Dr Beth Moulam PLY
Trustee of Communication Matters
Post Graduate Social Policy Researcher, Lifelong
AAC user



Appendix 4: Example letter from Communication Matters January 2026 for info only

The Hon Georgia Gould MP

Email: MINISTERS@education.gov.uk
georgia.gould.mp@parliament.uk

14 January 2026

Subject: Response to the SEND White Paper consultation regarding the provision of augmentative and alternative communication (AAC) for children and young people in England with complex communication needs.

Dear the Hon. Georgia Gould

We are writing on behalf of the membership of Communication Matters, the main UK charity supporting the augmentative and alternative communication (AAC) community, to highlight the ongoing need for children and young people with complex communication disabilities who have little or no speech and need AAC to communicate in school, home and the community.

Communication Matters welcomes the Government (UK Government, 2025) commitment to the common entitlement of every child, including those with SEND, to access the curriculum. To be genuinely inclusive education for all this must include the:

- 1 in every 200 children who need specific augmentative and alternative communication (AAC) support, such as signing, communication books and boards (Enderby, 2013).
- 1 in every 2000 children who would benefit from powered communication devices (Enderby, 2013). AAC technologies are evolving and include specialised purpose-built interactive screen communication aids, or mainstream devices like iPads, with specialist speech software, that enable a child to input their message to output with a synthesised or digital voice.

Every child has the right to communicate and participate meaningfully in everyday life (United Nations, 1989; United Nations, 2006). As signatories, the United Kingdom (UK) (Equality and Human Rights Commission, 2010) have committed to support the communication rights of all children that need AAC resources. To place these rights into legislation, and to train professionals in the use AAC technologies. Then, uphold the right to equal opportunity throughout education to empower all individuals to develop and fulfil their own potential.

The ability to communicate is fundamental, without it children and young people (CYP) risk not fulfilling their life potential (Bercow, 2008), for example, making friends, accessing education and aspects of daily life (Bercow, 2018).

Since ratifying the UNCRPD in 2008 (Equality and Human Rights Commission, 2010), the right of every child to communicate has been implicitly ingrained in UK guidance and legislation, yet there is a risk of children using AAC being overlooked because AAC is not explicitly named, and government departments often have different agendas.

There was an assumption the NHS England Specialised AAC services and equipment guidance (2016) would be adopted, and every Integrated Care Board (ICB) and Local Authority (LA) would jointly commission and fund local specialised AAC services for all children needing AAC. For implementation there needs to be a well-trained multi-disciplinary children's workforce with the knowledge, skills and confidence to identify the need for AAC early, then refer promptly for assessment all CYP needing assessment by local and/or regional AAC specialised services.



The local AAC team's role should be to assess and provide AAC, including but not limited to iPads with specialised software, then based on eligibility criteria refer CYP with low incidence and high-cost complex communication and access needs promptly to specialised regional assessment services. Within this system priority for assessment would be given to CYP at times of transition e.g. starting school, changing placement, transition to adult services.

Following provision of resources local specialist AAC services would provide training and ongoing support for all AAC users, families and schools. The challenge remains that early identification of need usually sits with education, the assessment for and provision of resources is the remit of health, then ongoing support is provided within schools. Joint working is hampered by:

- Lack of early national screening for children with communication impairment. The National Screening Committee (2005) has not reviewed speech delay guidance on the basis of no known interventions two decades ago. Evidence now shows the use of AAC and assistive technology allows CYP with little or no speech to access the curriculum effectively and when identified pre-school for assessment and provision of AAC they make good progress with literacy (Erikson and Koppenhaver, 2020).
- Within the SENDCoP (2015) whilst AAC is a recognised intervention for CYP with communication impairment they are not included on the National Disability Register and do not have the same entitlement to specialist teaching support as children with hearing or vision impairments.
- Head Teachers in mainstream settings can disapply any CYP with a communication impairment from EYFS communication assessment (DfE, 2024) if they feel they will not benefit. Further, Head Teachers in special school and alternative provision settings can disapply any CYP with a communication impairment from the national curriculum if they deem it not suitable (DfE, 2015; DfE, 2023; DfE, 2025; Francis, 2025). Evidence exists that even in special schools there is a lack of expertise to support children who use AAC (Parliament, 2022) with no guidance on how these decisions happen, or what can be done to ensure an effective and appropriate assessment for AAC is put in place prior to a decision being made that CYP should not be taught to read or write.
- CYP who need AAC often do not have access to their resources 24 hours a day, in school, their home and out in the community (Bercow, 2008). Too many CYP currently only have access in school, often sharing resources, this does not support them developing the skills they need for adult life including the wider community, the workplace and to be economically active.
- Many mainstream and special schools currently do not appear to have an AAC policy. This seems, particularly for special schools, to be driven by local authorities not having consistent policies resulting in different provision across school catchment areas (Moulam, 2025) which can result in 2 students with similar profiles sat side by side in class where one has AAC and the other not.

