

Communication Aids

Alternative & Augmentative
Communication Care Joint Pathway
for Children and Young People in the
City of York

Assessment, Provision and Support agreement
January 2018



Visit the Local Offer to find out what is available in York for
children & young people with special educational needs/disability
<http://www.yor-ok.org.uk/families>

Abbreviations used:

AAC = Alternative & Augmentative Communication

CYP = Child or Young Person

SLT = Speech & Language Therapist

MSP = My Support Plan

EHCP = Education Health & Care Plan

MDT = Multidisciplinary team

OT = Occupational Therapist

CCG = Clinical Commissioning Group

CYC = City of York Council

Date last reviewed: January 2018

Devised and reviewed by:

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INTRODUCTION

This booklet is for the use of education, health and social care teams and contains a collection of documents which should be used during the process of assessment, trial and implementation of AAC Systems

This document is part of an agreed protocol for the assessment and provision of communication aids. The agreement could apply to any child or young person who lives within the City of York and receives Speech and Language Therapy services.

This booklet provides information for parents and carers on the pathways for access to resources.

If AAC Systems are being considered, requested or are in everyday use, this should be recorded in the EHCP.

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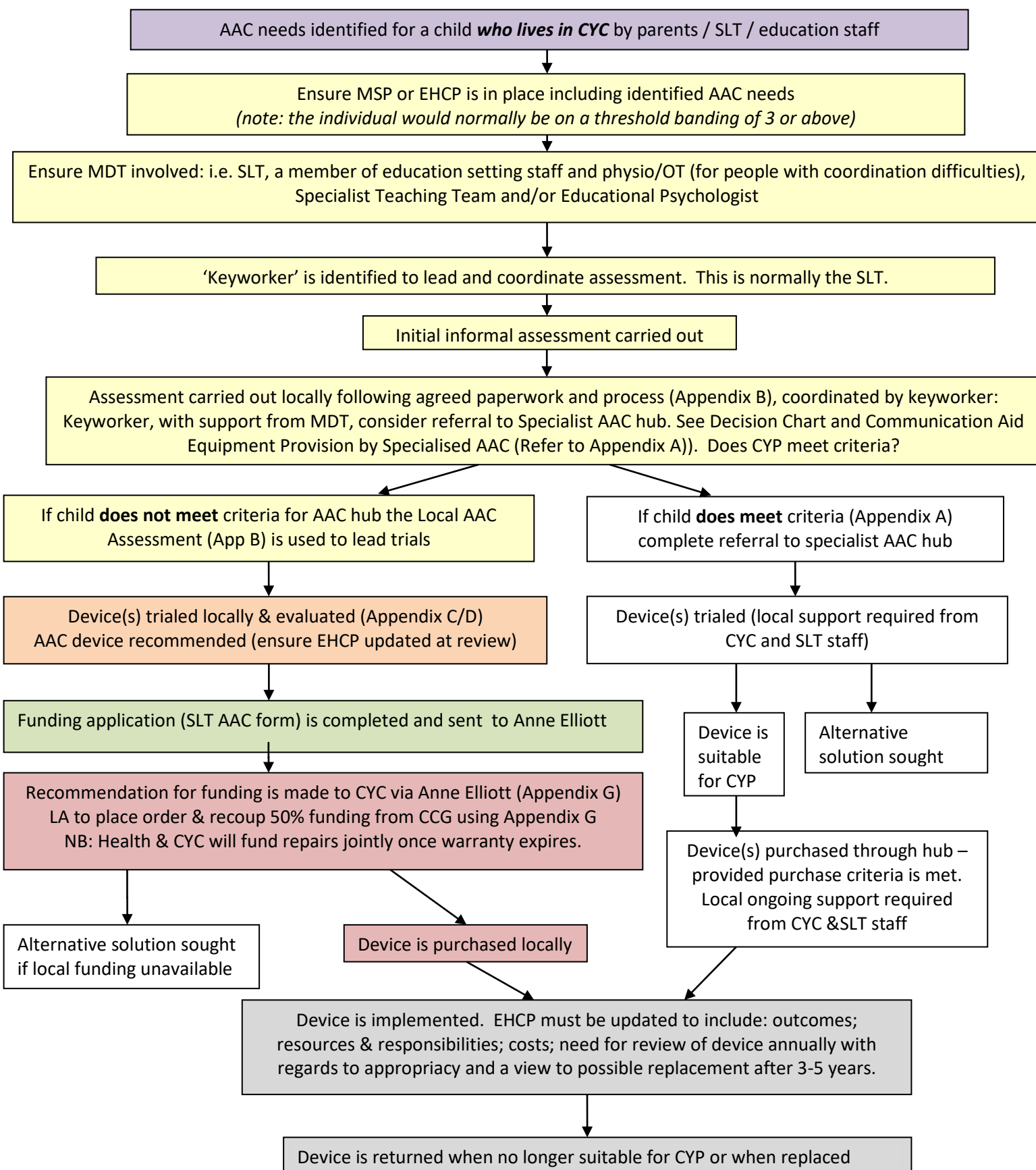
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AAC Care Pathway for City of York (To be used alongside the Checklist)



