



Contact Details

This submission has been prepared by Felicity Lovatt – Tasmanian AGOSCI State Representative with input from the AGOSCI membership across Australia.

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To: Senate Standing Committees on Community Affairs

Delivery of outcomes under the National Disability Strategy 2010-2020 to build inclusive and accessible communities

About AGOSCI

AGOSCI Inc. is an inclusive group interested in enhancing the participation of all people with Complex Communication Needs (see Appendix 1 for definitions). AGOSCI also aims to build the capacity of society to achieve our vision.

Our vision is that people with complex communication needs (CCN) participate fully in all aspects of life.

AGOSCI's membership includes individuals with CCN, family and support people, community members, teachers, speech pathologists and other professionals.

AGOSCI's current activities include:

- Education and Training
- Conference
- National Tour
- State based events
- Networking/Information
- AGOSCI InFocus Magazine
- Listserve
- Website
- Participation in Social Media
- Advocacy

Focus of this submission

AGOSCI is one of the major organisations in Australia able to represent the needs of people with CCN. AGOSCI membership includes individuals experiencing CCN, family and support people, community members, teachers, speech pathologists and other professionals. AGOSCI is managed by a volunteer committee with representation in all states and territories of Australia.

Information for this submission has been garnered through discussions with the membership, members' knowledge of services/programs/issues through their experiences in their respective areas of Australia, and topics/information raised on our Listserve over the past year.

This submission has the specific intent to represent people with CCN and their families/support networks within the context of this inquiry.

In Summary, this submission raises the following points specific to your inquiry:

- A broad definition of Communication Accessibility
- Evidence from the scientific literature supporting the need to prioritise communication accessible strategies within communities
- How communities can meet the communication requirements of people with CCN
- Evidence based communication accommodations in Australia and internationally
- Strategies to enable mainstream services to become accessible to people using diverse methods of communication
- Communication Accessible Schools
- Accessibility across the life span – early intervention, school, post-school, employment, community living
- Community Capacity Building

Communication Accessibility

Communication is the creation of shared meaning between interactants (Blackstone, 2005). This definition of communication acknowledges the sharing of responsibility between the sender and receiver of messages to jointly determine communication intent and arrive at a mutually satisfactory resolution/understanding.

People with CCN are a very diverse group. They vary in their skills and abilities. In addition to a speech impairment they may also have a combination of physical, vision, hearing, sensory processing or cognitive impairment/s. Understanding a person's strengths and abilities as well as their impairments is essential. People with CCN use many methods of communication, as indeed all communicators do e.g. vocalising, speaking, hearing, listening, reading, writing, gesture, facial expression, symbols and signs. In addition to these, people with CCN may use a range of augmentative and alternative communication strategies and systems (see Appendix 1). While we are all to some extent multi-modal communicators, people with CCN may rely on a greater breadth of communication methods to be understood and understand others.

"They use more techniques to communicate than the average (person), and they challenge all of us to expand the expressive repertoires of our own natural expression"

Fried-Oken & Bersani Jr (2000),p14 .

Communication is central to our ability to learn, work, form and maintain relationships and to participate in society. Contemporary policies addressing human rights and equality expect services and organisations to co-produce and engage with people who use their services. This requires reasonable adjustments to communication, to reduce barriers and inequality.