Recommendations

To uphold the rights of all children to communicate and support access to the national curriculum then recommendations include:

- Ensuring all CYP are provided with AAC for personal use 365 days a year in school, home and the community (Bercow, 2008) and guaranteeing AAC remains with CYP during placement transition and into adult life (NICE, 2022; NICE, 2023; National Institute for Clinical Excellence, 2016).



- DHSC to remind ICBs of their continuing role in funding regional specialised and local AAC services, maintaining equipment loan banks for assessment and providing ongoing troubleshooting and service for AAC (NHS England/Specialised Commissioning, 2016).
- The Government's budget announcement (Gov.UK, 2025) that SEND funding will change in 2028 needs to take into account the abolition of NHSE with the move of regional specialised services to Lead ICBs, the need for equitable local AAC services for assessment, provision of resources and the ongoing support needs of those using AAC.
- LA's and ICBs to be reminded by the DfE and DHSC of their statutory duty (DfE 2015; NICE, 2017; NICE, 2022) for joint working (House of Commons Education Committee, 2019).
- To ensure equity in AAC provision urgently clarify and review the existing local funding model alongside ICB and LA commissioner guidance to establish equitable and essential AAC pathways (NHS England/Specialised Commissioning, 2016; Judge et al., 2017), including identifying gaps in service provision, making the AAC pathway actionable with clearer terminology and definitions (Moulam, 2025) to clarify routes for assessment and provision of AAC.
- When the SENDCoP (DfE, 2015) is reviewed to ensure AAC users receive the same support as CYP with vision and hearing impairments; to collect specific AAC data on the CYP disability register, screen all two year olds for AAC assessment; develop mandatory AAC qualifications for the children's workforce, and pre-school services for children and families (DfE, 2015; UK National Screening Committee, 2005; UK National Screening Committee, 2019a; UK National Screening Committee, 2019b). Remove the loophole allowing CYP to be disapplied from assessment for AAC or the curriculum (DfE, 2015; DfE, 2023; DfE, 2025b; Francis, 2025), with LAs employing AAC specialists in school to work alongside specialist AAC SLTs (Murray et al., 2024a).
- Ensure professional training and development reflects the pace of technological change and recent research outcomes around AAC, including the need for:
 - The multidisciplinary workforce in all settings to be confident to identify potential need for AAC and make prompt referral for specialist assessment without the need first for universal or targeted interventions.
 - SENCO training should include an AAC module to underpin support for classroom staff and consistency of support through the CYP's placement.
 - Teachers in special and mainstream schools need training and access to resources on how to apply the Reading Framework (DfE 2023) and Writing Framework (DfE 2025b) for AAC users to access the curriculum.
- Quantify the need for AAC. In light of technological developments, increasing survival rates and evidence of best practice of who would now benefit from AAC now revisit the existing prevalence data to establish how many CYP, by condition, currently have powered AAC, and how many would benefit from powered AAC (Enderby et al., 2013; Creer et al., 2016; Enderby, 2013; DfE, 2025). Then, measure and monitor AAC provision and progress through statutory inspections in health and education (Enderby, 2013).
- All schools, including special schools, to have a comprehensive AAC policy which identifies the AAC pathway, budget holders, and responsible persons involved in championing AAC, the importance of high expectations and teaching literacy and language to every CYP, however they communicate (Moulam, 2025).
- Recognise the failure of early identification of need, and subsequent lack of opportunity means many AAC users start a meaningful education journey later than their typically developing peers. Some CYP also take longer to accomplish academic work even with appropriate adjustments, and then to complete courses and academic qualifications. The SENDCoP provides for CYP up to the age of 25 to continue to be supported educationally, yet further education funding is usually only for 2 years and currently students entering higher education (HE) find their EHCPs cease, these are replaced by Disabled Student Allowance assessments. AAC users who go onto HE report often get better support than they received in school and much could be learned by policy makers from the different systems.
- Provide family members with communication partner training (United Nations, 2006).



Communication
Matters

more than just talking

During the SEND Reform conversation we are aware many of our members have had the opportunity to contribute to the debate and complete the consultation document. In this digital age we urge the Government to now take the opportunity to be inclusive of all learners in education, ensure the Department of Health now provide the resources needed for all children and young people with little or no speech to fully access the curriculum, and provide the ongoing support needed for these children to thrive in education, at home, in the community and to make a contribution to the economy.