Please note - this process requires various agencies individual, prescheduled meetings. In addition there can be time delays due to purchasers stock

Checklist for Local Assessment and provision of communication aids

| | | |
|---|---|--|
| 1 | Child has experienced a range of communication strategies as part of a graduated response. | |
| 2 | Professional or parent identifies need for a communication aid which may meet current communication needs and has potential to further develop the child's communication capability | |
| 3 | Lead therapist invites other professionals to observe child using current communication strategies. | |
| 4 | Staff review current practice and discuss next steps (eg. at EHCP meeting or interim review) | |
| 5 | Lead therapist to use Communication aid trial checklist to include all potential partners (Appendix C) | |
| 6 | Lead therapist to check with colleagues regarding availability of existing stock within York Teaching Hospital NHS Trust SLT team. | |
| 7 | Lead therapist to organise multi-agency assessment, including trial of proposed communication aid(s) to establish mode of access and implications for use in all relevant settings identified in Checklist. (Appendix C) | |
| 8 | Views of child, parents/carers and professionals are taken into account when making a decision as to whether to seek funding Pupil Consultation sheet (Appendix D) | |
| 9 | Lead therapist to prepare assessment and costing of communication aid and extra software required to support it. | |
| 10 | Lead therapist to facilitate assessment and costing of wheelchair mounting kit, as and when necessary. This stage may need to be delayed until after communication aid is received. | |
| 11 | Lead therapist to facilitate Pre-purchase implementation plan with all partners before bid is submitted (Appendix E) | |
| 12 | School to identify implications for home/school transport and advise LA of any changes to current arrangements via T1 form. | |
| 13 | Lead therapist to complete funding application including the communication aid , software, warranty/maintenance, mounting and training costs Lead therapist will submit funding application via Speech and Language Therapy Manager (AAC) anne.elliott4@nhs.net using SLT AAC funding request form for application to CCG. | |
| 14 | Once CCG has agreed this funding the information (Appendix G) is sent to CYC LA Specialist Teaching Team via Team Leader lynne.johns@york.gov.uk. | |
| 15 | LA to place order and establish warranty and maintenance contract and training package costs.CYC recoup 50% funding from Vale of York CCG. Note – Vale of York CCG and CYC should be approached to fund repairs jointly once warranty expires. In some cases it may be appropriate for a reassessment at this point | |
| 16 | On delivery the lead therapist will obtain parent/carer signature to Loan agreement. (Appendix F) | |
| 17 | Communication Aid to be added to CYC insurance policy by Specialist Teaching Team (via Lisa Nyhan) | |
| Progress with and use of communication aid should be reported by the SLT and school in the pupil's EHCP annual review meeting. If the communication aid is not being used appropriately it will be withdrawn and reallocated. | | |
| Communication aids will be labelled and will remain the joint property of York Teaching Hospitals NHS Foundation Trust & CYC and will return to SEN services for use as trial equipment as at point 6 above. | | |
| Use of the communication aid will be reviewed at each EHCP Review meeting and discussed in more detail at a Transition Review. | | |
| Requests for equipment to remain with children and young people leaving the area or moving into adult life will be considered on an individual basis. Equipment should be returned when no longer in use or when replaced | | |

