CHCDIS014

Develop and use strategies for communication using augmentative and alternative communication systems

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Release 1

Learner Guide

Aspire Version 1.1

Aspire Learning Resources
Supporting Vocational Education and Training for 30 years
1991 to 2023

Contents

Aspire acknowledges the homelands of all Aboriginal and
Torres Strait Islander peoples and pays our respect to Country

Before you begin

This Learner Guide is based on the unit of competency *CHCDIS014 Develop and use strategies for communication using augmentative and alternative communication systems*, Release 1.

Your trainer or training organisation must give you information about this unit of competency as part of your training program.

How to work through this Learner Guide

This Learner Guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the Learner Guide you need to read, and which Practice Tasks and Learning Checkpoints you need to complete.

Feature of the Learner Guide	How you can use each feature
Learning content	Read each topic in this Learner Guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
Examples	These highlight learning points and provide realistic examples of workplace situations.
Practice Tasks	Practice Tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which Practice Tasks to complete.
Callouts	Callouts reiterate key learning points to help students revise for their assessments.
Weblinks	Weblinks provide learners with additional content to contextualise their learning and develop their understanding.
Videos	Videos provide a visual reference of key concepts to aid comprehension and guide learner exploration. Each video is accessed by a QR code in the Learner Guide (or a button in the eBook version) for ease of access.
Glossary/margin definitions	Key terms are defined where they first appear to help consolidate understanding. A glossary of terms is provided at the end of the Learner Guide to assist learner revision of key concepts.
Summaries	Key learning points are provided at the end of each topic.
Learning Checkpoints	There are Learning Checkpoints at the end of each topic. Your trainer will tell you which activities to complete. These activities give you an opportunity to check your progress and apply the skills and knowledge you have learnt.
Case studies	Case studies are interspersed throughout the learning content to provide a workplace setting that contextualises key concepts.

Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

These skills are listed below:

Foundation skill area	Foundation skill description
Reading	• Understanding how documents are presented and being able to navigate through documents • Understanding industry- and job-specific terminology • Interpreting key information in relevant documents • Understanding routine workplace checklists and documentation
Writing	• Planning, drafting and writing reports and documents • Communicating through written letters, email and online • Recording progress; reporting incidents
Oral communication	• Clarifying instructions • Providing information • Supporting others through encouragement, negotiation and conflict resolution • Using body language to model desired behaviour and responding to others' body language
Numeracy	• Calculating costs, weights, measurements of height and distance • Interpreting measurements
Learning	• Understanding your job role, organisational procedures and legal responsibilities • Managing your work and seeing how well you are going • Making goals for yourself at work • Seeking professional development opportunities for continuous improvement
Problem-solving	• Identifying problems • Working out how to fix a problem using problem-solving processes • Reviewing the outcome
Initiative and enterprise	• Recognising opportunities to develop and apply new ideas • Generating ideas by thinking of new ways to do something • Making suggestions to improve work
Teamwork	• Working well with other people by cooperating, collaborating, encouraging and building rapport

Foundation skill area	Foundation skill description
Planning and organising	• Planning your workload and commitments • Implementing tasks • Completing work on time • Knowing how to deal with hazards and risks
Self-management	• Understanding and applying decision-making processes • Reviewing your behaviour and the impact of your decisions
Technology	• Efficiently using digitally based technologies and systems correctly and safely • Accessing, organising and presenting information • Using equipment correctly and safely

Note: Not every unit of competency will contain all foundation skills.

What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

Topic	Key outcome	Rate your confidence in each section
Topic 1 Identify the current communication capacity and needs of the person	1A Confirm the person's communication needs, preferences and abilities	❑ Confident ❑ Basic understanding ❑ Not confident
	1B Make appropriate referrals	❑ Confident ❑ Basic understanding ❑ Not confident
	1C Use cross-cultural communication	❑ Confident ❑ Basic understanding ❑ Not confident
	1D Document the outcomes of the process	❑ Confident ❑ Basic understanding ❑ Not confident
Topic 2 Develop effective AAC strategies	2A Provide information and seek feedback about AAC support options	❑ Confident ❑ Basic understanding ❑ Not confident
	2B Work with the person to identify and access communication supports	❑ Confident ❑ Basic understanding ❑ Not confident
	2C Develop and adjust communication strategies to meet individual needs	❑ Confident ❑ Basic understanding ❑ Not confident

Topic	Key outcome	Rate your confidence in each section
Topic 3 Implement AAC strategies	3A Organise the environment to optimise communication	☐ Confident ☐ Basic understanding ☐ Not confident
	3B Work with the person to use AAC devices, tools and techniques	☐ Confident ☐ Basic understanding ☐ Not confident
	3C Identify and respond to communication difficulties	☐ Confident ☐ Basic understanding ☐ Not confident
Topic 4 Monitor and review communication strategies	4A Monitor and report implementation of AAC strategies	☐ Confident ☐ Basic understanding ☐ Not confident
	4B Work with the person to identify and address AAC barriers	☐ Confident ☐ Basic understanding ☐ Not confident
	4C Complete, maintain and store documentation and reports	☐ Confident ☐ Basic understanding ☐ Not confident

Topic 1: Identify the current communication capacity and needs of the person

1A Confirm the person's communication needs, preferences and abilities

1B Make appropriate referrals

1C Use cross-cultural communication

1D Document the outcomes of the process
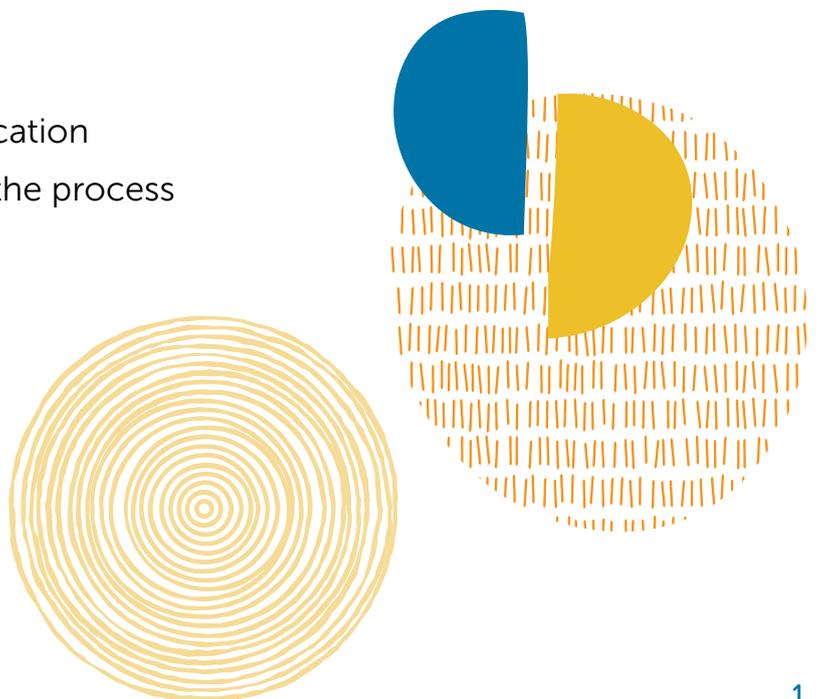
1A Confirm the person's communication needs, preferences and abilities

In community services, working in collaboration with the person with disability, their family, carer or others identified by the person is fundamental to ensuring that the person's communication needs, preferences and current capacity are identified and met.

Communication is the process of sending messages to and receiving messages from other people. It is not just the words we hear. A great deal of the message is passed on through understanding tone of voice, facial expressions, gestures and the context of what is being said.

Communication is a human need that developed as a biological drive to help us form relationships and societies and to help ensure our survival. However, survival is only a small part of our dependency on communication.

We communicate to:

- express our needs, interests and preferences to others

- help us understand others

- maintain our emotional wellbeing

- establish and maintain social connections and relationships

- learn and teach.

Speech

Speech uses sounds and language to articulate ideas, but it is only one method of communication.

Language and speech are rich, complex and effective ways for most of us to express millions of ideas, thoughts, wishes or beliefs. Speech develops from a very early age, when we first learn to make sounds such as crying or babbling and realise that these sounds can trigger responses in others.

To speak clearly, we need to be able to:

- *produce sound*: sound is produced as air passes through the larynx

- *articulate*: using our mouth, lips and tongue to change and refine sounds

- *learn, understand and remember language*: people with disabilities that affect the brain can have difficulty learning or remembering words, or understanding the conventions of speech

- *maintain fluency*: fluent speech contains a flow, rhythm and speed. People with a stutter or slow muscle movement, or people who have difficulty remembering the words to use, can have reduced fluency, which can make them more difficult to understand.

Other common methods of communication

Even though we often think mainly of speaking when we think of communication, we all communicate in many other ways.

The following table details different communication mechanisms people use to communicate or send messages to others.

Communication mechanism	Example
Body language	- Gestures, such as shaking our head or pointing - Posture, such as folding our arms across our chest - Facial expressions, such as kindness, surprise or pain
Behaviour	- Withdrawing from a conversation - Aggression - Avoiding others
Written and digital communication	- Notes and letters - Texting - Email - Social media
Images and symbols	- Posting a photo on social media - Street signs - Advertising and marketing - Hanging photos and pictures on the walls - Diagrams in instruction manuals
Using aids and equipment	- Phones and mobile phones - Computers and Internet - Podcasts - Headphones - Recorders - Meeting software - Cameras

Communication impairments

When a person has difficulty communicating due to a disability, it can be more difficult to interact with others and to speak up about needs and preferences. However, communication methods can be modified or adapted to make the most of the person's communication strengths, or what they can do.

Communication impairments can be the result of a range of disabilities or the result of age. They can range in severity and how they impact the person's life.

Communication impairment
Changes to a person's ability to use, process or understand verbal or non-verbal communication as the result of a physical, sensory or neurological disability.

Congenital
A condition that is present at birth.

Type of impairment	Causes	Effects
Sensory	Deafness or hearing impairments due to: • **congenital** effects • ageing • accident • infection	• Hearing impairments can reduce the person's ability to hear what others are saying. • They can also affect their ability to use phones, radio, television or cinema audio.
	• Vision impairments	• Vision impairments can affect the person's ability to see important non-verbal communication used by others. • They can reduce their ability to use social media, and to read newspapers, books, shopping lists and Internet content.
Physical	• Stroke • Cerebral palsy • Motor neurone disease	• A person who has a speech impairment resulting from a physical condition can have difficulty being understood by others. • They might have difficulty using the muscles around the mouth and throat to control speech. • They might have problems with using computer software because they do not have the fine motor skills needed to use a conventional keyboard or mouse.
Cognitive	• Dementia • Intellectual disability • Acquired brain injury • Autism • Stroke	When a person has a cognitive impairment, there may be interruptions to their brain's ability to process language. This can include: • forgetting words due to dementia • not understanding the meanings of words and language due to severe intellectual disability • learning disabilities or developmental delays that make it difficult for the person to learn and retain language • having difficulty turning words formed in the brain into speech due to an acquired brain injury or stroke (aphasia).

Human rights and communication

The right to communicate with others in the community in a way that meets the person's communication needs, preferences and abilities is written into law.

Communication is a basic human right. This means that all services and businesses must practise and strive for accessible communication. Disability services must lead the way in finding ways to actively communicate with people who might face communication barriers.

Communication access as a human right is outlined in the following pieces of legislation, standards and agreements.

Document	Communication rights
The United Nations Convention on the Rights of Persons with Disabilities (2006)	Australia signed this document, which binds us all to recognise that: • some people use methods other than speech to communicate • people have the right to access other methods, such as technology and human support, without discrimination • we must all work to break down communication barriers by providing other forms of access.
Disability Discrimination Act 1992	This is a Commonwealth law that makes it illegal for services and businesses to discriminate against a person because of a communication disability.
National Standards for Disability Services	The standards require workers in government-funded disability services to promote: • individual freedom of expression • access to information in formats that the person can understand.
NDIS practice standards	Workers in NDIS-funded services must respect the rights of participants, including that: *Communication with each participant about the provision of supports is responsive to their needs and is provided in the language, mode of communication and terms that the participant is most likely to understand.*
Aged Care Quality Standards	Workers in aged care must follow these standards. Standard 1, Requirement 3C outlines this responsibility: *Each consumer is supported to exercise choice and independence, including to communicate their decisions.*

Video: Communication in recovery
Watch this video about Kate, a person who suffered a stroke, and the importance of communication in her recovery: aspirelr.link/yt-communication-recovery
Pay particular attention to the importance of upholding a person's human right to communication.

Communication barriers and disadvantage

People with communication or speech difficulties face some of the most extreme forms of exclusion and disadvantage in our community.

In Australia, people with communication impairments are far less likely to be employed, even in job roles that do not require speech. They often find it harder to establish relationships or friendships with others in their community. They are more likely to stay at home, rather than participate in community activities or go to places because of the difficulty they might face in interacting or being understood.

Discrimination

It is illegal to discriminate against a person with a communication disability when their communication impairment is irrelevant, or where they are left unable to communicate because of policies or processes.

Workplaces and businesses must provide reasonable adjustment that allows a person with a communication impairment to participate equally with others.

Examples of illegal discrimination include:

- refusing a person service because they use a different method of communication

- refusing to allow a person to bring an electronic communication device into a public place

- ignoring a person with a disability who is trying to communicate

- refusing to employ a person on the grounds that they are difficult to understand, where this would not affect their ability to perform the job.

When a person with a hearing impairment is involved in studying at school or in adult training, it is reasonable for the teacher or trainer to wear a small microphone linked to the person's digital equipment.

When a person with cerebral palsy needs to be clearly understood in the workplace, it is reasonable for the volume of distractions such as music be kept to a minimum, and that the person is able to use an electronic aid when they choose.

While very few people communicate only with spoken language, some people do not use verbal language to communicate at all.

The biological drive to communicate is in all humans; however, there are other ways that this can happen, apart from the use of language.

Behaviour

Behaviour is an important – and one of our most innate – means of communication.

We can use behaviour to communicate either deliberately, subconsciously or as a biological response.

Biological responses (unintentional communication)	• Even if the person uses behaviours without seeming to be trying to deliberately communicate, these behaviours should still be considered and treated as a form of communication. • For example, **stimming** is a common biological response to the environment for people with autism. It might mean that the person feels overwhelmed, anxious or overstimulated.
Behaviour as a sub-conscious means of communication	• Behaviour can be a form of communication that the person does not use deliberately, but that they understand on a subconscious level, that will send a message to others. • We are all capable of this; we can behave aggressively when we are angry without trying to communicate a deliberate message. In the same way, when a person with autism begins to scream because they are upset at having to change to a new activity, they may have an awareness that the behaviour will send a message to others, but this may be a subconscious reaction rather than a deliberate attempt to communicate their displeasure.
Behaviours as intentional communication	• Some people use deliberate behaviours to communicate because they have learnt that certain behaviours increase the chance of getting a particular response. For example, when a person who is non-verbal throws their food on the floor, they may know that they will get attention immediately and be taken away from the table.

Stimming
Repetitive or unusual movements or noises, sometimes seen in people with autism when exposed to situations that are overwhelming or stressful.

Gesture and expression

People can communicate intentionally or non-intentionally through body language and facial expression.