Yours faithfully

Andrea Sharples

Chair Communication Matters

Beth Moulam

Trustee Communication Matters

Doctor of Health (hc), MRes Social Policy, BA Hons,
PLY Lifelong AAC user



Researcher positionality statement

The author of this statement, Beth Moulam, was one of the first children in England to be provided with AAC to start school at the age of 4 in 1998. She attended mainstream school from the age of 4 to 13, special school from 13 to 19 years, and then the University of York. She has a BA (Hons) First Class in Social Policy and a MRes in Social Policy with distinction. Both qualifications were undertaken full time but with 100% extra time adjustment to allow for physical access and fatigue.

Communication Matters is the leading UK AAC charity open to all members of the AAC community: Their remit is to provide training and education for all of the membership, raise awareness of AAC and AAC users' needs with policy and decision makers and the general public, then to develop research opportunities around AAC.

Members are drawn from:

- Professionals working with AAC users, not limited to speech and language therapists, occupational therapists, psychologists, clinical scientists.
- Teaching professionals in schools and colleges.
- Researchers and other academics.
- Developers and suppliers of AAC resources.
- AAC users and their networks including families.

References

- Bercow, J. (2008). *The Bercow Report: A Review of Services for Children and Young People (0-19) with Speech, Language, and Communication Needs*. Nottingham: DCSF Publications.
- Bercow, J. (2018). *Bercow: Ten years on: An independent review of provision for children and young people with speech, language and communication needs in England* [Online]. ICAN London. Available at: <https://www.bercow10yearson.com> [Accessed 10 May 2023].
- Burkhart, L. (2011). *What is AAC?* [Online]. Toronto International Society for Augmentative and Alternative Communication. Available at: <https://isaac-online.org/english/about-aac/> [Accessed 29 May 2024].
- Communication Matters. (2025). *Types of AAC* [Online]. Available at: <https://www.communicationmatters.org.uk/what-is-aac/types-of-aac/> [Accessed 13 January 2025].
- Creer, S., Enderby, P., Judge, S., & John, A. (2016). Prevalence of people who could benefit from augmentative and alternative communication (AAC) in the UK: determining the need. *International Journal of Language & Communication Disorders*, 51(6), 639-653.
- Department for Education. (2015). *Special Educational Needs and Disability Code of Practice 2015* [Online]. Department for Education. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf [Accessed 8 January 2024].
- Department for Education (2023) *The Reading Framework* https://assets.publishing.service.gov.uk/media/664f600c05e5fe28788fc437/The_reading_framework.pdf
- Department for Education (2024). *Early years foundation stage statutory framework for group and school based providers*. London: Department for Education.
- Department for Education (2025)
- Department for Education (2025b) *The Writing Framework* <https://www.gov.uk/government/publications/the-writing-framework>
- Enderby, P. (2013). Introducing the therapy outcome measure for AAC services in the context of a review of other measures. *Disability and Rehabilitation Assistive Technology*, 9(1), 33-40.
- Enderby, P., Judge, S., Creer, S., & John, A. (2013). *Beyond the anecdote: Examining the need for, and provision of, AAC in the United Kingdom*. *Communication Matters - Research Matters: An AAC evidence base*. Sheffield.