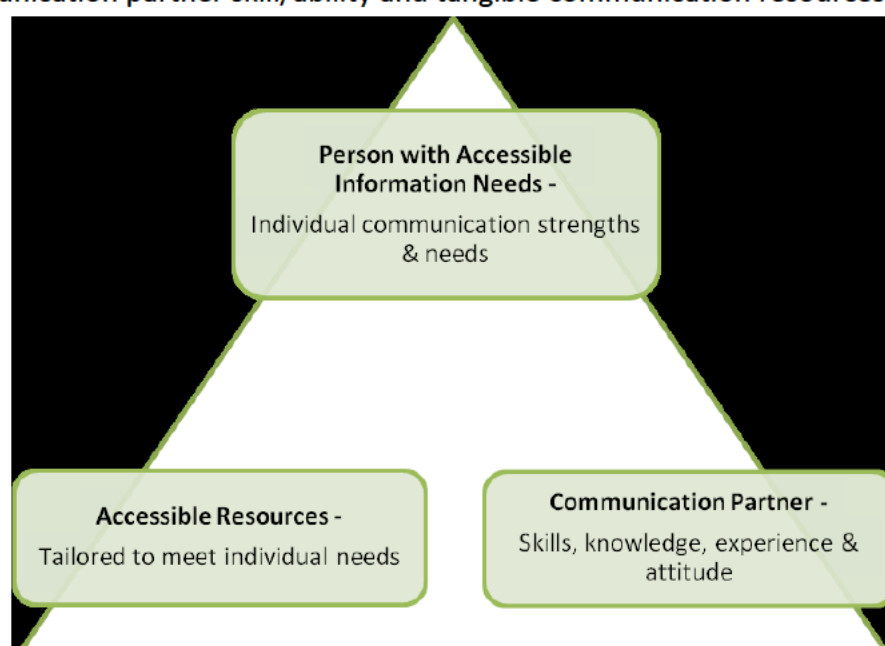
Barriers to communication impair an individual's ability to:

- relate to and interact with others;
- understand;
- learn, share and apply knowledge;
- achieve and maintain good physical and mental health;
- participate appropriately and safely in purposeful occupations and/or leisure activities; and
- have fair access to the justice system and other public services.

The United Nations Convention on the Rights of Persons with Disability (2006), signed by the Australian government in 2008, directs our governments to create structures and programs that:

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

Accessibility-related regulations typically address employment, physical infrastructure, public transport, customer service, and access to information and communication. However, while human rights documents acknowledge that people may use AAC methods to communicate, the accommodation requirements needed by people with CCN to interact effectively when using services are rarely addressed (Collier, Blackstone & Taylor, 2012). Three areas of strategy development were proposed by Mander (2009) to achieve the necessary accommodations for effective communication for all in society i.e. individual skill/ability, communication partner skill/ability and tangible communication resources.



The Triangle of Accessibility, Mander 2009.

The *National Disability Strategy 2010–2020* represents a shared national approach to improving the lives of Australians with disability, their families and carers. The vision of the strategy is for ‘*an inclusive Australian society that enables people with disability to fulfil their potential as equal citizens*’. Six outcome areas were developed in consultation with people with disability and reflect the principles of the United Nations *Convention on the Rights of Persons with Disabilities*, to which Australia is a signatory. They are:

1. **Inclusive and accessible communities - the physical environment including public transport; parks, buildings and housing; digital information and communications technologies; civic life including social, sporting, recreational and cultural life.**
2. Rights protection, justice and legislation
3. Economic security
4. Personal and community support
5. Learning and skills
6. Health and wellbeing.

AGOSCI, as a representative of a wider Australian group of people using and supporting others to use diverse and multi-modal communication methods, seeks to broaden the concept of an ‘accessible community’ to one which actively recognises and accommodates **Communication Accessibility**. In addition, we seek to raise the profile and community awareness of the concept and need for Communication Accessibility in daily life. While this endeavour aligns with the Key Action Areas of the second implementation plan of the National Disability Strategy (NDS) to “communicate and promote the intent of the (NDS) throughout the community”, it also aims to stimulate and guide the development of appropriate communicative accommodations to enable all communicators to effectively access services, organisations and businesses throughout Australia.

The definition we propose is from the work of Barbara Collier (Executive Director, Augmentative Communication Community Partnerships, Canada) who has contributed immensely to this area of discussion internationally:

***Communication access** is defined as having the means, supports, and opportunities to communicate effectively, meaningfully, accurately, and authentically in order to get equal uncompromised access to goods and services. Communication access may include face-to-face interactions between two people or in a group situation (both expression and comprehension); telephone communication; reading and handling text and print materials; use of the Internet, e-communications and social media; and written communication (Collier et al., 2012).*

While the NDS and other equal access regulations/legislature stipulate provision of the physical resources and technologies that may be necessary for inclusive communication, they do not identify the crucial human interactive accommodations required to enable these technologies to be utilised effectively. In acknowledgment of the International Classification of Functioning and Disability (World Health Organisation, 2011), inclusive strategies addressing inequality should address all the contributing and interconnected parts of the experience of inequality i.e. the individual, interactants, supports and technologies.