Observing the person closely, and watching their body language, can tell you a lot about the person's needs and preferences without words. Smiling, frowning, pulling away or attempting to do something in a different way can help you to recognise whether or not the person wants you to continue with a task in the same way. They might point to or look at a preference or option, or smile when they are doing a preferred activity.

Here are some other examples of non-verbal communication:

- The person might curl up or brace their torso with their arms if they are frightened.

- The person might not smile in the way they usually do, which could indicate that they are unhappy or in pain.

- They might sit in a closed, defensive posture, with a stony face, as if to say, "I don't want to be here".

- They might be teary or cry, indicating sadness.

Vocalisation

Vocalisation means using sounds other than speech.

The person might use sounds intentionally – when they are able to understand that you might respond to the sound – or unintentionally, if it is a natural reaction to an emotion that is not intended to send a message. Sounds that can express emotions or needs include:

- calling out

- moaning

- humming

- laughing

- screaming

- crying

- squealing.

Vocalisation
Using sounds other than speech to express emotions or needs, such as calling out, moaning, humming, screaming or squealing.

Signing

Some people, such as those from the deaf community, use signing to replace words and letters.

Auslan is the official Australian sign language.

For more information, including a dictionary of pictures and videos in Auslan signs, visit the Auslan Signbank at: aspirelr.link/auslan-signbank

Finger spelling is a form of signing that spells out the individual letters of a word. It is commonly used to communicate names or proper nouns that cannot be signed.

For more information and a list of the signs used for fingerspelling, visit: aspirelr.link/auslan-fingerspelling

Video: Basic words in Auslan
Watch this video to learn some basic words in Auslan: aspirelr.link/yt-auslan-basic-words

Key Word Sign

Key Word Sign (previously called Makaton) is a method of using recognised signs to complement certain key words as they are spoken. For people who have difficulty with symbolic communication, such as people with an intellectual disability or severe autism, this can add an additional visual layer to more abstract verbal communication, and help the person to understand your meaning. Key Word Signing most commonly uses Auslan to sign the words that give the sentence the most meaning, but you can use any gesture that has meaning to the person.

Key Word Sign
A method of using recognised signs to complement certain key words as they are spoken.

For example, when you are asking a person "Do you want me to *help* you with your *drink*?" you might sign the words *help* and *drink* at the same time as they are spoken, using these Auslan signs.

Signing with touch

Some people with hearing impairments (or both hearing and vision impairments) rely on communication via touch. They might sign out letters to spell out words on another person's palm, and have the other person do the same to them.

> For more information about communicating using touch, visit: aspirelr.link/scope-aus-touch

Writing or spelling

Some people use letters or words to spell out what they want to say if they are not able to speak or be clearly understood.

To use this form of communication, the person must have the cognitive ability to not only understand the meanings of words, but also how they are spelt, or roughly spelt.

Pictures

Pictures are a more concrete example of using symbols to represent meaning.

Pictograph
A simple drawing used to represent a word or a concept.

Pictures can be a useful way to help a person communicate quickly and easily when they are not able to use speech or language to spell out words. Compic images are a commonly used commercial library of computer-generated **pictographs**. The images represent a type of language because they are used consistently and widely in disability settings. The pictographs can be downloaded and used in a wide variety of communication aids across many different settings.

Explosive	Flammable	Oxidizing
Compressed Gas	Corrosive	Toxic
Irritant	Environmentally Damaging	Health Hazard
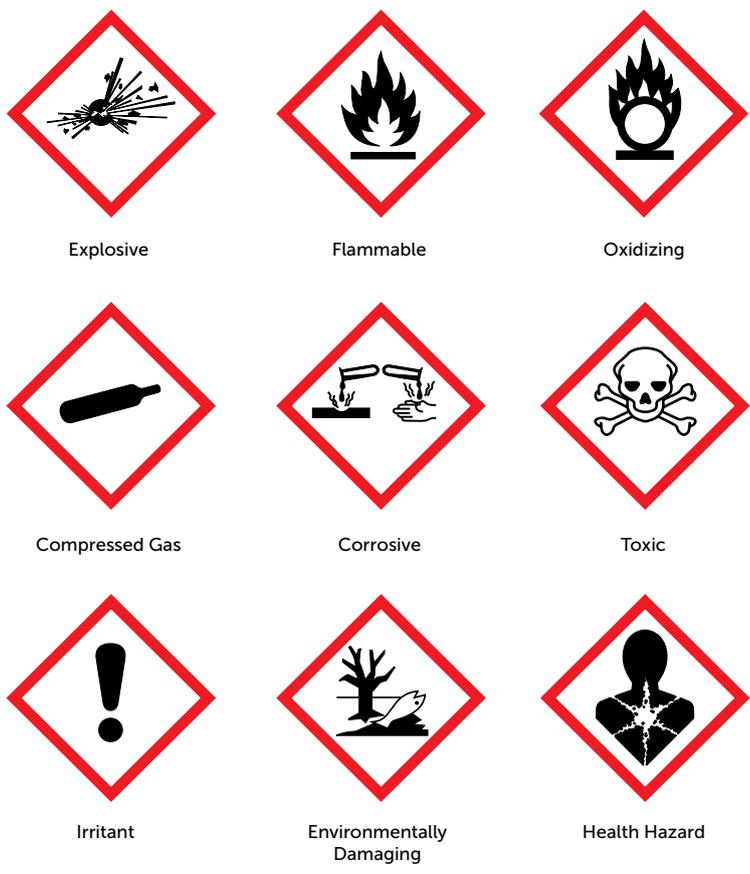
Confirming the person's communication needs and preferences

When you begin to work with a new person who is accessing support or with a resident who is non-verbal or who has a communication disability, you must make an effort to find out how they prefer to communicate, and how you might support them to communicate with you.

Here are some ways you might find out about how the person communicates.

Support plan	The *individualised plan* should outline their preferred method of communication, along with instructions for how you can personalise the communication.
Communication profile	A **communication profile** is a more detailed outline of how the person communicates. It is often developed for people with disabilities who are not able to speak about their preferences. It can help you identify specific communication such as gestures or behaviour, and what they might mean for that person. Other documents, such as 'A book about me', might be kept in the person's room. This book can also tell you about the person's needs and preferences in relation to the type of communication they prefer.

Communication profile
A document that details how an individual communicates. It is often developed for people with disabilities who are not able to speak about their preferences. The profile can help you identify specific communication such as gestures or behaviour, and what it might mean for that person.

Questioning the person accessing support, their family, carers or others identified by the person with disability	The person may be able to tell you or show you how they prefer to communicate by pointing to a device or chart, or by making efforts to be understood.
	Keep in mind that it can be frustrating and exhausting to have to explain to or teach new workers or people in the community their method of communication every time they meet someone new.
	There might be times when it is more appropriate to find information in the plan provided by other staff or family carers first, or to learn to use a device that is new to you, before communicating with the person. You can then ask them to help you build on your knowledge by teaching you their own preferences or methods.
Observation	Even people who are non-verbal can have a rich and varied range of expressions, behaviours and gestures that tell you a great deal about their needs, preferences and interests.
	The more time you spend with them, the more you will learn about their own unique body language.
	If the person has a **communication dictionary**, you might use this to help you make informed guesses about the meanings of certain gestures or behaviours.

Communication dictionary
An individualised record of a person's use of behaviours, gestures or other non-verbal communication, and an explanation of what they might mean for that person.

Video: Communication dictionary
Watch this video for an example of a communication dictionary: aspirelr.link/yt-comm-dictionary
Pay particular attention to what information is recorded in this document.

Confirming the person's current capacity

People with disabilities have different strengths and levels of ability in many areas of communication. These can include:

- their level of cognitive function, such as whether they can understand language, whether they can spell out words, and their ability to comprehend symbols and gestures to represent simple or complex ideas

- their physical abilities, such as whether they are able to type on a keyboard

- any sensory impairments, such as low vision or hearing loss

- where they need to communicate, such as in the workplace, in the community, at home or at school; and how portable and flexible a device needs to be

- who the person will be communicating with, such as only with people who have been trained to help with communication, or members of the general public.

Confirming the person's cognitive communication abilities

The method of communication used to help the person communicate must match their cognitive abilities.

If they are using methods that are too simple, such as using only pictures when they can read and spell, they are likely to feel frustrated at being unable to communicate more complex ideas.

If they are provided with strategies or aids that are too difficult, such as a complex electronic aid, they might be likely to give up quickly, and revert to non-verbal or other methods that are easier for them, but less effective.

Intentional communication

One way of thinking about a person's cognitive abilities in terms of communication is by assessing whether the person is able to communicate deliberately, or intentionally.

A person who uses **intentional communication** deliberately intends to communicate to another person or people. They have the cognitive ability to understand that they can get a response from another person by using some form of communication, such as speech, body language, behaviour or sounds.

Intentional communication
When a person deliberately intends to communicate to another person or people.

Unintentional communication

People with severe intellectual disabilities or dementia might not recognise their ability to communicate with others by using behaviour or non-verbal means. They might not see a connection between the way other people around them behave in response to their own behaviours.

For example, a person might call out when they are in pain simply because that is a biological response to pain.

For these people, their behaviours are not learnt or considered, and the way you respond is random and unconnected to their own world. Their behaviour can be the direct result of the feeling and emotion, rather than a deliberate intention to communicate with you. This is termed **unintentional communication**.

Unintentional communication
When a person is not able to understand their ability to communicate feelings and preferences with others. They might instead use biological responses such as crying, smiling or moaning without intending to send a message to others.

Symbolic communication

Another way to think about a person's ability to understand and use communication is to consider whether and to what degree they are able to use abstract ideas, such as using symbols to send a message.

For example, language, in both speech and written form, uses a series of symbols (sounds or images) to denote ideas, objects, thoughts and needs.

Symbolic communication depends on our brains to learn and understand connections between symbols and meanings. This type of communication is abstract, and can be difficult for people with moderate to severe intellectual disabilities who might think only using concrete thinking.

There are different levels of symbolic communication.

Abstract and concrete communication

Words are complex and abstract symbols. For example, the word 'dog' uses written or spoken symbols to mean what we understand it to be. Some people with intellectual disabilities may have difficulty understanding that the letters or sounds of D-O-G are used as symbols to represent a meaning.

However, the person might understand more concrete ways to represent a dog. The closer the symbol is to a concrete or real representation of the object, the more likely a person who struggles with abstract or symbolic communication will be to understand the meaning.

Abstract	Mimicking a dog	
	A drawing of a dog	
	A photograph of a dog	
	A soft toy dog	
Concrete	A real dog	
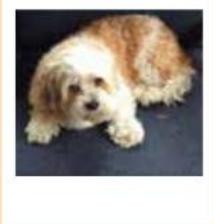
Confirming the person's physical communication abilities

Many communication aids and strategies, such as electronic text-to-speech aids or Key Word Signing, require the person to be able to manipulate their fingers, type on a keyboard, or point to a word or image. If the person lacks fine motor skills, aids can be adjusted or replaced with a more suitable method.

Confirming the person's sensory communication abilities

Most types of communication are dependent on sight and hearing. If the person has sensory impairments, these can impact the person's ability to use or understand an aid.

The choice of aid must reflect these abilities. Many aids can also be adapted to improve accessibility for people with sensory impairments.

For example:

- if a person has low vision, Compic images can be enlarged

- if a person has a hearing impairment, speech can be supplemented with Key Word Signing

- if a person has a vision impairment, they might use speech-to-text to send emails.

> Another important factor in deciding on a communication method is the person's ability to use fine and gross motor skills.

Example
Confirming the person's communication capabilities

Jelena is supporting Mark, a 20-year-old man who has autism. Mark has difficulty understanding abstract ideas, and he is slow to understand and communicate using language. Jelena is working with Mark's speech therapist to help create new methods to help him communicate more effectively. The speech therapist asks Jelena to help assess and confirm Mark's capabilities.

Jelena records the following information about Mark:

- Mark is reluctant to use eye contact or to observe gestures used by others.

- Mark has good fine motor skills.

- Mark has difficulty understanding the meaning of words, and he has a preference for pointing to objects rather than naming them.

- Mark likes to look at photographs, naming people and objects as he points to the images.

Although the therapist was considering teaching Mark to use Key Word Sign to support his language development, this information has indicated to her that Mark's preference lies in using photos and pictures to support language.

After a thorough assessment, Mark is engaged in a new training program that helps him learn to connect pictures with words such as 'stop', 'drink', 'toilet' and 'hungry'. The support workers are helped to use a set of specially designed cards that they hold up while they say the words. Over time, Mark learns to use the picture and the word together to explain what he needs.

Practice Task 1

Question 1

Draw lines to match each term on the left to its definition/description.

Intentional communication	The process of sending and receiving messages to maintain relationships, express needs and interests, and to give or listen to instructions
Non-verbal communication	Using spoken words and language to send messages
Communication	Using methods other than speech to send and receive messages
Verbal communication	The process of sending a message with the knowledge that it may cause a response in others

Question 2

Provide two examples of how a person with a profound intellectual disability might communicate that they are unhappy with the way you are providing support if they are not able to use speech or language.

Question 3

A man with an intellectual disability and cerebral palsy uses vocalisations to communicate, and has no other way to send messages to his family or support workers. Today he is vocalising loudly in a café, and a manager asks him to be quiet because he is upsetting other patrons.

Explain the man's rights in this situation.

Question 4

Provide two examples of capabilities that should be considered when deciding on a method to help a person communicate their needs.

1B Make appropriate referrals

Allied health and other professionals can help assess the person's communication needs and provide information and training about suitable aids and other communication methods.

Your supervisor can help you identify and contact services to support communication. Your role might involve helping the person and/or their family to identify services and supports that could help, or it might be to support the person in a practical way by making the referral for them.

There are several specialists and services that can also provide professional help and advice in assessing communication needs. The following table lists some of these.

> Allied health professionals have specific roles and functions when it comes to assessing a person's communication needs.

Professional	Role and function
Speech therapist	Speech therapists diagnose and treat communication disorders such as difficulties with speaking or being understood. In an interdisciplinary team, a speech therapist might work with people who have difficulties communicating because of developmental delays, intellectual disabilities or cerebral palsy. They can help the person access and learn to use new aids or communication strategies. Speech therapists are also often able to help the person to identify and apply for funding to reduce the end cost of electronic and other aids.
Physiotherapist	Physiotherapists are specialists in the movement of muscles. Because speech and many types of non-verbal communication require muscles, they can help the person to develop or relearn skills to overcome muscle damage or paralysis which can lead to communication impairments.
Occupational therapist	Occupational therapists (OTs) help people find ways to support participation in their school, work or community. When there are communication barriers that prevent the person from being able to participate, an OT can help them learn new strategies and techniques, such as computer head pointers, and adapted mouses and keyboards.

Some services can provide skilled and targeted information and support with communication strategies and aids that suit the person's specific disability.

For example:

- independent living centres throughout Australia

- services such as Dementia Australia, and Autism Australia, which can give advice, training and support for communication strategies and technology.

Funding supports

Some aids are simple and inexpensive, while others are complex and costly.

Funding for assistive communication technologies such as electronic or digital communication devices can be available through NDIS or My Aged Care. Assistive technology advisors can support people receiving government- or NDIS-funded supports to identify and access aids that are funded or partially funded.