Policy to be reviewed every two years with CYC and CCG expected to scrutinise application route

Appendix A

For further information on AAC Hub please refer to

<http://www.barnsleyhospital.nhs.uk/assistive-technology/about-assistive-technology-at/augmentative-alternative-communication-aac/#Key-Documents>

Appendix B Alternative and Augmentative Communication Assessment

Date of assessment:

Who present:

Date to be reviewed:

Personal Information

| | |
|---|--|
| Name | |
| Age | |
| Class Teacher | |
| Keyworker | |
| Parents/carers | |
| Speech and Language Therapist | |
| Paediatric therapists | |
| Paediatrician | |
| Specialist Teaching Team/Educational Psychologist | |
| Others eg. close relatives, respite carers | |

Aims for CYP

Suggested Aims (select as necessary)

- Teach access method
- Teach symbol vocabulary
- Create symbols board/book
- Device programming/updating
- Staff training in board/book device use
- Model use of aid and teach operational use
- Use in structured activities
- Environmental modification to trigger use
- Spontaneous use (reducing prompts)
- Use in different settings/different partners

Skills

| | |
|-----------|--|
| Physical | |
| Vision | |
| Hearing | |
| Mobility | |
| Behaviour | |
| Social | |
| Attention | |

Non-verbal language and emergent literacy skills

| | |
|--------------------------------------|--|
| Photo recognition | |
| Picture recognition | |
| Symbol recognition | |
| Categorisation | |
| Sequencing | |
| Knows letter sounds | |
| Identify initial sounds | |
| Sight reads words | |
| Reads unfamiliar words using phonics | |
| Reads simple sentences | |

Current Natural Communication

| | |
|---------------------------|--|
| Body language | |
| Gesture | |
| Eye or hand pointing | |
| Choice making | |
| Reliable yes/no response | |
| Spoken single words | |
| Spoken sentences | |
| Intelligibility | |
| Individualised strategies | |

What communication is currently used for

| | How? | Who with? | Is it successful? |
|-------------------|------|-----------|-------------------|
| Names people | | | |
| Names objects | | | |
| Greetings | | | |
| Basic Needs | | | |
| Expresses feeling | | | |
| Comments | | | |
| Asks Questions | | | |
| Answers question | | | |
| Adjectives | | | |
| Prepositions | | | |
| Time concepts | | | |
| Making friends | | | |
| Social phrases | | | |
| Retells event | | | |
| Tells jokes | | | |
| Directs others | | | |

Current Repair Strategies

| | |
|---|--|
| Repeats message | |
| Gives additional clues (semantic, phonemic) | |
| Changes mode of communication | |
| Gives up | |

Current (or previously tried) low tech AAC use (insert dates)

| | |
|------------------------|--|
| Makaton | |
| Objects | |
| Photos (b/w or colour) | |
| Single symbols | |
| Combined symbols | |
| Abstract symbols | |
| Symbol board | |
| Symbol book | |
| e-tran frame | |
| Eye pointing | |

Current (or previously tried) high tech AAC use (insert dates)

| | |
|-----------------------|--|
| Single message device | |
| Multi-message device | |
| Dynamic screen | |
| Switch access | |
| Direct access | |
| Scanning ability | |

