

# RCSLT position statement – augmentative and alternative communication (AAC)

(NB. Target audiences: policy makers, commissioners, service providers and service developers)

## 1. Key statements:

1. Anyone of any age with severe speech, language or communication challenges should be considered for introduction to AAC as a method for improving their quality of life and independent participation in everyday activities.
2. Communication challenges may result from developmental, life-long, acquired, progressive or temporary acute conditions.
3. Speech and language therapists (SLTs) are specialists in speech, language and communication difficulties and are integral contributors to the multidisciplinary teams who support AAC assessment, recommendation, provision, intervention support and stakeholder training.
4. AAC users should receive service support primarily at their local service commissioning level and at times, will need to be supported by regional or national specialist AAC provision.
5. AAC needs to be introduced at an appropriate time for each individual. Timeliness will vary, for example, early adoption of AAC can assist young children to develop cognitive, language, communication and literacy skills to their full potential. Similarly, for persons with progressive conditions they may benefit from being introduced to the concept of AAC whilst their own speech skills remain barely affected/soon after initial diagnosis.
6. As AAC users themselves have identified, successful AAC intervention support entails more than provision of equipment, it requires long term support. Long term input refers to enabling language and communication development through learning to use the AAC system to its full capacity; or in progressive contexts – long term input supports the individual to maintain independent communication.
7. AAC systems may be paper based (e.g., boards, booklets) or powered (e.g., electronic tablets, dedicated communication aids) and many AAC users utilise both methods across their regular day and depending on the context. Both types of system should be on offer to any potential AAC user.
8. All AAC users should have regular access to a review of their AAC needs, allowing updating of their systems in line with their changing needs and abilities.
9. A trial period for potential AAC systems prior to recommendation, provision or purchase must be an integral aspect of any AAC service provision.
10. Maintenance of AAC equipment must be an aspect of service provision.

11. At the point of qualification, SLTs have advanced training in speech, language and communication impairment and basic training in AAC. With extremely limited access to postgraduate opportunities in AAC, SLTs need access to regular CPD training on AAC to enhance their competence in assessment, provision and intervention support, including support from specialist AAC services for people benefiting from more in-depth assessment and provision.
12. Service structures, procedures and legislation vary across the four nations of the UK and should be reviewed accordingly.

## 2. What is augmentative and alternative communication (AAC)?

Augmentative and alternative communication (AAC) supports individuals to achieve their basic human right to be heard and included in an equitable way. AAC is defined by the International Society for Augmentative & Alternative Communication (ISAAC) as describing 'extra ways of helping people who find it hard to communicate by speech or writing. AAC helps them to communicate more easily.'

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

AAC systems may be described as unaided, e.g., signing, body language, or aided, e.g., battery powered technology or paper based solutions such as boards and notebooks. Systems chosen need to be sensitive and nuanced to meet the users' preferred methods of communicating (*add link to some video examples*).

## 3. How many people could benefit from AAC?

A UK study concluded that whilst difficult to establish need due to the diversity of people who may benefit from AAC, the current best estimate of need for AAC in the UK is 0.5% of the population or approximately 500 per 100 000 population (Creer et al, 2016). These current figures were established through review of existing literature (epidemiological investigation) and expert opinion. It is important to note that the focus of establishing these figures refers to the need for powered AAC, as recommended through specialised provision. Creer et al (2016) acknowledge that whilst these are the most accurate figures on offer, they remain likely to underestimate AAC need.

## 4. What is the role of the SLT in AAC interventions?

SLTs are specialists who can provide an assessment of needs, identify areas for intervention and implement recommendations to teach strategies to enable people with speech, language and communication difficulties to maximise their potential and communication independence.

SLTs provide person centred approaches, aiming to observe the communication abilities and challenges of the person observing when communication is successful or where it breaks down.

The SLT involved in providing AAC interventions will incorporate different communication approaches that best meet the communication needs of the person. This will typically include several methods of communication, including both unaided and aided methods.

Generalist SLTs will have people on their case load with AAC needs. These SLTs should be supported by more experienced SLTs who specialise in AAC. They should also know when to refer on to regional/national AAC services.

Most AAC interventions require multidisciplinary input. The SLT is an integral part of that team.

## 5. What should the AAC user expect from SLT and specialist AAC services?

Recommendations for the features of a desirable AAC Services have been written by Communication Matters (2012) and are available on [www.communicationmatters.org.uk](http://www.communicationmatters.org.uk)

A regular review of their AAC needs should be completed by the local and/or specialist AAC provider to ensure appropriate updates are available to meet the evolving needs of the AAC user.

AAC users no longer actively involved in SLT or AAC service provision should have information on who to contact to review their circumstances.

## 6. What is the evidence for AAC interventions?

Creer, S., Enderby, P., Judge, S. and John, A. (2016), Prevalence of people who could benefit from augmentative and alternative communication (AAC) in the UK: determining the need. *International Journal of Language & Communication Disorders*, 51: 639-653. <https://doi.org/10.1111/1460-6984.12235>

Smith, M.M. (Ed.). (2023). *Clinical Cases in Augmentative and Alternative Communication* (1st ed.). Routledge. <https://doi.org/10.4324/9781003106739>