However, not all people qualify for funding, and not all types of technology are covered by these programs. There are several funded services across Australia that can assist in creating and recommending inexpensive communication technologies, such as:

- Hearing Australia

- Vision Australia

- Scope's Communication and Inclusion Resource Centre.

The Communication Rights Australia website lists key organisations that can help a person to increase their communication abilities, or to advocate for them: aspirelr.link/communication-rights-orgs

Organisational policies and procedures for referrals

In most cases, you will need to consult with your supervisor and obtain the consent of the person accessing the service to make a referral.

Whether you are suggesting options or making referrals, consider any barriers that might limit the person's motivation or ability to seek help. These barriers can sometimes be overcome or reduced by selecting a support service or professional who is the right fit for the person.

Here are examples of how you can determine the correct procedures.

Referral type	Protocols and policies
Referral protocols from out of your own service	Read and follow your service policy and procedures for making referrals. This will include information about: • which job roles are permitted to make referrals • requirements for privacy and confidentiality of the information of the person accessing the service • how to seek the consent of the person accessing the service before making a referral.
Referrals to a professional or external service	Most professionals and services have procedures for making a referral. These procedures can often be found on the website or by making enquiries by phone. Procedures for referrals might include: • whether a referral is needed to access all or parts of the service • how a referral is made, such as by phone or in writing • professionals or authorities who are permitted to make the referral, such as doctors or police officers • documentation that must accompany the referral • wait list times • privacy and confidentiality requirements and protocols • other services that the information will be shared with.

Privacy and confidentiality when undertaking referrals

Before you share any information about a person with another agency, you must be aware of the legislation regarding privacy and confidentiality.

This will include:

• obtaining the person's consent before passing on personal information about them

• only sending the information that the referral agency needs

• taking steps to protect the information from unauthorised access, such as checking that emails are sent to the correct person.

> ## Example
> ### Referral to a communication professional
>
> Hayley works for an NDIS service provider, and has been assigned a new person accessing the service called Sachem. Sachem is 13 and he was involved in a car accident that left him with low vision and an acquired brain injury.
>
> Sachem would like to be able to use social media like his friends, but the complexity of his brain injury and low vision mean that Hayley does not feel qualified to help Sachem to do this.
>
> With the support of her supervisor, she helps arrange an appointment with Vision Australia. The staff at the centre help to assess Sachem's abilities and limitations. They trial a range of digital devices that are simple to use and accessible for people with low vision, and teach Sachem how to use them.
>
> After three visits, Sachem is confident in using his new iPad and special speech-to-text software. Hayley is able to continue to support him to communicate with his friends on social media.

Practice Task 2

Question 1

Draw lines to match each communication professional on the left to their role and function.

Assistive technology advisor	Help the person with conditions that affect verbal communication to access and learn to use new aids or communication strategies
Occupational therapist	Help the person to develop or relearn skills to overcome muscle damage or paralysis that leads to some communication impairments
Speech therapist	Support people to find ways to increase participation in their school, work or community
Physiotherapist	Provide support to access and purchase electronic communication aids through the NDIS or My Aged Care

Question 2

Which of the following are appropriate when passing on information about a person
receiving a service to other services? Tick all that apply.

❑ Sending all the personal information you have about the person to the agency,
even if it is not directly relevant

❑ Obtaining the person's consent before passing on personal information about
them

❑ Only sending the information that the referral agency needs

❑ Taking steps to protect the person's information from unauthorised access

❑ Asking administrative staff to collect and collate the person's information and
send it through to the referral agency

1C Use cross-cultural communication

Adhering to protocols around cross-cultural communication helps to uphold the rights and dignity of the person.

> Culturally sensitive communication means being aware of cultural differences that might affect communication.

If the person also has different language or cultural communication styles, they can be further disadvantaged in their ability to send and receive messages. It is especially important to take cultural and language differences into account when the person has a communication disability.

Here are some examples of cultural differences that could be considered.

Eye contact can be a key means of non-verbal communication. In some cultures, avoiding eye contact is a sign of respect. However, in Western and other cultures, avoiding eye contact is often viewed as an indication of disinterest, rudeness or dishonesty.

Respect personal space when using communication aids because some people may see it as intrusive if you are too close physically.

When signing, remember that people from some cultures might attach negative meanings to some types of hand gestures that are not intended that way. For example, holding out your palm to indicate stop might be offensive to people from some cultures.

Language differences

> **LOTE**
> Languages other than English.

> **ESL**
> English as a second language.

Our use of language is complex and varied. People who speak languages other than English (**LOTE**) or who have English as a second language (**ESL**) have the right to access communication in their own language, and to be heard and understood.

For example, the brain changes associated with dementia can sometimes result in the person remembering only their first language, even if they have spoken English in the past. This means that you may need to use words in both English and other languages.

Here are some examples of how you can adjust your communication where possible to support language when the person speaks or understands a language other than English.

Enlist family members where possible to help you	• If possible, call family members on the phone or via video conferencing if you are having difficulty communicating in the person's language.
	• Family or friends who speak the person's language can help you put together a communication dictionary translated into English, or into pictures.
Ask bilingual staff to help	• Sometimes the person might be more at ease with a staff member who speaks their language.

Use interpreters	• The Translation and Interpreter Service (TIS) is a free phone service that can be used by government-funded services to help communicate with the person in their language in real time.
Use technology	• Translation apps such as Google Translate, which can translate between languages and speak single words or entire sentences, are readily available for phones or tablets. • Pictures and images on a phone or tablet can be shown to the person to help you communicate a message. • Print out or draw images that might be meaningful to the person so that you can refer to them quickly again later.
Learn some words or phrases in the person's language	• Try to learn some useful words or phrases that might reassure the person and help them to understand the most common things you or they might wish to say.

Learn more about how a person with a communication impairment from a Vietnamese background is supported to include his cultural needs when communicating: aspirelr.link/scope-story

Respecting the person's dignity when communicating

People with communication impairments are often spoken to by others as if they are children, or deaf, or as if they are not there at all. Over time, this can lead to the person giving up on communication or feeling worthless.

Here are some of the ways you can support the person's dignity when they have a communication impairment:

- Avoid talking over or about the person as if they are not there. Include them in every conversation, even if they need time to communicate.

- Give the person your full attention and be patient. Allow them time to convey their message, and to make sense of yours.

- Do not stand over the person while they are sitting or lying down. Instead, bend or crouch to their level while holding a conversation.

- Speak to the person as an adult, not a child. Use the person's preferred name (do not use patronising terms such as 'sweetie' or 'darling').

- Use reassuring and familiar words and phrases.

- Speak at a pace and volume that is suitable for the person; do not yell, even if they have a hearing impairment.

Example

Upholding cross-cultural communication

Genevieve is developing a set of community request cards that Tran can take with him when he is out in the community. Tran speaks Vietnamese, with only a few words of English. She speaks to Tran's sister, Hon, about how she could personalise the cards to meet Tran's cultural and language needs. Hon makes a series of suggestions that include:

- creating cards with a range of specific Vietnamese foods that she knows that Tran enjoys

- including both English and Vietnamese words on the cards, so that they can be used to communicate with people who speak either language.

Hon helps with the translations, and locates images of favourite Vietnamese foods that Genevieve has not heard of or seen before.

Practice Task 3

Question 1

List three cross-cultural communication protocols for communicating with a person who speaks a language other than English.

Question 2

Provide two examples of how you can respect the dignity of a person with a hearing impairment while communicating to them through speech.

1D Document the outcomes of the process

Organisations have different policies and procedures regarding the process of recording information about communication.

It is important to document what you have observed and found out about the person's communication capabilities, needs and preferences. Communication is one of the most, if not *the* most, important areas of support for people with disabilities. Documenting what you have observed and found out is a crucial part of this because it helps you and the rest of the person's support team to collect and build on information that can help to improve the quality of their communication.

This section outlines methods for documenting the person's communication preferences and abilities and for sharing information about the person's communication needs with everyone they communicate with.

Assessment checklists

Triple C Communication Assessment
A standardised tool that can be used by all staff members to help identify and document the person's communication capabilities.

The **Triple C Communication Assessment** is a standardised tool that can be used by all staff members to help identify and document the person's communication capabilities, including their level of symbolic and intentional communication.

Checklists such as the Triple C can help you identify what the person can do, and work through strategies based on abilities, rather than deficits. It is easy to use and interpret, but when the checklist is being used to help determine the best type of aid for the person, it is best analysed by a trained professional, such as a speech pathologist.

Communication dictionaries

Some services, such as those that support people with intellectual disabilities, use assessment checklists such as the Triple C Communication Assessment.

A communication dictionary is an individualised record of a person's use of behaviours, gestures or other non-verbal communication, and an explanation of what they might mean for that person.

People who know the individual well are best at interpreting communication and documenting it in the person's communication dictionary, so that it can be shared with others. Anyone can create a simple communication dictionary, and they are a best-practice example of sharing accumulated knowledge of the person with others.

Example
A communication dictionary

Bert's Communication Dictionary		
When I...	I might be saying...	You can...
Push my food away and cry out loudly	I don't like this, but I am still hungry	Offer something else for me to eat instead
Get up from the table and walk away	I have finished	Let me go to where I would like to be next
Slap repeatedly at my thigh	I am bored	Try another activity
Stamp my feet	I want to be left alone	Leave me be and allow me to be on my own until I am ready to be around people again

Communication profiles

It is often developed for people with disabilities who are not able to speak about their preferences. The profile can help you and other team members identify how the person's communication needs are met, along with their preferences for aids and strategies.

> A communication profile is a document that details how an individual communicates.

Example
Communication profile

My name is:	Sally Brown
The areas I have most difficulty with are:	• understanding what is happening around me • changes to my routine
My communication skills:	I am an unintentional communicator. I am able to respond to kindness and a calm tone.

I communicate my needs and wants by:	• Facial expressions such as smiling • Vocalisations such as crying or laughing • Behaviours such as pushing people away See my communication dictionary to determine specific gestures and their possible meanings.
I communicate 'yes' and 'no' by:	I do not understand that my communication has a direct effect on you, but you can tell a great deal from my facial expressions and vocalisations. If I am smiling, it might mean that I am happy for you to continue with the task you are helping me with. If I push you away or put my head in my hands, it might mean that I want you to stop.
I understand my world (including routines and instructions) by:	I respond to a quiet, peaceful tone of voice. Smile at me and use calm words to reassure me. I do not like being touched or pulled. I do not like sudden movements.
Review date:	

Maintaining confidentiality

Documentation about communication needs can present a dilemma regarding making information easily accessible to people who will communicate with the person, and protecting their privacy.

Personal and sensitive information
Information that is protected by law and must be carefully protected from unauthorised access.

The *Privacy Act 1988* (Cth) requires you to protect **personal and sensitive information**.

Personal information includes a person's name, address, contact details (such as phone number or email) date of birth and gender.

Sensitive information is a special category of personal information and is subject to stricter legal requirements for collection, storage and use. Health information is sensitive information about a person's physical and mental health, disability, health preferences, use of health services and genetics. Sensitive information also includes information or an opinion about a person, such as their racial or ethnic origin, political opinions, religious or philosophical beliefs, sexual preferences or practices or criminal record.

You must ensure that personal or sensitive information is not included on documents that are posted on a wall or written in a communication profile that is kept with the person and freely available to everyone around them. This includes not placing sensitive or personal information in the person's communication profile or on communication aids such as word boards.

Be conscious of communicating about personal topics in a private place, especially when the person's communication aid or needs require frequent repetition or higher volumes.

If the person uses a digital or electronic aid, place or turn the screen away from other people when private issues such as personal care needs are being communicated, to protect the person's privacy.

Practice Task 4

Question 1

Draw lines to match each term on the left to its definition/description.

Assessment checklist	An individualised record of a person's use of behaviours, gestures or other non-verbal communication, and an explanation of what they might mean for that person
Communication profile	Information about the person's health and disability that is subject to strict legal requirements for collection and storage
Communication dictionary	A document that details how an individual communicates, usually developed for people who are not able to speak about their preferences
Sensitive information	A tool that can be used to help identify and document the person's communication capabilities

Question 2

You are developing a communication dictionary that will be laminated and kept with the person on their wheelchair throughout the day so that staff and visitors can help understand the person's body language as communication.

Give two examples of information that you must not include in the communication dictionary.

Summary

- Communication is the process of sending messages to and receiving messages from other people.

- Body language, behaviour, gesture and expression, vocalisation, signing, writing or using images are all examples of mechanisms we use to communicate.

- The right to communicate with others in the community in a way that meets the person's communication needs, preferences and abilities is written into law.

- Communication can be modified or adapted to make the most of the person's communication strengths, or what they can do.

- When you begin to work with a new person or resident who is non-verbal or who has a communication disability, you must make an effort to find out how they prefer to communicate, and how you might support them to communicate with you.

- The method of communication used to help the person communicate must match their cognitive, physical and sensory abilities.

- Allied health and other professionals can help assess the person's communication needs, and provide information and training about suitable aids and communication methods.

- Before you share any information about a person with another agency, you must be aware of the legislation regarding privacy and confidentiality.

- It is especially important to take cultural and language differences into account when the person has a communication disability.

- It is important to document what you have observed and found out. Communication is one of the most, if not *the* most, important areas of support for people with disabilities.

- Documenting what you have observed and found out about the person's communication capabilities, needs and preferences is crucial because it helps you and the rest of the person's support team collect and build on information that can help to improve the quality of their communication.

Learning Checkpoint 1

Identify the current communication capacity and needs of the person

Part A

1. Explain the difference between a person who is an intentional communicator and someone who is a non-intentional communicator.

2. Provide three examples of how you might confirm a person's method of communication or their communication preferences.

3. Give three examples of abilities that you might need to determine before deciding on a communication method.

4. In your own words, give a definition of communication, and explain why people rely so much on communication for connection.

5. You want to indicate to a person that it's time to put on their shoes. Number the forms of symbolic communication from 1 to 5 in the order of most abstract to least abstract.

	Showing them a doll's shoe
	Pretending to put on a shoe
	Showing them a photograph of a shoe
	Showing them a line drawing of a shoe
	Pointing to a real shoe

6. Which of the following examples are a breach of a person's human rights? Tick all that apply.

❑ Not allowing the person to use their communication aid in a public place

❑ Learning and using some words in the person's first language to communicate with them

❑ Ignoring the person's attempts at communication

❑ Helping the person access funding for assistive technology

7. List two actions workers can take to uphold a person's right to privacy and confidentiality of personal information.

Part B

Read the case study and answer the questions that follow.

Case study

You are supporting a five-year-old girl with Down syndrome called Bella. Bella's family is Aboriginal and they live in a semi-rural community. They communicate in an Aboriginal dialect. Bella is not learning to speak as quickly as her non-disabled peers, and only has a few words of speech that she uses regularly. Most of her communication is by way of vocalisations and body language. You would like to support Bella's family to access a communication professional so that Bella's ability to communicate might be improved.

1. Give two examples of allied health professionals who might support Bella to communicate more effectively, and outline the role that each professional might play.

2. Outline the information you might need to provide when making a referral to these professionals.

3. What would you do if you were not sure about your responsibilities regarding making referrals?

4. Bella attends a local day service for children with intellectual disabilities. The staff at the service believe that Bella should be taught to speak only English, because learning two languages might confuse her. Do you think they are correct? Why or why not?