Positioning of child/young person (CYP) when using device

| | |
|-------------------------------|--|
| Class table | |
| In wheelchair (with tray) | |
| In bed | |
| In arm chair | |
| Mobile, will carry own device | |
| In standing frame | |

Current (or previously tried) Access skills (insert dates)

| | |
|-----------------------------|--|
| Mouse | |
| Joystick | |
| Keyboard (customisation?) | |
| Roller ball | |
| Single switch | |
| Two switches | |
| Scanning or scan and select | |
| Right hand use for switch | |

| | |
|------------------------------------|--|
| Right hand use for direct access | |
| Left hand use for switch | |
| Left hand use for direct access | |
| Head control for switch | |
| Eye gaze | |
| Head control for eye/head pointing | |
| Other access method | |
| CYP's preferred method | |
| Most accurate method | |
| Fastest method | |

What is the aid needed for?

| | |
|--------------------------------------|--|
| To gain attention | |
| Develop a yes/no response | |
| Express basic needs/wants | |
| Make choices | |
| Express likes/dislikes | |
| Name people | |
| Name objects | |
| Greetings | |
| Basic needs | |
| Expresses feelings | |
| Asks questions | |
| Making friends | |
| Social phrases | |
| Participate in structured games | |
| Spontaneous commenting | |
| Clarification when not understood | |
| Access to curriculum (list subjects) | |
| Wider vocabulary | |
| Sentence building | |
| Develop literacy | |
| Retells events | |
| Tell jokes | |
| Direct others | |

Other needs

| | |
|--------------------------------|--|
| Mobility – control power chair | |
| Environmental control | |
| Operate phone | |
| Text messaging | |
| Word processing | |
| E-mailing | |
| Internet access | |
| Operate TV/Music/DVDs | |
| Operate printer | |
| Access Playstation | |
| Other software | |

Appendix C Communication aid trial checklist

| Communication aid trial checklist | |
|-----------------------------------|---|
| | Child has experienced a range of communication strategies as part of a graduated response |
| | A professional or parent identifies possible need for a Communication Aid |
| | Invite multi-disciplinary team to observe child using current communication strategies |
| | Multi-disciplinary team reviews current practice and discuss next steps with child and family at EHCP or interim review meeting |
| | Lead therapist checks with colleagues regarding availability of existing stock within PCT and therapy teams |
| | After decision to trial a communication aid |
| | Book date for AAC rep to bring possible communication aids to school |
| | Invite parents, Specialist Teaching Team and school staff to contribute to an initial assessment. |
| | Contact AAC company to book trial |
| | Check pupil is in school for period of trial |
| | Decides who will complete agreement form |
| | Send agreement form to AAC company and keep copy |
| | Inform school of trial dates–Senior management, class team, physio, OT |
| | Inform parents of trial dates |
| | Inform social worker of trial dates (if appropriate) |
| | Inform the Specialist teaching team of trial dates. |
| | Agree trial arrangements with parents, school, AAC rep eg where it will be delivered to |
| | Book training session into school diary for 1st/2nd day of trial period and request to senior management that staff attend |
| | 1 week before trial: |
| | Confirm trial dates with AAC company. |
| | Inform all staff that the trial will take place over the following 2 weeks |
| | Book time for parents to attend training if they want to and to come in to see their son/daughter with the aid |
| | Book time for the Specialist teaching team in the Education department to come in to assess pupil with aid |
| | Book time for social worker to come in (if appropriate) |
| | Book time for consultation with physio and/or OT re positioning /access |
| | Remind pupil about the trial and discuss pupil consultation sheet |
| | Check the aid arrives when expected (usually the Friday before the trial period) |
| | Check with school which staff member will attend the in-school training |
| | During the trial: |
| | Attend training in school from AAC company on 1st /2nd day of trial period |
| | Set up appropriate vocabulary for the pupil (class staff/parents to help) |
| | Arrange individual session with the pupil in the first few days of the trial |