Disability exists as an interaction of various factors and does not only reside with the individual (Speech Pathology Australia 2012, p 8).

Communication Accommodations

AGOSCI Inc. calls for the provision of human supports for inclusive communication to be planned for and made available as a valid form of access to services, organisations and businesses. Education and awareness as to the reasons for human support (e.g. partner assisting with operation of a communication system or interpreting speech that is difficult to understand) are essential to reforms in this area.

Research in the field of AAC has identified communication partners often control conversations with people with CCN by:

- asking directive questions (i.e. closed questioning style where the partner determines the focus of the responder's answer e.g. yes/no, multiple choice)
- failing to provide people with CCN with sufficient time to construct messages (Muller & Soto, 2002)
- ignoring people with CCN while talking to their companions
- underestimating the abilities of people with CCN (Blackstone, 1999; Collier, McGhie-Richmond & Self, 2010)

These behaviours contribute to discrimination and inequality when people with CCN attempt to access goods and services, and may compromise the quality of services received (Balandin & Morgan, 2001; Bryen, Carey, & Frantz, 2003; Collier, McGhie-Richmond, Odette, & Pyne, 2006; Collier et al., 2010; McNaughton & Bryen, 2007).

Survey results from people with CCN and service providers conducted by the Augmentative Communication Community Partnerships, Canada was summarised into a set of Communication Access Rights for people with CCN (See Appendix 2). In addition the researchers compiled a series of tips and strategies for businesses and organisations to maximise communication access to their services (See Appendix 3).

The National Joint Committee for the Communication Needs of Persons with Severe Disabilities in the US also released a reviewed version of their Communication Bill of Rights in 2016 (See Appendix 4).

In an Australian context, Scope's *Communication and Inclusion Resource Centre* (CIRC) has developed a Communication Access Assessment certification process for businesses, services and organisations. Services undertake an assessment process with accredited assessors to determine the degree to which their operations meet the communication needs of people with CCN. CIRC have also developed a nationally recognised symbol of Communication Access that businesses can display to indicate to consumers they are an accredited Communication Accessible service. The CIRC offers this service as a user-pays approach and while it was pioneered in Victoria, have commenced discussions and plans to offer the service in other states. AGOSCI Inc. strongly supports this Communication Access Assessment process being made more widely available to services nationally, potentially through subsidised access under the NDS *Inclusive and Accessible Communities* outcome area.



Communication Access Symbol (Scope *Communication and Inclusion Resource Centre*)

Communication Partners and Communication Assistants

Even when people with CCN use their AAC systems in the community, frequent barriers and limitations to the effectiveness of communication interactions is reported. Frequently cited barriers include: attitudinal, awareness, operation of the communication tool, communication opportunities, autonomy and authorship, real listening, assumptions about competence, privacy, time, group communication, communicating with other AAC users, telephone, text and written communications (Collier et al., 2010).

It is widely recognised that the communication partners of people with CCN can improve their interaction skills through targeted training (Blackstone, 1999; Blackstone & Hunt Berg, 2012; Light, Dattilo, English, Gutierrez, & Hartz, 1992).

Collier et al (2010) reported on a pilot of a funded communication assistant service as an accessibility support option for people who use AAC when communicating in their communities. Thirty hours of training were provided to Communication Assistants who could then be booked through a central agency by people using AAC for required occasions. Training topics included multimodal communication, use of questions in communication, recognising and providing communication opportunities, pacing and assisting with message construction. Evaluation of the project indicated participants used an average of 6.5 hours of funded Communication Assistance per month. Two areas of highest need for communication support were meeting new people and communicating in a group. All participants who used the service reported a high level of satisfaction. There were no negative comments on the use of the service and all participants wanted it to continue after the project ended. The service providers reported increased quality of service provision based on improved communication between themselves and the person using AAC.