5. How could you ensure that the rights and dignity of the family are maintained when seeking help from an allied health professional?

**6.** What written method could be useful to help you, the family and other support workers decipher and share what you have learnt about Bella's non-verbal communication?

Topic 2: Develop effective AAC strategies

2A Provide information and seek feedback about AAC support options

2B Work with the person to identify and access communication supports

2C Develop and adjust communication strategies to meet individual needs
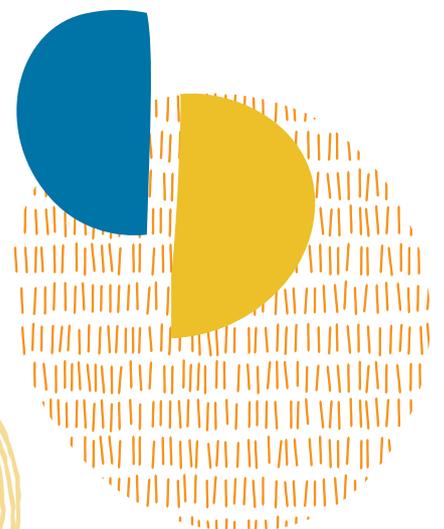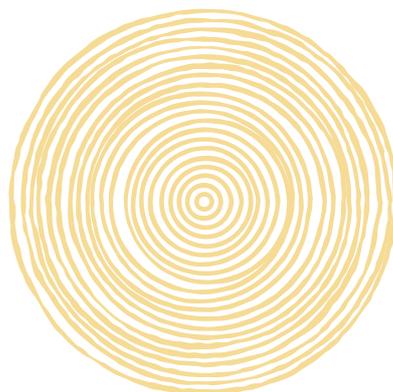
2A Provide information and seek feedback about AAC support options

Augmentative and alternative communication (AAC) refers to communication aids, strategies or techniques that maximise communication for people who have a communication disability.

Augmentative and **alternative** communication (AAC) is any aid or technique that makes communication easier. Augmentative means to supplement, sit alongside or maximise something. In communication, it refers to any method that is used *with* speech, in order to make it easier for the person to understand or be understood. Alternative communication is communication used *instead* of speech. In other words, it replaces speech altogether.

AAC can be used in different environments such as on public transport, at work and in education spaces, in recreation areas, in the person's home, in residential facilities and in whatever spaces the person goes to.

There are various types of AAC: aided AAC, unaided AAC, high tech, low tech or multimodal. Here are some examples.

Aided and unaided AAC

Aided AAC	A communication strategy that is assisted with aids Aids can be low tech—for example, a word board, or community request cards. They can also be high tech—for example, an electronic device.
Unaided AAC	Techniques that do not require the use of a physical aid This can include: • facial expressions, body language, pointing and other gestures • Key Word Signing • Auslan • environmental cues.

High-tech AAC

High-tech aids are those that use electronics or digital means to help with communication. They can include:

- a tablet or smart phone and associated applications

- an electronic speech-generating device that is especially designed to convert typed text into spoken language

- a computer that uses software and accessories to aid communication.

Low-tech AAC

Low-tech communication includes simple devices or strategies that do not require electronics, apps or computers. They can include:

- pen and paper

- printed and laminated pictures, including on posters, cards, boards and books

- real objects or symbols that represent an object

- gestures or signs

- object symbols.

Multimodal AAC

A **multimodal AAC** approach simply means that more than one approach is being used to aid communication.

For example, people from the deaf community will often use signing and lip reading at the same time. In fact, we all use multimodal communication every day. Texting using both words and emojis, or giving verbal directions along with hand gestures such as pointing are common examples of multimodal communication.

For people with intellectual disabilities and conditions such as autism, where language can be confusing, a multimodal approach can provide multiple clues, maximising the chance of the person understanding the message being sent.

For example:

- using Key Word Sign to sign important words while you are speaking

- pointing to pictures while speaking the words

- using a word and a picture together, such as holding up a picture of a stop sign while saying 'stop', to help a person recognise a behaviour of concern

- connecting a routine with a word and sound together, such as ringing a bell at the end of a routine while saying "Time for us to finish now!"

Multimodal communication can have other advantages too. It can be an excellent teaching tool to help the person learn the connection between a word and its meaning, which can increase the person's vocabulary over time and strengthen their learning through repetition.

> **Multimodal AAC**
> An approach that uses more than one aid or strategy to support communication.

Providing information to the person about AAC options

The person you support might need information and support to help them understand how to use AAC options that have been recommended or supplied to them. Refer to their communication plan to identify options recommended or already in use.

Electronic devices and digital technology can help people of all abilities to communicate more effectively.

Technologies are creating new ways for people with hearing, vision, speech and other communication disabilities to communicate. Many of these are also used to support learning in schools, universities, homes and workplaces. High-technology aids vary in cost and size. In many cases they can be mounted on a wheelchair.

Speech output devices

A speech output device relies on the person to input text or pictures, and turns the person's input into synthesised speech.

Lightwriter
A commonly used speech output device that converts typed words into speech.

They can be used to supplement or replace speech. These are also called voice output communication aids (VOCAs) or speech-generating devices (SGDs). **Lightwriter** and Dynavox, which convert selected text or pictures to speech, are brand names of common speech output devices. Newer models have advanced features such as connecting to phone calls via Bluetooth so that they can be used over the phone as well as face to face. Some models use eye-gaze technology, which allows the person to select text or images with eye movement rather than fingers.

These devices are only useful when the person can:

- recognise and select letters to spell words, or recognise images

- use their hands to touch or press letters or images, or use their eyes to focus on a letter or image.

Video: Natural communication with Lightwriter
Watch this video to see a text-to-speech device being used: aspirelr.link/yt-lightwriter

Video: Tobii Dynavox Augmentative Communication Devices
Watch this video to see an image-to-speech device being used for a child with severe autism who is non-verbal: aspirelr.link/yt-dynavox

Apps for computers, tablets and phones

An abundance of software and applications can be downloaded for free or purchased for use with phones, tablets or computers that support communication.

Here are some examples.

App or program
Apps can be downloaded to convert text to speech, so that a phone or tablet can work in the same way as a text-to-speech output device.
Screen readers, voice-to-text apps and other accessibility features can help a person with a vision impairment take part in social media and other text-based communication.
Apps based on artificial intelligence, such as Voiceitt, slowly learn and interpret the patterns of unintelligible speech.
Some apps and software listen and translate what has been said into text.
Voice amplifiers contain a microphone that either amplifies a voice or sends the voice directly to the person's hearing aid or device.

Visit the Affordable Access website to find information on low-cost and free software that can be used to support communication needs: aspirelr.link/affordable-access

For more information about accessible technology suitable for seniors and people with disabilities, visit Accessible Telecoms: aspirelr.link/accessible-telecoms

Low-tech AAC options

The complexity of the communication aid can have an impact on the quality of the person's communication, and sometimes simple aids are quicker, more flexible and more effective for some needs.

Some people have more complex communication needs and are unable to speak. This can include people with an acquired brain injury (ABI), cognitive impairment or speech difficulty. Instead of using spoken words, they may use text or symbols that represent meanings.

The person might:	
Write (and/or ask others to write) what they are communicating For example: • in a written note • on a whiteboard • on a portable or digital notepad	
Spell out what they are saying For example, by pointing to letters or words on a laminated word board or alphabet board.	 Scope Aust. www.scopeaust.org.au
Spell out words by indicating letters with their eyes An E-Tran communication board is used by people who have eye movement but no ability to move or speak. The board is made from see-through Perspex and has a hole in the centre so that the communication partners can see each other. This system requires the person to have good encoding and literacy skills.	 Scope Aust. www.scopeaust.org.au

Point to pictures, objects or symbols

There are many common and creative ways to use pictures to help communicate.

One easy and low-tech way is to communicate an image through pointing or gesturing.

Scope Aust. www.scopeaust.org.au

Aids using pictographs

Pictorial aids are a type of assistive technology that does not rely on reading, hearing or speaking words.

Because of this, pictographs do not require any level of literacy. They include a set of clear and easily understood drawings that allow someone to convey the information needed. You can help the person to make their own pictograph-based aids, or they can be made by specialists.

Core boards

Communication boards or core boards are sheets or boards (often laminated for longer use) that use images to represent high-frequency words. They are made to suit the individual person in the settings they are most likely to be in and include the interests they are most likely to have.

A communication board allows someone to use a combination of communication symbols to communicate their needs and feelings. It includes frequently used letters, words or pictures the person can point or gesture to. The pictures or symbols are ordered in a systematic way. Communication boards may be grouped according to activities, food or the alphabet.

Picture Exchange Communication System (PECS)

A widely used system is the Picture Exchange Communication System (PECS). It is based on a system developed to progress the child or adult through learning to understand pictures to express their communication needs.

For more information about PECS, visit: aspirelr.link/pecs-aus

Community request cards

Community request cards use images that are customised to suit the person's interests and likely communication needs, and then laminated and made easy to transport, such as on a key ring or lanyard. They can be used with strangers—for example, when purchasing something from a shop.

> To see more about making community request cards, visit: aspirelr.link/scope-aus-cards

Example
Minspeak

Minspeak is a visual language designed for use in augmentative communication and uses icons as symbols instead of relying on the written word. The person using Minspeak can independently communicate a large vocabulary with a small number of icons. This means the person does not have to spell, learn or navigate a large set of pictures.

> For more information, go to: aspirelr.link/minspeak

Aids using photographs

Photographs are a kind of symbol used to represent meaning.

Photos may represent items a person wants or likes, friends and relatives or they may have personal meaning. They can be used in chat books, on activity boards and with other communication aids.

Book About Me
A personalised book using words and images to help the person communicate about the people and things that interest them, what they like to do and how they like to do it.

A chat book or **Book About Me** is a visual aid usually developed using photographs. It is used by the person and others to create a conversation and shared understanding of the person.

A Book About Me can help the person to communicate about the people and things that interest them, what they like to do and how they like to do it.

Chat book
A visual diary based on what the person has been doing, such as recent events and activities.

A **chat book** is a visual diary with information on what the person has been doing, such as recent events and activities they have been involved in.

Example
Chat book

Emma's Chat Book

On Christmas Day, I had lunch with my mum, dad, my brother Martin and my cousins. Mum set the table and I helped her. We thought it looked so nice!

Then I helped make place cards for all the guests. Everyone loved their pictures!

It was a sunny day and we ate lunch outside. It was a lot of fun.

We had ice-cream for dessert, and even Miranda the cat had some!

Aids using objects

In specific circumstances, using objects as aids can greatly benefit communication with the person.

As you have seen, some people who cannot use abstract thinking, such as people with profound intellectual disabilities, might have difficulty associating a word, symbol or even a picture or photograph with its meaning.

For these people, object symbols can be used to represent an activity or thing. They can be used by staff to communicate what will happen next, or to determine the person's preferences, or by the person to make requests.

The object must have a concrete association with the intended meaning. A purse might represent a shopping trip. A seat belt buckle might mean a car trip. They can be labelled with instructions for the communication partner, indicating what the object means for the person.

Example
Using labelled objects

Paula has a profound intellectual disability and is not able to associate language or photographs with abstract ideas. Paula becomes distressed and occasionally aggressive when there is a sudden change of activity. To help give Paula warning that she will be moving on to a new activity soon, the staff use labelled object symbols. These are kept in a box in Paula's room. They include a small hairbrush to show that she will be having her hair done; and a spoon to show that it is meal time.

Paula can use these objects to ask for things she wants, too. She uses a labelled cup to show when she would like a drink.

Paula loves going to the hydro pool every Tuesday afternoon, and the staff would like to find a way to indicate to her that they will soon be going swimming because this activity helps her to reduce distress and anxiety. Terry has the idea of using an old pair of swimming goggles for this purpose. He attaches the goggles to a label with instructions for when and how this symbol will be used.

On Tuesday at lunchtime, the staff use the symbol to indicate to Paula that she will soon be swimming. After a few weeks, Paula begins to associate the object with the activity. There is always a huge grin on Paula's face when she sees this symbol.

Seeking feedback on preferred options

When you are using AAC that has been recommended, created or purchased for or by the person, it is still important to provide them with choice.

Some people prefer to use certain aids or strategies only in certain settings or for particular communication needs. For example:

- The person may prefer to use speech-generating software when they are with people they know well, and when they will be holding longer, more complex conversations, but use low-tech community request cards for communicating short sentences or requests, such as when purchasing items in a store.

- The person might have a preference to use low-tech aids such as a word board when in the shower, or when in a place where there is no internet access.

If the person does not seem to want to use an aid or technique that has been recommended in their plan, ask them why, and document this. Never force a person to use an aid or technique. This can create negative associations that make it more difficult to teach or familiarise the person with the AAC.

You can seek and document feedback using a range of methods.

You can:

- ask the person directly, or ask family members or other people who help them to use the AAC method

- document the person's body language when they are using the AAC—for example, to see whether they look interested in using it

- review written records and notes from allied health professionals and other workers.

Practice Task 5

Question 1

Match each type of aid on the left to its category.

National Relay Service	Low-tech aid that uses pictures to communicate
Screen reader	High-tech aid that converts text to speech
Community request cards	Digital aid that reads text out loud
Lightwriter	Uses the telephone to access speech to text or text to speech

Question 2

Give two examples of how you could seek the person's feedback on their use of an electronic aid.

Question 3

Jeremy is 18 and has an acquired brain injury. He attends swimming lessons where he needs to communicate brief information to his instructors. He also enjoys socialising with his friends and he often wants to have lengthy chats with them.

Provide an example of strategies that can be used to support Jeremy's communication.

2B Work with the person to identify and access communication supports

You can recommend technologies and communication supports that the person or their family might not have heard about, or not considered.

It can be a good idea to let the person know the benefits of getting supports from other services, and for new aids or technologies to increase their communication. An assistive technology is often much more empowering than dependence on another person for help.

This is because:

- the person does not need to rely on or wait for the help and availability of others around them

- the technology puts the person in control

- they can often be used in a range of settings, including in the community

- they can significantly reduce the effects of the person's disability and help them to participate in the same way that others do.

There are many different options in the community to help people access supports and aids. These include services such as communication resource centres, online stores and information portals.

Scope Australia runs the Non-Electronic Communication Aid Service (NECAS). This service works closely with the person with disability and their family and other support people to create individualised aids that suit the person's unique activities and interests.

For more information about NECAS, visit: aspirelr.link/scope-aus-comm-aids

The National Relay Service (NRS) is a government-funded telephone service. It helps people with hearing impairments to communicate over the phone with other services or individuals via text, phone or video.

The NRS has specially trained staff called relay officers who help with every call. The relay officer will change voice to text or text to voice and Auslan to English or English to Auslan. The person's signed or typed input is transferred to speech for the listener on the other end of the phone.

The NRS is available 24 hours a day, every day.

For a fact sheet on relay calls, visit: aspirelr.link/relay-calls

Supporting the person with disability to provide information to professionals

Professionals can recommend the right AAC when they have as much information as possible about the person's communication needs, lifestyle and preferences.

Information about the person's communication needs may have to be communicated to other professionals. Your role may be to support the person to provide information about their needs to these professionals.

Here are some examples.