| | |
|--|---|
| | Discuss specific use of the trial aid within classes with class staff |
| | Meet with pupil and parents, physio, OT, Specialist teaching team in the Education department, social worker (if appropriate) |
| | Collate the opinions of all involved during the trial |
| | Complete pupil consultation sheet with pupil |
| | Make arrangements for packaging and collection of aid |
| | Return aid |
| | After the trial: |
| | Review, as a team, the appropriateness of the aid (by phone, email or by holding a meeting with pupil, parents, SLT, school staff, Specialist teaching team, physio, OT, social worker) |
| | Discuss commitments needed when aid is in place and facilitate completion of Appendix 2: Pre-purchase implementation plan |
| | If appropriate, proceed with application for funding (see AAC protocol) |
| | Inform parents of the progress of the application |
| | Ensure updated details are included in the CYP's EHCP |

Appendix D Pupil Consultation Sheet

Review of Device

Child's name:

Completed with support from:

Date:.....

Make & Model:

| Communication Aid (Device) | Y | N | Not important | Comments |
|--|---|---|---------------|----------|
| Do you like the look of the device? | | | | |
| Is the screen a good size for you? | | | | |
| Can you see the screen clearly? | | | | |
| Can you turn it on and off yourself? | | | | |
| Is it ready to use quickly enough when you need it (coming out of standby or hibernation)? | | | | |
| Does the battery last long enough for you to use the device when you need it? | | | | |
| Is it easy to charge up the battery? | | | | |
| Is it portable – can you carry it easily or can it be fixed to your wheelchair? | | | | |
| Do you like the voice (or the range on offer with the device)? | | | | |
| Is the volume loud enough to be heard everywhere you need to use it? | | | | |
| Can you programme/make changes to pages straight on the device (instead of transferring from a computer)? | | | | |
| Is it easy if you need to use an external keyboard and mouse for programming? | | | | |
| Does the device offer the range of things you may need in addition to communication (word, email, internet access, environmental control)? | | | | |
| If relevant, is it easy to move between communication and the other functions on the device? | | | | |

| Software | Y | N | Not important. | Comments |
|--|---|---|----------------|----------|
| Do you like the symbols which are being used? | | | | |
| Do you like the way the pages are designed/laid out? | | | | |
| If relevant, can you combine preset messages with being more creative – building your own sentences or spelling out? | | | | |
| Is it easy to make changes to individual cells? | | | | |

| | | | | |
|--|--|--|--|--|
| Is it easy to create new pages/layouts? | | | | |
| Is it easy to find/browse for symbols? | | | | |
| Are there enough symbols/ones most useful to you | | | | |
| Is it easy to use/import your own photographs? | | | | |

| Access Methods | Y | N | Not important. | Comments |
|--|---|---|----------------|----------|
| Can the touch screen be set up in the best way for you? | | | | |
| Can switch scanning be set up in the best way for you? | | | | |
| Can other ways of accessing the device be set up easily for you (e.g. joystick, head pointer)? | | | | |
| Are cells highlighted on the screen in a way that helps you as you make your choices. | | | | |
| Can the device be positioned so that you can see it clearly and use it easily? | | | | |

| Back up / Support from Supplier | Y | N | Not important. | Comments |
|--|---|---|----------------|----------|
| Is training offered in the purchase cost of the device? | | | | |
| Is it easy to get support/advice over the phone? | | | | |
| Is there a local rep able to offer hands-on support when needed? | | | | |
| Can the initial warranty be extended? | | | | |
| Can repairs be dealt with quickly? | | | | |
| Will parts still be available for repairs in the future (what is expected lifespan of device)? | | | | |
| Will upgrades be available in the future? | | | | |
| Will upgrades be free of charge? | | | | |

| 5. Overall Opinion | Y | N | Not important | Comments |
|--|---|---|---------------|----------|
| Do you like this device and its software? | | | | |
| Do you like it better than any others you have seen/tried? | | | | |
| Is there anything you want to follow up about this device? | | | | |
| Would you be happy to have this device? | | | | |

Any other comments:

Appendix E

Pre-purchase implementation plan

This plan is about working together to promote the effective use of a communication aid. It is intended to clarify the roles and responsibilities of the professionals and parents/carers. This document is part of an agreed protocol for the assessment and provision of communication aids. It could apply to any child or young person who lives within the City of York and receives Speech and Language Therapy services up to the point that they leave full time education and transfer to adult services.

