

CAN

Communication
Access Network

*“We build the capacity of communities to include
& support the participation of people with
communication difficulties”*

2015 Annual Report



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Executive summary

Background to CAN

The Communication Access Network (CAN) was established in 2003 and is funded by the Department of Health and Human Services (DHHS). It utilises a “hub and spoke” model which is comprised of Scope’s Communication and Inclusion Resource Centre (CIRC) as the state-wide ‘hub’, whose role it is to coordinate the network and provide mentoring, information and support, to 11 Regional Communication Services (RCS) ‘spokes’ located across Victoria . These organisations employ speech pathologists who provide services to individuals with complex communication needs (CCN), including those who require alternative or augmentative communication (AAC) methods, and their communities.

This unique model of service delivery provides both individual and community outcomes that increase participation, choice and control for adults with communication difficulties. It also establishes strong partnerships between the disability, health and education sectors.

Auspicing agencies include Scope, Yooralla, Central Bayside Community Health, healthAbility, ISIS Primary Care, Gateway Health, Pinarc Disability Support, Bendigo Health, Peninsula Health and Sunraysia Community Health.

Currently, each RCS is funded by the Department of Health and Human Services (DHHS). Each RCS provides a range of coordinated supports, of which specialised individual clinical intervention is one aspect. Approximately 70 per cent of funding received by Regional Communication Services is allocated to community capacity building activities to provide information, advice, education, community development and undertake activities/projects which focus on building the capacity of communities to better include people with communication difficulties.

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This model of service provision enables the CAN to achieve outcomes in the priority areas identified in:

- i) **State Disability plan (2010 – 2016)**
- **A strong foundation in life** – CAN speech pathologists work with community health and hospital services to make venues [communication accessible](#) and more responsive to individuals with communication difficulties. Examples include communication accessible Merri Community Health Services and the Royal Melbourne Hospital. Speech pathologists also work with individuals to achieve functional communication outcomes. (See blog posts on <http://www.communicationaccessnetwork.com/>)
 - **Upholding rights and promoting participation** - CAN supports people with communication difficulties to participate in their local communities. This has been achieved by training disability support workers to be communication champions within day and accommodation services. The trained disability support workers form [communication coordinator networks](#) that are active in most regions eg. Western Loddon Mallee, North-West Metropolitan, Grampians, and Peninsula. There is a “train-the-trainer” process teaching disability support workers strategies to enable individuals with communication difficulties to be more independent and effective communicators in their communities of choice.



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- **Accessing information, transport, buildings and places** - This involves more transport options, improved access to buildings and places and more accessible government information. In response to this, CAN speech pathologists work closely with community partners to enable services and facilities to become communication accessible and inclusive of people with a disability. Activities include disability awareness training (always co-presenting with people with communication difficulties), and may involve developing communication aids and resources, and training in easy English and [accessible information](#). CAN speech pathologists worked closely with Scope's Communication and Inclusion Resource Centre in projects including a major project with V-line, Victoria's Regional train service to achieve accreditation and be awarded the Communication Access symbol. This is the first public transport system in the world to become communication accessible. Other work has involved making local Shire offices, libraries, and recreational facilities inclusive and welcoming of people with communication difficulties.

ii) National Disability Strategy

- Inclusive and accessible communities— over the past 12 months CAN outcomes have included creating communication accessible venues eg. Libraries, leisure and recreational facilities, places of worship and health services
- Economic security— people with Complex Communication Needs are employed to present workshops, deliver training in disability awareness and conduct communication access assessments
- Personal and community support— CAN speech pathologists promote inclusion and participation and have supported the establishment of social networks such as community choirs eg. [Stroke-a-chord](#), and community groups eg. Cuppas and Conversation
- Learning and skills— CAN provides on training and education for communication partners of people with communication difficulties. Communication coordinator networks have been established in a

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number of regions with disability support workers trained as communication champions within day and residential services. There is mentoring and support offered to people with communication difficulties to develop presentation skills and trial appropriate technology.

- Health and wellbeing— CAN regional services work in partnership with community health and hospital facilities creating communication accessible venues eg. Merri Community Health, Royal Melbourne Hospital and Benalla Health and accessible information Eg.

[Communication aids for Emergency relief](#)

iii) National Disability Insurance Scheme

- a. Access mainstream services and supports eg. health services; libraries and recreational facilities

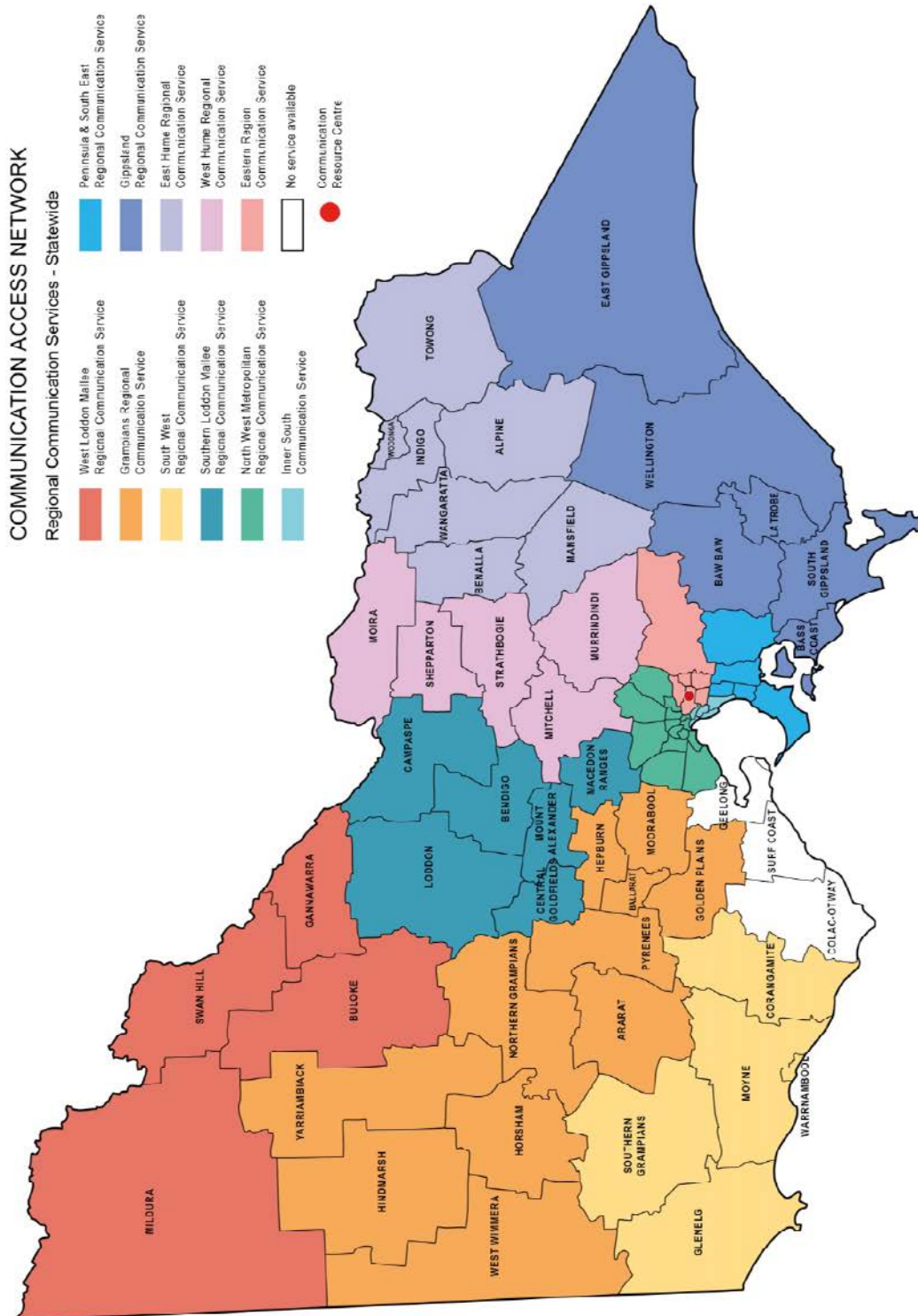
In 2015/16 CAN services focused on 3 major areas:

- Communication access
- Implementing/supporting/expanding communication coordinator networks
- Individual support services

The longevity of CAN has allowed it to establish strong networks and partnerships within local communities. The Regional Communication Services are able to share resources that have been successfully developed for projects in other regions. The stories outlined in the main report provide evidence of the successful outcomes achieved by the CAN.



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Achieved outcomes

iv) Communication Access Projects and Activities

Communication is a basic human right however there are barriers that stand in the way of achieving this right. These barriers exist in the physical environment, in the social environment and, in the attitudes that people have.

Governments around the world have developed laws and policies to ensure that everyone is included in their communities. There are five legal documents in Australia that support the concept of communication access as a human right.

See the link to the International Communication Project

<http://www.internationalcommunicationproject.com/profile/meet-australia-based-scope/>

1. The United Nations Convention on the Rights of Persons with Disability (2006)

The Australian government signed this document in 2008, which means that Australia:

- recognises that communication methods other than speech are part of everyday communication
- calls for removing all discrimination and recognises the rights of people to use technology and human support for communication
- identifies that communication and other forms of access must be provided and barriers must be removed
- calls for freedom of expression, opinion and access to information. This includes providing a range of accessible formats for giving and receiving information.

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2. The Federal Disability Discrimination Act (1992)

This Act is made up of laws to prevent discrimination against people with disabilities, including discrimination against people with a communication difficulty.

3. The Victorian State Disability Plan (2013 - 2020)

The vision of the Victorian State Disability Plan is to create accessible environments and inclusive communities.

4. The Victorian Charter of Human Rights and Responsibilities Act (2006)

The Charter is Victorian law that sets out the basic rights of all people in Victoria when providing services such as healthcare, education and law enforcement. It requires the Victorian Government, local councils and other public authorities to consider human rights when they make new policies and laws.

5. The National Disability Strategy 2010 - 2020

This is the first national approach to supporting people with a disability. It aims to create communities across Australia that are inclusive and provide equal opportunity for all people.

Communication Access – Projects and Activities

In 2011, the Communication Access Symbol was developed by CIRC to identify standards and guidelines that relate to communication access and to support businesses and services to become communication accessible.

“Communication access is when everyone can get their message across. Good communication occurs when people are respectful and responsive to individuals with communication difficulties, and when strategies and resources are used to support successful communication”¹.

There are over 200 awarded communication accessible venues around Victoria including government services such as V/Line, the Victorian Equal Opportunity and Human Rights Commission (VEOHRC), the Victorian Electoral Commission (VEC) and the Office of Professional Practice (OPP).

Local governments have been key partners. Eleven local government shire offices became communication accessible in 2014 and in 2015, a further 3 shires were added to the Directory of Communication Accessible Places.

(See <http://www.scopeaust.org.au/directory-communication-accessible-places/>)

In 2015, 10 libraries in the Southern Loddon Mallee, Southern Metropolitan and Eastern Metropolitan region also became communication accessible.

One area of focus in communication access has been with a range of healthcare services. Facilities include Benalla Hospital and Community Health centres, Northern Hospital, Bendigo Health and the Royal Melbourne Hospital. Leisure facilities including the States Sport Centre, Glen Eira Sports and Aquatic Centre, Bairnsdale Aquatic and Recreation Centre, Monash Aquatic Centre, WaterMarc and Aqua Energy have all been accredited as communication accessible.

¹ Solarsh, B., West, D., Rezzani, N. (2013). *Communication Access*. Retrieved from: <http://www.scopeaust.org.au/service/communication-access/>

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Having a communication accessible community enables individuals with a communication difficulty to have greater independence and participate in the same economic and social opportunities that other community members enjoy.

Projects and activities in this report that focus on communication access include:

- Communication Access at City of Monash Libraries (Eastern Regional Communication Service)
- Communication Access at City of Stonnington Libraries (Inner South Regional Communication Service)
- Being Connected - Libraries and Autism (Southern Loddon Mallee Regional Communication Service) enabling people with autism to access library services
- Communication Access training at Benalla Rural City Council and Benalla Health (East Hume Regional Communication Service)
- Merri Community Health Services (North West Regional Communication Service - North)
- The road to communication accessible health care - Royal Melbourne Hospital's journey. (North West Regional Communication Service - West)
- Communication Access Training using an eLearning Module with Remote and Rural Council Staff. (Gippsland Regional Communication Service)
- Keeping in touch with the church (Gippsland Regional Communication Service)
- West Hume Newsletter (West Hume Regional Communication Service)



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CAN actively raises awareness about communication access projects and activities through social media:

- [Local councils on the journey to create more inclusive leisure environments](#) (NWRCS)
- [Emergency relief centres in Wellington have communication boards](#) (Gippsland RCS)
- [Easy to read documents about your energy bills; now available in 8 different languages](#) (CIRC)
- [Benalla - working towards Communication Access](#) (EHRCS)
- [The road to communication accessible healthcare - Royal Melbourne hospital's journey](#) (NWRCS)
- [Nillumbik Health celebrates AAC awareness month](#) (NWRCS)
- [Keeping in touch with the church](#) (Gippsland RCS)
- [Pocket "Think Safe; Act Safe" Card](#) (Peninsula RCS)

Blog address: <http://www.communicationaccessnetwork.com/blog/>



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Communication Access projects and activities overview :

Inputs	Outputs	Short term outcomes	Medium term outcomes
Speech pathology hours (varies with projects/activities)	Disability/communication awareness training	Increase in staff knowledge and awareness	Increased and improved access to community facilities e.g. libraries, health services, church services.
Design and delivery of training sessions	Pre/post training surveys developed and delivered	Use of communication aids and resources by staff and people with communication support needs	Services recognised as being communication accessible
Site visits and meetings with key staff	Development of communication aids and resources	Skill development of people with communication support needs	Skills to adapt communication aids by service staff
Support for communication access assessors (with communication support needs)	Development of e-learning package	Economic participation of people with communication support needs	Increased profile of people with communication support needs
	Develop of Easy English/plain language resources	Staff effectively support and engage with people with communication support needs	
	Provision of information and support	Interest in other services becoming communication accessible	

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Critical success factors

Critical Success factors for communication access projects and activities

The critical success factors for these projects include:

- A speech pathologist who is experienced with a community capacity building model
- Management support and involvement
- Partnerships with local agencies e.g. councils, libraries, healthcare services
- Sharing resources and expertise across the Communication Access Network
- Staff training in disability awareness
- Employment of people with a communication disability as co-trainers and communication access assessors
- Staff involvement in the development of resources
- Planning for sustainability
- Identifying staff role models to champion the project

Communication Coordinator Networks – Projects and Activities

Communication Coordinators are disability support workers who have received in-depth communication training, with the goal of them becoming change agents within their settings. They work with their peers to establish functional communication strategies in day and residential services. This style of service delivery has proven to be the most cost effective form of service delivery. These [networks](#) show a proven benefit to disability support staff and to a large group of adults with an intellectual disability.

Communication Coordinator Networks are active in Southern Loddon Mallee, West Loddon Mallee and the North West metropolitan region. In 2015 networks were also established in the Grampians, Peninsula and South East regions. Unfortunately, the excellent network in the Barwon region has not been sustainable since funding was redirected from the Barwon Regional Communication Service in the early phase of the roll-out of the NDIS.



Projects and activities in this report that focus on communication coordinator networks include:

- Creating a communication support group (Grampians RCS)
- North West Communication Coordinator Network (NWRCS)

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- Peninsula and South East Communication Coordinator Network
(Peninsula and South East RCS)

Blogs that focus on communication coordinator networks include:

- [North West Communication Coordinator network](#) (NWRCS)
- [Key Word Signing initiative](#) (Grampians RCS)
- [Online Learning Module for Communication coordinators – Can it work?](#)
(West Loddon Mallee RCS)

Blog address: <http://communicationaccessnetwork.com/blog/>

Communication coordinator projects and activities overview:

Inputs	Outputs	Short term outcomes	Medium term outcomes
<p>Communication Coordinator Networks comprise an average of 1 – 2 days per month of speech pathology staff time. They provide:</p> <ul style="list-style-type: none"> • Training • Mentoring • Support 	<p>Five regions have established Communication Coordinator Networks.</p> <p>Training and support provided to over 15 day and residential services.</p> <ul style="list-style-type: none"> • Development of service plans • Involvement of coordinators in communication assessments • Production of communication aids for use in day services and by individuals. 	<ul style="list-style-type: none"> • A significant reduction in behaviours of concern due to providing an effective way to communicate • Increased client independence and choice • Network members providing support to colleagues • Increase in support workers confidence to complete tasks related to communication • Individuals with complex communication needs provided with Non-electronic Communication Aids. 	<ul style="list-style-type: none"> • Correlation between increased implementation of communication aids and visual supports and the reduction in Behaviours of Concern. • Policy and procedures evolving to support individual's communication, choice and participation. • Individual plans with a greater focus on functional communication

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Critical success factors

- Experienced speech pathologists with skills and knowledge in complex communication needs
- A network of speech pathologists to promote resource sharing
- Management support
- Time release for support staff
- Site visits by speech pathologists
- Regular network meetings for disability support staff
- Use of technology e.g. access to Apps to develop communication aids, shared websites or intranet access, on-line delivery of training modules for rural and remote staff
- Resources developed by the Communication and Inclusion Resource Centre e.g. InterAAction manual, Tools2Talk+ App, Triple C Assessment, Getting Started with Key Word Sign Book and Key Word Sign Australia App.

Individual Support – Projects and Activities

Speech pathologists in the Regional Communication Services (RCS) provide a limited amount of specialist speech therapy and consultancy. In the area of complex communication needs (CCN) and augmentative and alternative communication (AAC) services include assessment and intervention particularly for adults who may benefit from communication technology and communication strategies other than speech.

CAN speech pathologists have worked with a number of people with complex communication needs to:

- source appropriate communication aids
- create training content for a range of topic areas
- program communication aids
- trouble-shoot and support the use of the communication technology
- develop presentation skills
- deliver workshops on communication access and disability awareness
- support social inclusion and participation
- develop and support self-advocacy skills.



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An overview and discussion of the efficacy of the Communication Access Network can be seen in the recent refereed international journal article:

Johnson, H., Solarsh, B., Bloomberg, K. & West, D. (2016) Supporting people with complex communication needs through community capacity building: the Communication Access Network, *Tizard Learning Disability Review*, 21 (3)
<http://dx.doi.org/10.1108/TLDR-10-2015-0044>

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What is CAN?

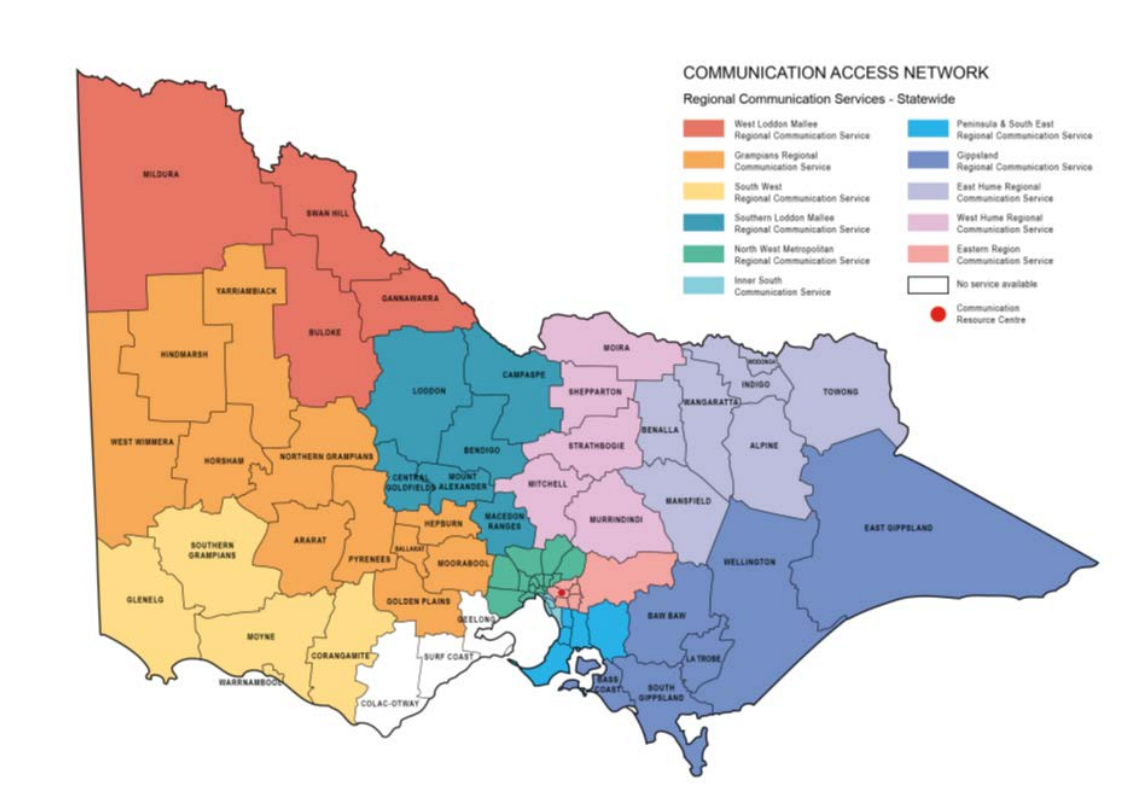
The Communication Access Network (CAN) was established in 2003 and is funded by the Department of Health and Human Services (DHHS). It utilises a “hub and spoke” model which is comprised of Scope’s Communication and Inclusion Resource Centre (CIRC) as the state-wide ‘hub’, whose role it is to coordinate the network and provide mentoring, information and support, to 11 Regional Communication Services (RCS) ‘spokes’ located across Victoria . These organisations employ speech pathologists who provide services to individuals with complex communication needs (CCN), including those who require alternative or augmentative communication (AAC) methods, and their communities.

This unique model of service delivery provides both individual and community outcomes that increase participation, choice and control for adults with communication difficulties. It also establishes strong partnerships between the disability, health and education sectors.

Auspicing agencies include Scope, Yooralla, Central Bayside Community Health, healthAbility, ISIS Primary Care, Gateway Health, Pinarc Disability Support, Bendigo Health, Peninsula Health and Sunraysia Community Health.

Currently, each RCS is funded by the Department of Health and Human Services (DHHS). Each RCS provides a range of coordinated supports, of which specialised individual clinical intervention is one aspect. Approximately 70 per cent of funding received by Regional Communication Services is allocated to community capacity building activities to provide information, advice, education, community development and undertake activities/projects which focus on building the capacity of communities to better include people with communication difficulties.