Professional or service	Reason for providing information
Speech therapists	Speech therapists can help people find and access the best communication technology to meet their needs. Most aids can only be funded when there is a written recommendation made by a communication professional such as a speech pathologist.
Planners and assessors	NDIS or My Aged Care funding can often be used to purchase communication aids. For example, NDIS funding can be used to pay for non-electronic communication aids such as community request cards. NDIS funding can also be used to trial or purchase more expensive, electronic aids that have been recommended by a trained professional. To apply for this funding, the person may be asked to show an NDIS assessor or **NDIS planner** how a communication aid is suited to their needs, and how it can help them achieve better communication.
Communication resource professionals	Once occupational therapists and other professionals have information about the person, they can create personalised low-tech aids, or program high-tech aids, to suit the person's individual needs and interests.

NDIS planner
The assessor responsible for helping the person to develop their NDIS plan, including how funding will be allocated for communication aids and other supports.

Communicating needs not being met with current aids

New technologies are being developed all the time. Even if the person's needs or daily activities stay the same, they might be better served with a new aid to help them to be more independent or to communicate more effectively.

For example:

- Electronic text-to-speech aids are fast becoming superseded by apps on phones and tablets.

- Tablets are often more portable and flexible than older style equipment.

- New technology can include artificial intelligence—for example, some technology can 'learn' unintelligible sounds over time and translate them into speech.

Communicating new activities the person is involved in

Some activities make it especially important to have an electronic or complex communication aid. Being an active participant in the community is a priority for NDIS support. If the person will be undertaking complex or new activities, they might be eligible for a new aid to meet their expanding communication.

For example, if the person would like to be able to communicate with other members of the wider community, they will find this more difficult if they use Auslan to Key Word Sign, since this is not widely known by others. They will need an aid that strangers do not have to be trained to use, such as community request cards with images, or a touch-to-speech aid such as **Dynavox**.

> **Dynavox**
> A common brand of communication aid that can be downloaded as an app onto tablets or phones. Dynavox uses pictures that are converted to artificial speech when touched.

Communicating likes and dislikes

The person's preferences will also be important to professionals who are assessing, recommending or creating new aids. Let the person know that their likes and dislikes are an important part of the decision and help them to communicate this when they are being assessed.

For example, assessors will need to know:

- whether the person prefers to communicate via pictures or words, if they have capabilities for both

- whether the person is competent with technology such as tablets and smart phones, or whether they would prefer a simpler device

- what the person likes and dislikes, so that this can be included in picture-based aids.

Principles and practices of AAC

When developing strategies for using AAC, there are certain principles and practices to be aware of that support its development and implementation.

Acknowledge and respond to commonly held myths and beliefs about AAC.

- Find services and professionals that meet the needs of the person.

- Continue to interact and communicate with the person all the time.

- Model speech and language.

- Model using AAC.

- Accept that one size doesn't fit all.

Often, when the person or their family is looking to start AAC, concerns are raised about when is the right time to start. There may be hesitation and reluctance, especially in cases where children will be using AAC. Comments made are often brought on by people's beliefs, attitudes and life experiences. They may have heard opinions from other people in their community that have raised concerns. It is important that the right information is conveyed about AAC and that common myths are dispelled.

Common myths can include:

Myth	Reality
Using AAC will stop the person from talking.	Many people, in fact, demonstrate improvement in their speech. However, in instances where the person is not talking or their speech is not developing, their language and communication skills can continue to be developed using AAC.
The person is not able to use AAC.	We cannot presume incompetence simply because the person has never used the AAC before. There are no prerequisites to using AAC; it is simply about giving it a go.
The person needs to start with low-tech AAC before moving to high-tech.	The person needs to start with the right AAC for them. This will be based on their preferences, needs and current competencies. It will also depend on the situation they are in and who they are with. Many people will use both high-tech and low-tech AAC.
It's too late or too early to start using AAC.	Since communication begins at birth, there is no evidence that suggests a person needs to be a certain age to benefit from AAC. Similarly, it is never too late to begin using AAC as communication is a basic need and human right.

Myth	Reality
Some speech is sufficient.	To live a full life, a person needs more than just 'some speech'. A person needs to be able to communicate information, ask questions, engage in conversations, participate in activities and learn.

Techniques to support communication with professionals

The person may require support communicating their preferences and needs to professionals.

You might help the person communicate their needs and preferences by:

- finding examples of newer technologies and talking to the person about how they could benefit from these

- showing the assessor any disadvantages their aids currently present to them, such as not being portable

- finding the words, gestures or illustrations to help the person explain how new equipment might benefit them

- helping the person to submit a written recommendation for a new aid to their planner.

Remember that you must follow policies and procedures for privacy and confidentiality when communicating the person's needs to professionals, as outlined in Topic 1.

For more information about accessing funding using NDIS supports, visit: aspirelr.link/scope-aus-ndis-comm-aids

Practice Task 6

Question 1

Explain how the NDIS or My Aged Care could provide support to a person who needs a communication aid.

Question 2

Give two examples of information that might need to be provided to professionals who are assessing the person for the right type of AAC.

Question 3

List three ways a worker can support a person with disability to provide information to other professionals about their preferences and needs.

Question 4

Which of the following principles and practices apply to AAC? Tick all that apply.

❑ Start AAC only when the person demonstrates verbal communication.

❑ Continue to interact and communicate with the person all the time.

❑ Model speech and language.

❑ Accept that one AAC strategy is the best fit for the person at all times.

❑ Model using AAC.

2C Develop and adjust communication strategies to meet individual needs

When developing communication strategies, consider the person's preferences and experiences as outlined in their individual plan, as well as input from your supervisor and other professionals.

Many types of low-tech AAC can be designed and even produced cheaply and easily by the people who know the person, ideally with the person's input and participation.

You can personalise and print out many different types of word-, picture- or object-based aids at home or in your workplace, or send them to commercial printers to be printed, cut, laminated or bound. Velcro is an excellent way to make images detachable and easy to move around a board, book or laminated shopping list.

For example, you can easily develop picture-based aids that use images including:

- alphabet boards
- **chores charts**
- communication boards
- communication books
- community request cards
- picture cook books
- personal communication dictionaries
- shopping lists
- timetables
- **'Who's here today?' boards.**

Services and individuals can purchase or download online templates to help create professional-looking low-tech aids. They can include images, templates to write or type into, ideas for words and images, and instructions. A good example is the Scope Australia Communication Aid Creator, which uses images from the Compic library.

For more information or to download the program, visit: aspirelr.link/cope-aus-comm-aid-creator

Chores chart
A chores chart is a board or chart that shows what chores or housework needs to be done, and who it will be done by using pictures rather than words, as used in a supported residential unit, for example.

'Who's here today?' board
A board placed in the communal area of a service, such as near the entrance, to let clients know which staff members and allied health professionals are present. It usually includes detachable names and photos that can be added or removed each day.

Helping to design a communication aid

It is important to consider the person's preferences, activities and common experiences when designing and developing low-tech aids.

The choice of aid should take into account a range of individual factors that help the person to achieve their own goals.

Questions that might be considered when helping the person to select an aid include:

Question	Consideration
Why does the person need it?	• Consider whether the person needs to communicate simple or complex things. • Sometimes a simple aid is better if the person is not likely or able to use complex buttons or functions, or if they need to communicate short pieces of information quickly. • Think about the types of pictures, words or symbols that will be needed. Remember that if there are too many choices, the person might be overwhelmed. • If there are too few choices, they might not be able to express their needs. This can be resolved by creating different aids for different settings, or using separately themed books or boards.
Where will the person be using it?	• Consider how portable the choice of aid might be. Does it need to be carried, or will it sit on a wheelchair tray? Would it be more accessible if it was placed on a wall? Will it need to be waterproof? • Lighter and smaller are clearly better choices when the person takes the aid with them into the community.
Who will be supporting them to use it?	• If the person is alone in the community, communication and other aids may involve interacting with strangers or other community members such as storekeepers or hospitality staff. • Consider which type of aid is most likely to maximise both the person's independence and the accessibility of the aid to others if they need support.
What barriers might exist?	• Some people, especially older people, may have a fear of new technologies simply because they are unfamiliar with them. If you can help them become more familiar with technologies such as smart home systems, digital devices that help with recall and communication, apps and social media, you can open up a new world for both the person and their family and carers. • If the person has low vision, consider the size of font and images. • If the person has a physical disability, consider what book format might make it easier to turn pages, such as cardboard or foam edges.

For detailed information from Scope Australia about how to design a communication aid, visit: aspirelr.link/necas-aid-design

Example
Making an alphabet board

An alphabet board can be easily produced using online templates, a word program or even freehand. It can be customised to suit the person's needs.

For example:

- ABC or QWERTY format
- large or small font
- upper- or lower-case letters
- commonly used words such as 'yes', 'no' or 'thank you'.

The board can be laminated and used on a wheelchair, hung on a wall, used as a placement on their table or kept in a bag as a back-up for people who may have an electronic communication device that could run out of batteries or that depends on an internet connection.

Example
Creating image-based communication boards

Markel has autism and is non-verbal. Sophia wants to help Markel's family create a series of boards that can be used to help him to communicate his preferences.

Sophia starts by thinking about a range of different themes for the boards. With input from Markel's family, she decides on four themes: food and drink; recreational activities; personal care tasks; and favourite items. Each board is clearly labelled with a theme, and a different colour is used for each theme so that they can be recognised quickly. Sophia takes photos of Markel in different settings and of the activities and items he is familiar with, and prints out the photos onto A3 pages.

The boards are then laminated and kept in the large bag on the back of Markel's wheelchair, ready for use when Markel wants to communicate his needs and preferences.

Example
Making an E-Tran communication board

The E-Tran communication board is a non-electronic communication aid that allows a person to use eye contact to spell out words to their communication partner.

The board can be customised to meet an individual's communication needs. If you are designing an E-Tran communication board, it is preferable to use the advice and input of a professional such as an occupational therapist.

They can be made with a sheet of Perspex cut out at a local hardware store, and permanent markers or wipeable markers so that the letters or words can be changed to suit the person's preferences. They can be symbol-based, or use a different layout from the standard board. The board is placed between the person using it and their communication partner. The person using the board points with their eyes to indicate letters and spell out words. The communication partner follows the person's eye gaze to see the message they are spelling out.

Video: Customising an E-Tran communication board
Watch this video to see tips for using and customising an E-Tran communication board: aspirelr.link/yt-etran-comm-board

Working with the person to adjust tools and programs

Communication apps and computer programs can often be adjusted to meet a person's individual needs and preferences. Text and other information used in apps, programs and devices must be suitable and easily accessible by the person with disability, or for older people who have vison or hearing loss.

There are also many types of accessories, software and hardware that can increase the accessibility of computers and tablets, such as head pointers, adapted switches and adapted keyboards.

Computers, speech-generating devices and other digital devices can be configured in settings to provide better accessibility for people with disabilities.

For example, you can make simple changes to:

- the volume of a synthesised voice

- the accent and gender of the voice

- a keyboard, to allow for one-handed typing

- the sensitivity of the mouse, to reduce accidental movements for a person who has reduced muscle control

- the text and screen, including font size and screen brightness.

When providing information in written or digital form, you should also consider the person's preferences for:

- **Alt text** for images

- plain English or **Easy English**

- **Braille**.

Alt text

Alt text is a digital description that is embedded into an online or digital picture, used by people with a vision impairment to identify what is in a picture or image.

The person uses the software to 'speak' the Alt text, describing the image. Alt text can be automatically generated by software programs, or manually created by the person producing the content.

Alt text
A digital description that is embedded into an online or digital picture, used by people with a vision impairment to identify what is in a picture or image.

Easy English
Easy English helps to break down complex written information into an easier format, including simple words and accompanying images, such as Compic or other recognisable visual language. It is often used to help provide written information to children or to people with intellectual disabilities.

Braille
A language for people with vision impairments. It uses a series of raised dots to represent letters and words.

Example
Alt text

A small white dog wearing a colourful, blue harness sitting on the floor. In front of the dog is a cushion that says 'Percy' in large letters. The dog has a look of contentment.

Example
Easy English

The *Disability Act 2006* is supplied in an Easy English version for people with intellectual disabilities.

To view the Act in this format, see: aspirelr.link/dffh-disability-easy-read

Consulting with supervisors and other professionals

Some aids will be more effective if they are produced in consultation with professionals such as occupational therapists and speech therapists; or other professionals, such as someone from a communication resource centre.

If you are seeking to develop new aids or strategies, speak with your supervisor or a communication professional. They can often give you advice and support on how to create the aid, how it might be taught to the person and how it can be used.

It can be harmful to some people if the wrong aids are used, or if they are used incorrectly.

For example:

- If a child with a learning disability is not provided with the right guidance and support when using aids, their speech or language might be further delayed.

- When an aid only allows the person to communicate at a level that is lower than their abilities, such as using pictures when they could use words, important communication about needs and preferences can be missed.

- If a communication dictionary is not developed using close observation and knowledge about the person, staff or others might mistake body language that they interpret as 'Yes', when it could in fact mean 'No'.

- If a person is forced to use an aid they do not like, they can develop negative associations and be less likely to try to communicate.

Many high-tech aids have complex settings and can be very expensive to replace if they are damaged. If you are not sure about how to adjust or adapt an aid, seek help from your supervisor or suitably qualified person.

Most funding bodies will provide additional funding for aids to be adjusted, adapted or repaired by trained professionals. Never try to adapt or fix the structure of an electronic or digital communication aid yourself.

Documenting communication support strategies

Keep a careful record of observations and concerns about the person's communication.

Your service will have policies and procedures for documenting interventions relating to communication.

You might be required to document in the following ways.

Documentation	Information to include
File notes or progress notes	• How well the person is using their communication aid • Any problems or concerns that you might have • Questions that need to be referred to professionals
Communication profile	• Aids and techniques used by the individual to communicate • Instructions for how the person uses the aid, including preferences
Letters or emails to professionals who will develop or adjust resources	• The person's communication capabilities • Their interests, likes and dislikes • The settings in which the person will be using the aid • Common words and ideas that the person might need to express

Practice Task 7

Question 1

A person with an intellectual disability is able to recognise and point to photographs or pictures in order to send a message about their needs and preferences. They cannot use or understand verbal or written communication. Which of the following options might be best suited to this person? Tick all that apply.

❏   A Lightwriter

❏   A picture-based electronic aid

❏   A word board

❏   An E-Tran communication board

❏   A book that uses Compic

Question 2

What four main considerations should be made when designing a low-tech communication aid?

Question 3

List two ways communication support strategies can be documented.

Question 4

Provide two examples of what might happen if you work outside of your job role when developing communication aids.

Question 5

List three adjustments to AAC systems that can be made to better meet the needs and preferences of the person.

Summary

- Augmentative and alternative communication includes a range of high-tech and low-tech options.

- The choice of aid will depend on the person's abilities and needs.

- The information provided to professionals about the person's communication needs can help them to select suitable aids.

- Technology is expanding to include new ways to help reduce communication barriers.

- High-tech aids can include devices, apps and programs.

- Low-tech aids can make use of pictures, photos, symbols or objects.

- You can work with the person and other professionals to design and develop low-tech communication aids.

- Tools and programs can be adjusted to meet individual needs and overcome barriers.

- Consult with communication professionals to support the person's communication needs where possible because they are able to help maximise the outcomes.