Person with CCN:	I NOT HEAR I GET HELP COMMUNICATION. I NOT SPEAK I GET NO HELP.
Interviewer:	Do you mean: If you were deaf, you could get help from a sign language interpreter to help you communicate. But you can't speak and you get no services like that?
Person with CCN:	'yes' (nods head and lifts eyes)

Collier et al (2010), p. 53

Although, legislation and standards of accessibility exist for services to meet, awareness and translation of these standards into real human practices has not occurred widely. The existence now of the National Disability Insurance Scheme (NDIS) provides an opportunity for service providers to offer evidence based programs such as Communication Assistant schemes for people using AAC to apply for within their individual NDIS plans.

Communication Accessible Schools

Australian schools have a mandate to provide education for all students.

“Australian schools do more than just educate students. They prepare them for life – developing communication skills, self-discipline and respect for themselves, their peers and their world. Schools

offer a broad curriculum in the key learning areas – English, mathematics, studies of society and the environment, science, arts, Languages Other Than English (LOTE), technology, health and physical education. They also believe strongly in the benefits of a rounded education – including the teamwork, self-expression and personal development that happen outside the classroom.”

<https://www.studyinaustralia.gov.au/global/australian-education/schools>

Porter and Parfett (2016) reported on the results of a focus group on the topic of Communication Accessible Schools. They identified four themes required to address the systemic and cultural practices within schools in order to improve their inclusive communication practices.

Policies and Practices	Availability of Resources	Developing Knowledge	Interaction
Collaboration	Personnel	Shared Understanding	Multimodal communication use
Values and Priorities	AAC resources	Education and Training	Staff
Curriculum			Peers
			Interaction styles that stimulate language and learning

The implementation of communication accessibility practices within schools requires access to skilled professionals who can lead and guide a school community toward improvement. Speech Pathologists with specific interest and experience in CCN are well equipped to liaise with schools in such processes. While some Australian state and territory governments employ school based Speech Pathologists (Tasmania, Queensland), other states may contract services to private Speech Pathologists or families employ Speech Pathologists directly through various funding schemes e.g. NDIS. Some Australian states have commenced work on state-wide Inclusive and Accessible Communication Policies within schools e.g. Tasmania, Western Australia. AGOSCI Inc. strongly recommends funding support for development of a national Communication Accessible Schools policy. Equal access to the National Curriculum cannot occur for all learners unless there is equal access to effective and authentic communication.

Early Intervention

As with investment in most human support programs, the skill development and intervention that occurs in the earlier years has a greater impact, greater reach and greater cost efficiency than programs implemented later in life when difficulties have become more entrenched.

Specialised, multi-disciplinary teams in early intervention settings throughout Australia providing best practice services such as:

- comprehensive assessment
- diagnosis
- collaborative goal setting
- guided trials of a range of potential AAC systems
- intervention within naturalistic environments
- family education and support



offer young children with CCN the best chance of acquiring a language system and autonomous communication to enable them to enter school with the ability to interact and maximise learning. A specialist, multi-disciplinary team consists of Speech Pathologists, Occupational Therapists and Physiotherapists with expertise in developmental disability and CCN, working in collaboration with early childhood educators and families. Other specialist services may be required based on the needs of the child e.g. vision professional, audiologist. Anecdotal evidence from members of AGOSCI Inc. nationwide has indicated the introduction of NDIS has had the effect of creating separate service providers in many early intervention settings where there once was a multi-disciplinary team attached to the service. The move to employ allied health professionals within more private therapy practices has limited the capacity of some services to achieve collaborative interventions for children. Some services have also moved to a key/case worker model where a single educator/professional assumes the responsibility for planning and implementing intervention and therapy for a child without the specific and ongoing collaboration from a range of specialists to guide and evaluate a child's progress. Any diminution of investment or best practice service provision at early intervention level inevitably impacts upon a child's preparedness to enter school services with a comprehensive, functional communication system to enable them to be an active participant in their learning. The establishment of a personalised, comprehensive language and communication system for children with developmental disability transitioning from early intervention to school should be a formalised and accountable expectation for all families of children with CCN. Nationally consistent Inclusive and Accessible Communication Standards for Early Intervention and Therapy Service Providers should be developed to ensure basic evidence based practices and outcomes for consumers accessing such services. Creation of inclusive and accessible communities commences from the earliest years and assists families and individuals to expect quality standards of: communication development opportunities, access to required technologies and expertise, use of communication to meet personal intentions and to achieve participation throughout life and across environments.