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Communication Access Network	Auspicing Agency
Communication and Inclusion Resource Centre (Hub)	Scope
Regional Communication Services (Spokes)	
Metro	
Eastern	Yooralla
Inner South	Central Bayside Community Health
North West (North)	healthAbility
(West)	ISIS Primary Care
Rural	
East Hume	Gateway Health
Gippsland	Scope
Grampians	Pinarc
Peninsula South West	Scope

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South West	Scope
Southern Loddon Mallee	Bendigo Health Group
West Hume	Gateway Health
West Loddon Mallee	Sunraysia Community Health

Who we support

CAN supports people with complex communication needs.

People with complex communication needs either cannot speak or have speech that is difficult to understand. They communicate in many ways. Some people may also have difficulty understanding spoken language. Complex communication needs may be due to a disability such as cerebral palsy, autism, stroke or motor neurone disease. 1 in 500 people in Victoria are estimated to have complex communication needs (Perry, Reilly, Bloomberg and Johnson 2004) and require support with their communication.

What we do

The Communication Access Network aims to build community awareness about complex communication needs and support access to the community for people who cannot speak or who are difficult to understand. We partner with a wide range of groups and individuals. Information, advice, resources and services are provided to:

Adults with complex communication needs

Local services, councils, shops and businesses

Anyone who supports people with complex communication needs

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Research has clearly demonstrated the importance and value of such community building programs and activities and shown that “inclusion activities are not always linked to actual clients” (Jenkin & Wilson, 2009, p.15)

The role of the Communication and Inclusion Resource Centre

Scope's Communication and Inclusion Resource Centre (CIRC) is the 'hub' and provides the following support for the 'spokes' or Regional Communication Services (RCS)

- Training and education opportunities to enhance skills for working with people with complex communication needs
- A peer support and mentoring program ,
- Information on relevant resources and networks as requested
- Opportunities to work collaboratively on specific products and projects as negotiated
- Opportunities to develop networks of support and share information state-wide

CAN services focus on 3 major areas:

Communication access

Communication Coordinator Networks

Individual support

The longevity of the service has allowed it to establish strong networks and partnerships within local communities. The Regional Communication Services are able to value-add to resources that have been successfully developed for projects in other regions. The examples of stories outlined in the following sections of this report provide evidence of the successful outcomes achieved by the CAN.

Communication Access

“Communication access is when everyone can get their message across. Good communication occurs when people are respectful and responsive to individuals with communication difficulties, and when strategies and resources are used to support successful communication”².

² Solarsh, B., West, D., Rezzani, N. (2013). *Communication Access*. Retrieved from: <http://www.scopeaust.org.au/service/communication-access/>

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In 2014, libraries in the Barwon region became communication accessible and in 2015, libraries in the Southern Loddon Mallee, Southern Metropolitan and Eastern Metropolitan region became involved with communication access.



However, the main areas of work have been with a range of healthcare services including Benalla Hospital and Community Health centres, Northern Hospital, Bendigo Health and the Royal Melbourne Hospital and leisure facilities including the States Sport Centre, Glen Eira Sports and Aquatic Centre, Bairnsdale Aquatic and Recreation Centre, Monash Aquatic Centre, WaterMarc and Aqua Energy.



Royal Melbourne Hospital Communication Board

There has been a commitment to communication access by Benalla's Art gallery and Performing Arts Centre and Degani Café.

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Having a more communication accessible community enables individuals with a communication difficulty to have greater independence and participate in the same economic and social opportunities that other community members enjoy.

Input:

- Speech pathology hours (varies with projects/activities).
- Design and delivery of training sessions.
- Site visits and meetings with key staff.
- Support for co-trainers and communication access assessors (with communication support needs).

Output:

- Disability/communication awareness training.
- Pre/post training surveys developed and delivered.
- Development of communication aids and resources.
- Development of e-learning package.
- Development of Easy English/plain language resources.
- Provision of information and support.

Outcomes

Short term outcomes include:

- Increase in staff knowledge and awareness.
- Use of aids by staff and people with communication support needs.
- Skill development of people with communication support needs.
- Economic participation of people with communication support needs.
- Desire of staff to engage with people with communication support needs.
- Interest in other services becoming communication accessible.

Medium term outcomes include:

- Increased access to community facilities e.g. libraries, health services, church by people with disability.

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- Services recognised as being communication accessible.
- Skills to adapt communication aids by service staff.
- Increased profile of people with communication support needs.

Critical Success factors

The critical success factors for these projects include:

- A speech pathologist who is experienced with a community capacity building model.
- Management support and involvement.
- Partnerships with local agencies e. councils, libraries, healthcare services.
- Sharing resources and expertise across the Communication Access Network.
- Staff training in disability awareness.
- Employment of people with a communication disability as co-trainers and communication access assessors.
- Staff involvement in the development of resources.
- Addressing sustainability issues.
- Identifying staff role models to champion the project.

Communication Coordinator Networks

Concurrently, there has been a goal to establish Communication Coordinator Networks across the state. Communication Coordinator Networks are active in Southern Loddon Mallee, West Loddon Mallee and the North West metropolitan region. In 2015 networks were also established in the Grampians, and Peninsula and South East regions. Unfortunately, the excellent network in the Barwon region has not been sustainable since funding was redirected from the Barwon Regional Communication Service in the early phase of the roll-out of the NDIS.

Communication Coordinators Networks are made up of disability support workers who have received in-depth communication training, with the goal of them becoming change agents within their settings. This style of service delivery has proven to be the most cost effective form of service delivery. The networks show a proven benefit to disability support staff and to a large group of adults with an intellectual disability.

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Solarsh, B. & Kitt, K. (2014) Making Communication Intervention Effective - An investigation into the critical features of a model of specialist communication service delivery involving direct care staff working with people with complex communication needs (Unpublished paper).

McLennan, F., Vickers, K., Mason, K., Bloomberg, K. Leadbeatter, & Engel, M. (2006) Capacity Building and Complex Communication Needs: A New Approach to Specialist Speech Pathology Services in Rural Victoria. *Australian Journal of Primary Health* 12 (2) : 66 - 74.



Input

Communication Coordinator Networks comprise an average of 1 - 2 days per month of speech pathology staff time supporting disability support workers through:

- training
- mentoring
- support

Output

There are now 5 regions with established Communication Coordinator Networks. Three regions provided information and reported:

- Training and support to 15 day services (and residential services in Warracknabeal).

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- Development of service plans.
- Involvement of coordinators in communication assessments.
- Production of communication aids for use in day services and by individuals.

Outcomes

Short term outcomes include:

- A significant reduction in behaviours of concern due to providing an effective way to communicate.
- Increased client independence and choice.
- Network members providing support to colleagues.
- Increase in support workers confidence to complete tasks related to communication.
- Increased awareness and use of NECAS (Non-electronic Communication Aid Scheme).

Medium term outcomes include:

- Correlation between increased implementation of communication aids and visual supports and the reduction in Behaviours of Concern.
- Policy and procedures evolving to support individual's communication, choice and participation.
- Individual plans with a greater focus on functional communication.

Critical success factors

- Experienced speech pathologists with skills and knowledge in complex communication needs.
- A network of speech pathologists to promote resource sharing.
- Management support.
- Time release for support staff.
- Site visits by speech pathologists.
- Regular network meetings for disability support staff.
- Use of technology e.g. shared websites or intranet access, on-line delivery of training modules for rural and remote staff.
- Resources developed by the Communication and Inclusion Resource Centre e.g. InterAAction manual, Tools2Talk App, Triple C Assessment, Getting Started with Key Word Sign book and app.

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Individual support

Speech pathologists in the Regional Communication Services provide a limited amount of direct speech therapy. They have expertise in the specialised area of complex communication needs (CCN) and augmentative and alternative communication (AAC). They offer assessment and intervention particularly for adults who may benefit from communication technology.

Any training that is offered by the CAN involves co-trainers with complex communication needs. CAN speech pathologists have worked with a number of people with complex communication needs to:

- Source appropriate communication aids.
- Create training content for a range of topic areas.
- Program communication aids.
- Trouble-shoot and support the use of the communication technology.
- Develop presentation skills.
- Support social inclusion and participation.
- Develop and support self-advocacy skills.

An overview and discussion of the efficacy of the service can be seen in the recent refereed international journal article:

Johnson, H., Solarsh, B., Bloomberg, K and West, D. (2016) Supporting people with complex communication needs through community capacity building: The Communication Access Network Tizard Learning Disability review, 20,3.

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Communication Access, Communication Coordinator Networks and Individual support

This report represents a snapshot of some of the projects and activities that CAN delivered in 2015. These projects and activities have enhanced the communication and participation of adults with communication difficulties in their local communities.

In 2015 CAN services focussed on 3 major areas:

1. Communication access
 - Projects and activities
 - Blogs

2. Communication coordinator networks
 - Projects and activities
 - Blogs

3. Individual support
 - Projects and activities
 - Blogs

4. Other blogs of interest

Communication access

- Projects and activities

“Communication access is when everyone can get their message across. It occurs when people are respectful and responsive to individual with communication

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difficulties and when strategies and resources are used to support successful communication.”³

The following reports outline projects and activities that have focussed on communication access:

- Communication Access at City of Monash Libraries (Eastern Regional Communication Service)
 - Communication Access at City of Stonnington Libraries (Inner South Regional Communication Service)
 - Being Connected - Libraries and Autism (Southern Loddon Mallee Regional Communication Service)
 - Communication Access training at Benalla Rural City Council and Benalla Health (East Hume Regional Communication Service)
 - Merri Community Health Services - creating communication accessibility (North West Regional Communication Service - North)
 - The road to communication accessible health care - Royal Melbourne Hospital's journey. (North West Regional Communication Service - West)
 - Communication Access Training using an eLearning Module with Remote and Rural Council Staff. (Gippsland Regional Communication Service)
 - Keeping in touch with the church (Gippsland Regional Communication Service)
 - West Hume Newsletter (West Hume Regional Communication Service)
- Blogs

A Communication Access Network blog has been established to provide information on activities, update projects and reflect aspects of communication access.

- Local councils on the journey to create more inclusive leisure environments (NWRCS)
- Emergency relief centres in Wellington have communication boards (Gippsland RCS)

³ Solarsh, B., West, D., Rezzani, N. (2013). *Communication Access*. Retrieved from: <http://www.scopeaust.org.au/service/communication-access/>

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- Easy to read documents about your energy bills; now available in 8 different languages (CIRC)
- Benalla – working towards Communication Access (EHRCS)
- The road to communication accessible healthcare – Royal Melbourne hospital’s journey (NWRCS)
- Nillumbik Health celebrates AAC awareness month (NWRCS)
- Keeping in touch with the church (Gippsland RCS)
- Pocket “Think Safe; Act Safe” Card (Peninsula and South East RCS)

Blog address: <http://communicationaccessnetwork.com/blog/>

Communication Coordinator Networks

A Communication Coordinator Network is considered the most appropriate, long term, sustainable intervention option for the development of a communication strategy for individuals in disability services.

Communication Coordinators are disability support workers who have received in-depth communication training with the goal of them becoming change agents within their settings

Examples of activities, projects and blogs that focus on Communication Coordinator Networks include:

- Projects and Activities
 - Creating a communication support group (Grampians RCS)
 - North West Communication Coordinator Network (NWRCS))
 - Peninsula and South East Communication Coordinator Network (Peninsula and South East RCS)
- Blogs
 - North West Communication Coordinator Network
 - Key Word Signing initiative – Grampians Regional Communication Service
 - Online Learning Module for Communication coordinators – Can it work?
 - Silent Morning tea in Wangaratta

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Individual Support

There are a number of projects and activities supported by speech pathologists from the regional communication service that involve a variety of individuals with communication difficulties. These range from supporting social inclusion and participation in leisure activities to developing self-advocacy skills.

Examples of projects, activities and blogs that benefit individuals with communication support needs include:

- Projects and activities
 - Stroke a Chord Choir (ERCS)
 - Trendy Tools for communication (WLMRCS)
 - Cuppas and Conversation (EHRCS)

- Blogs
 - Getting to know me: multimedia profiling (SLMRCS)
 - Selling the communication access message - with a man with a nose for business (ERCS)
 - Local communication expo - communication aids come to Shepparton (WHRCS)
 - Schools out: Moving into the adult world (ERCS)
 - Making change happen - One presentation at a time (Gippsland RCS)
 - People go to places because they consider them worth visiting (CIRC)

- Other blogs of interest
 - Mapping your area (Inner South RCS)
 - Working in a National Disability Insurance Scheme environment - a speech pathology perspective (Barwon RCS)
 - Teaching speech pathology students - never enough time (CIRC)

Communication Access – Projects and activities

Eastern Regional Communication Service - City of Monash Libraries

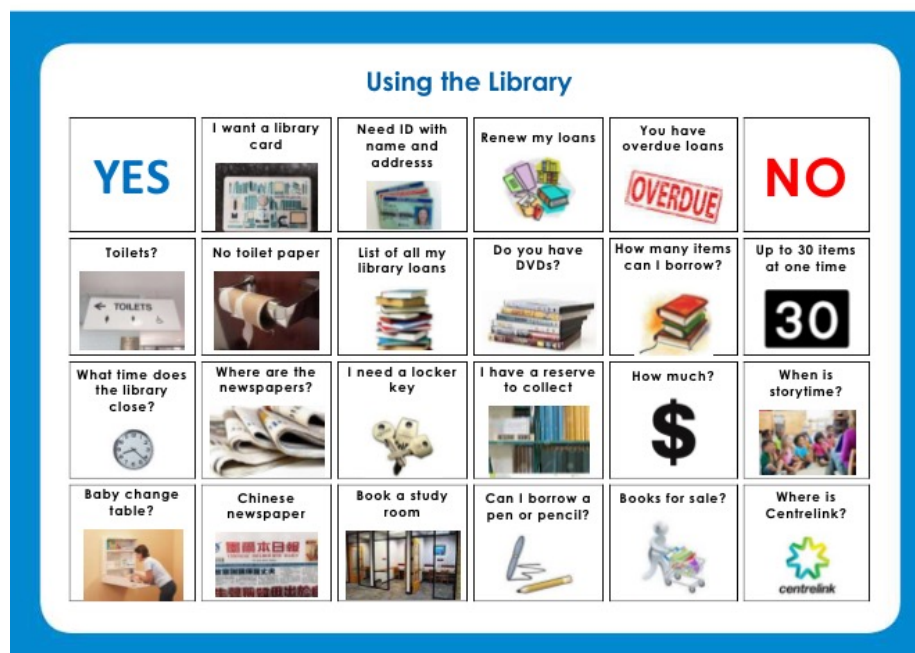
In 2015 the Monash Council committed to achieving communication accessibility at its council services. This included five Council Libraries and four Council customer service points.

Two senior librarians coordinated the arrangements for training sessions and the development of resources. Six 2 hour training sessions were conducted. The training was made compulsory for permanent staff with online training compulsory for all staff and for inducting any new staff.

Initial visits were made to each library by the Eastern Regional Communication Service (ERCS) speech pathologist, a speech pathology student and a person with communication difficulties. The physical environment was reviewed including signage and any available communication resources. The speech pathology student worked with a senior librarian to develop a generic library communication board and a technology related communication board. The person with communication difficulties was supported to run the six communication training sessions.

The training for the libraries has been completed and is organised for council customer service staff commencing 2016.

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Using the Library board



Using the Library - Technology board

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Matthew Simpson conducted 6 x 2-hour training sessions with library staff. Pictured are Matthew and Corina (ACU speech pathology student) practising his presentation. Corina helped Matthew learn how to program his presentation onto his new communication device. Matthew was paid for his preparation and training presentation time. Staff attending the training frequently stayed after the session to talk with Matthew. Two staff reported that it was the “best training I have ever been to” and “an experience I will never forget”.



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Inputs/outputs/outcomes for City of Monash Libraries

Inputs	<ul style="list-style-type: none"> • Approximately 100-150 hours of speech pathologist and speech pathology student hours (visits, training, client support, library liaison and planning). • Six two hour training sessions for five separate libraries. • Payment for presenter (approximately 25 hours). 	
Outputs	Actions and activities	<ul style="list-style-type: none"> • Trained approximately 60 staff in communication access and strategies to support and include people with communication difficulties to access the library. • Developed two library specific communication boards that are available at each library. • Matthew received over 20 hours of 1:1 speech pathology support to develop and program a training package on his new electronic communication device. • Client educator Matthew had over 10 pages of conversation/information programmed into his device.
	Critical success factors	<ul style="list-style-type: none"> • Librarians drove the project, organised all sessions and involved all library staff in the development and review of the communication boards. • Initial visits at librarians shift times (several were after hours) set the scene for a collaborative relationship and respect for the demands of their work. • All staff attended training. Those who were initially reluctant quickly warmed to Matthew. Lots of positive feedback about the value of the training. • Training provided by a person with complex communication needs has enormous impact. For some people it was the first time they had interacted with a person with a disability. People reported being “blown away” and “astounded” by Matthew as a person as well as his use of his technology.
Outcomes	Short term	<ul style="list-style-type: none"> • The communication board developed for library technology is the first of its kind and reflects the current development towards digital and online resources available at libraries. • The general library board was updated and both boards could be individualised to reflect each library e.g. use photos of own borrowing desk, study rooms etc. • Matthew had many pages of training material programmed into his communication device. Most of the content was stories and personal information that he will use in other communication awareness training settings. • Matthew received lots of practice learning and developing confidence in using his new communication device.

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		<ul style="list-style-type: none"> Matthew developed good skills during the training including being creative about answering questions and giving feedback to people when they didn't understand him. He became very adaptable in a range of tricky conversations. Matthew was paid for his work. This opportunity allowed for social and economic participation by the co-presenter. Library staff were very enthusiastic about ways of communicating other than speech and were keen to meet library users with communication difficulties. Student speech pathologist received unique clinical experience with individual work and community education.
	<p>Medium-long term</p>	<ul style="list-style-type: none"> Monash library staff feel equipped to confidently provide services to people with communication difficulties. Changes in library practices and equipment are reflected in changes in the library boards as the library staff developed and produced them and have the means to adapt them. Matthew feels more confident in public speaking and now willingly accepts more paid work in this area. Matthew now requires less support for future presentations. Presence of library boards together with well trained staff support a wider range of people with communication difficulties to access the library. (CALD and people with literacy issues) Library staff were made aware of signage issues and will take this into consideration for future library changes.
	<p>Impact</p>	<p>This project would not have occurred without the support of the ERCS. The ERCS speech pathologist is skilled in augmentative and alternative communication (AAC) and uses capacity building strategies to support businesses and services to become communication accessible.</p> <ul style="list-style-type: none"> Without ERCS support, Matthew would not have had access, support and opportunity to develop skills as a disability educator and in public speaking. A partnership has been developed with librarians to encourage future projects in relation to resources that support the inclusion of people with communication difficulties.

- Meets CAN Strategic Plan 2012-2015 Objectives: 1, 2, 3, 4, 5
- Meets NDIS – Information, Linkages and Capacity Building Streams 1, 2 & 3

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Inner South Regional Communication Service - City of Stonnington Libraries

The Communication Access Symbol® aims to reduce the barriers that people with complex communication needs face when accessing services and information. Stonnington Council and the Inner South Regional Communication Service (ISRCS) formed a partnership, with the goal of training staff and creating resources so that the libraries in the City of Stonnington could become communication accessible and be awarded the Communication Access Symbol®. There are four libraries in the City of Stonnington – Malvern, Phoenix Park, Prahran and South Yarra.

Two staff training sessions were presented by the ISRCS speech pathologist. The first session which focused on general disability and communication awareness was co-presented with a person with complex communication needs. The second session focused on specific communication providing the staff with tools and confidence to interact effectively with anyone, regardless of their communication skills and style. Both training sessions were well attended and well received, with all participants at the second session stating that the training had been interesting, relevant, well organised, well presented, and successful in enhancing awareness of the communication support needs of people with little or no speech.



ISRCS speech pathologist delivering staff training

The ISRCS speech pathologist created a communication board, using vocabulary selected by library staff. The communication board is displayed at the front counter of each library. This board is a simple but valuable strategy that allows people with communication difficulties to express themselves easily and

Communication Access Network Annual Report 2015

effectively. A wayfinding audit was also conducted, where the ISRCS identified ways to improve signage in each library.



Library Staff using communication boards

Due to time constraints, the Communication Access Symbol® assessment could not be completed until early 2016. The symbol was awarded to all four libraries in February 2016.

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Inputs/outputs/outcomes for City of Stonnington Libraries

Inputs	<ul style="list-style-type: none"> • Staff time for audits, planning, training, resource development = 24 hours. • Partnership with Stonnington Metro Access Officer. 	
Outputs	Actions and activities	<ul style="list-style-type: none"> • Wayfinding audits. • Staff training – two sessions (approx. 45 staff attended the sessions). • Creating communication boards for each library. • Meetings with Metro Access Officer and Library Services Coordinator.
	Critical success factors	<ul style="list-style-type: none"> • Effective partnership between ISRCS, the Metro Access Officer and the Library Services Coordinator. • Co-presenting training with a person with complex communication needs. • Library staff willing to participate in training and change communication habits. • Objectives of the project were clearly defined.
Outcomes	Short term	<ul style="list-style-type: none"> • Increased staff awareness of how to interact with people who have complex communication needs. <ul style="list-style-type: none"> ◦ “[The training] was all really useful. The discussion about 2-way communication and being able to articulate that you don’t understand something - relieved some anxiety.” ◦ “[The training] increased my awareness of usefulness and the variety of the icons on the communication boards. It also reinforced the importance of dealing with the individual with patience and respect.” ◦ “[This training gave me] the confidence to talk or communicate with people who have problems making themselves understood.” • Two other Metro Access Officers have approached the speech pathologist to help the libraries and council buildings in their area to apply for the Communication Access Symbol®. • The four City of Stonnington Libraries filled the criteria for becoming communication accessible. • Economic participation for the co-presenter – a person with complex communication needs. (A fee-for-service activity).
	Medium-long term	<ul style="list-style-type: none"> • Greater capacity for people with complex communication needs to participate within the community and have more independence. • More people with disabilities visiting the libraries leading to other community members having increased awareness of the challenges they face.