Section 1: This section to be completed before purchase order is approved.

| | |
|-------------------------------|--|
| Named Child | |
| Home Address | |
| Postcode | |
| Current school/setting | |

The communication aid will belong to City of York Council and CCG. It is made available on loan for as long as it meets the needs of the child and is used effectively.

The support of the multi-disciplinary team is crucial to the success of the use of this equipment and your ongoing commitment is a condition of this Agreement. The child's use of this equipment will be evaluated on an annual basis. If the equipment is no longer of benefit to this child or is no longer required, it must be returned to City of York Council Tel: 01904 551048

[illegible]

Section 3: This section to be completed before purchase order is approved.
Responsibilities for supporting the use of the communication aid are agreed as follows:

| Task | Designated role | Named person & signature |
|---|-----------------|--------------------------|
| Who will give advice on the implementation of the communication aid? | | |
| Who will be responsible for monitoring the day to day use in school? | | |
| Who will be responsible for how the system is used within the classroom? | | |
| Who will be responsible for how the system is used at home? | | |
| Who will be responsible for collating ideas for social and curriculum vocabulary? | | |
| Who will provide advice regarding structuring the vocabulary and development of the communication system? | | |
| Who will load new vocabulary into the communication aid? | | |
| Who will oversee the transporting of the communication aid between home and school on a daily basis? | | |
| Who will try to resolve technical problems on a day to day basis? | | |
| Who will do the day to day maintenance of system, e.g. recharging, keeping clean, providing batteries? | | |

Appendix F

Communication Aid Loan Agreement

The communication aid will belong to City of York Council and CCG and is made available on loan for as long as it meets the needs of the child and is used effectively. It is provided on the following terms and conditions.

This document is part of an agreed protocol for the assessment and provision of communication aids. The agreement could apply to any child or young person who lives within the City of York and receives Speech and Language Therapy services.

When they leave school and/or transfer to adult services the communication aid loan period will be extended for as long as it is still in use and meeting the young person's needs.

| | |
|-------------------------------|--|
| Named Child | |
| Home Address | |
| Postcode | |
| Current school/setting | |

The support of the multi-disciplinary team is crucial to the success of the use of this equipment and your ongoing commitment is a condition of this Agreement.

[insert name]'s use of this equipment will be evaluated on an annual basis. If the equipment is no longer of benefit to this person or is no longer required, it must be returned to City of York Council Tel: 01904 551048

| | |
|---------------------------------|--|
| Make and model: | |
| Serial number: | |
| Accessories: | |
| Transition arrangements: | Equipment will remain the property of CYC/ York Teaching Hospital NHS Trust. The loan period will be extended until the equipment is no longer in regular use. |
| Re-cycling arrangements: | The parent/carer will arrange for the equipment to be returned to CYC by telephoning 01904 551048 |

| | |
|---|--|
| Technical support arrangements: | If advice about the set up is required parents/carers or the designated school staff will contact the Help line of the AAC company for support. |
| Insurance arrangements/ Repairs: | The equipment may be covered by an warranty. The equipment will be covered by CYC all risks insurance* indemnity. Contact SEN services on Tel: 01904 551048 |

Parents/Carers take responsibility for equipment whilst it is at home.