- Document what you have observed, along with the person's own feedback, where possible.
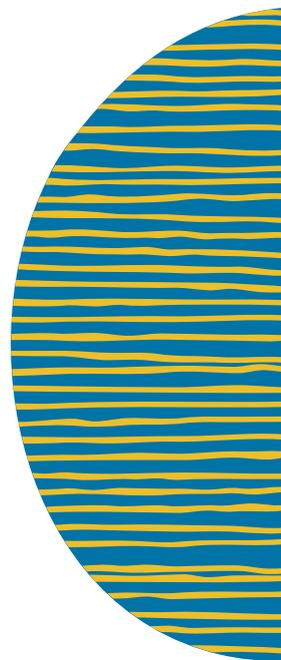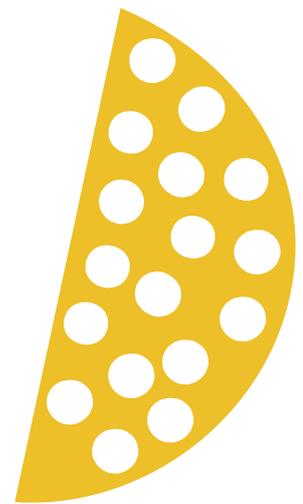
Learning Checkpoint 2

Develop effective AAC strategies

Part A

1. Match each term about communication supports on the left to its definition/description.

Dynavox	Creates individualised low-tech devices
NDIS planner	Provides free phone and online supports for people with hearing impairments
NECAS	Assesses the person's need for communication aids and directs funding available to purchase them
NRS	A common brand of high-tech electronic communication aid

2. Give one example of information that a person with a disability might give for each of the following, in relation to a communication aid.

- Likes/dislikes

- Daily activities that impact the type of AAC required

- Current communication needs

3. Which of the following mediums help document a communication strategy you have developed? Tick all that apply.

- ❑ Community request cards

- ❑ File notes

- ❑ Communication profile

- ❑ Emails to professionals who will develop or adjust resources

- ❑ Communication board

4. List three principles and practices that need to be upheld when developing effective AAC strategies for a person.

5. Briefly explain the advantages of multimodal communication.

Part B

Read the case study and answer the questions that follow.

Case study

Terry is a 25-year-old man who has severe autism and is non-verbal. His favourite pastimes are going to McDonald's and finding locations on maps. The support staff are helping Terry to become more independent and are thinking about how they could help him to order his own food at McDonald's. Terry has learnt many different map symbols and is able to identify the logo for Coca-Cola. He knows the boxes that a Big Mac and McDonald's fries come in, and can recognise photographs.

1. Give an example of a communication aid that you might create for Terry so that he can order his own lunch at McDonald's, explaining how you would use symbols, objects or words to create the aid.

2. Which professionals or services could help you to develop this aid in line with Terry's preferences and individual communication needs?

3. Terry has experienced difficulty using the aid, because staff at McDonald's don't seem to be able to understand what Terry is doing when he first tries to use the aid. What could be done to adjust the aid to help with this problem?

**4.** Terry seems to want to spend more time looking for places on his maps, but you are unable to think of a way to help him with this. Who could you turn to for advice and guidance?

Topic 3: Implement AAC strategies

3A Organise the environment to optimise communication

3B Work with the person to use AAC devices, tools and techniques

3C Identify and respond to communication difficulties
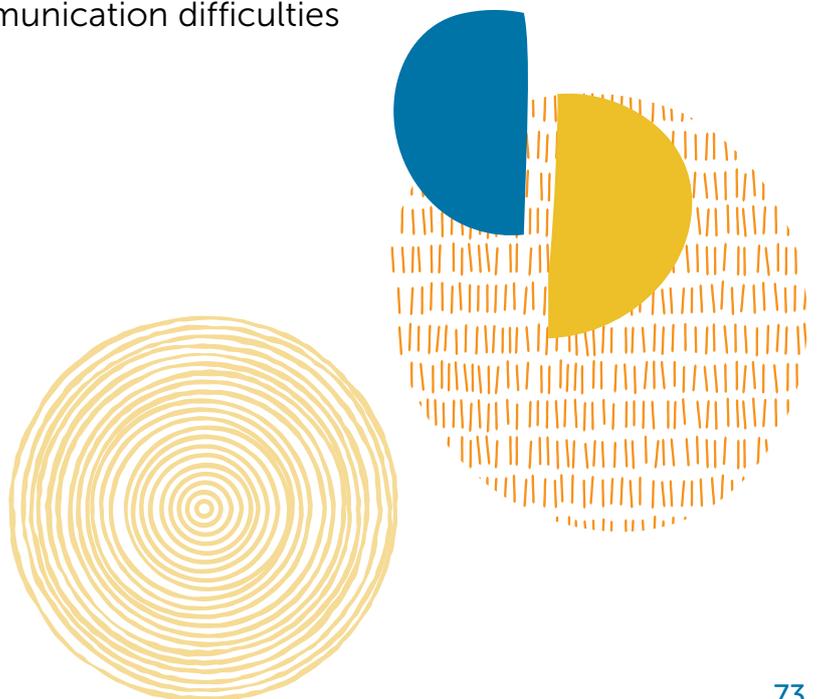
3A Organise the environment to optimise communication

When the person can focus on the communication, the message is more likely to be complete.

You will not always have control of the surroundings as the person's **communication partner**. However, there are some factors that can have a big impact on the way communication happens. A well-organised and considered environment can optimise communication opportunities, and encourage the person to continue to use the aid or technique.

Noise

Noise and distractions can reduce focus and take over the sounds of voices or electronic devices.

Where possible, find a quiet place where you are less likely to be disturbed by interruptions. Reduce background noise such as TVs and radios.

Try to focus only on the person, rather than the people around you or the other work you have to do.

Timing

Consider the person's attention span. For example, if a person has an acquired brain injury or dementia, you might need to break the communication into smaller sessions, and keep it short and to the point.

Choose the time of day when the person is most likely to be responsive. All people have a shorter attention span, and higher levels of frustration, when they are tired, distracted or upset.

Position

The relative positions of communication partners can have both a physical and a psychological impact.

If you stand over a person while they are attempting to communicate with you, they are more likely to feel hurried and insignificant. Sitting down opposite a person who is sitting sends a powerful message that you will be giving the person your time and focus.

When communicating with someone who uses body language, gestures or lipreading to help them communicate, it is especially important to face the person completely, and use direct eye contact where appropriate. In groups, place chairs in a way that the person can be included in conversations.

At other times, such as when the person has autism, direct eye contact might be upsetting or uncomfortable for them. If you are using images or text to communicate, it can be more appropriate to stand beside the person so that you can look at the aids together.

Lighting

Keep in mind that many electronic aids as well as text-based and picture-based communication aids, rely on appropriate lighting.

Too dark, and the person might have difficulty distinguishing the images or text. Too bright, and the screens of many aids such as iPads can be too reflective.

Additional aids

Consider the aids and other objects that the person might need in situations where there are additional distractions, such as noise.

For example, give them a pen to write down a complex message when you are having trouble hearing.

A low-tech word board or picture board can be a good back-up where noise might make it difficult to hear the person's speech or for them to hear you.

Practice Task 8

Question 1

Give three examples of considerations you might make when adjusting the environment to optimise communication.

Question 2

Give an example of when the person might need to have a back-up aid available to them.

3B Work with the person to use AAC devices, tools and techniques

There are various steps involved in working with a person with disability to utilise devices, tools and techniques included in their AAC strategies.

Using a communication aid does not always come naturally. It is important to create a learning environment that encourages a positive interest in using the aid over other techniques.

The most important thing is to be welcoming and friendly. Remember that communication is just as important as, if not more important than, the other tasks that you might need to do for the person. Treat them with dignity and respect, and give them as much time as they need to communicate and respond.

Helping the person learn to use AAC

Our own behaviours in responding and communicating can have a big impact on whether or not a person with an intellectual disability or other cognitive impairment uses the aid regularly.

If it is quicker or easier to get their needs met in other ways, such as by screaming, crying or snatching, then it is unlikely that the person will use the aid instead.

There are three important steps to follow when helping a person to learn and maintain skills for using communication aids:

1. Model the use of the aid

Use the aid yourself when communicating with the person, even when there is an easier or quicker way to communicate the message. For image- or object-based aids, point to the symbol as you say the word, so that a connection can be made over time. Repetition is an important learning tool, so try to repeat the same words or symbols within a short time frame, and then again over the next hours or days.

2. Create opportunities to use the aid

When first using an aid or communication system, it can be a good idea to begin teaching important core words first. These are words that are used frequently. Each person might have a group of their own core words, depending on their favourite items, activities or preferences.

Start with something that is meaningful and motivating. You may need to help create associations first between a sign or symbol and the meaning by pointing to the sign and saying the word at the same time or just before an activity.

Use a person-centred, strength-based approach to gain and keep the person's attention where possible. For example, you might begin to communicate first about something that the person loves to do or talk about. Avoid talking too much and use short sentences and repetitive vocabulary.

Pay attention to the techniques that tend to help the person stay focused, and use these whenever possible. This can include:

- creating predictable routines around communication. For example, you might hold up a card with a 'stop' symbol to let the person know that you want their attention

- using touch cues and gestures when you are talking

- using waiting and pauses as tools. These can help to motivate the person to initiate communication.

Once the person begins to use the aid themselves, try to hold back on anticipating their needs and trying to do things for them. This can provide an opportunity for them to practise using the aid, and an opportunity for you to reward them with an outcome.

3. Respond as soon as possible

Most people will continue to use methods of communication that reward them in some way, rather than methods that do not. If the person is learning to use words or symbols, and uses them to indicate what they want, reward them straight away where possible by following through with their request.

Be aware of demotivating the person to use the aid. This can happen when staff or others respond in the same way to other types of communication that are easier or just as easy for the person to use.
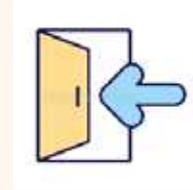
Example
Using AAC devices

Molly has severe autism and is non-verbal. She becomes upset by noise and she screams loudly when she wants to leave the room. She cries when she is hungry, thirsty and cold, and it is difficult for staff to understand which of these needs she has at any one time. The crying and screaming is distressing not just to Molly, but to the other people around her.

Molly's support worker, Gayani, is teaching her to understand picture symbols on a board. Gayani begins by teaching Molly simple signs and symbols for common everyday items, such as 'drink', so that Molly becomes aware that there is a connection between the image and the need. Soon, Molly begins to use the picture of a drink, because pointing to the image is a quicker and more effective way to get what she needs than crying.

Gayani then develops an image for Molly to use when she wants to leave a noisy area and go somewhere quiet. When she can see Molly becoming upset by noise, Gayani shows her the card and then points to the door. Soon Molly can use the aid herself. When she does this, Gayani responds immediately so that Molly is rewarded for using the aid. If she screams rather than using the aid, Gayani does not respond as quickly. This helps Molly to realise that it is quicker and more effective to use the board than to scream.

Working with the person to use unaided communication

An unaided AAC system uses techniques, rather than aids, to increase understanding or replace speech. Key Word Sign is an example of an unaided system.

In Topic 1, you learnt about the purpose of Key Word Signing. Key Word Sign using Auslan or other symbols can be a valuable technique to learn yourself. It can be used with children or adults who have little or no speech, or who can benefit from a multimodal approach, such as when speech is not clear or when they are learning to use language.

If you work with people with severe intellectual disabilities, it is likely that it might already be in place and practised regularly to help support communication.

Video: What is Key Word Sign?
Watch this video to see a person using and explaining how to use Key Word Sign: aspirelr.link/video-kws

Note the differences between Key Word Sign and Auslan.

Tips for using Key Word Sign

To use this technique, you will first need to learn the signs understood by the person. You might also find it useful to teach them other signs, too. Include natural gestures such as facial expression and body language while you speak and sign. In addition:

- only sign the key words of the sentence, and speak the words at the same time

- be patient and give the person time to respond

- speak as you usually would. You do not have to raise your voice or slow your speech

- encourage all communication partners to use the same signs and to use them consistently, to aid learning and to maintain the connection between the word and the sign.

There are many different ways to learn and practise Key Word Signing, and to help others learn it too. For example:

- You or the person with disability might wear or carry a Key Word Sign lanyard when you are out in the community.

- You might create posters with signs and post a new sign at key places in your service so that you and other staff can learn a new sign every day or every week.

Scope Aust. www.scopeaust.org.au

For more information about Key Word Sign, visit Key Word Sign Australia at: aspirelr.link/kws-aus

Assisting the person to increase their communication vocabulary

Once the person is able to understand the connection between the language of the AAC and a meaning that can help them to get their needs met more effectively, the speed of learning new symbols or words will increase rapidly, as long as the person remains motivated to use the aid or technique.

Keep the aid close at hand and try to find opportunities to use it in as many everyday activities and contexts as possible, including those that are fun, relaxing and enjoyable. For example, you might use it while reading a story, in the car, taking a walk, with visitors, at the park or ordering lunch.

When the person learns a new word or symbol, it is important to create repetition early in the learning, until the word or symbol becomes familiar enough for them to recall it with ease.

Slowly introduce new vocabulary as the person's motivation to use communication increases.

Using prompts

Prompting can be an excellent learning tool to help a person become more independent and learn new vocabulary or symbols over time.

Prompting can be used to frame teaching by starting with high levels of prompting and gradually reducing your prompts to lower levels. This is called 'fading prompting'.

Example
Fading prompting

Here is an example of how you can use prompting to help a person learn new key word signs.

Level	Prompt (from lowest level of prompting to highest)
6	Physical assistance (help the person to make the sign by moving their fingers and arm into place)
5	Visual prompt (show the person the sign and ask them to copy it)
4	Verbal prompt (tell the person how to make the sign)
3	Non-verbal prompt (point to the person's hands to remind them to make a sign)
2	Expectant pause (wait and see if the person remembers the sign or symbol)
1	Independent, no prompting

You will need to use higher levels of prompting when a new sign is learnt. Try to use the level of prompting below what you think they might currently be at, and work your way upwards through the higher levels until they have managed to use the correct sign. Then gradually reduce the level of prompting to more independent signing.

Encouraging contact with other AAC users or support people

When people learn a new language, we know that having opportunities to practise it with other people is one of the most important ways to increase vocabulary and fluency.

The same is true for learning to use a new AAC. Communication is essentially about our relationships with other people, and it is important to encourage meaningful contact with other people who use the aid or strategy.

People who use a common language can learn together, help each other and be motivated by other people's successes.

People	Actions to encourage meaningful contact
Family members and friends	• Help the person's significant others to learn to use the technique or aid in a range of situations. • Provide opportunities for them to learn how to maximise the use of the aid. • An occupational therapist or speech therapist can help with this instruction.
Support workers and other staff	• All staff members should be taught and encouraged to use the aid when communicating with the person. • Try to find creative ways to share learning, such as having a 'sign of the day' or rewards for workers who are the first to learn 10, 50 or 100 signs.
Other people with disability	• Real learning can happen when two people with a similar communication disability are able to use the AAC method to communicate with each other. • When you work with people with intellectual disabilities, encourage and reward situations where this happens naturally. • Set up and encourage social opportunities for people to use systems together. For example, help a child who is deaf and learning to sign Auslan to meet and sign with other children.
Members of the general community	• Be supportive and encouraging of people in the community using the aid to communicate with the person. • Try to help without being intrusive. • Avoid the temptation to take over.