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		<ul style="list-style-type: none"> Library staff using their new awareness and skills outside the library environment.
	<p>Impacts</p>	<p>It is unlikely that this outcome would have been achieved in the absence of ISRCS involvement. While the project was driven by the Metro Access officer, the ISRCS provided all of the expertise, training and resources required to enable the library staff to develop a culture of communication and best practice.</p> <p>Since the training, each of the four libraries have since been assessed and awarded the Communication Access Symbol.</p>

- Meets CAN Strategic Plan 2012-2015 Objectives: 1, 2, 3, 4 and 5
- Meets NDIS – Information, Linkages and Capacity Building Streams: 1, 2, 3

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Southern Loddon Mallee - Being Connected (Libraries and Autism)

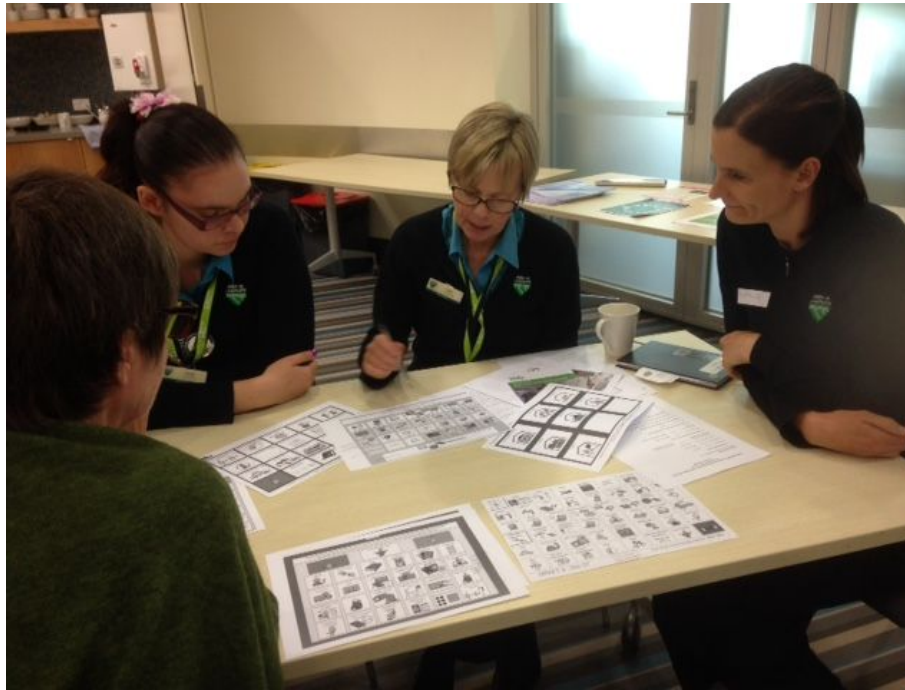
Jenny Mustey, Library Services Manager at Campaspe Regional Library asked the speech pathologist from the Southern Loddon Mallee Regional Communication Service (SLMRCS) to help prepare the libraries for a communication access assessment.

The Campaspe Regional Library was awarded a Pierre Gorman Award by the Library Board of Victoria to undertake the project 'Being Connected - Libraries and Autism'. Through this project, the library service aimed to improve and enhance their services for people with Autism Spectrum Disorders. The project was funded to run for two years from early 2014 to 2016. The project included developing a sensory audit checklist to determine what sensory issues might impact on customers with Autism wanting to visit their local library branch. Once developed, the audit has been used to assess the local library services. There was also a request for supporting the libraries to become communication accessible. This involved staff training, creating new resources including "*This is my library book*" and developing a more inclusive library program. The library also purchased a mobile accessible internet station (TAP-it).

The communication awareness and access training to the librarians was in September, just before International AAC Awareness Month in October. A mention of this during the training resulted in one librarian being inspired to hold a Silent Morning Tea at the library. A couple of weeks later, the local paper carried a large front page photo and article about the Silent Morning Tea, followed by a photo and article on the next page explaining communication access.



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Inputs/outputs/outcomes for Campaspe Regional Library

Inputs	<ul style="list-style-type: none"> • Approximately 60 hours of speech pathologist hours. • Approximately 60 hours of Allied Health Assistant time (to develop and refine visual aids only). • Site visits to all libraries in region.
Outputs	<p>The regional speech pathologist:</p> <ul style="list-style-type: none"> • Provided information about accessible environments. • Provided information about technology options available for augmentative and alternative communication (AAC). • Consulted with the Campaspe librarians' group. • Trained staff about communication access using CIRC training packages. • Used a collaborative approach to develop the content on communication aids. • Organised for the production of communication aids for use at service desks. • Arranged for "mystery customers" (people with communication difficulties from DHHS houses in the Campaspe area) to trial the library services. • Collated the observations and feedback from the "mystery customers" about the venues. • Provided support and responded to queries and ideas as the project progressed.
	<p>Critical success factors</p> <ul style="list-style-type: none"> • Involvement and support from Library Service manager to drive the project. • Rapid response to queries and requests from the librarians e.g. request for verbatim wording of instructions on how to use the board. • Key person driving the project who is approachable and works with all. Needs a "can do" attitude and needs to be well connected in the community. e.g. mystery customer noted poor access to the building, and the key person took this matter to the local council for resolution. • Clear project design and use of communication access process and resources to streamline work.
Outcomes	<p>Short term</p> <ul style="list-style-type: none"> • This project is still in the early stage. • Local DHHS houses, disability day services and other service providers in Campaspe are aware of the Libraries project. • Local newspaper carried large articles regarding Silent Morning Tea held at Campaspe Libraries as a result of SLMRCS training to librarians (see story CAN blog).
	<p>Impacts</p> <p>This project could not have been undertaken without the support of the SLMRCS.</p> <p>The SLMRCS speech pathologist assisted businesses and services to</p>

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	<p>become communication accessible. She worked collaboratively with the Library Services Manager to develop staff knowledge, skills and resources to support positive and successful interactions with people attending the library including people with Autism Spectrum Disorders.</p>
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- Meets CAN Strategic Plan 2012-2015 Objectives: 1, 2, 3, 4, 5
- Meets NDIS - Information, Linkages and Capacity Building 1,2,3

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East Hume Regional Communication Service - Communication Access training at Benalla Rural City Council and Benalla Health

Benalla Rural City Council (BRCC) and Benalla Health joined in partnership with the East Hume Regional Communication Service (EHRCS) to undergo training and assessment to become communication accessible. This partnership supported the Benalla Rural City Council's Community Access and Inclusion Plan. The plan outlined the council's commitment to ensuring that people with a disability and their families and carers are able to participate fully in community life.

Benalla Rural City Council services a population of 13,600 in the township of Benalla and the communities of Baddaginnie, Devenish, Goorambat, Swanpool, Tatong, Thoona, and Winton.

Benalla Health provides a diverse range of health and community services to Benalla and surrounding communities including acute, aged care and community services.

The East Hume Regional Communication Service (EHRCS) builds the capacity of communities to include and support the participation of people with communication difficulties. EHRCS provides information, advice, resources and training in complex communication needs and recommends strategies that meet the specific needs of community members and service providers in the region.

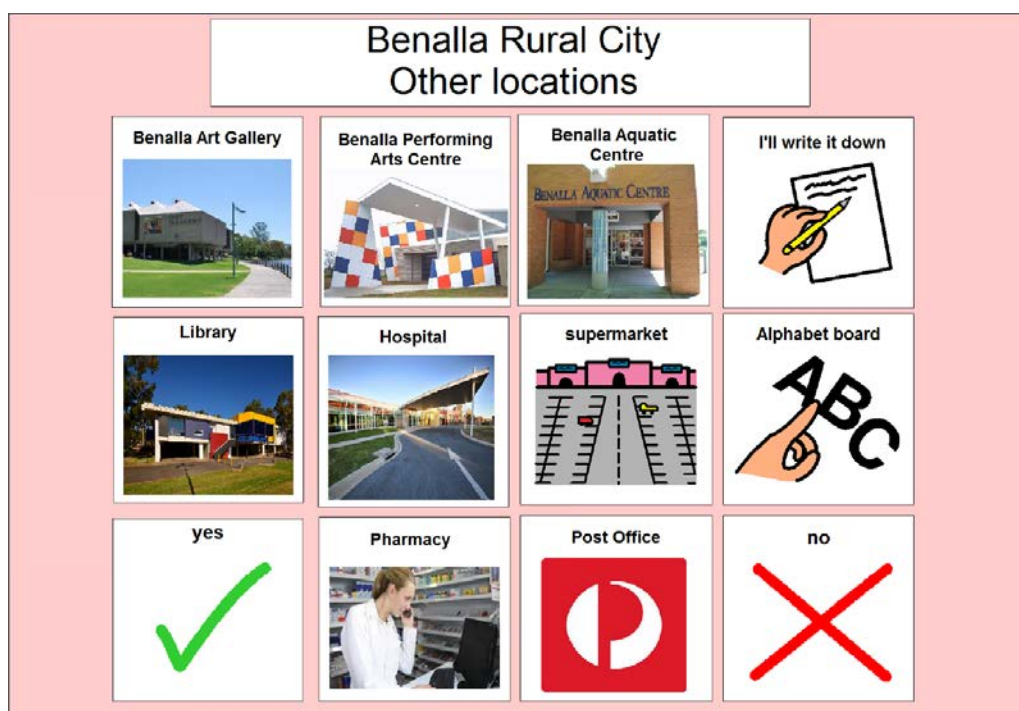
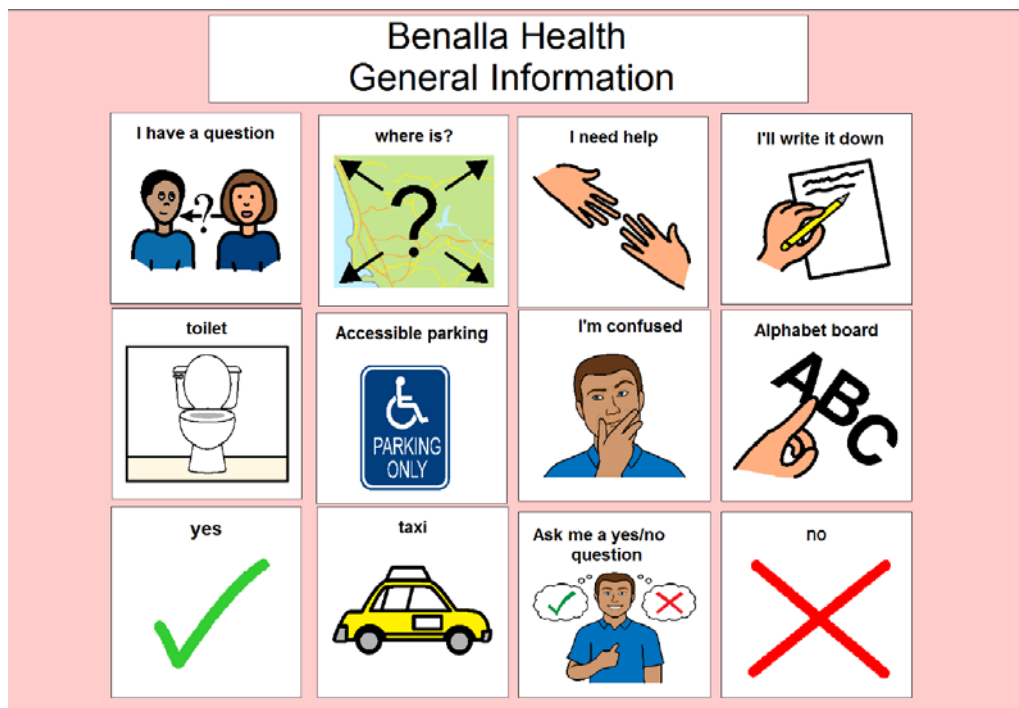
The EHRCS provided training to 24 staff from BRCC sites including Benalla Performing Arts and Convention Centre, Benalla Art Gallery and front of house staff at the Customer Service Centre. Ten staff attended from Benalla Health - Ray Sweeney Community Care Centre.

During the training session a number of augmentative and alternative (AAC) strategies were demonstrated and practised to provide trainees with the skills needed to assist people who have communication difficulties.

A representative from the National Relay Service (NRS) provided real-time training in the use of the service and participants reported that they found this training immensely useful.

This method of service delivery allowed for the provision of timely and effective speech pathology services which builds the capacity of staff interacting with people with communication difficulties.

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Customised Communication Boards

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Feedback from the organisation and participants:

“Very interesting! It was great to see ways to make customer service and communicating easier”.

“Tips on how to make communicating a good experience for those who have difficulties was really useful”.

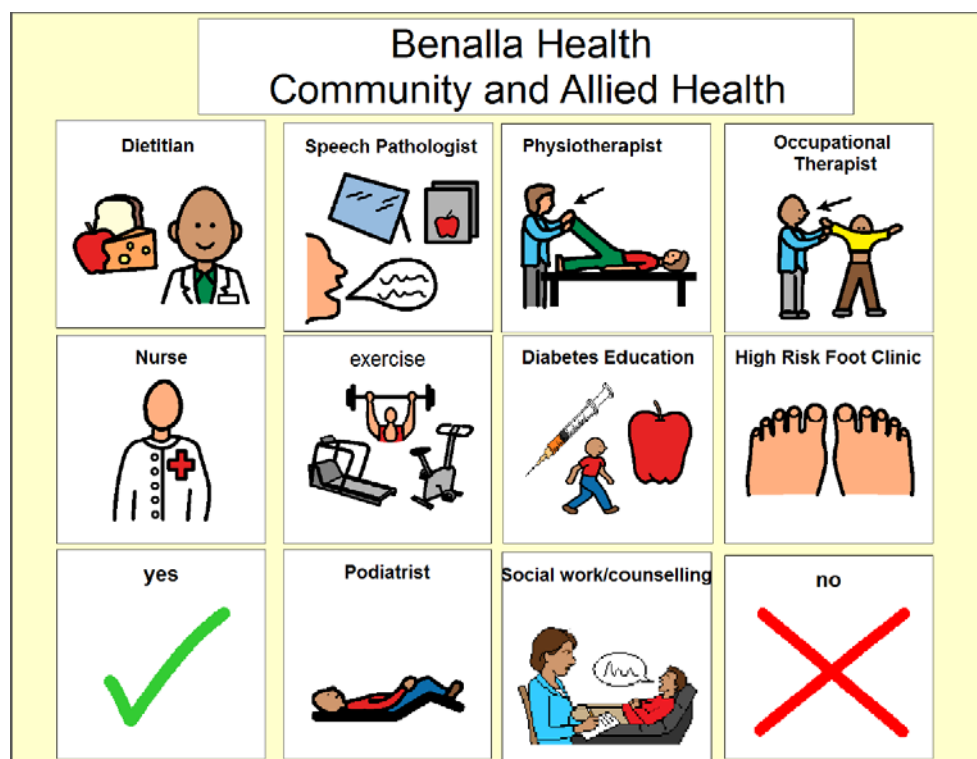
“The communication session was really great! Friendly, clear trainers”.

“I realise that I need to do extra training or research to improve my communication skills”.

“National Relay Service training was very interesting and informative”.

“The practical tips to communicate on an equal and positive way were really useful”.

“Learning the different types of communication and sign language were great. Practicing getting my message across without talking was a good experience”.



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Inputs/outputs/outcomes for Benalla Rural City Council and Benalla Health

Inputs	<p>20 hours of East Hume Regional Communication Service (EHRCS) speech pathologist time which involved:</p> <ul style="list-style-type: none"> • Consultation and planning. • 2 x half day training sessions held at Benalla Health. • Individual site visits to discuss specific resources required e.g. communication boards at each site. • Ongoing evaluation via feedback from key partners and team leaders at all sites and pre- and post- training questionnaires. • Ongoing support to all participants. <p>Involvement of a person with communication difficulties in the training</p>
Outputs	<p>Actions and activities</p> <ul style="list-style-type: none"> • Completion of pre and post training surveys with staff. • Consultation with management to establish roles and responsibilities and a Memorandum of Understanding. • Delivery of 2 x half day communication access training. • Organisation of education session in regards to National Relay Service and telecommunications. • Individual site consultations to develop communication aids and resources specific to each site. • Ongoing support and contact person for staff at all sites including follow-up phone calls to ensure that communication board content remained relevant and appropriate. • 12 x customised communication boards printed and laminated for each site.
	<p>Critical success factors</p> <ul style="list-style-type: none"> • Positive partnership with Benalla Rural City Council & Benalla Health management and staff members. • Excellent representation of staff from a number of sites. • Co-facilitation with the EHRCS by an individual with complex communication needs. • Information provided in a timely manner. • Effective use of a full day with staff from all five sites attending one location for training. • Inclusion of National Relay Service training incorporated into the day. <p>Ongoing support from management to encourage participants to contact EHRCS in regards to communication resources/education.</p>
Outcomes	<p>Short term</p> <ul style="list-style-type: none"> • 24 staff members were trained across 5 sites. • All attendees indicated that they found the training sessions informative and relevant and that they ALL intended to use the strategies we explored.

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		<ul style="list-style-type: none"> • 100% of staff said they would recommend the training. • Communication boards and aids developed in consultation with staff at each site. • Economic participation for the co-presenter – a person with complex communication needs (a fee-for-service activity).
	<p>Medium-long term</p>	<p>Training has resulted in:</p> <ul style="list-style-type: none"> • Increased staff awareness, knowledge and skills regarding communication access and how to support the needs of people with communication difficulties. • Trained staff members have a greater capacity to communicate effectively with people with communication difficulties. • Benalla Health and Benalla Rural City Council have improved service delivery plans that maximise available resources and reflect needs of the clients. This has resulted in: <ul style="list-style-type: none"> ○ Improvements for individuals with communication difficulties regarding ‘quality of service’ and care received in their local community. ○ Benalla Rural City Council and Benalla Health being awarded the Communication Access Symbol® in 2015 at the following sites: <ul style="list-style-type: none"> ▪ Benalla Hospital – Reception. ▪ Benalla Community Health Centre / Community Care – Reception. ▪ Benalla Performing Arts Centre – Service desk. ▪ Benalla Art Gallery – Service desk. ▪ Benalla Rural City – Customer Service Centre.
	<p>Impacts</p>	<p>The success of this project was dependent on the expertise of the speech pathologist in the East Hume RCS and the practice of using a capacity building approach to support communication access in communities.</p>

- Meets CAN Strategic Plan 2012-2015 Objectives: 1, 2, 3 and 5
- Meets NDIS – Information, Linkages and Capacity Building Streams: 1, 2, 3

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North West Regional Communication Service (North) - Merri Community Health Services - creating communication accessibility

This part project was completed through a partnership between Merri Community Health Services (CHS) and the North West Regional Communication Service (NWRCS). The aim of the project was to enhance the communication accessibility of front of house reception and service access across six Merri CHS sites in line with their Communication Access For All action plan. The need for this project was highlighted by feedback from some clients with communication difficulties indicating that they had had trouble getting their message across to reception staff. This resulted in them feeling embarrassed and less motivated to access health services. The first part of the project was implemented with reception staff at one of the sites and with service access staff. As a result, this site has recently met all necessary standards and has been awarded the Communication Access Symbol®. The local speech pathologist was mentored to then be able to lead the roll out of this training across all other sites, with the support of the NWRCS speech pathologist.



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Staff from Merri CHS made these comments about “what does communication access mean to you?”

“Being accessible to all clients who are unable to communicate effectively using spoken language only”

“Part of a broader social determinant of health – access to health services – more than just short wait times and physical access”

“Better services for clients, better access for clients, more confident staff”

“As a receptionist, to be aware of good clear communication, show more empathy and patience to clients”

“Accessible information for all to communicate and understand”



Staff at Merri CHS using the communication board and gesture to support communication

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Inputs/outputs/outcomes for Merri Community Health Services

Inputs	<ul style="list-style-type: none"> • North West Regional Communication Service provided input over 2014-15 including: a number of planning meetings (8 hours); policy consultation (6 hours); preparation of resources (10 hours) and a training session of 3 hours to relevant staff. • Training session planned and co-presented with a person with complex communication needs. 	
Outputs	Actions and activities	<ul style="list-style-type: none"> • Pre and post training surveys conducted with staff. • Training in communication access provided to 9 staff (Reception and Service Access). Participants rated training overall as highly worthwhile (4.5/5) and relevant (4.9/5). • Video of training made to support: induction of new staff; further training to subsequent sites; and sustainability of communication accessibility. • Communication boards using a combination of visual support strategies developed for front of house Reception at the first site, then trialled and revised based on feedback. • Consultation with management regarding broader issues of enhancing communication access, e.g. signage, accessible written information. • Written information and a range of forms revised and made more communication accessible.
	Critical success factors	<ul style="list-style-type: none"> • Project driven by management of Merri CHS and aligned with their Communication Access For All action plan. • People with complex communication needs involved in key steps of project (needs analysis and training).
Outcomes	Short term	<ul style="list-style-type: none"> • Increased staff awareness, knowledge, and skills in communicating with people with disabilities. • Communication boards available at reception, used by people with communication difficulties and reported as being “really helpful”. • Signage and some written information made more communication accessible. • People from culturally and linguistically diverse communities also benefiting from process of enhancing communication accessibility. • Merri CHS Coburg site assessed for and awarded the Communication Access Symbol®.
	Medium-long term	<ul style="list-style-type: none"> • Capacity building of local speech pathologist, who will be supported to continue training across other sites. • Management of Merri CHS committed to extending communication access accreditation to individual service provision. • Processes in place to support the sustainability of communication

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		<p>access throughout whole organisation.</p> <ul style="list-style-type: none"> • Community members with communication difficulties are now more confident and willing to access health services at Merri CHS. • Staff report much greater confidence in communicating with people with a range of disabilities.
	<p>Impacts</p>	<p>This project would not have been possible without the expertise of the NWRCS - North speech pathologist regarding building the capacity of services and businesses to become communication accessible environments</p>

- Meets CAN Strategic Plan 2012-2015 Objectives: 1, 2, 3, 4, 5
- Meets NDIS - Information, Linkages and Capacity Building Streams 1, 2, 3

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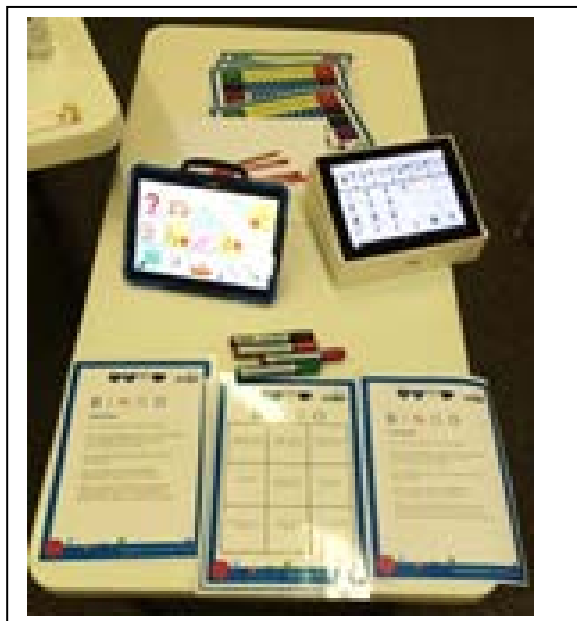
North West Regional Communication Service (West) - The road to communication accessible health care - Royal Melbourne Hospital's journey.