I / we agree with the conditions attached to the receipt of the above equipment:

Parent/carer's Name (print):

Signed: _____

Agreement period from: _____ to: _____

Date: _____

(a new agreement will be signed on transfer to another setting)

*CYC All Risks Insurance covers accidental damage and covers use in school, at home and around and about. The exception to cover is that there is no cover if the item is lost or goes missing. Should the item be stolen there must be evidence of forcible and violent entry and or exit. There is also no cover if stolen from a vehicle.

Appendix G Template of letter to accompany Funding Recommendations

Private and Confidential

Request Reference 000

Head of the Specialist Teaching Team

City of York Council

West Offices

Station Rise

York

YO1 6GA

Re: CYP name DOB School/Setting

Please find attached a Funding Recommendation for *equipment name*

| Communication Aid Request for NHS Number: | | | | |
|---|----------|-------|-----------------------|--|
| Name of Equipment (Make and Model) | Provider | Price | | |
| | | | | |
| | | | | |
| | | | | |
| Total Net | | | 50% of Total Net | |
| Total VAT | | | | |
| Total Gross | | | 50% of Total Gross | |

Please include the address for sending the equipment

Yours sincerely

Appendix H

SPEECH & LANGUAGE THERAPY SERVICES

PAEDIATRIC SPECIAL NEEDS

COMMUNICATION AID REQUEST FORM

| | |
|---|--------|
| Name: | |
| Date of Birth: | |
| Address: | |
| Postcode: | |
| Telephone Number: | |
| Is this address within North Yorkshire: | YES NO |
| Name & address of college/ school/ setting: | |
| Local Authority in which College/ school/ setting is located: | |
| DfE number: | |

| | |
|---|--|
| <p>GP:</p> <p>Address:</p> | |
| <p>Name of CCG:</p> | |
| <p>Speech & Language Therapist's Name and contact address:</p> <p>Phone Number:</p> <p>Email Address:</p> | |
| <p>Present problems:</p> | |
| <p>Medical:</p> | |

| | | |
|--|--|--------------------------|
| Cognitive: | | |
| Sensory/motor functions: | | |
| Child's primary and secondary need (please indicate) | <input type="checkbox"/> Physical <input type="checkbox"/> Hearing <input type="checkbox"/> Communication & Interaction <input type="checkbox"/> Vision <input type="checkbox"/> Other | If "Other" please state: |
| Is child on special needs register? | YES NO SEN Support Education, Health and Care Plan (If EHCP – which Band is the CYP at) | |

| | | |
|--|-----|-----------------------------------|
| Is the communication aid required to access the curriculum? | YES | NO |
| Is communication aid identified as a need as part of the statement of special educational needs? | YES | NO (If yes please attach copy) |
| Communication Skills (most recent SLT report) | | |
| Urgency of need (e.g. degenerative conditions) | | |
| Management and outcome of S & LT intervention to date: | | |

| | |
|--|--|
| Assessment Results: | |
| Rationale for request: (including details of any trials) | |
| Communication Aid required: Access system required mounting system warranty | |
| Supplier's Name and Address: | |

| | | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|--|
| For i-Tunes Vouchers/ software purchases: | | | | | | | | | | |
| Cost Centre | | | | | | | | | | |
| Subjective Code | | | | | | | | | | |
| Support/ training implications: (including cost if applicable) | | | | | | | | | | |
| Additional Comments | | | | | | | | | | |
| Schools/ settings are expected to fund the first £500 of specialist equipment per child/ young person per financial year. Please coordinate with school and ask them to provide evidence how this has been allocated so far or detail why school/ setting is unable to meet this requirement (attach receipts/ invoices as appropriate) | | | | | | | | | | |
| Cost centre and subjective code to be credited if agreed (<i>schools only</i>) | | E | | | | | | | | |
| | | | | | | | | | | |

Please ensure there is a quotation attached for the communication aid you are wishing to purchase.

SIGNATURE _____
Speech & Language Therapist DATE

SIGNATURE _____
Speech & Language Therapy Manager DATE