This foundation established in the early years should then be reinforced through the Communication Accessible Schools practices outlined above. Supportive, consistent documents and processes instil in families and individuals their right to Communication Access as they transition from one life stage to another, and that they have opportunities to further develop their communication skills throughout life. Whether through early intervention centres, school based therapy, private therapy providers, NDIS plans or other schemes, people with CCN need access to sufficient specialist therapy support and intervention as their needs change and adapt over the life span and as technologies change. A consistent set of community expectations and service accountabilities for Communication Access, Communication Rights and standards across services and life stages would support an individual's transition and access to various services throughout their life. The NDIA, Centrelink and other disability service agencies who have regular contact with people with CCN across the life span have a unique opportunity to promote Communication Access, Communication Rights and provision of this information in accessible formats as advocacy support to the individual seeking services.

Adolescent and Adult Life Roles

Surveys of Speech Pathologists practising in the AAC field have indicated the constructs most related to a person with CCN inappropriately abandoning their AAC system were: Not Maintaining/Adjusting the System, Attitude, Lack of Training, Lack of Support, and Poor Fit (Johnson, Inglebret, Jones & Ray, 2006). Many of these parameters can be addressed with ongoing and regular contact with a Speech Pathologist or team of Allied Health Professionals who can assess and adjust the individual's goals and needs for their communication system. Inappropriate abandonment of AAC systems has a significant and detrimental impact on an individual's participation in social, cultural, economic and civil pursuits. The capacity for an individual with CCN to access specialised, targeted communication therapy support whatever life stage they are at can reduce the risk of isolation and disengagement that comes with ineffective communication. Ineffective or inappropriate communication severely restricts the participation of people with CCN in traditional adult roles as students, workers, friends, partners, citizens, and parents (Bryen & Moulton, 1998; Light, 2003).

Individuals with severe and multiple disabilities are the least likely of any disability group to pursue postsecondary education (Wagner, Newman, Cameto, Garza, & Levine, 2005). Self-identified challenges at high school for people using AAC including workload, low peer interaction/friendships and low levels of support with AAC may prevent individuals transitioning to further education (Light, 2007). People successfully participating in post-school education and using AAC highlighted the importance of quality high school educational outcomes and the need for AAC technology and services to support interactive communication and access to diverse vocabulary (McNaughton & Bryen, 2007). For individuals using AAC who wanted to continue study post compulsory schooling but were still developing literacy skills alongside their AAC skills, specialised programs targeting employment, literacy, and assistive technology skills have produced benefits e.g. Augmentative Communication and Empowerment Supports (ACES) (Bryen, Slesaransky, & Baker, 1995) and Augmentative Communication Employment Training and Supports (Cohen, Bryen, & Carey, 2003). Mentoring projects have also been applied with good results for people using AAC and managing transitions from one life stage to another i.e. partnering experienced mentors who used AAC with younger individuals who used AAC (Light et al, 2007). Mentoring is a service some experienced adults using AAC are offering to children learning to use AAC in some centres within Australia. This service could be expanded or offered through a wider range of disability service providers and could also be conducted remotely.

Employment for individuals with physical disabilities who use AAC is often limited to those with strong literacy skills and an efficient method of text entry (McNaughton, Light & Arnold, 2002). For individuals who use AAC and who have mild or moderate physical disabilities, employment opportunities are more varied however are often lower skilled service jobs with low literacy requirements and frequently associated with lower levels of satisfaction (McNaughton et al., 2002). With an increasingly automated economy, comprehensive, evidence based literacy instruction specific to the needs of people who use AAC

during school years and post school has never been more important as a gateway to employment and economic participation for this group.