Royal Melbourne Hospital (Royal Park) partnered with the North West Regional Communication Service (NWRCS) to complete this project. The aim was to make Royal Melbourne Hospital's Clinical Centre and Community Therapy Service more accessible for people with communication difficulties. The project sought to achieve this by improving interactions between customer service staff and people with communication difficulties and increasing the independence of people with communication difficulties who access these services, through staff training, resource development, promotion and sustainability planning. Two locations were selected by Royal Melbourne Hospital as priority areas, as their core business involves providing services to adults with disabilities and people facing difficulties associated with ageing, including people with communication difficulties who access the hospital's speech pathology services.



A communication board developed for the Royal Melbourne Hospital

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Learning about communication aids



Communicating without speech at the Silent Morning Tea

Staff from Royal Melbourne Hospital shared the following about their communication access journey

'All businesses should do this training - it gives a whole different perspective to customer service'

'Communication access must be a priority if we are to be an equitable service. The training was very informative and useful'

'I liked hearing from a consumer during the silent morning tea about her experiences of using a communication device - it was really interactive and good to be creative with how to get your message across without talking'

100% of staff who attended the training reported they would recommend it to others.

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Inputs/outputs/outcomes for the Royal Melbourne Hospital

<p>Inputs</p>	<p>The NWRCS provided input during 2014-2015, including six 2 hour training sessions and consultation (8 hours) around resource development, sustainability planning and awareness raising.</p>
<p>Actions and activities</p>	<ul style="list-style-type: none"> • Training - NWRCS delivered training to 29 client services staff from Royal Melbourne Hospital's Clinical Centre and Community Therapy Service, with tips and strategies about how to create a more inclusive environment for people with communication difficulties. There was a focus on face to face interactions, phone contact (including using the National Relay Service) and the use of communication aids. • Resource development - Customised communication boards were developed for the reception areas of the Clinical Centre and Community Therapy Service that use a combination of visual supports including text, pictures, photos and maps. • A Silent Morning Tea was facilitated at Royal Melbourne Hospital. This included a presentation by a person who accesses Royal Melbourne Hospital's services and who uses a communication aid. The morning tea allowed the staff to experience the challenges faced by people with communication difficulties, by restricting communication to non-verbal methods only. <p>This raised awareness, valued consumer input and promoted participation of people with communication difficulties in leadership roles in their communities. RCS also published a blog about this project to raise public awareness through social media.</p> <p>The blog can be found here http://www.communicationaccessnetwork.com/blog/</p>
<p>Outputs</p>	<p>Critical success factors</p> <ul style="list-style-type: none"> • A detailed project plan was endorsed by all stakeholders and supported locally by Royal Melbourne Hospital speech pathology with consultation from NWRCS.
<p>Outcomes</p>	<p>Short term</p> <ul style="list-style-type: none"> • Royal Melbourne Hospital's Clinical Centre and Community Therapy Service receptions areas are now communication accessible and have been awarded the Communication Access Symbol. <p>Economic and social participation of people with communication difficulties was supported as they were employed to complete</p>

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	communication access assessments.
Medium-long term	<ul style="list-style-type: none"> • Sustainability – Royal Melbourne Hospital have set up a sustainability plan to ensure that staff skills and resources are maintained and updated in the future. • Royal Melbourne Hospital is the first western metropolitan health service in Melbourne to be awarded the Communication Access Symbol® and sets an influential precedent for all other health services in the district to support communication access.
Impacts	This project would not have been possible without the expertise of the NWRCS speech pathologist re building the capacity of services and businesses to become communication accessible environments.

- Meets CAN Strategic Plan 2012-2015 Objectives: 1, 2, 3, 4, 5
- Meets NDIS – Information, Linkages and Capacity Building Streams: 1, 2, 3

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Gippsland Regional Communication Service - Communication access training using an eLearning Module with Remote and Rural Council Staff

In 2015, the East Gippsland Shire Council approached the Gippsland Regional Communication Service (Gippsland RCS) with an interest in becoming communication accessible. In rural communities, the council service centres are the civic hub of their communities. As well as providing library and council services, many also provide Centrelink, VicRoads and holiday park accommodation services.

To assist the Council with this commitment to communication accessibility, the Gippsland RCS worked with shire staff to develop and implement visual communication aids, including site specific communication boards, signage and Plain English brochures/ forms/ information leaflets. Sustainable communication training for all service staff was provided by means of an eLearning Module developed the Gippsland RCS.

Elearning was an efficient means to reach the 6 council service centres and one mobile facility located in rural and remote communities. Face to face training was provided for managers of each of the sites by a speech pathologist from the Gippsland RCS and a co-presented by a person with a communication difficulty.

The eLearning Module provided succinct and interesting information in short, purpose-made YouTube video presentations and written information. These included communication training by a speech pathologist, a presentation by a local woman with a communication difficulty and a video of a good communication interaction between a local man with a disability and staff. Two generic videos on communication access (produced by CIRC) and using the National Relay Service (NRS) (produced by the NRS) were also included.

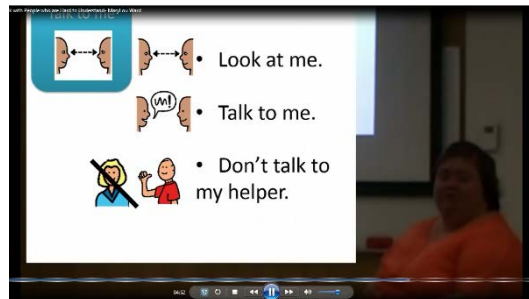
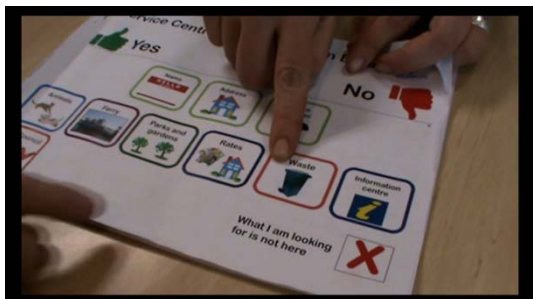


Frank making an enquiry at the council

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The eLearning style and involvement of people with communication difficulties within training was positively received by service staff. Over 90% of participants reported they would recommend this eLearning Module to their colleagues. Staff also commented on the usefulness of the content of the videos “... (the eLearning Module) contained really useful information”. Comments were also made about the presentations by people with a communication difficulty “...Mary-Lou’s journey is inspirational”.

The eLearning module and the participation of people with disabilities in its development, has successfully built the capacity of service staff to support people with communication difficulties in accessing East Gippsland Shire Council offices.



Mary-Lou presenting “How to talk to someone who is difficult to understand”

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Inputs/outputs/outcomes for East Gippsland Shire Council

Inputs	<p>The speech pathologist from the Gippsland Regional Communication Service provided:</p> <ul style="list-style-type: none"> • 50 Hours of speech pathologist time from the Gippsland RCS. • East Gippsland Shire Council Provided: • 42 hours (each) release of two council staff to implement the project. • 58 hours (total) time release of 24 service staff and 10 managers. <p>5 hours paid time of two people with communication disabilities.</p>	
Outputs	Actions and activities	<p>The speech pathologist also:</p> <ul style="list-style-type: none"> • Developed visual communication resources for 7 service centre sites in consultation with shire staff. • Provided face to face communication access training to all site managers • Created a unique eLearning Module for all service staff.
	Critical success factors	<ul style="list-style-type: none"> • Involvement of council staff in the development process • Building the capacity of two council staff to develop and make visual communication aids. Staff are now able to develop their own resources. • Feedback regarding communication boards was incorporated from service staff and the Bairnsdale Disability Action Group. • Training was co-presented by a person with a communication difficulty • Training was tailored to be agency specific with local content used to develop the eLearning module. • People with disabilities were paid, which demonstrated the value of their contributions.
Outcomes	Short term	<ul style="list-style-type: none"> • 34 staff participated in communication which resulted in increased community awareness and capacity building. • 7 service centres are ready to be assessed for the Communication Access Symbol®, thus building the capacity of this mainstream service to be easier to access for people with disabilities. • Leadership and economic opportunities for 2 people with disabilities participating in this project.
	Medium-long term	<ul style="list-style-type: none"> • The East Gippsland Shire Council is in the process of being assessed for the Communication Access Symbol. • East Gippsland residents are able to access all council service centres and libraries and participate in civic life. • The East Gippsland Shire Council has implemented the objectives of

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	<p>their disability action plan (informed by people with disabilities.)</p> <ul style="list-style-type: none"> • Built the capacity of two staff to maintain and develop communication aids and resources. • eLearning used as a sustainable method to upskill staff as it is now included in all staff inductions. • The potential to use eLearning across the Communication Access Network.
<p>Impact</p>	<p>This project would not have been possible without the expertise of the speech pathologist from the Gippsland RCS. The speech pathologist used a capacity building approach to:</p> <ul style="list-style-type: none"> • Enable the East Gippsland Shire Service Centres to become communication accessible thus increasing their capacity to support the participation of people with communication difficulties • Provide leadership and economic opportunities for people with communication difficulties. • Provide an opportunity for people with communication difficulties to impart their experiences and suggestions for improvement directly to managers and service staff.

- Meets CAN Strategic Plan 2015-2018 Objectives: 1, 2, 4, 5
- Meets NDIS – Information, Linkages and Capacity Building Streams: 1, 2, 3

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Gippsland Regional Communication Service - Keeping in touch with the Church

St John's Anglican Church in Bairnsdale has been working with Gippsland Regional Communication Service (Gipps RCS) to ensure the church community understands the needs of people with disabilities. People with autism and little or no speech wanted to attend church services, but found the experience difficult and overwhelming. The Rector of St John's, Reverend Tony Wicking, and Ms Von Dubbeld, a youth volunteer, developed a range of ideas and supports the church could use. Von researched Churches around the world for ideas around modifying services and supporting people with additional needs. From here Von began planning and developing ideas which resulted in two information days and a monthly "In -Touch" Multisensory Worship Service.

The information days (one in May and one in October) focussed on running sessions across a range of topics. The Gippsland RCS speech pathologist provided a number of sessions covering topics such as 'What is Autism?' sensory processing, communication strategies and social skills. The sessions were advertised through local media, including the local radio



station, inviting interested community members. There was a lot of interest in both information days with a total of over 80 people attending. Attendees included teachers, day service staff, parents and interested church members.

The monthly "In-Touch" Multisensory Worship Service began in May 2015, and attendance continues to grow. The "In- Touch" service is a regular church service with some changes aiming to make the experience less threatening, more supportive and encourage people to engage through the different senses. Some of the changes include simplified language and experiences



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through the different senses, for example, baking bread or crushing grapes. They have also changed seating arrangements to ensure people can sit how they like and move as they need. Pictures are used to show the progression of the service and a social story has been developed to familiarise people with what to expect and what they can do during the service.

“In- Touch’ is way better than normal church because we were involved all the way through and I was comfy.” Attendee with autism.

Gippsland RCS supports the participation and inclusion of people with communication difficulties to participate in their preferred community activities. This is an example of Gippsland RCS supporting participation in the life domain of spirituality.

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Inputs/outputs/outcomes for St John's Anglican Church Bairnsdale

<p>Inputs</p>	<ul style="list-style-type: none"> • Gippsland RCS provided time for the following activities: <ul style="list-style-type: none"> o Meetings with church staff- 10 hours. o Preparation of presentations - 20 hours. o Presentations - 24 hours (16 hours of speech pathology and 8 hours occupational therapist time). <p style="text-align: center;">Time line: Commenced Feb 2015 - Completed October 2015.</p> <ul style="list-style-type: none"> • St John's Anglican Church Bairnsdale staff and volunteers provided time to initiate and coordinate the project activities. They spent many hours attending the project meetings, organising and promoting the information days and the "In-Touch" Multisensory Worship Services. • Support in time and donations from local community members including local state Member for Gippsland East. • People with complex communication needs including Autism (ASD) provided ongoing feedback
<p>Actions and activities</p>	<p>Gippsland RCS:</p> <ul style="list-style-type: none"> • Regular meetings with Church staff. • Delivery of sessions at the two information days. <p>St John's Anglican Church Bairnsdale:</p> <ul style="list-style-type: none"> • Co-ordination of the project including chairing meetings, coordinating staff and volunteers and partners. Promotion of information days and consulting with people with disabilities including Autism. <p>Other:</p> <ul style="list-style-type: none"> • Co- creation of communication supports e.g. social story to support understanding and participation during services.
<p>Critical success factors</p>	<p>Appropriate representatives and stakeholders including:</p> <ul style="list-style-type: none"> • Committed Church leadership group. • Members of the Church who provided feedback about their difficulties in being part of the community. • Partnership with Gippsland RCS with clearly defined roles. <p>Many Church volunteers were involved who set up, organised and supported the project throughout the lead up and on the information days.</p>
<p>Short term</p>	<ul style="list-style-type: none"> • 80 community members participating in workshops promoting an understanding of Autism Spectrum Disorder and communication. • 80 people experienced the different types of augmentative and alternative communication. • Monthly "In Touch" Multisensory Worship Service being held with good attendance.

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	<ul style="list-style-type: none"> • Visual strategies being used in a Church service. • A monthly Church service with spoken language that is simplified and matched to sensory experiences. • A safe supportive place for people with additional needs that will meet their spiritual needs. • Testimonials: Providing positive feedback about the new initiatives from people with complex communication needs and autism. • Feedback indicates an increase of people with additional needs attending Church services and Church activities. • Article in “The Gippsland Anglican” June 2015.
Medium-long term	<ul style="list-style-type: none"> • People with additional needs will continue to be actively included in their spiritual community and foster a sense of belonging.
Impact	The support of the Gippsland Regional Communication Service was crucial in enabling Church leaders, Church members and interested others to develop a communication accessible spiritual community.

- Meets CAN Strategic Plan 2012-2015 Objectives: 1, 2, 3, 5
- Meets NDIS – Information, Linkages and Capacity Building Stream: 1, 2, 3

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West Hume Regional Communication Service Newsletter (West Hume)

The West Hume Regional Communication Service Newsletter is an initiative of the West Hume Regional Communication Service (WHRCS). The first issue was published in October 2011. The newsletter is sent out to an email distribution list of 107 people in the region, with this list continuing to grow.

The aim of the newsletter is to provide other speech pathologists, support workers, health professionals, case managers, and disability service providers that work within Moira, Greater Shepparton, Strathbogrie, Mitchell and Murrindindi Shires with information related to communication difficulties. The initial newsletters showcased the capacity building work that was underway across the region as well as general information regarding communication difficulties. Following feedback from readers, the content of the newsletters has grown to include an update of projects; professional development events both locally and across the state; real life stories of people in the local community with communication difficulties; review of resources (e.g. assessments) that can benefit people with little or no speech; information about new iPad apps that can be used to support people with communication difficulties; promotion of local groups and initiatives that support inclusion of people with communication difficulties (e.g., Cuppa and Conversation; Aphasia Choir); and updates on communication accessible venues.

Feedback from readers of the newsletter have included:

- *"Thank you for distributing information via the newsletter and the opportunity to provide feedback"*
- *"Thanks for all your great work!"*
- *"I love it - well done!"*
- *"Great newsletter- congratulations. It would be good to explain what it means when businesses are communication accessible and ask people with communication difficulties who use those services for feedback to print in the newsletter"*

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October 2011

West Hume Regional Communication Service Newsletter

What's news!

We are pleased to announce that Ovens and King Community Health Service have been awarded the tender to deliver the services of West Hume Regional Communication Service. This service commenced on 1st September, 2011. As this is our first newsletter, we hope to provide you with some information about our service and how we can help you.

Karen Oswald

Everyone communicates in different ways

Some people in our community have communication difficulties. This means the person may:

- Have little speech or no speech
- Have speech that is difficult to understand
- Have difficulty understanding spoken language




There are many ways of communicating:

- Key Word Sign
- Gesture
- Pointing to pictures or symbols
- Spelling
- Electronic devices

Contact us:
 Karen Oswald, Speech Pathologist
 Ovens and King Community Health Service
 PO Box 224
 Wangaratta 3676
 (03) 5723 2000
ccnwang@ovensandking.com.au


The cover of the first newsletter published in October 2011



West Hume Regional Communication Service Newsletter

"Supporting people with complex communication needs"

January 2016, Issue 16



What's News!

Happy New Year everyone!!! We hope that you all had a wonderful Christmas!!

Our project in Partnership with Rural Access officers and Community Development Officers at local councils across the Hume is progressing. We now have draft documents for the package that is being developed to educate businesses and services about access.

We are finalising communication boards for customer service and libraries for Murrindindi Shire Council. Their staff will undergo training around communication access shortly.

A Communication Training Package was piloted with Dame Pattie Menzies Centre staff in Alexandra last week. We had a fun, productive day learning about communication strategies and techniques for assist people with complex communication needs. Read on to find out further information!

Cuppa and Conversation has re-launched in Seymour. We are currently reviewing the group in Shepparton to look at ways in which we can improve. Cuppa and Conversation will continue to run monthly in both Shepparton and Seymour.


Please feel free to contact us if you wish to know more about the work we are doing within your community.

Karen Oswald

Seymour's Aphasia Choir

The Aphasia Choir in Seymour runs each Monday. The choir promotes a fun, social environment and **NO SINGING SKILLS ARE REQUIRED!!**

To find out more information, contact Carmel and Ray on 0409 169 147 or ymir2@bigpond.com




The cover of our most recent newsletter from January 2016

We have a Blog...

We are part of a state-wide network known as the Communication Access Network (CAN). We all write blog posts. The blogs vary from training that we have run, information on resources, and much more!! There is some very interesting reading!!

Go to: <http://www.communicationaccessnetwork.com/blog/>





It's not all about technology!

People living with Complex Communication Needs (CCN) are heavily reliant on us, as communication partners, to interpret their message. This is due to many reasons, including: having little or no speech; speech that is unclear; troubles with word finding; difficulty understanding instructions and/or following conversation.

We meet many people where people have lived with CCN for a very long time – a lifetime in fact! For these people, introducing technology like iPads and other electronic equipment is not a priority in their lives, and the technology may just not be suitable. Instead, improving the lives of people living with CCN can be as simple as ensuring that the people that know and/or support the person with CCN, use good communication techniques and strategies to assist the person in getting their message across.

In partnership with the East Hume Regional Communication Service, we have developed a 2-part training package. Part 1 of this package was piloted with support staff at Dame Pattie Menzies Centre in Alexandra this month. This session focused on an overview of CCN, effective communication strategies, dealing with communication breakdown, and applying these new skills to their clients. We will run part 2 of the package later in the year, with this session looking at low-technology communication aids like community request cards, and communication passports.

Dame Pattie Menzies Centre staff working on their case studies during training!

Content from the January 2016 newsletter telling readers about the Communication Access Network Blog and recent training conducted

Excellent Apps!

My Life Story

My Life Story was designed for people living with Dementia however it really can be used with anyone who has difficulties communicating. The App allows a person to share their life story when they cannot communicate it through speech. Best of all, it is quite cheap at \$9.99!

For further information, go to:
<https://itunes.apple.com/us/app/my-life-story/id919047734>

Cuppa and Conversation gets Festive!

Cuppa and Conversation celebrated the festive season with a delicious lunch at Billabong's Garden Cafe in Shepparton. We welcome anyone with communication difficulties to come along and have a chat. Our group is very social, providing an opportunity for people to practice their communication skills in a relaxed setting over a Cuppa and piece of cake.

For further information, contact Karen on 5723 2074.



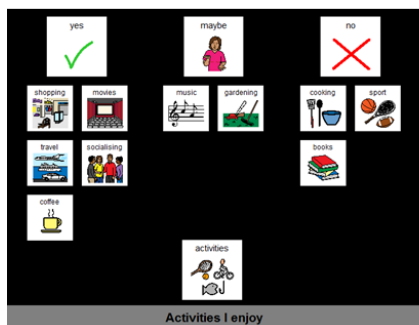
Content from the December 2014 newsletter reporting on an iPad app and talking about Cuppa and Conversation

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Talking Mats – giving people with communication disability a voice!

Talking Mats is an excellent tool that can give people living with communication disability the ability to communicate what matters to them. This tool can be used with both children and adults. Talking Mats has been shown through research as effective for people living with stroke, dementia, intellectual disability. Some examples of uses include:

- Helping people to express their goals for day programs, rehabilitation, therapy services
- Allow people with intellectual disability to give their opinion about decisions.
- Enhance comprehension in people who have had a stroke.
- Help people with dementia to stay on topic and follow the track of a conversation.
- Assist people to express both negative and positive views
- Allow people to give feedback about a topic.



Above is an example of a Talking Mat. This mat has been used to work out the interests of a client. Possible interests are printed onto small cards. "Yes", "no" and "maybe" categories are placed along the top of the board, with the topic of conversation placed down the bottom. The client then places each activity into a category to communicate likes.

For more information, go to <http://www.talkingmats.com/>

Carl's Story...

Carl is a very intelligent, inspiring gentleman who lives in Tatura. He has not been able to talk for some years now as the result of a brain injury. Carl's Lightwriter is his voice – a small, typewriter like device that converts text into speech. We were fortunate to meet Carl through Cuppa and Conversation, a group for people living with communication disability held in Shepparton.



Carl very kindly spoke with us about the advantages and disadvantages of living in a small community, his "love/hate" relationship with his Lightwriter, and the challenges of living with a communication disability.

"I guess most of the benefits of being in a small community surround the fact that most of the locals know my story, so they are aware of my disability and that helps with their patience in conversing with me and so on. Some of the disadvantages are the lack of anonymity in that people have certain expectations that may not always be good ones. One of the biggest barriers to access to services that I experience is the difficulty the person on the other end of the phone has when I make phone calls. Even though I might ~~pretype~~ type out what I want to say they just don't have the patience that is required for me to type out an answer to a question etc. Patience is the greatest skill that someone without a communication difficulty needs to have when communicating with someone who uses AAC."