On media and social media	• Find and highlight opportunities for the person to see the system or aid being used in community and public contexts, and where possible to take part themselves.
	• For example:
	  - sign language being used at a press conference on TV
	  - social media opportunities for people who use electronic communication aids
	  - virtual meeting software to create opportunities to meet other people from outside the community who use the AAC method
	  - videos of people using the aid in everyday life.

Example
A Book About Me

A Book About Me or similar life-based resources can be an enjoyable way for a child or person with an intellectual disability to learn new symbols and meaning in a way that is relatable to their own life, and to use them to interact with other people.

Mihai has an intellectual disability. He speaks only a few words and is learning to use a picture-based communication system. Tom has helped Mihai and his family put together a 'Book About Me'.

The book includes sections on:

- how he communicates
- what he likes to do
- the routines he prefers
- things he doesn't like.

Tom has included both familiar and new images from the picture communication library that Mihai is learning to use. This helps Mihai to understand how these images can be used and how they relate to his own life. Tom adds new symbols to the Book About Me and Mihai likes to show them to others when he is talking about himself.

You can download a template for a Book About Me here: aspirelr.link/scope-about-me

Encouraging opportunities for using AAC in the community

People who work in disability or aged care services can work with the local and wider community to create techniques and opportunities for inclusive communication.

You can talk to local businesses that you visit regularly, or even occasionally, about how they can become more accessible for all people in the community with communication impairments, including, but not only, the people you support.

You might:

- provide a laminated word or picture board that could be kept at the business's reception area

- give support and tips to the staff of the business for how they could help the person to use community request cards or other AAC systems

- suggest that there are excellent professional development opportunities for learning about accessible communication

- recommend that the service could work towards being a communication accessible business.

The Communication Access symbol

When you see this symbol, it means that the business or service you are visiting is communication accessible. To gain the sign, the business has to show that communication tools are available to help people get their message across and understand what people are telling them; and that they have staff who are inclusive and take time to encourage different ways to communicate.

For more information about the Communication Access program, see: aspirelr. link/scope-comm-access

Video: Communication Access — Scope Australia
Watch this video to find out more about the Communication Access program to encourage businesses in the community to provide accessible communication: aspirelr.link/yt-comm-access

Example
Encouraging AAC use with strangers

When a person who is non-verbal is ordering an item in a store using community request cards, stand back slightly to indicate that the salesperson should talk to the person with disability, rather than to you.

Smile at the person you are supporting while they use their aid with a stranger. This encourages the stranger to do the same, and to feel comfortable with accepting the use of the aid.

If you need to, prompt the stranger to use the aid, and help them to do so. Try to avoid the temptation to take over the interaction yourself, and instead model patience and understanding.

Practice Task 9

Question 1

List the three important stages or principles for helping a person to use an AAC.

Question 2

Number the steps from 1 to 5 in the order you would follow when fading prompting from the highest level of prompting to the lowest.

	Non-verbal prompt
	Physical assistance
	Verbal prompt
	Visual prompt
	Independent, no prompting

Question 3

Provide two examples of opportunities that can be created that encourage the person to use AAC strategies with other AAC users or support people.

3C Identify and respond to communication difficulties

It is important to identify difficulties experienced by the person when communicating and to respond within the scope of your own job role and responsibilities.

Ignoring a problem or difficulty can lead to the person being demotivated or even developing an aversion or dislike to the aid. This section outlines examples of difficulties that might be present, and how to respond to them.

Most people, even young children, sense it if you have not really understood and if you are pretending that you have. This only increases frustration and reduces trust.

When you cannot understand the person, let them know you are having difficulty. You can try some of the following ideas to make sure the message is delivered correctly:

- Ask them to repeat the message, and pay close attention.

- Try asking prompting questions based on what you have guessed the person might have said so they can answer yes or no.

- If you still do not understand, try to find another way, or tell them that you will come back to that point when there is less noise or when they are less frustrated.

If the person does not understand you

If you think the person has not understood you, repeat the message or say it a different way.

Avoid showing signs of frustration because this is demotivating to the person.

If it is not urgent or important, let it go if the person shows an interest in moving on. You might try to come back to it later if needed.

Use a strengths-based approach whenever possible. In other words, focus on what the person can understand, rather than what they cannot. If they seem to have mastered using symbols that represent objects, but are struggling with more abstract communication such as the symbols for actions, praise all attempts and continue to develop their confidence with symbols for objects until they are ready to move on.

Referring difficulties to supervisors or other professionals

If the problem is outside of your job role, enlist the help of a supervisor, occupational therapist or speech therapist. Examples might include:

- when the person is not interested in using the aid or shows an aversion to it

- when the person is not learning new vocabulary as expected

- when you are continuing to struggle to understand the person's communication

- when you think the communication aid needs adjusting or adapting

- when you suspect the aid is not right for the person in a particular setting or situation.

Example
Referring problems with communication

Xavier is 12 and is learning to use a picture-based electronic communication device. He is slowly learning to use the symbols on the program, and understands that when he selects a symbol, the device speaks the word out loud. His speech therapist is happy with his progress, and he uses the device regularly to communicate with staff and family members.

However, Xavier is shy and finds it difficult to use the device in public places. He feels embarrassed when other children his own age see him with the device, and tends to hide it away. He dislikes the synthesised voice of the machine, and after a while he refuses to use it at all when he is out in the community.

Jemma speaks to Xavier's speech therapist about this. The speech therapist has only ever seen Xavier use the device in private spaces like his home and day centre, so she was not aware of this issue until Jemma raised it with her.

The speech therapist has put two new strategies in place to try and overcome Xavier's embarrassment. She helps Jemma to download the pictures in a program on Xavier's phone, so that he can use his phone rather than the device in situations where he is embarrassed, because many children his age use a phone. She also creates a series of low-tech community request cards for Xavier's most common requests, such as a can of coke, or a hamburger. Xavier is more motivated to use these for his easier requests, because they are simple and do not require synthesised speech.

Practice Task 10

Question 1

Give two examples of when you might refer a problem with using an aid to the person's speech therapist.

Question 2

Explain why it is important to pay attention to difficulties the person might be having, and to report them to the right person.

Summary

- A well-organised and considered environment can optimise communication opportunities and encourage the person to continue to use the aid or technique.

  - Where possible, find a quiet place where you are less likely to be disturbed by interruptions.

  - Reduce background noise such as TVs and radios.

  - Consider the person's attention span.

- When communicating with someone who uses body language, gestures or lipreading to help them communicate, it is especially important to face the person and use direct eye contact where appropriate.

- Create a learning environment that encourages a positive interest in using the aid over other techniques.

- There are three important steps to use when helping a person to learn and maintain skills for using communication aids:

  - Model the use of the aid.

  - Create opportunities to use the aid.

  - Respond as soon as possible.

- There are many different ways to learn and practise Key Word Signing, and to help others learn it too.

- Keep the AAC aid close at hand and try to find opportunities to use it in as many everyday activities and contexts as possible, including those that are fun, relaxing and enjoyable.

- Encourage contact with other AAC users or support people.

- Encourage opportunities for using AAC in the community.

- Ignoring a problem or difficulty can lead to the person being demotivated or even developing an aversion or dislike of the aid.

- If a problem is outside of your own job role, enlist the help of your supervisor, occupational therapist or speech therapist.
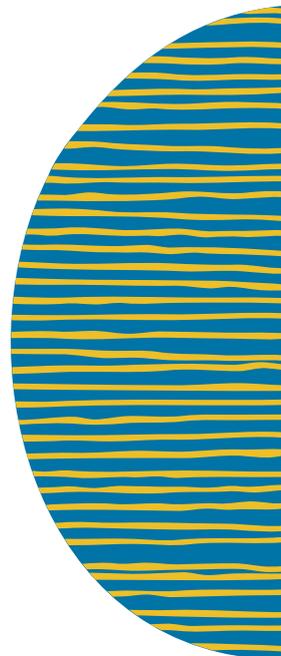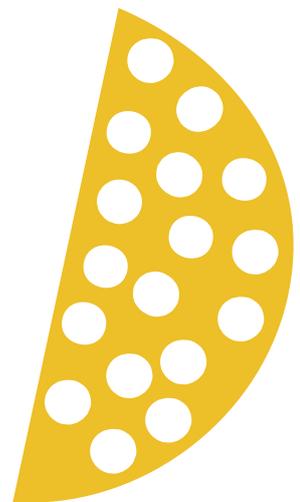
Learning Checkpoint 3

Implement AAC strategies

Part A

1. Give two examples of strategies you could use to support a person to learn new icons or images when they communicate using picture symbols.

2. Which of the following difficulties should be referred to a speech therapist or your supervisor? Tick all that apply.

❑ The person seems disinterested in using the aid or shows an aversion to it

❑ The person is having difficulty adjusting or adapting to the communication aid

❑ The person is learning new vocabulary

❑ When you continually struggle to understand what the person is communicating

❑ When one of the person's aids is only being used by the person in the community

Part B

Watch the video and then answer the questions that follow.

Video: Are you communication accessible? Scope Australia
Watch this video to see how people with disabilities communicate in ways other than using speech: aspirelr.link/yt-scope-comm-access

1. Which stages or principles for helping a person to use an AAC were demonstrated in the video?

2. What did the staff at the centre do to encourage and support communication?

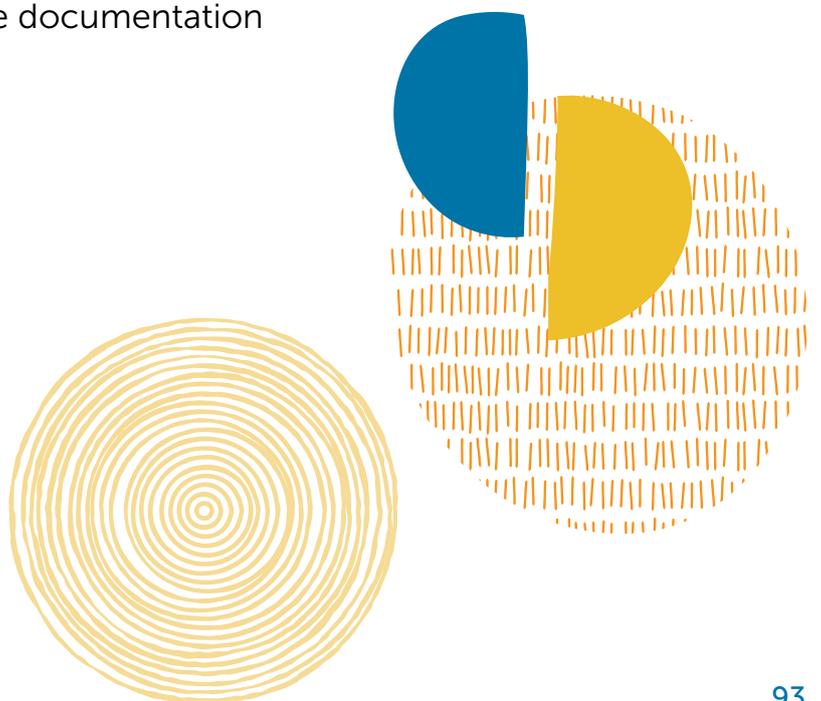3. What did the staff do when they did not understand what Penny and Chris were trying to communicate?

Topic 4: Monitor and review communication strategies

4A Monitor and report implementation of AAC strategies

4B Work with the person to identify and address AAC barriers

4C Complete, maintain and store documentation and reports

4A Monitor and report implementation of AAC strategies

Where possible, monitoring and evaluation should be done in consultation with the person with disability.

Monitoring means checking on the progress of a task. When you are monitoring the person's ability to use a communication strategy, you are checking on how well they are going, and deciding whether they are on track.

Monitoring the person's use of communication aids

Monitoring the use of the aid or technique is especially important during a trial or introductory period.

The person might show early signs of adapting to the aid, or of finding the aid difficult or cumbersome to use.

You can monitor a range of outcomes. These could include:

- whether the person is learning to use the aid at the expected rate according to their communication plan
- whether the person's vocabulary is increasing
- whether the person uses the aid in preference to other forms of communication
- whether the person is able to use the aid to find ways to communicate what is relevant to their needs, and what they want to communicate
- whether the aid is adaptable to the person's life in different settings and when communicating with different people
- whether there are any problems or issues.

Here are some examples of monitoring techniques commonly used in communication trials.

> Your service will have procedures for how to document your monitoring activities.

Monitoring technique	Examples
Observation	Watch closely how and when the person uses the aid or technique. • Do they automatically use the AAC, or do they need to be encouraged? • Do they look happy to be using the AAC, or do they look frustrated or resentful? • Does the aid contribute to the number of quality conversations the person has with others? • Does the person spend more time interacting with others in valuable ways? • Is the person expanding their vocabulary as expected? • Are there physical or other problems in the way the person uses the aid?
Questioning the person	If possible, ask the person about their satisfaction with the AAC. You might ask: • Do you enjoy using the aid? • What are the things you like/do not like about it? • Does it make it easier for you to get the things you need? • Are there other things you wish you could communicate? • What would make it even better?
Questioning others	Other communication partners, such as family members, friends and support workers, can often make good judgments about how well the person is progressing. You might ask: • Has the quality of the person's conversation improved since they began to use the AAC? • Is the AAC flexible enough to be used effectively in different settings, or is it only useful in some settings? • What adjustments could make the AAC easier for them to use? • Does the person understand your communication? • Do you understand theirs? • What barriers might still be in the way for the person to communicate most effectively?
Referring to equipment, statistics and information	Some electronic and IT devices or programs collect data over a period of time. This can sometimes be used to determine: • the most common words or images that the person uses • the period of time that the program was in use • adjustments that were made to software.

Evaluation records and checklists are often designed by professionals such as speech therapists. Your ongoing input to these documents helps professionals to evaluate the success of the trial, and whether there need to be additional changes to aids or techniques.

Example
Trial AAC monitoring checklist

This checklist requires staff members or other communication partners to report on each incidence of the use of the AAC. The level of prompting needed refers to how independently the person is able to use the aid. This number would be expected to gradually become smaller over time as the person needs less prompting to use the aid to communicate.

Client: *Carrie*

Trial dates: *June- August*

AAC method being trialled: *Key word sign*

Date	Setting	Communication partner/s	Level of prompting needed *	Observations or feedback
3/7	At home	Mother	4	Carrie signed that she wanted to have lunch. I reminded her to sign and she remembered the sign for lunch.
4/7	Day program	Support worker	3	Carrie signed that she wanted to go to the toilet. She needed me to use a non-verbal prompt of pointing to the poster of signs before she remembered.

*Prompting level legend:

1 = Independent, no prompting

2 = Expectant pause

3 = Non-verbal prompt

4 = Verbal prompt

5 = Visual prompt

6 = Physical assistance

Self-evaluation records

If the person is able to provide their own feedback, they might be given a self-evaluation checklist to complete.

This is useful when a person is using a high-tech device that is new to them.

Think about how the person will be able to respond as independently as possible. If they are able to communicate using a computer with adaptations such as eye gaze software, the checklist should be created with this in mind.