- Erickson, K. A., & Koppenhaver, D. A. (2020). *Comprehensive literacy for all: Teaching students with significant disabilities to read and write*. Paul H. Brookes Publishing Company.
- Equality and Human Rights Commission (2010). *The United Nations Convention on the Rights of People with Disabilities: What does it mean for you?* Equality and Human Rights Commission Guidance. London: Equality and Human Rights Commission.
- Francis, B. (2025) *Curriculum and Assessment Review: Building a World Class Curriculum for All* https://assets.publishing.service.gov.uk/media/690b96bbc22e4ed8b051854d/Curriculum_and_Assessment_Review_final_report_-_Building_a_world-class_curriculum_for_all.pdf
- Gov.UK Education Blog (2025) *Autumn Budget: what is the government doing to improve outcomes for children with SEND?* <https://educationhub.blog.gov.uk/2025/11/autumn-budget-for-children-with-send>
- House of Commons Education Committee (2019). *Special educational needs and disabilities: First Report of Session 2019*. London: House of Commons.
- Judge, S., Enderby, P., Creer, S., & John, A. (2017). *Provision of powered communication aids in the United Kingdom*. *Augmentative and Alternative Communication*, 33(3), 181-187.
- Moulam, B.K. (2025) *Ten Years On: The extent policy supports the provision of AAC for children and young people in England*. *Communication Matters International Conference 2025*, Leeds.
- Murray, J., Barker, S., Blaney, B., Cardador, C., Dunningham, M., Hazell, G., Herd, J., Martin, C., Moulam, B., Preece, J., Radtke, K., Small, K., Sullivan, E., & Whittle, H. (2024a). *Augmentative and Alternative Communication (AAC) Clinical Guidance* [Online]. Royal College of Speech and Language Therapy Available at: <https://www.rcslt.org/members/clinical-guidance/augmentative-and-alternative-communication/> [Accessed 11 June 2024].
- National Institute of Clinical Excellence (2022). *Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education*. London.
- NHS England/Specialised Commissioning. (2016). *Guidance for commissioning AAC services and equipment* [Online]. NHS England. Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/03/guid-comms-aac.pdf> [Accessed 27 May 2023].
- NICE (2022). *Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across education, health and social care*. [G] Evidence review for promoting and maintaining inclusion, independence and wellbeing. In NICE (ed.) *Final ed.* London: NICE.
- NICE (2023). *Transition from childrens' to adults' services*. National Institute for Health and Care Excellence.
- Robinson, H. (2024). *The positive AAC Framework: A Holistic Approach to Supporting AAC Users*. *Communication Matters*, 38(1), 39-41.
- UK Government (2025), *Response to the Curriculum and Assessment Review* https://assets.publishing.service.gov.uk/media/690b2a4a14b040dfe82922ea/Government_response_to_the_Curriculum_and_Assessment_Review.pdf
- UK National Screening Committee (2005). *UK NSC Recommendations: Speech Delay*. London.
- UK National Screening Committee (2019a). *UK NSC Recommendations: Hearing*. London.
- UK National Screening Committee (2019b). *UK NSC Recommendations: Vision*. London.
- United Nations. (1989). *The Convention on the Rights of the Child* [Online]. New York: United Nations. Available at: <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child> [Accessed 10 May 2023].
- United Nations. (2006). *Convention on the Rights of Persons with Disabilities* [Online]. United Nations. Available at: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html#Fulltext> [Accessed 10 May 2023].
- Young, C. (2018). *Complex Disability Equipment - Communication Aids (Specialised AAC services)*. Redditch: NHS England

AAC Fact Sheet

Overall numbers: (Enderby, 2013)



- 0.5% of the population (1 in 200 people) would benefit from some kind of AAC, including paper based resources.
- 0.05% of the population (1 in 2,000 people) would benefit from powered AAC.

It is suggested these numbers are under-estimated for various reasons due to tech developments and new groups of people now accessing AAC like those with autism and motor neurone disease.

What is Augmentative and Alternative Communication (AAC)?

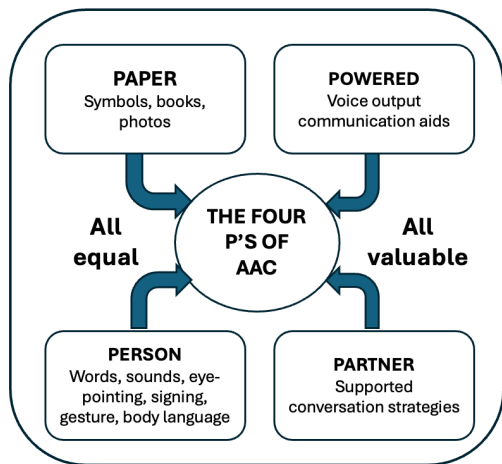


Figure 1: The Four P's of AAC (Robinson, 2024)

'AAC resources are described as the [...] tools and strategies that an individual uses to solve everyday communication challenges' (Burkhart, 2011). Figure 1 shows the four different types of AAC people use to communicate, individuals change communication strategy depending on their environment and situation: using body language, facial expression, eye movement, support from a communication partner, use of communication books and boards, or powered voice output communication aids (VOCA). These methods can be used simultaneously or discretely, but whatever method of communication individuals choose all are equal and valuable (Robinson, 2024). Powered AAC when introduced around 40 years ago was originally categorised into two types of VOCA, specialised devices with single or multiple pre-recorded messages versus those with dynamic screens storing multiple pages of symbols, graphics or text (Communication Matters,

2025). However, evolving mainstream technology means touchscreen tablets with text based communication software are being used by new cohorts of AAC users, such as those with autism, some of whom may not need specialised assessments for complex language and access solutions to communicate (Murray et al., 2024; Young, 2018).

Who uses AAC?

Four groups of CYP use AAC (Murray et al., 2024), their conditions include:

- Neurological disabilities such as cerebral palsy, autism, childhood apraxia of speech.
- Acquired conditions including traumatic brain injury and stroke.
- Progressive conditions impacting communication like muscular dystrophies.
- Short term or transient conditions due to surgery, selective mutism or anxiety.

How many children currently use AAC?

CYP who use AAC are not registered on the National Disability Register. Professionals acknowledge a gap exists between those who need AAC and those who would benefit from AAC as no-one currently monitors or measures provision, need (Enderby, 2013; Moulam, 2025) or the progress of CYP who receive AAC (Moulam, 2025).