"The most challenging part after the accident was the inability to talk because it is so isolating. For example, even my closest friends post-accident have basically deserted me because I'm not much fun to be around. The Lightwriter is an essential piece of kit for me. It is my voice. I have a real love/hate relationship with it. Love because it provides me with a voice and a way to express myself to the outside world but hate because I have to type out everything that I want to say and that takes time; so I find that conversation gets pared back to very basic and direct forms and it doesn't flow like it should. As well, it is not good in group situations because the natural speakers conversations tend to leave you behind. It's just a fact that we don't realise

An article from the December 2015 newsletter talking about the benefits of Talking Mats and how they can be used to support inclusion of people with communication difficulties

A story written by a local man about his experiences living with communication difficulties

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Inputs/outputs/outcomes for West Hume Regional Communication

Service Newsletter

<p>Inputs</p>	<p>RCS Speech Pathology time is used to:</p> <ul style="list-style-type: none"> • Develop content - 8 hours. • Collate and publish quarterly newsletter - 4 hours. • Develop questionnaire and collate feedback for review - 20 hours. <p>Feedback report - 4 hours.</p>
<p>Outputs</p>	<p>Actions and activities</p> <ul style="list-style-type: none"> • 16 newsletters published over 4 years. • Annual Survey Monkey questionnaire to evaluate the benefits of the newsletter (107 recipients). <p>Content of each newsletter includes service update; new resources (e.g., assessments); relevant technology e.g. Apps; professional development opportunities; information, listings of communication accessible businesses in their region and contact details.</p>
	<p>Critical success factors</p> <ul style="list-style-type: none"> • Regular reviews of newsletter contents through questionnaires to ensure content is relevant to readers. • Short, succinct newsletter e.g. 3 pages maximum incorporating photos, plain language and relevant content. • Quarterly distribution.
<p>Outcomes</p>	<p>Short term</p> <p>The newsletter is read by a wide range of people e.g. speech pathologists, Rural Access Workers, Disability Support Workers, Access and Inclusion Officers, and Health Professionals.</p> <p>The newsletter:</p> <ul style="list-style-type: none"> • Provides readers with relevant information on the role of the regional communication service and updates on current WHRCS projects. • Increases knowledge of available resources, training and professional development opportunities. • Raises the profile of people with communication difficulties. • Raises awareness of what is communication access and how to become communication accessible. • Raises the profile of the West Hume regional Communication Service. <p>The readership of the newsletter continues to grow.</p>

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<p>Medium-long term</p>	<ul style="list-style-type: none"> • Feedback from readers indicates an ongoing interest in the content and is beginning to get contributions from the readership. • The newsletter is a useful tool for getting information out across the region.
<p>Impact</p>	<p>The WHRCS Newsletter is the initiative of the regional speech pathologist. Annual review of content interests and an increasing number of subscribers indicate it is a useful networking tool providing awareness about the resources and activities that support people with communication difficulties.</p>

- Meets CAN Strategic Plan 2012-2015 Objectives: 1, 2, 3, and 5
- NDIS – Information, Linkages and Capacity Building Streams: 1, 2, 3

Communication Access Blogs

A variety of blog posts have been written to keep people updated about the communication access work happening across the state.

- [Local councils on the journey to create more inclusive leisure environments \(NWRCS\)](#)
- [Emergency relief centres in Wellington have communication boards \(Gippsland RCS\)](#)
- [Easy to read documents about your energy bills; now available in 8 different languages \(CIRC\)](#)
- [Benalla - working towards communication access \(EHRCS\)](#)
- [The road to communication accessible healthcare - Royal Melbourne hospital's journey \(NWRCS - West\)](#)
- [Nillumbik Health celebrates AAC awareness month \(NWRCS - North\)](#)
- [Keeping in touch with the church \(Gippsland RCS\)](#)
- [Pocket "Think Safe; Act Safe" Card \(Peninsula RCS\)](#)

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Local councils on the journey to create more inclusive leisure environments (NWRCS - West)

Our local councils are such a central part of community life and it is so important that everyone has the equal opportunity to access their services. I have been approached by a number of councils recently in my region to work with them on their journey towards becoming communication accessible and it is excellent to see their commitment to creating more inclusive environments for people with communication difficulties.

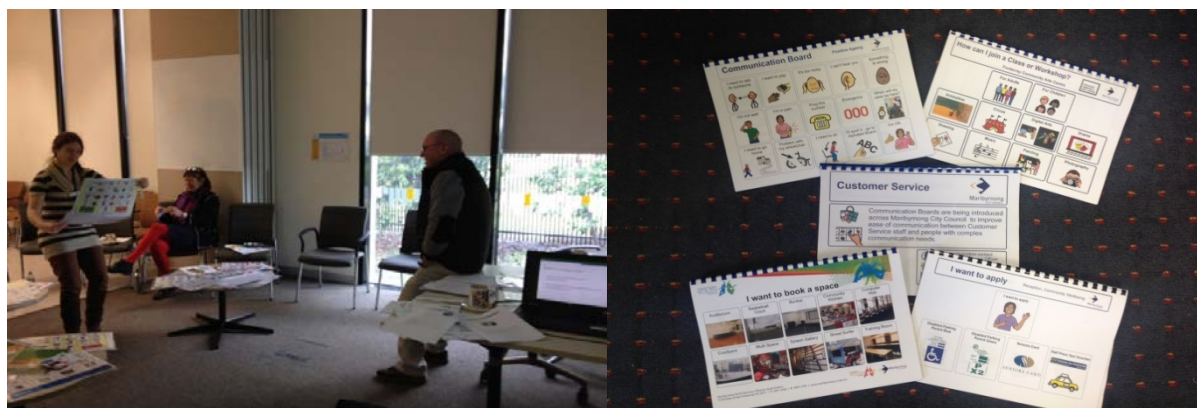
Holding a Silent Morning Tea has been a great place to start with a number of the councils, including Brimbank City Council, Maribyrnong City Council and Hobsons Bay City Council. The Silent Morning Teas have been a lot of fun, but most importantly have increased awareness among the staff about what it can be like to have a communication difficulty, and it has got people brainstorming together about how to make their services more communication accessible.



Council staff getting into the spirit of the Silent Morning Tea

Hobsons Bay Libraries and Moonee Valley City Council have recently received training so that staff can start using these new strategies in their day to day work and Maribyrnong City Council have developed customised communication boards for their different reception areas.

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Staff attending training & Communication boards developed for Council

One of the most important practices that the Councils are embracing is consumer involvement, and they are doing this in a number of different ways. A recent example comes from Moonee Valley City Council, who engaged local residents through a focus group. Council staff asked local residents with communication difficulties to give feedback on their experiences communicating with staff over the phone. Based on the feedback from the residents, immediate steps were taken to put useful recommendations into place.

It is very exciting seeing all the wonderful work that is going on with local councils at the moment while they continue along their journey towards communication access. Stay tuned for updates!

By Julie Kenny

Communication Access Network Annual Report 2015

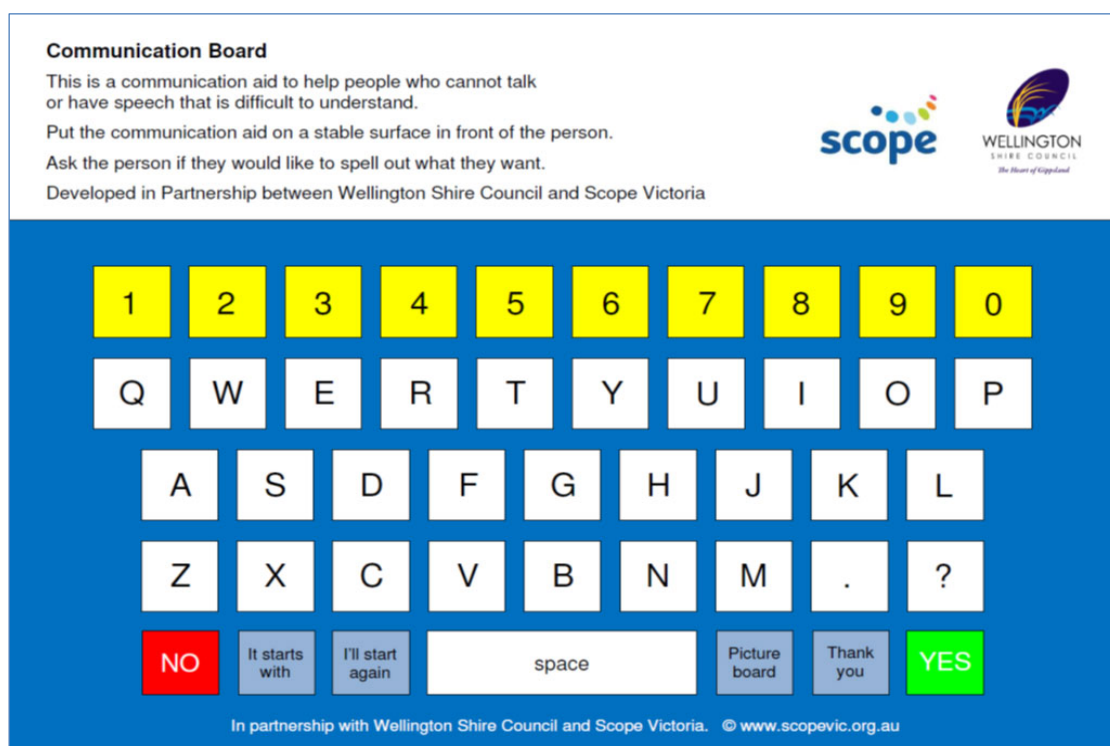
Emergency Relief Centres in Wellington have communication boards

An Emergency Relief Centre is set up when there is a major emergency where people need to leave their homes and properties. People come to an Emergency Relief Centre to register as having left home, to receive information and support and possibly to find somewhere for their pets to be housed safely. The role of the Emergency Relief Centre is to coordinate the short term needs of affected community members offering services including, but not limited to, short term accommodation, meals and access to other relevant agencies, for example the Red Cross.

Communication Boards have been developed by the Gippsland Regional Communication Service. The boards are designed to be used at the initial desk and aim to help with initial conversations. They cover topics such as contacting people, discussing health concerns and finding out information about pets.

The boards were designed in conjunction with Wellington Shire staff and with the volunteers who work within the Emergency Relief Centres. Feedback and consumer testing occurred with the Wellington Disability Advisory Group and with some local residents from a Nursing Home.

These boards are only part of the project and there will soon be some information sessions for the staff and volunteers who work within the centres. This session was delayed to avoid the fire season.



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Communication Board












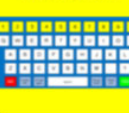
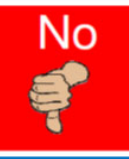





This is a communication aid to help people who cannot talk or have speech that is difficult to understand.

Put the communication aid on a stable surface in front of the person.

Ask the person to point to the picture to let you know what they want.

Developed in Partnership between Wellington Shire Council and Scope Victoria



Information 	What's happening? 	I want something to eat 	I want a drink 	Ask me a yes / no question yes / no ? 	Help 
Medication 	I have animals 	I need to contact people 	My home 	Can I write it down 	ABC board 
No 	I need special food. 	My family 	Toilet 	I don't understand 	Yes 

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Communication Board

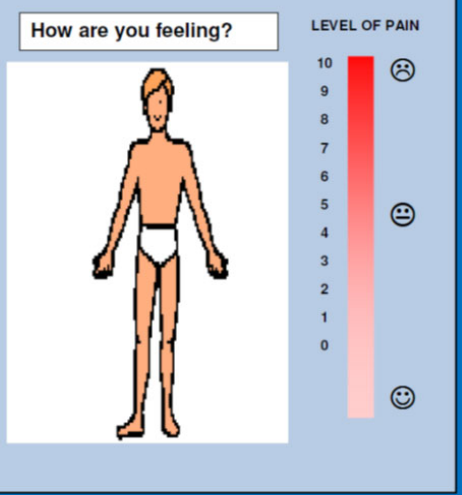

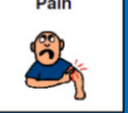
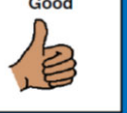
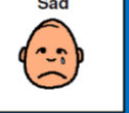
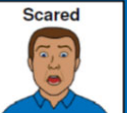


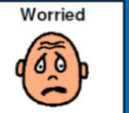
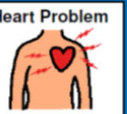
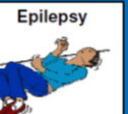


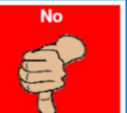



This is a communication aid to help people who cannot talk or have speech that is difficult to understand.

Put the communication aid on a stable surface in front of the person.

Ask the person to point to the picture to let you know what they want.

Developed in Partnership between Wellington Shire Council and Scope Victoria



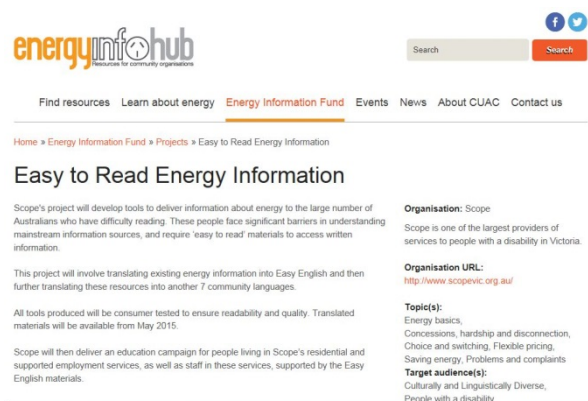
<p>How are you feeling?</p> <p>LEVEL OF PAIN</p> 	OK 	Pain 	Good 	Sad 
	Scared 	Feeling sick 	Feeling dizzy 	Worried 
	Heart Problem 	Epilepsy 	Diabetes 	Blood Pressure Problems 
	No 	I'm not sure ?? 	I want to ask a question 	Yes 

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Easy to read documents about your energy bills, now available in 8 different languages

Scope's Communication and Inclusion Resource Centre has been part of a project which involved the development of tools to deliver information about energy. The tools have been designed to support the large number of Australians who have difficulty reading. These people face significant barriers in understanding mainstream information sources, and require 'easy to read' materials to access written information.



This project involved translating existing energy information into Easy English and then further translating these resources into another 7 community languages – English, Arabic, Greek, Italian, Macedonian, Mandarin, Spanish and Vietnamese.

More information and the downloadable Easy English documents are available at: <http://energyinfohub.org.au/energy-information-fund/projects/easy-read-energy-information>

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Benalla - working towards communication access (East Hume Regional Communication Service)

Over the past few months the Regional Communication Service in East Hume has been working with Benalla Rural City towards becoming communication accessible. The aim is for the city council services to be awarded the Communication Access Symbol.



The achievement of gaining the Communication Access Symbol® is one part of the Rural City's Draft Community Access and Inclusion Plan 2015-17 which aims to ensure that people with a disability and their families and carers, are able to participate fully in community life.

Staff and volunteers from five sites took part in the information and training: the Rural City Service Centre, Benalla Performing Arts and Convention Centre, Benalla Art Gallery, Benalla Community Services, and Community Health at Benalla Health.

The process was enthusiastically received by management who readily identified the need for training in communication access and employees who brought their insights and willingness to learn to the two training sessions that were held at Benalla Health.

We were fortunate to have Lance Hatley from the National Relay Service present at the training. Lance provided practical information on how staff can assist individuals with a hearing impairment to use telephone services, and provided an opportunity for a 'real life' run through of the process with some brave volunteers from Benalla Health.

Communication boards were developed for each of the sites and staff members were involved in the process of identifying appropriate symbols and provided feedback to ensure that the boards would be functional and reflective of consumers' requirements.

As of the end of July, Benalla Rural City and Benalla Health received confirmation that all sites had been awarded the Communication Access Symbol®.

Congratulations to all involved!

By Meredith Lane

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The road to communication accessible health care – Royal Melbourne Hospital's journey (North West Regional Communication Service – West)

I would like to take this chance to congratulate Royal Melbourne Hospital's Clinical Centre and Community Therapy Service reception areas, as they have just been awarded the Communication Access Symbol®!

I have been working alongside Royal Melbourne Hospital on their journey towards communication access and have seen their commitment to ensuring that their staff and environment can effectively support 'everyone to get their message across'.



How did they do it?

- **Training** – Client services staff from Royal Melbourne Hospital's Clinical Centre and Community Therapy Service received training with tips and strategies about how to create a more inclusive environment for people with communication difficulties, with a focus on face to face and phone contact (including using the National Relay Service)
- **Resource development** – Customised communication boards were developed for the reception areas of the Clinical Centre and Community Therapy Service, that use a combination of visual supports including text, pictures, photos and maps
- **Raising awareness and valuing consumer input** – A Silent Morning Tea was held at Royal Melbourne Hospital in October, which is International Augmentative and Alternative Communication (AAC) Awareness month. This included an excellent presentation that was delivered by a Royal Melbourne Hospital health care consumer who uses AAC (an iPad with a

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speech generating app) and involved a chance for the staff to learn different ways to communicate over tea and experience the challenges faced by people with communication difficulties

- **Sustainability** – Royal Melbourne Hospital have set up a sustainability plan to ensure that staff skills and service resources are kept up to date



Lauren, a speech pathologist at Royal Melbourne Hospital, shared some tips for others embarking on the communication access journey...

- Ensure you have the support of all key stakeholders involved prior to commencing
- Involve the staff you are training in developing some of the content for the communication resources as they are the ones experiencing the questions and trying to support consumers on a day to day basis
- It takes time to develop resources, but once they are developed they are easy to keep updated
- Encourage the staff to role play using any communication supports you develop, so that they are familiar with them and can relate to people who may need or want to use them
- Use current or past consumers to help provide feedback and be a part of your sustainability processes

Staff from Royal Melbourne Hospital shared the following feedback about their communication access journey

- *"I found the training really informative and useful"*

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- *“I really enjoyed the silent morning tea –it was really interactive and good to be creative with how to get your message across without talking”*
- *“I liked hearing from a consumer during the silent morning tea about her experiences of using a communication device”*
- *“It’s been great to recognise that the admin teams are an essential part of the clinical teams and that we are all working together to support our clients”*

If you would like any more information on how to become communication accessible, or for access to training and resources, you can visit our ‘contact us’ page to find details of your local Regional Communication Service.

For more information about Silent Morning Tea, visit www.scopeaust.org.au

By Julie Kenny, North West Regional Communication Service

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Nillumbik Health Celebrates AAC Awareness Month (North West Regional Communication Service - North)

Nillumbik Health is embarking on the 2nd phase of its project to become communication accessible. To alert more staff to this process, and to celebrate AAC Awareness month, we held a Silent Morning Tea on Monday October 26th.



Approximately 20 people came to the morning tea, and fully embraced the spirit of the event in their willingness to follow the “rules” and not speak. People used a range of strategies, such as natural gesture and facial expression, writing with pens and paper provided, alphabet boards and texting on their phones.



Some people used some signs and finger spelling, often learned years ago!



People used key word sign and picture boards to ask someone to get them a drink and something to eat...followed by a game of Silent Bingo.

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There were a number of communication aids on display and participants took away stickers and books.

Overall it was a most successful event, with participants saying that they learned more about what it is like not to be able to speak, and the range of communication strategies available.

By Libby Brownlie North-West Regional Communication Service

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Keeping in touch with the church (Gippsland Regional Communication Service)

St John's Anglican Church in Bairnsdale has been working with Scope to ensure the church community understands the needs of people with disabilities. People with autism and little or no speech indicated that they wanted to attend services but found the experience difficult and overwhelming. The Rector of St John's, Rev Tony Wicking, and Ms. Von Dubbeld, a youth volunteer, developed a range of ideas and supports the church could use. Von researched churches around the world for ideas around modifying services and supporting people with additional needs. From here Von began planning and developing ideas which resulted in two information days and a monthly "In-Touch" service.



The information days (one in May and one in October) focused on running information sessions across a range of topics. This was supported by the Regional Communication Service and the Autism Case Consultancy position. The session provided a range of different workshops covering topics such as "what is autism",



sensory processing, communication strategies and social skills. This was advertised across the area including local radio with anyone from the public welcome. Both days had great attendance with over 80 people attending overall. The group included teachers, day service staff, parents and interested church members.

The monthly "In-Touch" service began in May 2015, and attendance continues to grow. The church service has been modified to ensure that language is simplified and that the service provides experiences in different senses. There has been an attempt to focus on one experience at a time, for example, baking bread together

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or crushing grapes. They have also changed seating to ensure people can sit how they like and move as they need. Visual pictures are used to show the progression of the service and a social story to familiarise people.



It has been exciting to work with the passionate and energetic team of St John's. It has been their energy and dedication that has enabled these exciting days to occur.

By Bernie McCabe – Gippsland Regional Communication Service.

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Pocket 'Think Safe Act Safe' Card (Peninsula and South East Regional Communication Service)

The Outer South Peninsula Integrated Family Violence Partnership is a group of organisations that work together to address family violence in the region.

When men receive a Family Violence Safety Notice or Intervention Order from the courts they are often angry and refuse to accept information on what to do or who to go to for help. The Partnership wanted to develop a resource that men would be happy to put in their pocket or wallet and access when needed. They were also mindful that the information needed to be easy for men to read and use.

The Partnership approached the Peninsula & SE Regional Communication Service to work with them in developing the resource. Over a number of meetings the information was reduced to the key messages using easy to read language. The information consisted of:

- where to get help
- what to do when you start to feel frustrated and
- Tips from other men on what to do to make sure you don't break the rules of the Safety Notice or Intervention Order.

The resource was trailed with men from a men's behaviour change group who gave feedback on the content and wording.

The pocket cards were printed and made available to the Dandenong and Frankston Magistrates Courts. When the men receive the Safety Notice or

Intervention Order they are also given the pocket Think Safe Act Safe card. It has



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also been reported that the Court Officer found it useful to use the pocket card format as a way of explaining to men what they need to do.

An informal survey of men attending a local men's behaviour change group indicated that many of the men had retained the pocket card. They also reported that the information on who to contact had been the most useful.

The City of Greater Dandenong has a large multicultural population with over 40 different languages being spoken. An additional Easy English version of the pocket card information was developed to support men who have low literacy, are non-English speaking or have English as a second language. While this resource is not pocket size, it makes the information accessible to a broader group of men.