Example
Self-evaluation

(Please tick)	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Comments
The device was easy to use.		✔				
The device gave me more independence.			✔			Many people in the community were unsure about communicating with me. They looked like they were embarrassed, and I often had to revert to using community request cards instead.

(Please tick)	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Comments
I could use the device in all the places I needed to use it.				✓		As above
It was easy to communicate with strangers using the device.				✓		
The voice settings on the device were suited to my age, gender and accent.					✓	The voice settings are American. I would like them to be set to an Australian accent.

Reporting on monitoring activities

Both written and verbal feedback from a range of stakeholders is important to communication professionals.

Many communication professionals use a range of methods to determine the success of an AAC. They can refer to ongoing documentation, along with feedback from the person with disability and their regular communication partners, such as support workers and family members.

Follow your service's policies and procedures relating to reporting your observations and feedback from others. If you have concerns about an AAC, it can be important to raise these well before the end of the trial period so that they can be addressed early. Let your supervisor know if the person is having difficulties or if adjustments are required. This information can then be passed on to speech and communication professionals.

Practice Task 11

Question 1

List three ways to gather information and feedback about how the person
is progressing with a new AAC method.

Question 2

Give four examples of information you might be looking for about the person's use
of the aid while monitoring a trial of a new AAC method.

Question 3

List two indicators of success with regard to the implementation of an AAC strategy.

4B Work with the person to identify and address AAC barriers

Monitoring and evaluation of how the person uses the aid can help you identify barriers that prevent the person communicating to their full potential.

There are several barriers that can affect a person's ability to use their AAC aid or system effectively. These can be classed as **opportunity barriers** or **access barriers**.

Identifying barriers

Opportunity barriers are obstacles to using an aid or system that are external to the person and outside their control. Access barriers are obstacles to using aids that are related to the person, such as their abilities, disability or attitude.

You will need to work with the person and professionals to help identify these barriers. It might take some time to determine where the barriers lie. For example, the person might not be open about feelings of embarrassment or insecurity and tell you they are not using the aid for other reasons.

Category	Barrier	Examples
Opportunity barriers	The attitudes of family, friends, support staff or therapists towards the AAC	• Other potential communication partners find it easier to communicate without the AAC, so they don't encourage it to be used. • Other people show frustration at the person's slow attempts to communicate with the AAC. • Other people turn away mid-sentence or forget that the person is trying to communicate so the person is discouraged from continuing.
	Support practices used in services	• Support workers fail to reward requests when the AAC is used correctly. • Support staff regularly forget to pack the aid when the person is going out.

Opportunity barriers	The attitudes and practices of people in the community	• Children at school laugh at a child who uses an AAC. • People in services and businesses refuse to acknowledge the person attempting to use the AAC and talk to their non-disabled companions instead. • The AAC method is not portable enough to be used in some places. • People in the community avoid the person; for example, thinking a person with cerebral palsy might be under the influence of alcohol. • People assume the person is deaf or intellectually disabled, and refuse to communicate at the level the person needs.
	Policies and practices used in external services	• People in businesses regularly refuse to allow the person to use or enter with the device: for example, not allowing the person to use an electronic device on a plane. • Services require communication via methods that the person is not able to use, such as via an online form or via phone. • Noise in stores makes it difficult for the AAC to be understood.
	Knowledge and skills of communication partners	• Potential communication partners have not been trained to use or understand the AAC; for example, Key Word Sign. • The AAC is too complex for strangers in the community to understand.
Access barriers	The attitude of the person with disability using the AAC	• It is just as effective or more effective for the person to use other ways to communicate, such as using behaviours of concern (this is also related to attitudes and practices of others). • The AAC method is embarrassing for the person or makes them feel different from others. • The AAC is taking too long to master, and the person loses interest.

Access barriers	The person's capabilities and constraints	• The aid is too complicated for the person to use in all or some situations. • The person does not have the fine motor skills or capabilities to use the aid or system. • The person's vision or cognitive abilities prevent them from distinguishing between signs or symbols. • The person is not able to ask for help when they need it. • The device is unreliable and the person does not know how, or is unable to, change batteries or settings.

Video: Creating communication opportunities

Watch this video about how to use barriers to create opportunities for communication with an AAC device: aspirelr.link/yt-comm-opp

Pay particular attention to how the person purposefully creates barriers in order to create opportunities that invite communication.

Making adjustments or modifications to communication strategies and devices

You will need to work with the person and allied health professionals to identify adjustments or modifications to communication strategies and devices that can address barriers.

Once you have determined the barriers to the use of the AAC device or strategy, consider how these might be overcome.

You might consider the following questions:

- Is the aid too complex for the person's abilities, and can it be simplified or does it need to be substituted for another method?

- Are there settings on the device or program that can make it more accessible?

- Is there a need for additional training for the person and/or communication partners in the use of the AAC?

- Would education of local community members help?

- Is there a way to reduce stigma or embarrassment for the person when using the aid?

- Do I need to help the person report instances of discrimination in the community to the Human Rights Commission?

Some of these adaptations are best suggested to your supervisor, who can contact the appropriate person to arrange for training, professional support or community support. Others can be reported directly to the allied health professional who developed or recommended the AAC method.

Example
Adjusting a communication device

Hannah is using a communication board with images that she points to in order to express her needs. Hannah has found the board useful to use with support workers while in her own home, but it is not very portable. Hannah uses community request cards when she visits places in the community such as her local pool, but this is becoming restrictive as her vocabulary grows and as she makes more friends at the pool.

Hannah's support worker, Ruth, reports this to her supervisor. With input from Hannah, they decide that a communication book would be more portable and provide more options for topics of communication for Hannah when she is at the pool. The supervisor contacts Hannah's occupational therapist, and a new communication book is developed using the words and ideas that Hannah would like to communicate to her new friends at the centre. The book is laminated so that it can withstand the humid pool environment, and made to a size that can be easily carried when Hannah is not using a bag.

Practice Task 12

Question 1

Which of the following are *opportunity* barriers? Tick all that apply.

❑ The AAC is taking too long to master, and the person loses interest.

❑ Noise in stores makes it difficult for the AAC to be understood.

❑ Other potential communication partners find it easier to communicate without the AAC, so they do not encourage its use.

❑ Other people show frustration at the person's slow attempts to communicate with the AAC.

❑ Support workers fail to reward requests when the AAC is used correctly.

Question 2

List two adjustments or modifications to communication strategies or devices that may be required to address barriers.

4C Complete, maintain and store documentation and reports

Many of the documents, reports and records about communication contain personal information that must be protected.

Recording and documenting work is an ongoing task. Records could be required at any time by other workers, by your supervisor or by allied health professionals. People receiving support and/or their advocates and family may access and read your documents, so always be respectful and objective.

Completing documentation about communication needs

Here are some examples of the care that needs to be taken to complete documentation about communication needs.

Considerations when completing documentation
Use the appropriate form. This helps other workers and allied health professionals identify the information they need. Make sure you have completed all sections and that entries make sense.
Make sure your handwriting is legible (easy to read).
If you have made a mistake, draw a line through the entry and sign your name. Do not use liquid paper.
Computer-based records must be password protected.
Sign and date records after you have completed them. Computer-based records may require a log-in to identify the author.

Respecting the privacy and confidentiality of the person's information

Confidentiality means not discussing an individual's personal information unless they have given their consent for this. This is a legal requirement under the *Privacy Act 1988*.

Confidential information can include:

- names, addresses, emails

- the person's medical condition, mental health condition or disability, including the reason for their communication impairment

- information they have communicated to others that is personal in nature

- financial information, such as funding used to access aids.

Treat any information you have about a person with a great deal of care. Do not share information with anyone apart from other workers or managers, and only if they need to know.

Keep the person's own personal information secure from their family and friends. In most cases, it is not up to you to decide what they share with their family and what they would prefer to keep to themselves.

Here are some important ways to protect confidentiality.

Protect written information	Keep file notes, care plans, communication books and handover notes closed and secure, according to your service policy and procedures. This can include keeping files and care plans in a locked room in a facility, or in a locked phone or tablet with password protection if you are in the person's home.
Be aware of who can hear	Be conscious of where you are if you are communicating personal information with or about a person. Do not talk about them in a public place or in an open area of a facility. You do not have to mention the person's name to breach confidentiality. If you are using any details about a person that could be overheard and identified by others, this is in breach of the person's rights.

You can read more about privacy, confidentiality and disclosure at:

- aspirelr.link/aacqa-privacy-policy

- aspirelr.link/law-handbook-privacy-confidentiality

Storing documentation

Your service will have policies, guidelines and procedures about where AAC checklists, reports and documents are to be stored and filed.

Records must be kept secure. They must be stored in the correct place where they can only be accessed by people who are authorised to see them, and so they can be easily located and referred to when required.

Many community agencies use electronic systems that allow users to input all of the individual's details, referrals, assessments and case notes directly to a database. These systems may be password protected, which limits access to authorised staff only.

> ### Example
> ### Storing information
>
> Susan is developing a Book About Me about Ryan. When she realises that the book is being developed for Ryan to use to chat with friends and family, as well as people in the community, she makes sure that the book does not contain personal information such as Ryan's medical diagnosis or disability.

Practice Task 13

Question 1

Explain how you should maintain and store records containing a person's personal information.

Question 2

Give two examples of information that should not be included in a communication tool that will be kept on the person's wheelchair tray.

Summary

- Monitoring means checking on the progress of a task.

- When you are monitoring the person's abilities to use a communication strategy, you are checking on how well they are going, and deciding whether they are on track.

- Privacy and confidentiality of personal information should be considered whenever you are supporting a person or when you are passing on information to others.

- Observation and questioning of the person and other communication partners are examples of monitoring activities.

- Checklists and self-evaluations can be used to monitor AAC trials.

- Documentation should follow the organisation's procedures and comply with legal requirements.

- Protocols for correct and accurate documentation include writing objectively.

- Personal information needs to be carefully protected.

Learning Checkpoint 4

Monitor and review communication strategies

Part A

1. What is the purpose of monitoring a person who is using a new AAC method?

2. Which of the following statements are correct? Select yes or no for each one.

a. The only person who can monitor an AAC trial is an allied health professional.	Yes / No
b. A self-evaluation checklist is completed by support workers who have seen the person use the AAC method firsthand.	Yes / No
c. Self-evaluations are best performed by people with higher level communication and cognitive abilities.	Yes / No
d. Some types of information cannot be communicated in a Book About Me or laminated placemat used in open areas.	Yes / No
e. You should report negative feedback from a person about a communication aid, even if it is during the trial period.	Yes / No

Part B

Read the case study and answer the questions that follow.

> ## Case study
>
> Johnathon has cerebral palsy, which affects his ability to control his muscles. He does not have an intellectual disability, but his speech is difficult to understand and his fine motor control is limited. He is undertaking a trial with a new electronic aid that uses large buttons and converts his typed input into speech.

1. Give two examples of how the success of the new method might be monitored.

2. List three considerations you would need to take into account when completing and storing documentation relating to Johnathon's AAC trial.

Johnathon has told you that he has heard about an app that learns to convert indecipherable speech to intelligible speech via a microphone and synthesised voice. He says he would prefer to try this, because the current device feels like old technology.

3. Who could you report this preference to?

4. What barriers might there be with Jonathon using the aid, which he considers 'old technology'?

Glossary

Access barriers

Obstacles to using aids that are related to the person, such as their abilities, disabilities or attitude.

Aided AAC

A communication strategy that assists with aids. Aids can be either low tech, such as a word board, or high tech, such as an electronic device.

Alt text

A digital description that is embedded into an online or digital picture, used by people with a vision impairment to identify what is in a picture or image.

Alternative

A method used instead of speech, or that replaces speech altogether.

Augmentative

A method used to supplement speech, when the person has some speech, in order to make it easier for them to use speech or to be understood when speaking.

Book About Me

A personalised book using words and images to help the person communicate about the people and things that interest them, what they like to do and how they like to do it.

Braille

A language for people with vision impairments. It uses a series of raised dots to represent letters and words.

Chat book

A visual diary based on what the person has been doing, such as recent events and activities.

Chores chart

A chores chart is a board or chart that shows what chores or housework needs to be done, and who it will be done by using pictures rather than words, as used in a supported residential unit, for example.

Communication

Verbal or written exchange of information, news or ideas.

Communication dictionary

An individualised record of a person's use of behaviours, gestures or other non-verbal communication, and an explanation of what they might mean for that person.
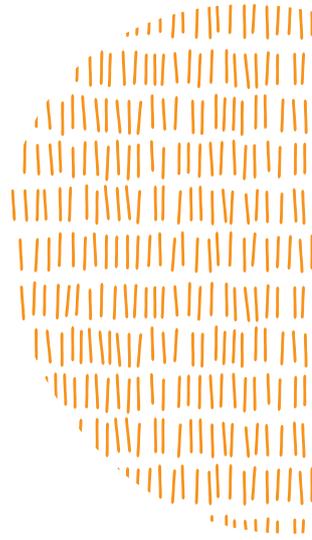
Communication impairment

Changes to a person's ability to use, process or understand verbal or non-verbal communication as the result of a physical, sensory or neurological disability.

Communication partner

Any other person involved in communicating with the person with disability.

Communication profile

A document that details how an individual communicates. It is often developed for people with disabilities who are not able to speak about their preferences. The profile can help you identify specific communication such as gestures or behaviour, and what it might mean for that person.

Congenital

A condition that is present at birth.

Dynavox

A common brand of communication aid that can be downloaded as an app onto tablets or phones. Dynavox uses pictures that are converted to artificial speech when touched.

Easy English

Easy English helps to break down complex written information into an easier format, including simple words and accompanying images, such as Compic or other recognisable visual language. It is often used to help provide written information to children or to people with intellectual disabilities.

ESL

English as a second language.

Intentional communication

When a person deliberately intends to communicate to another person or people.

Key Word Sign

A method of using recognised signs to complement certain key words as they are spoken.

Lightwriter

A commonly used speech output device that converts typed words into speech.

LOTE

Languages other than English.

Monitoring

Observing and checking the progress or quality of something over a period of time.

Multimodal AAC

An approach that uses more than one aid or strategy to support communication.

NDIS planner

The assessor responsible for helping the person to develop their NDIS plan, including how funding will be allocated for communication aids and other supports.

Opportunity barriers

Obstacles to using an aid or system that are external to the person and outside their control.

Personal and sensitive information

Information that is protected by law and must be carefully protected from unauthorised access.

Pictograph

A simple drawing used to represent a word or a concept.

Stimming

Repetitive or unusual movements or noises, sometimes seen in people with autism when exposed to situations that are overwhelming or stressful.

Triple C Communication Assessment

A standardised tool that can be used by all staff members to help identify and document the person's communication capabilities.

Unaided AAC

Communication techniques that do not require the use of an aid, such as key word signing, Auslan, gesture or touch.

Unintentional communication

When a person is not able to understand their ability to communicate feelings and preferences with others. They might instead use biological responses such as crying, smiling or moaning without intending to send a message to others.

Vocalisation

Using sounds other than speech to express emotions or needs, such as calling out, moaning, humming, screaming or squealing.

'Who's here today?' board

A board placed in the communal area of a service, such as near the entrance, to let clients know which staff members and allied health professionals are present. It usually includes detachable names and photos that can be added or removed each day.