Both the pocket card and the Easy English version can be downloaded and printed from <http://www.thinksafeactsafe.org/print.html>

By Zita Canning – Peninsula and South East RCS

Communication Coordinator Networks

A Communication Coordinator Network is considered the most appropriate, long term, sustainable intervention option for the development of a communication strategy for individuals in disability services.

Communication Coordinators are disability support workers who have received in-depth communication training with the goal of them becoming change agents within their settings

Examples of activities, projects and blogs that focus on Communication Coordinator Networks include:

- Projects and Activities
 - Creating a communication support group (Grampians Regional Communication Service)
 - North West Communication Coordinator Network (North West Regional Communication Service)
 - Peninsula and South East Communication Coordinator Network (Peninsula and South East Regional Communication Service)

- Blogs
 - North West Communication Coordinator network (NWRCS)
 - Key Word Signing initiative – Grampians Regional Communication Service (Grampians RCS)
 - Online Learning Module for Communication coordinators – Can it work? (WLMRCS)
 - Silent morning tea in Wangaratta (EHRCS)

Communication Coordinator

Networks – Projects and Activities

Creating a communication support group (Part 1) Grampians Regional Communication Service

In 2014 Woodbine Disability Service, Warracknabeal approached Grampians Regional Communication Service (GRCS) to assist them in developing a communication support group (or communication coordinator network) within their day and accommodation services. Woodbine's inspiration came from a presentation by Melba Support Services at the "Communicate, Participate, and Enjoy! Solutions to inclusion" Conference 2014. It was estimated that up to 100 people with communication difficulties who attend the Woodbine services could benefit from selected support staff being trained in communication and inclusion.

This report documents part one of creating a communication coordinator network for Woodbine. Part one is currently still in progress and part two will commence in 2016.

One of the main purposes of the communication coordinator network was to develop the skills and knowledge of staff supporting individuals with communication difficulties. The communication coordinator network allows for the provision of speech pathology input with the goal of encouraging support staff to create a more inclusive environment for people with communication difficulties. It was anticipated that the trained support workers would become agents of change within their work place. A primary focus of their role would be to promote a culture of communication and inclusion and increase the participation of people with communication difficulties.

The most significant changes reported by support staff participating within the communication support group have included:

- being able to determine the different communication skills and needs of individuals attending the service
- learning how to design communication aids for people with little or no speech with support of the GRCS speech pathologist

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- being able to provide appropriate non-electronic communication aids for individuals using the Non Electronic Communication Aid Scheme (NECAS)
- being able to support colleagues in the development of communication plans and communication aids
- developing a culture of communication and inclusion across a range of different environments

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Project Summary

<p>Inputs</p>	<ul style="list-style-type: none"> • 1 day per school term for 12 months including direct service and travel (by Grampians Regional Communication Service (GRCS) speech pathologist). December 2014 - December 2015. • Collaboration via phone or email. • Woodbine staff members x 11 participants (form the communication support team). • 1 x afternoon time release per month.
<p>Outputs</p> <p>Actions and activities</p>	<p>The GRCS speech pathologist:</p> <ul style="list-style-type: none"> • Completed pre-training surveys with staff. • Delivered 3 full day training sessions (Introduction to communication and AAC) 90 staff members of Woodbine trained in basic communication and AAC. • Delivered 1 full day training session (Assessment of communication of people with complex communication needs). • 11 staff members trained in completing and analysing the Triple C. • Provided 1 x follow up visit to each of the 3 sites at Woodbine. • Facilitated one communication support group meeting per month. • Provided consultation to staff in relation to communication assessments via phone, Skype and e-mail. • Provided consultations to staff to develop communication aids and resources via phone, Skype and email. • 11 members of day services and residential accommodation currently participate in the communication support group. • 11 communication assessments completed using the Triple C with day services and residential accommodation. <p>Resources and communication aids developed for individuals in day and accommodation services.</p>
<p>Critical success factors</p>	<ul style="list-style-type: none"> • Committed partnership with Woodbine management. <ul style="list-style-type: none"> - With clear objectives of initial communication training for all staff. - With clearly defined role of communication support group. - With clearly defined objectives for time release and support for staff to attend initial training and ongoing meetings. • Communication support group meetings held once per month. • On-site support provided by the GRCS speech pathologist. • Involvement of GRCS speech pathologist in relation to communication training, implementation of strategies and supervision.

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Outcomes		<ul style="list-style-type: none"> • Commitment to a culture of communication across the organisation.
	Short term	<ul style="list-style-type: none"> • Post-intervention surveys to be completed in term 1, 2016. • Overall improvement of communication team members confidence in completing numerous tasks related to communication including; <ul style="list-style-type: none"> - Triple C assessment (collecting observations and reviewing with RCS speech pathologist). - Developing communication aids under supervision of the GRCS speech pathologist. - Supporting individuals with complex communication needs under supervision of GRCS speech pathologist. • Staff able to provide support to colleagues about complex communication needs and implementing strategies to support their clients with complex communication needs. • Staff demonstrate better understanding of the use of visual supports to support client's behaviour including communication boards and timetables within accommodation services. • Staff noted a reduction of behaviours of concern with the implementation of more visual supports. • Improve knowledge of staff in accessing additional services including NECAS.
	Medium-long term	<ul style="list-style-type: none"> • Ongoing support by GRCS speech pathologist to communication support group members in administering and evaluating the Triple C assessment, developing communication aids and supporting individuals with complex communication needs. • Recording the correlation between increased implementation of communication aids and visual supports and the reduction of behaviours of concern. • Changes to policies and procedures at day services and residential services in relation to working with individuals with complex communication needs. • Implementing changes to individual's support plans with a greater focus on functional communication strategies. <p>Clients of Woodbine Disability Service given a greater capacity for social and economic participation within their community.</p>
	Impact	<p>The GRCS speech pathologist has partnered with management and staff at Woodbine Disability Services to create a culture of communication within their day and residential services. This project is in its infancy and requires the ongoing support provided by the GRCS speech pathologist to establish and maintain positive changes and embed communication strategies into the policy and practices across the organisation.</p>

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- Meets CAN Strategic Plan 2012-2015 Objectives: 1, 2, 3, 4, 5
- Meets NDIS – Information, Linkages and Capacity Building Streams: 1, 2, 3

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North West Communication Coordinator Network (North West Regional Communication Service)

The North West Communication Coordinator Network is a network of disability support workers based in adult day services in the North West Melbourne region. The 'Communication Coordinators' are trained and supported to develop the skills, knowledge and attitudes to become the local agent of change to create a *culture of communication* within their day service. This framework allows for the provision of whole of service speech pathology input, with the ultimate goal of building capacity within the services to create sustainable inclusive communication environments. This enables the maximum participation, choice and control for people with complex communication needs in their programs, their community and in fulfilling their life aspirations.

Testimonials from Communication Coordinators

'Getting the whole culture and getting the culture to change took some time but when it did it just exploded'

'Having appropriate communication aids has made a huge difference. Clients have more independence and choice now'

'We've had a huge drop of incident reports in relating to staff injuries, relating around clients hitting out in frustration. (Now) they're not as frustrated, they've got an opportunity to convey their message, needs and concerns to staff and to others'

'Having the right communication aids has meant that they're (people we support) actually more involved in the program, they're actually doing the shopping and the staff are basically there to guide and are doing the job that they're supposed to do as opposed to doing their job for them'

'We are talking about how to restructure policies'

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Communication Coordinators receiving Training



Resource developed:
Community Request Cards



Resource developed:
Choreschart

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Project Summary

Inputs	<ul style="list-style-type: none"> • Two days a month for 12 months by two Regional Communication Service speech pathologists in North (0.5EFT) and West (0.6EFT) metropolitan regions. 	
Outputs	Actions and activities	<ul style="list-style-type: none"> • Nine day services committed to one or more Communication Coordinators. • Training and peer support opportunities provided to the Communication Coordinators through an initial 3 day course. • Follow up training with monthly meetings, site visits and whole of service training. • Ongoing consultation on assessment and resource development. • Establishment of a resource bank accessed through a shared, closed website.
	Critical success factors	<ul style="list-style-type: none"> • A memorandum of understanding developed with day service management outlining time commitment, required resources and the roles and responsibilities of all stakeholders. • Completion of an annual service plan by Communication Coordinators, service managers and RCS speech pathologists, defining goals and methods of outcome measurement for the services and for individuals with complex communication needs.
Outcomes	Short term	<ul style="list-style-type: none"> • Approximately 800 people with disabilities receive input from the Network (direct or indirect). • Approximately 350 staff receive input from the Network (direct or indirect) around best practice in supporting people with complex communication needs. • Reported reduction in behaviours of concern and associated staff injuries.
	Medium-long term	<ul style="list-style-type: none"> • Increased choice and control and increased community inclusion for the people attending the day services in the network. • Cost-effective model of speech pathology provision by building the capacity of disability support staff. There is more effective use of direct speech pathology time as disability support workers are able to directly address the needs of people with complex communication needs. • Policies and procedures at day services are evolving to reflect best practice. • Reported increased job satisfaction of support workers and associated economic benefit of workforce retention. • Support workers are modelling best practice strategies when supporting individuals in the local community and contributing to community development and disability awareness.

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Impact	The North West Communication Coordinator Network is an initiative of the North West Regional Communication Service. The speech pathologists are skilled in augmentative and alternative communication. They use capacity building strategies to support changes in the culture of communication, practices and supports. This project could not have occurred without their instigation, specialist skills and the ongoing provision of support.
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- Meets CAN Strategic Plan 2012-2015 Objectives: 1, 2, 3, 4, 5
- Meets NDIS – Information, Linkages and Capacity Building Streams: 1, 2, 3

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Peninsula & South East Communication Coordinator Network (Peninsula and South East Regional Communication Service)

There are nine adult day services in the Peninsula & South East Regional Communication Service region. Over the past nine years each of these services have received training to assess the communication skills of people they support and to introduce communication strategies. Some services have received multiple training. However evidence has shown that a lack of time, resources and confidence of staff has meant that support staff have not been able to improve their current practices.

A Communication Coordinator Network (CCN) is a network of disability support workers that are equipped with the skills, knowledge and attitudes to develop and support a '*culture of communication*' within their individual disability service.

Day services in the region were invited to participate in the Peninsula & South East Communication Coordinator Network. They were asked to fund a staff member to be "off the floor" for 2 days a week. This staff member would receive training and ongoing support from the Peninsula & South East Regional Communication Service speech pathologist. They would meet once a month to continue their training, network with other communication coordinators and share ideas and resources. The Peninsula & South East Regional Communication Service speech pathologist would also visit individual sites to provide further consultation and support as needed.

By the end of June 2015 six adult day services submitted an Expression of Interest in being part of the Peninsula & South East Communication Coordinator Network. Unfortunately 1 service had to drop out when the funding application they had made to fund the position was unsuccessful.

The Peninsula & South East Communication Coordinator Network was formed in July 2015.

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As each day service has multiple sites, it was decided that each Communication Coordinator would concentrate on 1 site in the initial stages of the network. As the Communication Coordinator develop their skills and confidence they would increase their reach to the other sites of the service.

Currently:

- 5 day services are participating in the Peninsula & South East Communication Coordinator Network.
- 5 communication coordinators are trained - 1 per service.
- 71 support staff across 3 day services have received Whole of Service training. Content included: why we communicate, how we communicate, communication difficulties, communication strategies and the concept of 'culture of communication'.
- A total of 410 clients attend the 5 day services.
- A total of 256 clients have complex communication needs.

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Project Summary

<p>Inputs</p>	<ul style="list-style-type: none"> • Peninsula & South East Regional Communication Service - 230 hours. • 5 adult day services (Wallara, Focus, MiLife-Victoria, Connecting Skills Australia (CSA), Statewide Autistic Services Inc. (SASI) – Funding of 2 days per week for 12 months to backfill support staff position. • Day services providing necessary resources e.g. materials to make generic communication supports. • State-wide Autistic Service providing meeting room 1 day a month for training/meetings.
<p>Actions and activities</p>	<ul style="list-style-type: none"> • Consultation held with 8 day services. • 5 training sessions provided to 5 communication coordinators. • Monthly network meetings. • Site visit to each day service. • Audits completed at each participating day service regarding current resources and communication strategies e.g. communication assessments, communication strategies used, aids and visual supports. <p>Whole of service training provided to 3 day services.</p>
<p>Critical success factors</p>	<ul style="list-style-type: none"> • Partnership with five day services, each committed to change the communication culture and practices of their services. Support from CEO and program manager of each day service. • Peninsula & South East Regional Communication Service staying in close contact with the manager of each service. • Peninsula & South East Regional Communication Service being flexible in how each service is supported. • The right person being in the role of communication coordinator. Necessary attributes include being self- motivated, able to use initiative, computer skills and a passion for communication. • Good professional relationship between Communication Coordinator and program manager. • Funding for 2 days a week to backfill support staff position.
<p>Short term</p>	<ul style="list-style-type: none"> • Increased awareness by managers and support staff about communication. • Increased focus on communication by day services. • Increased interest in communication by support staff. • Day service staff and management being aware of the role of the Communication Coordinator. • Each client’s communication skills assessed or reviewed. • Increased staff confidence.

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<p>Medium-long term</p>	<ul style="list-style-type: none"> • The development of a communication policy by each day service to ensure sustainable change. • Development of a system to track when communication assessments and strategies need to be reviewed or updated. • Day service clients having more opportunities to communicate. • Support staff understand how each client communicates and uses strategies to support their communication in all environments. • Clients able to communicate using their method of choice whenever or wherever they wish to communicate. • Increased job satisfaction for support staff and communication coordinators. • Reduced severity or occurrences of behaviours of concern. • Increased quality of life for clients. • Improved client participation in programs. <p>Clients able to participate in their Person Centred Plan, ensuring they have real choices and increased opportunities to interact in their community.</p>
<p>Impact</p>	<p>Without the initiation and ongoing support of the Peninsula & South East Regional Communication Service speech pathologist, this regional Communication Coordinator Network would not exist. The speech pathologist is skilled in augmentative and alternative communication and uses capacity building strategies to create a 'culture of communication', to ensure the participation of people with communication difficulties in their communities.</p>

- Meets CAN Strategic Plan 2012-2015 Objectives: 1, 2, 5
- Meets NDIS – Information, Linkages and Capacity Building Streams: 1, 2, 3

Communication Coordinator Networks - Blogs

North West Communication Coordinator Network

The NW Communication Coordinator Network has launched into another year - its seventh year of operation! Over that time, 17 adult disability day services from across the



North West metropolitan region of Melbourne have participated. We congratulate and thank those day services for their demonstrated commitment to enhancing participation of people with complex communication needs.

On average we have around 10 - 12 day services participating each year, which typically covers around 800-900 clients!

The Communication Coordinator Network is a capacity building initiative for day services to embed a whole service approach to providing inclusive communication environments for people with complex communication needs. The NW Regional Communication Service (NW RCS) speech pathologists support and mentor the Communication Coordinators, who in turn become the agents of change in developing a 'culture of good communication practice' in their respective day services.



Places in the network are limited based on the capacity of the part time funded speech pathology positions. Due to this, only a couple of new services each year have the opportunity to join. This year we welcome Plenty Valley Disability Services and Scope Northern Districts to the Network.

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We look forward to continuing to work with:

- Araluen , ACES Nth – St John of God, ACES West- St. John of God, IDV, Autism Plus, Distinctive Options and Milparinka Communication Coordinators
- Have a mandatory day off line each week to devote to the
- Attend initial intensive training in communication, leadership change management – our newest Coordinators have just completed this this week!
- Attend monthly network meetings for resource sharing and professional development facilitated by the speech pathologists
- Develop a Service Communication Plan to highlight goals of the service
- Receive ongoing mentoring and site visits from the speech pathologists for support
- Coordinate service wide quality improvements in provision of inclusive communication environments

We've seen innumerable benefits and outcomes embedded into the way communication is supported within participating day services including

- Shifts in staff attitudes and approaches to supporting communication and participation throughout a person's day
- Large numbers of new resources developed and used to support effective communication
- Increased independence of people when provided with the right communication tools for the environments they engage in
- Reduction in incidents of behaviours of concern
- Policies and procedures developed to support communication initiatives and communication being recognised by boards as a key 'strategic direction'



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With the impending introduction of the NDIS, consideration of how to monitor appropriate standards of service provision to people with disabilities will be even more paramount.

NW RCS is currently developing a draft document for its network called 'Communication Standards for Disability Day Services' which we hope will ultimately provide a means to provide recognition to those day services working 'in partnership' with our service to provide best practice support to individuals with complex communication needs.



John Araluen YouTube clip

<https://www.youtube.com/watch?v=BfYLkWGBu2U>

By Kym Torresi, speech pathologist.

North West Regional Communication Service

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Key Word Signing initiative - Grampians Regional Communication Service

Over the past few months the Grampians Regional Communication Service have been involved in presenting Key Word Signing (KWS) workshops to members of the local community. The workshops have been presented in two parts. Part one gave a basic introduction and part two focused on specific signs used when working with adults with complex communication needs. Pinarc Disability Support have previously provided these workshops to families of children attending early intervention, however these workshops have not targeted people working with adults who have complex communication needs.



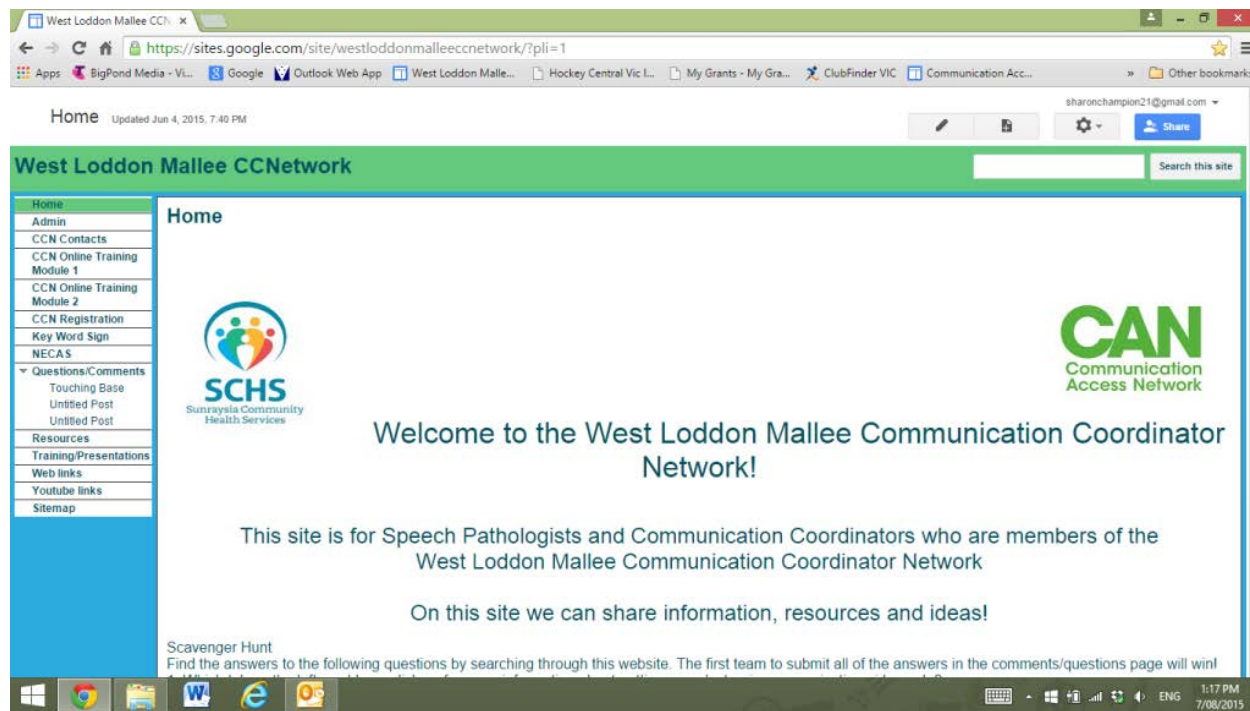
Grampians RCS took up this fantastic opportunity to be involved to promote the use of Key Word Sign within our local community. In particular working closely with day services, residential accommodation and individual service providers to include people with complex communication needs.

By Megan Nestor - Grampians Regional Communication Service

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Online Learning Module for Communication coordinators - Can it work?

“Welcome to the West Loddon Mallee Communication Coordinator Network!”...and with these few words, our online Communication Coordinator resource begins.



For the past two years, we have been working with the DHS Disability Accommodation Services Managers to develop a format of learning that is flexible enough to meet the needs of our large geographical area. We needed to develop a learning platform that accommodated to the limited RCS staffing and the staffing issues that exist across accommodation services in this area. Retention of staff is always going to be an issue in rural areas, as is the question of how do we support staff living and working 250km apart. We don't yet know if we have answered these questions, but our first attempt has brought some very positive feedback from both participants and Managers.

The concept of Communication Coordinator training is not new and many great resources can be found through the CAN Network. In a geographically large area however, it is not the content that needs to be adjusted, but the way it is delivered. Re-writing of pre-existing training modules was unnecessary. We had to think about how to bring 15 staff from DHS houses together from 2 towns approximately

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250km apart, keeping in mind the budgetary constraints of travel and potential overnight expenses and rostering within the houses. In this respect, the partnership with the accommodation services managers was vital. We needed to reduce the face to face time, whilst not reducing the content value. Hence, the plan for an online learning module was born.



Over the next few months, we worked on the existing Communication Coordinator training packages to see what could be completed through online learning (more specifically, self-paced reading and access to templates that would be used throughout the face to face training days). We finally decided upon an online introduction module and 3 days of face to face learning. The online module needed to be completed prior to the first face to face training. This consisted of much of the essential background readings and the beginnings of developing personal Books About Me.

As we moved through the 3 days of training, we slowly added a variety of resource links to the online site. Participants provided us with feedback along the way, around ease of access, usefulness of resources, etc.

Did it work?

The biggest challenge from the participant's point of view was access. This wasn't necessarily an issue with the site, but an issue with internet availability within the houses. For some staff, this was their first attempt at online learning and we had to help them set up Google/Gmail email addresses to enable them to access the site (this was a challenge for many, including me!). Participants liked the idea that they were not overwhelmed with paper and they had a clear storage place for relevant documents.

From a trainer's point of view, the issue was around the layout of the site and developing our own technical knowledge to manage the site (which is still a work

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in progress). Providing support via the online forums/discussions is going to take some time.

Will we continue?

Absolutely! As staff change both in accommodation services and within the RCS, the use of technology will become more the norm than the exception. As such, the site will continue to be developed as future groups of staff are trained, in the hope that each group's contributions will make the site better than before. In the long term, we are hoping this will become a regional resource and a great opportunity for staff to problem solve and share communication successes and challenges. Until then.....there's more work to do!

By Sharon Champion, West Loddon Mallee RCS

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Silent Morning Tea in Wangaratta (EHRCS)

It seemed like an ordinary day in October 2015. Except that day was the annual Younger Street Silent Morning Tea!

The sound of silence came over Younger Street, as thirteen staff members from Williams Road and Younger Street all desperately tried not to speak. All were trying to introduce themselves to each other through other methods of communication.

Even before the event commenced Moz, the Acting House Manager from Younger Street, introduced 'Ms. D Tape' (Duct Tape) to all staff with gentle threats that she would be used if spoken words were heard. No one needed a second reminder!

There were a variety of games that the staff participated in.

The first game was **Communication Whispers**



Ben drawing his chosen word



Martina using the alphabet board to show Juliana what she thought Ben's word was...

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...well, Juliana and Martina didn't get it, Richard thought he knew the answer and gestured to Kelvin to help him out!



Here is Meredith giving the group another word to guess.



Paul, Kelvin and Richard trying to guess who they are in a game of celebrity heads

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Tracey in a game of celebrity heads acting out the phrase “barking up the wrong tree” which we all were for a while!

Staff used many different methods of communication to get their message across including:

- Drawing – a very artistic group of staff (even Leonardo Da Vinci would be proud of their artwork)
- Acting/role playing – “And the Oscar goes to the whole team that made it possible”. Mind you, some of the facial expressions and body language/gestures were hard to put into words – you had to be there to see it. Definitely plenty of laughter.
- Gestures – actually pointing to the object (cake, coffee etc.) to communicate what they wanted.

All participants were treated to a delicious morning tea of cakes and slices. Most of us had no difficulty in letting our hosts know what we would like to eat and drink!

A lot of different emotions and excitement came over Younger Street on that particular morning, but laughter, enjoyment and a sense of pride were the main ones.

I would like to take this opportunity to thank all of Younger Street, Williams Road staff and Meredith Lane (East Hume Regional Communication Service Speech Therapist from Gateway Health) who made Silent Morning Tea October 2015 possible and another success.

by Moz Cabai,

Acting House Manager, Younger Street, Wangaratta

Individual Support

There are a number of projects and activities supported by speech pathologists from the Regional Communication Service that involve a variety of individuals with communication difficulties. These range from supporting social inclusion and participation in leisure activities to developing self-advocacy skills.

Examples of projects, activities and blogs that benefit people with communication support needs include:

- **Projects and activities**
 - Stroke a Chord Choir (ERCS)
 - Trendy Tools for Communication (WLMRCS)
 - Cuppas and Conversation (EHRCS)

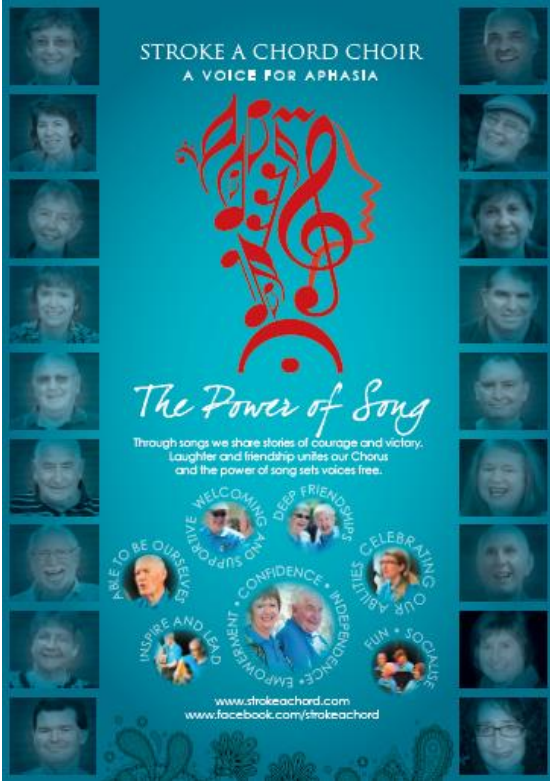
- **Blogs**
 - Getting to know me: multimedia profiling (SLM)
 - Selling the communication access message - with a man with a nose for business (ERCS)
 - Local communication expo - communication aids come to Shepparton (WHRCS)
 - Schools out : Moving into the adult world (ERCS)
 - Making change happen - One presentation at a time (Gippsland RCS)
 - People go to places because they consider them worth visiting (CIRC)

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Stroke a Chord Choir Eastern Regional Communication Service

The Stroke a Chord choir (SAC) is a group of 26 adults with loss of speech after having a stroke (“aphasia”). The choir is in its fifth year. It provides personal benefits to choir members in relation to improvement of quality of life, improved mood, increased social interaction and peer support for both members and carers. The Eastern Regional Communication Service (ERCS) established the choir in partnership with Maroondah council and a local stroke support group. The ERCS speech pathologist is involved in the day to day running of the choir and encourages self advocacy by the choir members. She also supports and facilitates the communication awareness activities. The choir has a high profile and educates communities about stroke, aphasia and the need for inclusive communities for people with little or no speech. The choir is valued for its entertainment role which provides benefits for choir members as well as reflecting positively on others with limited communication. The choir has a broader impact inspiring the development of other choirs in Victoria and across Australia as well as maintaining a website strokeachord.com and its own Facebook page <https://www.facebook.com/strokeachord>. The ERC’s speech pathologist (in conjunction with partners at California State University) has established a GooglePlus community “Aphasia Choirs Go Global” with a closed discussion group for other choirs internationally and is conducting research on the structure and impact that aphasia choirs have on individuals and within the community.

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To socialise and have fun

To express ourselves through music and song

To be able to be ourselves with others who understand

To be seen for our abilities instead of our

To develop friendships

To welcome and support new members and carers

To help each other through difficult times

To support others to develop more choirs so they can have the same benefits

To inform and educate about stroke, aphasia and life with limited communication

This poster was designed by the choir for the disability awards at Parliament House. It reflects the aims that the choir members agreed.

The choir performed their fifth annual concert in 2015 at the Karralyka Theatre in Ringwood. Once again there were almost 400 people in the audience. The theme was “The Power of Song” and part of the concert was dedicated to the centenary of the Gallipoli landing. Songs from the First World War were featured and there was a PowerPoint projected behind the choir featuring photos of relatives of choir members who had experienced war.

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Gus singing his French solo in “Autumn Leaves”. Gus’s first language is French. His family and the other audience members were extremely moved.



Inger enjoying “Pack up your Troubles”, part of the War Medley.



Tim and Mal ready to entertain.

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Project Summary

<p>Inputs</p>	<ul style="list-style-type: none"> • 8 hours Eastern Regional Communication Service (ERCS) speech pathologist support each week. • 4 hours Yooralla Music Therapy/choir leader. • Managerial, fundraising and media support through Yooralla.
<p>Outputs</p>	<p>Actions and activities</p> <ul style="list-style-type: none"> • Weekly 2 hour rehearsals. • Choir members meet weekly for lunch at local café. • Three small performances and one large annual performance in 2015. • Choir celebrated its fifth birthday with a party. • Visitors throughout year: Michael Sukkar MP, researchers, music therapists, speech pathologists, newspaper and radio reporters, students and people aiming to start up similar choirs. • Social media: website, Facebook page and Aphasia Choirs Go Global international site designed and maintained by ERCS speech pathologist. • Choir member case study presented at AGOSCI Conference Brisbane 2015 by ERCS speech pathologist. • Face to face, phone and information support to develop 4 new choirs (Vic and NSW). • Provide speech pathology and music therapy student placements/training. • 5 new members joined (two under 40 years of age). • Choir member profiled on national TV show “The Project”. • Applications for funding: AusPost, DHHS, VicHealth by ERCS (Yooralla auspice). • Choir members designed poster to be displayed in Parliament House Canberra. <p>Critical success factors</p> <ul style="list-style-type: none"> • Ownership of the choir by all members (Possibly strengthened by small quarterly fee). • Small core of members/carers with basic email/technical/computer skills. • Monthly meeting of advisory committee consisting of people with aphasia and their carers. • Consistent staff and volunteers. • Website and social media maintenance. • Media coverage. • Clear statement of purpose developed by choir members and revisited annually. • Ongoing support from Yooralla management. • Support from local council (Maroondah).

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Outcomes	Short term	<p>Social and supportive:</p> <ul style="list-style-type: none">• Formal whole of choir friendships and support. For example, the choir supported a widow and sang at the funeral of one of the choir members. Birthdays are acknowledged with cards and celebrations, group get well cards are sent if members are ill.• Informal supports. For example, members meet at weekends, weekly lunch at local café, visiting each other when someone is unwell, going to new activities together (men started going to gym group) and carers have a quarterly dinner out together. <p>Economic:</p> <ul style="list-style-type: none">• Two choir members conducted paid training and education activities in the community.• Raised money for choir through sales of the book “Voices” and the annual concert. <p>Community awareness:</p> <ul style="list-style-type: none">• Performed in front of large audiences - 400 (annual concert) and 200 (Probus concert).• Choir poster displayed for National Disability Awards ceremony in Great Hall of Parliament House, Canberra.• Choir member’s story told on National TV show ‘The Project’.• Choir member Wendy Lyons received the “Improving Life after Stroke” award from the National Stroke Foundation for her work with the Stroke a Chord choir. <p>Community support:</p> <ul style="list-style-type: none">• Local council grants and councillors attend the annual concert.• Federal politician Michael Sukkar visited the choir.• Local print firm donated posters and program for annual concert.• Local café promoted the choir and makes donations. <p>Partnerships:</p> <ul style="list-style-type: none">• DHHS.• Yooralla.• Maroondah City Council.• Probus.• Local charity group “The Footmen”.• University of Melbourne School of Health Economics (Research).• Social enterprise group of young hospitality students (TastyAz).

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		<ul style="list-style-type: none"> • Australian Catholic University (ACU) School of Health Sciences, Speech Pathology Department (Research and students). • Research partnership with Aphasia Tones choir at California State University. <p>Community attitudes:</p> <ul style="list-style-type: none"> • Quotes from concertgoers: “these guys are awesome, amazing”, “so moving they give you goosebumps”, “just make you feel so good”. • Theatre staff: “We love having the choir perform here each year, they are just so inspiring”. • Researcher planning on measuring community impact of choir: “the Stroke a Chord Concert was fantastic, evidence of a ripple effect was everywhere”. • New developing choirs talk about the input from Stroke a Chord as “valuable” and “generous”. • National Stroke Foundation award with national and international recognition. <p>Reduced discrimination</p> <ul style="list-style-type: none"> • Choir members are minor celebrities. • Wide public awareness of choir. • Referring people with mild aphasia to community choirs.
	<p>Medium-long term</p>	<ul style="list-style-type: none"> • Continuation of “Stroke a Chord” choir. Continued active support for development of “neurologic choirs” across Victoria. • Increased collaboration and interaction between “aphasia choirs” to promote benefits and educate communities. • Interaction with other community choirs particularly during performances. • Research with Melbourne University using a “Ripple Effect Measure” will investigate the impact of choirs in changing community attitude and knowledge around different ways of communicating. • Discussion and research within rehabilitation sector investigating whether choirs are an efficient and effective way of meeting a wide range of long term rehabilitation goals.
	<p>Impact</p>	<p>This project would not have occurred without the support of the ERCS. The ERCS speech pathologist is skilled in augmentative and alternative communication (AAC) and uses capacity building strategies to support businesses and services to become communication accessible.</p> <ul style="list-style-type: none"> • Choir members are supported emotionally and are less isolated. • Choir members report increased respect and understanding for their ability not “disability” despite their language difficulty. • A larger proportion of the population have some knowledge about

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	<p>stroke, aphasia and its impact on people “just like me”. Improved attitudes and inclusion.</p> <ul style="list-style-type: none">• There is greater public awareness of communication methods other than speech.• Other community groups have increased awareness. <p>People view Stroke a Chord choir as a performance group not people with “aphasia”.</p>
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- Meets CAN Strategic Plan 2012-2015 Objectives: 1, 2, 3, 4, 5
- Meets NDIS – Information, Linkages and Capacity 1, 2, 3

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Trendy Tools for communication (West Loddon Mallee RCS)

This project came about in collaboration with the Rural Access Coordinator (RAC) when discussing the availability of support in rural areas for advancing technologies. Many people, including families, carers and staff, will not attend formal professional development activities related to technology, often out of fear that the content will be ‘above their heads’ or it will ‘move so fast I can’t keep up’. With this in mind, we set about planning a program that was relaxed and casual, yet informative and supportive for our rural community to support the use of iPad technology.

What we ended up with:

8 sessions in the Gannawarra Shire LGA in Kerang (held over a 10 month period) and 6 sessions in the Swan Hill Rural City LGA (held over a 7 month period). Most sessions were attended by both the West Loddon Mallee Regional Communication Service (WLMRCS) speech pathologist and the Rural Access Coordinator. The speech pathologist predominantly provided the communication support and the RAC provided the technical support.

On one occasion in Swan Hill, a member of the public dropped in to one of the sessions. She was an older lady who had no connections to the disability sector at all. Her children and grandchildren were trying to convince her to buy an iPad but she was not sure. She heard about our sessions on the radio and decided to drop in. One of our regular attendees (an adult with complex communication needs) offered to demonstrate how she used her iPad for a variety of purposes including games, photos, email, reading books and using the National Relay Service. The two ladies spent about an hour together exploring the iPad and what it could offer. The lady left the session to find out the price of an iPad locally.

Feedback we received included:

- “Thanks for going at my pace. I didn’t feel silly for asking lots of questions.” (Older carer)
- “It has been great to work with you while I learn the iPad alongside the client who will be using it.” (Residential Services staff member who attended with a specific client focus)

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- “Thank you for helping me to fix my problems with my iPad when I get stuck.” (Adult with complex communication needs who attended all sessions in Swan Hill)
- “Thanks for sharing apps that are specific to communication and letting us try them before we installed them.” (day services staff)
- “Thanks for helping us step out and purchase iPads for our centre and then for helping us to set them up.” (day services manager)
- “It was good to have someone who knows what they’re doing to set up the iPads that the clients have just bought.” (Day services staff members)

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Project Summary

Inputs	<ul style="list-style-type: none"> • WLMRCS speech pathologist and Rural Access Coordinator - approximately once per month (for 2 hours per session) x 20 months. • WLMRCS speech pathologist and RAC - time for preparation (approx. 8 hours over 6 weeks - phone calls and face to face). • RAC sourced funding to purchase 6 general use iPads for demonstration purposes and short term loan. 	
Outputs	Actions and activities	<ul style="list-style-type: none"> • 14 sessions of 2 hours each (8 in Kerang and 6 in Swan Hill). • Hands-on access to iPads for community loan/trial.
	Critical success factors	<ul style="list-style-type: none"> • Ability to communicate dates and times to service providers and the community (particularly as the sessions were unevenly spread). • Maintaining the casual nature of the sessions whilst providing technical support and training. • Commitment from the day service and accommodation service providers to organise transport to and from the sessions for people with complex communication needs who wished to attend.
Outcomes	Short term	<ul style="list-style-type: none"> • Day services provider purchased 3 iPads for use within their programs. • 8 clients with complex communication needs have purchased their own iPads (with family support). • Numbers attending the sessions varied (from 1 to 14) but there was consistency of attendance of a number of people with complex communication needs. <p>A network has also been established and day services staff and accommodation services staff are sharing ideas about iPad use with individual clients.</p>
	Medium-long term	<ul style="list-style-type: none"> • Day service provider has incorporated the use of iPads into their daily programs. • 2 day service staff have been trained in setting up iPads and accessing a range of apps to support communication and functional living. They will in turn train up other day services staff as the need arises. • One local community agency had a staff member attend the sessions (Kerang) and they have now purchased an iPad for client loan across allied health (speech and OT). • People are using the iPad across more situations (i.e.; not just looking at photos).

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	<ul style="list-style-type: none">• There has been an increase in the number of iPads that have been purchased for the benefit of clients with complex communication needs.
Impact	These outcomes would not have been achieved without the RCS involvement in a partnership with the RAC. The combination of skills was part of the success of the program.

- Meets CAN Strategic Plan 2012-2015 Objectives: 1, 2, 3, 4, 5
- Meets NDIS - Information, Linkages and Capacity Building Streams: 1, 2, 3

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Cuppa and Conversation – Shepparton West Hume RCS

Service mapping was undertaken in 2013 to determine whether any groups existed in the West Hume Regional Communication Service (WHRCS) catchment area to support people living with communication difficulties. The mapping concluded that no groups existed hence Cuppa and Conversation was launched in September 2013 by the WHRCS at a cafe in Shepparton.

Many people who live with acquired communication difficulties experience significant changes to their relationships, social activities, and employment prospects, as well as feeling less able to engage with their local communities. People with a communication difficulty often feel isolated from the community due to other people not allowing enough time for the person to communicate; people talking to the carer instead of them; shops and businesses not having communication friendly environments (e.g., communication boards, a quiet area); and, reduced confidence.

Cuppa and Conversation promotes a caring, friendly and supportive environment in a cafe setting where people living with communication difficulties can socialise, share stories and experiences, exchange communication tips, and provide support and encouragement for each other. Participants have significant communication difficulties from conditions such as brain injury and stroke. While a few participants can use some speech supplemented with gesture, pointing and an alphabet board, other members need to use an electronic communication device to communicate.

Feedback from participants regarding the benefits of Cuppa and Conversation has included:

- *“Company, interaction, a morning out”*
- *“Sharing, meeting new people”*
- *“Meeting people who have communication difficulties. Sharing advice and strategies”*

Some other comments by participants include:

- *“I like it (Cuppa and Conversation – Shepparton) very much because it offers a relaxed environment to converse with other people that have a similar affliction to my own in that it takes time to get the message out”*

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- *"I guess that it has given me some confidence to get out and about within the community because it shows that I'm not the only one in the world that has difficulties with communication"*
- *"I believe that it has improved my quality of life somewhat just through the friendships that have been formed throughout the group if nothing else"*
- *"Perhaps a change in venue occasionally might add a bit of spice to the meetings"*
- *"More often" (in response to how we can improve the group)*

Feedback from support people who attend the group included:

- *"Yes, look forward to it each month to catch up with the group"*
- *"I notice the participants join in more as their confidence grows and they overcome the fear of being embarrassed"*
- *"Yes, it is part of the overall scene that helps to improve life quality"*
- *"I believe I have observed the others grow in confidence with each attendance"*
- *"I would enjoy seeing the group expand sooner rather than later to create further participation. Thank you Karen for your dedication to this project"*



Our 2014 Christmas Party!



Some regulars at our group!

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Carl is typing a message using his Lightwriter



Carl has obviously said something funny to Jen!



Geoff and Carmel having a chat



Jen, Ray and Carmel are deep in conversation

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Project Summary

Inputs	<ul style="list-style-type: none"> • Initial set-up = 32 hours. • Monthly preparation = 1 hour of RCS Speech Pathology Travel and group facilitation = 4 hours/month. • Development and analysis of feedback tool = 8 hours. 	
Outputs	Actions and activities	<ul style="list-style-type: none"> • Easy English brochure, promotional flyers, and registration forms developed. • Needs analysis questionnaire and survey developed to measure participant outcomes. • Established eligibility criteria flowchart. • Delivery of a 2-hour group once a month. • Articles written for Gateway Health Quality of Care Report 2014, blog post and newsletter.
	Critical success factors	<ul style="list-style-type: none"> • Partnership between WHRCS and GV Health speech pathologists working under HACC, TCP, and CRC Programs. • People with communication difficulties attending with their support person (if required). • Easy English materials developed to promote inclusion and participation of people with communication difficulties. • Accessible café with staff using good communication strategies. • Patience, enough time and good listening practised between group members and other communication partners e.g. café staff.
Outcomes	Short term	<ul style="list-style-type: none"> • 17 participants (10 with communication difficulties; 7 carers/family). • Feedback from participants with communication difficulties indicated: <ul style="list-style-type: none"> - All enjoyed the group and felt it had improved their communication skills and their quality of life. - 80% of participants felt that the group had improved their confidence when going to venues within the community. - 100% of attendees said that the group improved participation in social situations with family and friends. - All people felt that they are given enough time to communicate in the group. - 80% were happy with the frequency of the group. - Participants were able to practice being patient, allowing enough time and listening to others. • Feedback from carers/family indicated: <ul style="list-style-type: none"> - All enjoyed the group and felt it was of benefit to the person they

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	<p>supported and had improved their quality of life.</p> <p>80% felt that the group had improved the confidence and social participation of the person with communication difficulties.</p>
Medium-long term	<ul style="list-style-type: none"> • Review of where the group takes place - suggestions from participants included other cafe venues. • Explore additional methods of determining the impact of the group on people with communication difficulties (e.g. using Talking Mats). • Support sustainability through: <ul style="list-style-type: none"> - Ongoing promotion of group with local speech pathologists who support clients with communication difficulties. - Recruitment of participants with communication difficulties to take a lead role within the group. - WHRCS speech pathologist modelling a positive communication environment within the group; supporting participant's to access any communication supports needed and teaching participants effective communication strategies.
Impact	<p>This project would not have occurred without the initiative of the WHRCS speech pathologist. Early mapping identified the need to address the social isolation of people with communication difficulties. The Shepparton Cuppa and Conversation group is now demonstrating social outcomes for its members. Outcome measures to determine "ripple effect" of Cuppa and Conversation in Shepparton are to be developed.</p>

- Meets CAN Strategic Plan 2012-2015 Objectives: 1, 2, 3, 4, and 5
- Meets NDIS - Information, Linkages and Capacity Building Streams: 1, 2, 3

Individual Support Blogs

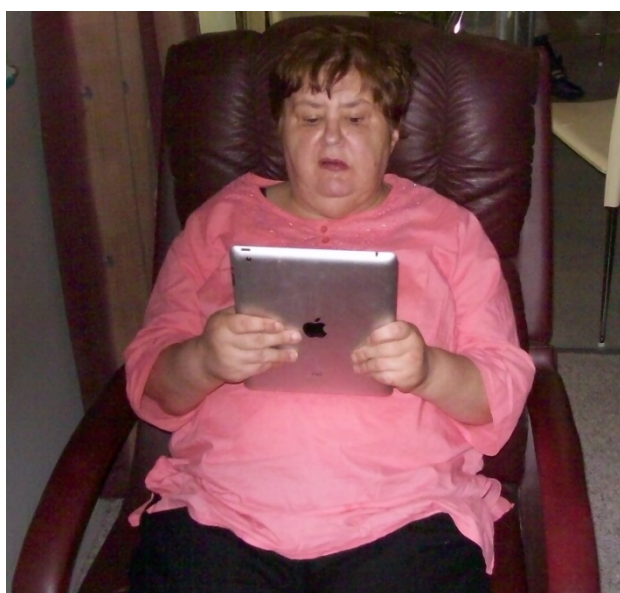
Getting to know me: multimedia profiling (SLMRCS)

In the South Loddon Mallee Region, there is really a strong and vibrant community of communication coordinators and facilitators. They work in disability day and residential services and have been trained and supported by the Regional Communication Service to develop high level skills to support people with communication difficulties. They resource others in their services to improve the lives of people with communication difficulties.

Communication coordinators and facilitators have been exploring technology, specifically technology that can create multimedia profiles. To make a multimedia profile, a person with a communication difficulty works with a support person to use video and/or other media to develop a personal profile that will help others get to know them. Michelle Nisbet, the Regional Communication Service Allied Health Assistant has helped with the technical back-up.

Cheryl Cooke, communication facilitator at a DHS house in Woodend says what a multimedia profile has meant for Hannah:

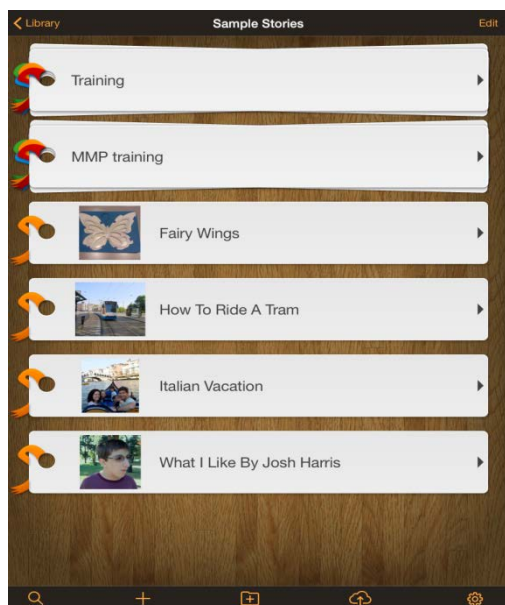
“The “Multi Media Profile” was well received by the staff and Hannah’s Family. We decided to use Hannah’s own iPad to make it. I downloaded a program called “Pictello”. This was very easy to use. We could film Hannah and add voice to tell her story.



When I spoke to her family in Queensland, they were over the moon about the project, so when Hannah went up to stay with them for six weeks, they also got involved and took photos to include in the film.

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The beauty of the Pictello and iPad was that, with some help, we were able to turn her holiday pictures into a video with music. In other important areas of her life, we supported Hannah and staff to speak about the importance of the pictures.



I put this onto a CD to send to Hannah's family, so they can see the value of their input and see Hannah as she goes about her daily life, and also her 50th Birthday, which they were not able to attend.

This has been a very enjoyable and valuable project to Hannah, her family and others.

As other residents purchase iPads, I want to continue this, so each will have their own individual story."

When Linda Nally, a communication coordinator, started to learn about and use multimedia profiles, she also recognised their potential:

"I intend on developing multimedia profiles for all of the clients here at Sandhurst Centre who have complex communication needs. I believe it is very important that our clients have these profiles to go with them when Sandhurst Centre closes next year.

The clients will have new programs and new people in their lives who don't know them; what their behaviours mean and what their needs are. A multimedia profile will help others to better understand them and to learn the appropriate methods of supporting them. More than just reading a person's profile, a multimedia profile can better explain how staff need to assist a person. They get combined information such as vision and sound. These profiles explain things much more clearly."

By Meg Irwin - Southern Loddon Mallee Regional Communication Service

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Selling the communication message - with a man with a nose for business (ERCS)

My name is Corina, I am a third year speech pathology student at Australian Catholic University (ACU). I am currently on placement with Yooralla's eastern regional communication service which is part of the Communication Access Network (CAN). My supervising speech pathologist is Bronwen Jones. Together, we are working on the communication access project for the Monash City Council.

We are working with five libraries and two local council customer service areas to increase their awareness of the barriers to communication for individuals with little or no speech. The library and council staff will receive training and information about communicating effectively and making people with communication difficulties feel welcome. The services will then be assessed by people with communication difficulties. If



successful, they will earn the right to display the Communication Access Symbol.

During my time with Bron, I was introduced to Matt Simpson. Matt wanted to be employed on the communication access project for Monash City Council but he needed a more effective communication system. Matt has cerebral palsy and very limited speech. He cannot use his hands to access things and he gets around his house on his knees. He is an intelligent, exceptional individual who has developed great independence and management skills. Matt lives by himself, manages his own carers and has created his own successful online retail business that has customers worldwide. Matt does this all from home with the use of his very handy, pointy nose that he uses to type, point and scroll around a page. I was extremely impressed with Matt's unique abilities, his independent way of living and all his achievements.

Matt has an extraordinary communication access set up at home that includes numerous computers and televisions. He has different methods of communicating for business and personal interactions. He mostly uses e-mail for business but has some face to face meetings with business associates once they have gotten to

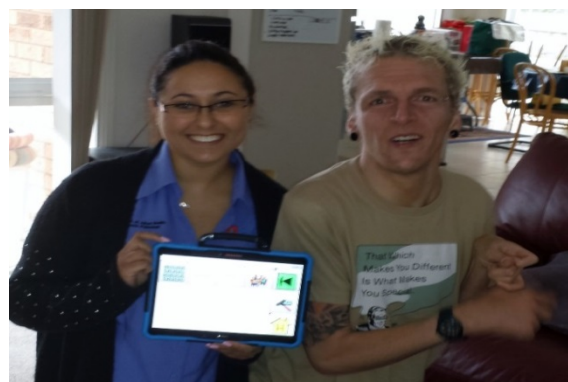
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know him via e-mail. He communicates with others primarily by typing his messages via a keyboard and it displays on a widescreen TV in his lounge. This allows Matt to get the correct message across to his carers and visitors.

Matt accesses the community by himself and had been using a small paper alphabet board to talk to people. Unfortunately, lots of people weren't aware of how to use it with him. Matt needed something more obvious for his community outings and something with voice particularly for business and regular council meetings.



Bronwen and I introduced Matt to a NovaChat electronic speech output device. This is provided by Yooralla's Aids and Equipment Program through the Electronic Communication Devices Scheme. The NovaChat provides Matt with a lightweight, portable, speech output communication device he can carry on his wheelchair and use as a voice for daily communication out in the community. He has already programmed it with a page of pre-stored information about his life and interests and another page with his professional biography for business meetings and work opportunities



Matt will be using his NovaChat as his main communication device when working on the communication access project. He will assist Bronwen and I to train library staff, customer service representatives and members of the council. Using the NovaChat will enable Matt to successfully participate in delivering the project and provide him with his own voice and the opportunity to express his own thoughts and opinions. I know he will have a big impact on a lot of people.

Speech pathology student with ERCS

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Local Communication Expo - Communications aids come to Shepparton (WHRCS)

The West Hume Regional Communication Service has been offering communication expo's to local services to introduce people living with communication difficulties to the many communication aids that are available. We have held one expo so far, with more scheduled for the second half of this year.

Our first expo was run in Shepparton. The expo encourages the person with communication difficulties to come along and explore a range of communication aids with their support team. There were opportunities to trial



communication aids as well learn how to apply for these aids through the Non-Electronic Communication Aid Scheme (NECAS).

There were people at the expo that had never used communication aids before despite having very significant communication difficulties. It was fantastic to see people excited by the prospect of using aids like communication books and community request cards to improve their independence within their local community.

Karen Oswald - WHRCS

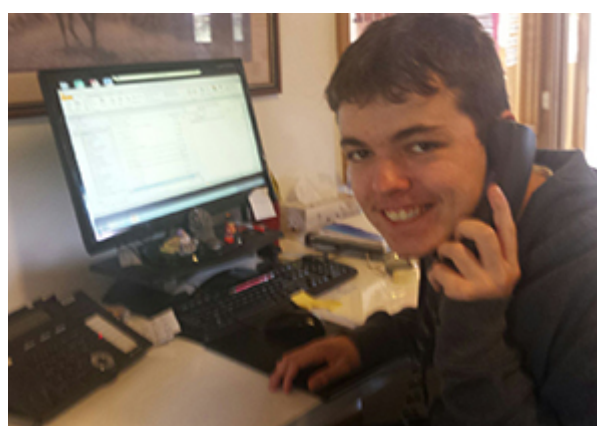
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Schools Out: Moving into the adult world (ERCS)

Over the past few years, as the Eastern Region Communication Access Network speech pathologist, I have been fortunate enough to work with an adult service provider to support their staff to become communication coordinators. The coordinators came from 5 separate services who all cater for different client groups. They have received training over a 12 month period in a variety of areas and have been quietly championing communication methods, advising other staff and developing successful communication systems for their clients.

One of these services supports young people who are transitioning from school to work. These young people are learning what adult life is like. They are learning about adult responsibilities, rights and developing basic social skills that are necessary for any workplace. They are learning to meet and greet people who come to their service and they are learning to answer the phone. They conduct meetings each morning with their peers to decide what will happen each day. They have jobs to do, such as maintain the building and surrounds, keep the kitchen clean, put work materials away, keep paths swept, blinds opened in the morning and drawn before they leave for the night. There is a strong emphasis on respect for everyone at the service (staff and clients) and the language used to remind people about manners is the same for all. These young people have autism and intellectual disability and they are discovering their skills and interests and trying to get into the work force.

Edward is a tall, slender man who doesn't speak but understands most that is said to him. He uses an iPad that is stocked with photos to start conversations. He occasionally spells out words and phrases but only to people he knows well. He likes to move and rarely stands still and has a part time job delivering advertising



pamphlets for a local real estate agent. He is from an Asian background and also works a few hours per week in a local Asian supermarket. Edward knows he has responsibilities in his work and he is enjoying the fact that people are relying on him and have expectations. His family say he has matured enormously during the

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18 months he has been at the service. The staff at Edward's service have expectations that he will communicate with them and with his employers.

Declan is a quiet, gentle young man who enjoys being with people. He often frowns slightly when people are talking as if he is trying to decode what is being said to him. His staff knew that he had used some sign language to communicate when he was at school. Since coming to the service, his communication has been limited and the staff asked to learn key word sign to increase their communication with them. They were taught 15 basic signs to start with, which included signs for some of Declan's favourite activities as well as some of his identified frustrations. When



Declan realised the staff were talking to him with signs, he became very excited and his frown disappeared. He quickly started using the signs to tell staff what he wanted to do and what was upsetting him. He is now a happier man now that he can get his message across.

The culture of equality and adult expectations at this service underpins communication rights and sets the tone for improved communication and is a wonderful way to embed the skills. There is an expectation that we **all** behave as if we are "at work" when we walk into the building. Standards are the same for both staff and clients and the terms used to discuss skills and behaviours apply to all. Everyone is expected to be courteous and respectful, help their peers, use appropriate language, tone of voice and negotiate politely if there are differences of opinion. I look forward to working more with the communication coordinators and the people at this service.

Bron Jones - Eastern Regional Communication Service

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Making change happen - One presentation at a time (Gippsland RCS)

An interview with Mary-Lou Ward, public speaker and disability advocate by Mel Newcomen, speech Pathologist, Gippsland Regional Communication Service.

“Listen to them...listen to people (with disabilities).”- Mary-Lou Ward.

Mary-Lou Ward is a 30-something year old, modest, quietly spoken woman who is changing the world one presentation at a time. I spoke to her after the last program of the day at Noweyung, a day program located in Bairnsdale, Victoria. She was soon to head out to do the weekly shopping for herself and her husband Peter. She agreed for me to talk to her about her public speaking experience, educating others about communication and disability. The talks have been supported by the Gippsland Regional Communication Service.



I have known Mary-Lou for 4 years in my role as a speech pathologist for the Gippsland Regional Communication Service. We met in August 2011, when Mary-Lou wanted to make a difference in the community. She noticed that service staff and other people often had difficulty communicating with her because her own speech was sometimes difficult to understand. Mary-Lou felt that people just did not know how to talk to people with communication difficulties. She believed education was the key. Together with the Gippsland Regional Communication Service she developed her own presentation, drawing on her life story and her lived experience of how people could communicate better with people like herself.

Mary-Lou has presented to audiences as varied as swimming instructors, disability case managers, personal care assistance and parents. No matter the audience, the feedback has always been positive. Mary-Lou’s presentation and manner seems to disarm audiences and enables frank discussion about communication and disability. Mary-Lou makes people feel comfortable to ask a person with a disability questions they have wondered about.

When asked what she felt people gained from her presentations Mary-Lou replied, “I talked strongly (and people learn) new things.” I wondered how Mary-Lou felt

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the audience perceived her. For many audience members this may have been a first-time experience participating in training lead by someone with a disability. Mary-Lou said that people “listened okay” and that the audience thought she “could do it.”

We reflected over the past 4 years and how Mary- Lou’s presentation skills and confidence had developed. I asked if she had ever done public speaking before we worked together. Mary-Lou smiled and shook her head, “Never.” In the early days Mary-Lou said “I was brave.” And now thinking back over her achievement Mary-Lou said it made her feel “very good... proud (and it has been) exciting ”. And when asked if she would recommend others to take part in such an experience, Mary Lou smiled and said “yes, it is a good idea.” I asked what she felt the future will hold for her to which she confidently replied “more invitations (to present).” Which based on her success, is very likely.

Finally I asked her how people in the community could most help people with disabilities. After careful thought Mary-Lou replied, “Listen to them...listen to people (with disabilities).”

By Mel Newcommen – Gippsland RCS

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People go to places because they consider them worth visiting (CIRC)



Participatory design is a shift from designing environments **for the user** to one of designing **with the user**.

“It is a mindset and attitude about people... a belief that all people have something to offer the design process and that they can be articulate and creative when given the appropriate tools with which to express themselves” (Elizabeth. B. N. Sanders 2002)

Participatory design can be used to engage people with profound intellectual and multiple disabilities (PIMD) in identifying the design features that will provide them with a sense of well being, opportunities for passive/quiet spaces and participation and inclusion e.g. in a garden.

The critical factor is identifying how the person communicates and what strategies the support person must use to enable positive interactions.

Expressions of like and dislike are recorded in response to specific environmental experiences, for example, designing a garden. Like and dislike responses to experiences and features in a park are mapped over a number of site visits. Analysis of the mapping identifies design elements such as the physical environment, communication/wayfinding needs and sensory preference requirements that are then embedded in the garden design. The design also needs to reflect the features and resources support staff will need to enable the users to participate in their garden as defined in the mapping task.

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Too often designs are based on assumed preferences and needs. Often I find the design features identified through the mapping task **with the users** are different to those identified by those designing **for the users**. This mismatch helps explain why users often don't visit places that have been designed for them. People go to places because they consider them worth visiting.



By Mandy Williams – CIRC

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Other blogs of interest:

Mapping your area (Inner South RCS)

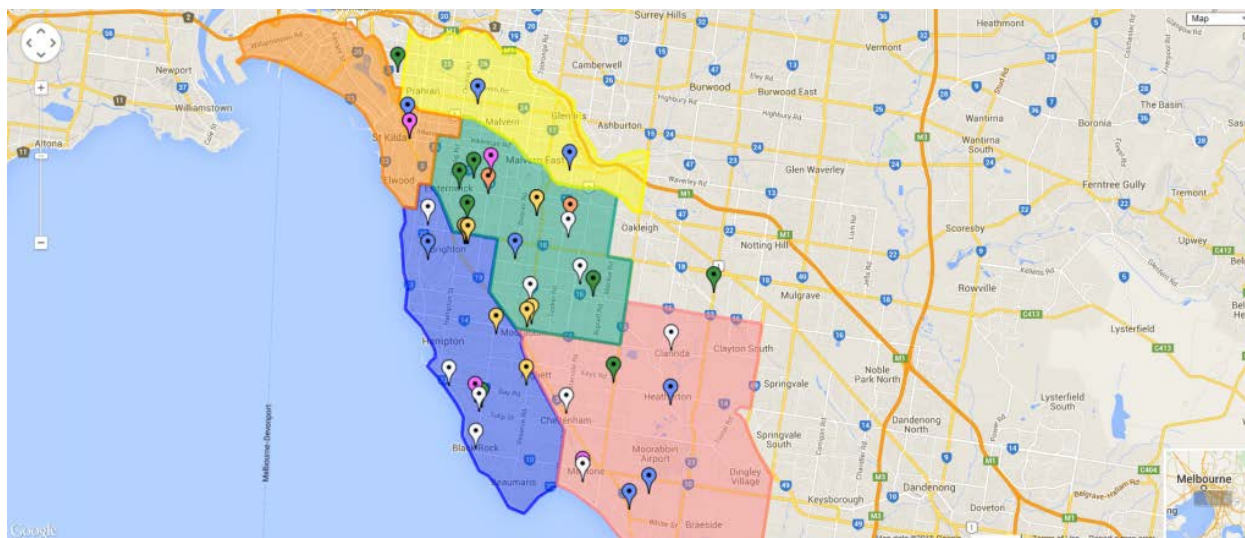
Creating an electronic map of your region can be a useful exercise, both for the process and the final product. If you're anything like me, having a visual representation of geographical boundaries and contacts is a lot easier to digest than a written description or list. Whether you're trying to get your head around a new area or you already know an area well, creating a map can be a handy way to organise your information.

Why make a map?

Anyone who is new to the regional communication service might just be a bit overwhelmed with the sheer amount of area you need to cover. Not to mention the number of organisations, residential units, day services and other contacts you're expected to know about and make contact with. Even people who have been in their role for some time may find that their information can go out of date quicker than expected. A mapping activity is a good way to get your head around this and maintain current information.

When I was given the task of mapping my region, I began by creating a series of simple lists. However, I found that information lacked meaning, as I am a visual learner and had limited knowledge of my region (I didn't even know the council boundaries). I soon realised that it would be so much easier if I could see where these arbitrary addresses were in relation to each other and the general region. I wanted be able to draw each council region on a map and auto-populate all the addresses on my list onto that map. After a quick Google search, I found there were many programs that allow you to do just that:

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There are lots of benefits to creating an electronic map. If you've got to work within geographical boundaries, like suburbs or council regions, simply tracing the outline of those boundaries can be a good first step. You can get your bearings and be more likely to remember what streets are the boundaries and what landmarks fall within the area.

You can also import a list of contacts such as day and accommodation services, disability services and other speech pathologists that might work in your area. The program can automatically place a pin at the right addresses. Having this visual representation of where each contact lies is great – you can note any clustering, organise meetings to travel efficiently and easily see which catchments things are in. You can even map a route from one location to another.

- Working in a National Disability Insurance Scheme environment – A speech pathology perspective (Barwon RCS)

For just over two years we have been working in an NDIS environment in the Barwon Region. We had many information sessions before it started, but nothing could really prepare us for the change. In fact it has been a changing feast all the way! Things are just starting to settle down a little now and we are adapting to our administration requirements.

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So what is different about being in an NDIS environment?

Quite a lot. So far, only individualised services have come into being. The exciting, but somewhat daunting part is that there are a lot of people coming out of the woodwork and accessing speech pathology services who have received very limited services in the past. This has meant lots of assessments and lots of work. We have definitely increased the number of speech pathologists that we have!

Of particular excitement is the opportunity for school aged children to access therapy supports outside of any services they might receive at school. Some families are really finding creative ways to use these services to assist their teenagers to access their communities and prepare for their adult life away from school.

People are able to access one on one support for respite and to help them access their communities. There are lots of opportunities here to train up some of these support workers in the use of augmentative and alternative communication (AAC) supports. I am hopeful that we will be able to bring some of these support workers together to share ideas and support each other. There is a lot of excitement about communication out there and I think we could have a wonderful communication coordinator network of support staff if that is allowed in the next tier of funding!



How long does it take to make a communication book? How long does it take to write a meal time plan? How long does it take to train a family to use a communication device? How long is a piece of string? These are some of the questions that are hard to answer, but we have to start getting better at estimating these to ensure that we get funded for all the things we do.

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It has been exciting. (I was there in my red t-shirt fighting for the change). But it has been challenging. By the time it rolls out across the country, I am sure it will look different to our current situation. It's exciting to think that we have had the opportunity to help shape the biggest change to disability services that has happened in a very long time.

By Janice Buckland - Barwon South West Regional Communication Service.



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Teaching speech pathology students - never enough time (CIRC)



Part of my job role is to lecture speech pathology students about multi-modal communication. I share this role with Hilary Johnson. We have the position of adjunct lecturers at both Melbourne University and Latrobe University.

The School of Human Communication Sciences at Latrobe University uses a Problem Based Learning (PBL) approach to teaching. Latrobe offers an undergraduate program in speech pathology but also has an option for a master's entry level. Students' learning involves problem-based scenarios that cover assessment and intervention issues. There are a series of case studies that highlight key aspects of multi-modal communication. For instance, one scenario is about a young child with cerebral palsy who uses a **PODD communication book** and needs to update her access to technology. Another is about a woman with motor neurone disease who is realising the need to use another form of communication to compensate for her deteriorating speech. There is a case study about a young adult transitioning from school to adult services. And there is also a seminar topic on the assessment of severe intellectual disability and a young man with Down Syndrome.

Melbourne University offers a Masters in Speech Pathology and students enter with an undergraduate degree often in a related area. Teaching at Melbourne has a more traditional lecture format. Students receive a series of lectures in multi-modal communication based on Dowdens' model of communication. This includes information on emergent communicators - where their level of communication ability has not yet been determined; context- dependent communicators - reliant on communication partners for successful interactions and independent communicators - where speed of communication may be the biggest barrier.

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Both universities provide skills classes in **aided and unaided communication**. Students get the opportunity to learn Key Word Sign and to get a “hands on” session with electronic and non-electronic communication devices.

We aim to give students a taste of multi-modal communication. We want them to understand that AAC (Alternative and Augmentative Communication) is a viable option and not a last resort for people who have complex communication needs. There is never enough time to cover all that a new speech pathologist needs to know. But hopefully, the students see the important role speech pathologists have in the area of complex communication needs and that if nothing else, they know where to find and who to ask information.

By Karen Bloomberg - CIRC