Critical to success in any living arrangement outside the family home is the ability to clearly communicate personal needs in order to make decisions and manage personal care services. Individuals who use AAC may have to deal with as many as 15 different persons in managing their personal care (Blackstone, 2005). Few reported being prepared to be assertive and negotiate their own care, give feedback, and deal with conflicts and dangerous situations including reporting abuse (Blackstone, 2005).

Also of importance to safe community living and participation is the development of social networks. Carey, Potts, Bryen and Shankar (2004) reported that adults who used AAC had limited social networks, and that this may have had an adverse impact not only the number of potential communication partners for social interaction and friendship, but also access to employment contacts. Part of the challenge of achieving desired social interaction goals may be intertwined with the ongoing development of communication skills by the individual who uses AAC and the need for skilled communication partners. The findings in the scientific literature continually imply the need for ongoing, quality communication skill development throughout the life span as well as continuing to develop the skills of changing communication partners throughout life and settings.

In their study of post school outcomes for individuals using AAC, Hamm & Mirenda (2004) reported a high positive correlation between quality of life and quality of communication scores, and participants who achieved relatively better outcomes showed evidence of higher communicative competence. However, the majority of participants and their supporters were very dissatisfied with the lack of AAC and other services that were available to them as young adults.

Community Capacity-Building

Although the investment and focus on the NDIS as an individualised source of person-centred support is providing many opportunities to address the needs and participation of people with disabilities, the nature of the challenge to create Inclusive and Accessible Communities demands funding streams be available directly to public and private organisations to equip them to provide for all consumers. For example, participation in Communication Partner Training for their staff, engaging with Communication Access assessment and accreditation processes, translating existing written resources into Plain English versions. There are also a number of crucial policy and program development roles to enable Communication Access to be achieved throughout the life span in formal and informal settings. These roles require input by experts skilled in CCN and AAC to establish a policy background and practice standards across the Australian community. AGOSCI Inc. calls for government and funding support to commence this process.

People with disabilities need to be integrally involved in the process of informing, developing and evaluating service level communication accommodations. Possible avenues for this include consumer

representation on committees, employment of people with CCN, focus groups, liaison with specialist disability or advocacy providers.

As well as raising community awareness about business obligations to be accessible in multiple domains, there is value in promoting the good business sense that comes from extending market reach to previously under-represented sections of the population.

Recommendations

1. Broaden the concept of an 'accessible community' to one which actively recognises and accommodates **Communication Accessibility**.
2. Raise the profile and community awareness of Communication Accessibility in daily life.
3. Stimulate and guide the development of appropriate communicative accommodations to enable all communicators to effectively access services, organisations and businesses throughout Australia.
4. Adopt and disseminate the following definition of Communication Access nation-wide:

Communication access is defined as having the means, supports, and opportunities to communicate effectively, meaningfully, accurately, and authentically in order to get equal uncompromised access to goods and services. Communication access may include face-to-face interactions between two people or in a group situation (both expression and comprehension); telephone communication; reading and handling text and print materials; use of the Internet, e-communications and social media; and written communication (Collier et al, 2012).

5. Provision of human supports for inclusive communication to be planned for and made available as a valid form of access to services, organisations and businesses.
6. Communication Access Rights for people with CCN and tips and strategies for businesses and organisations to maximise communication access to their services be incorporated in government publications and promotions (See Appendix 2, 3, 4).
7. Communication Access assessment and accreditation process be made widely available to services nationally, potentially through subsidised access under the NDS *Inclusive and Accessible Communities* outcome area.
8. Incentives/opportunities for services, organisations and businesses to invest in Communication Partner Training for the benefit of their business and their consumers' experience.
9. Incentives for disability service providers to develop and implement Communication Assistant schemes for people who use AAC to self-fund through NDIS or other funds.
10. Development of a national Communication Accessible Schools policy.
11. Funding/grant streams be available to public and private organisations to equip them to provide communication and other accommodations necessary to meet the access needs of all consumers.
12. Formulation of policy and program/practice standards by experts in the CCN/AAC field to enable Communication Access to be realised by services across the life span.

13. Provision of a personalised, comprehensive communication system for children with CCN transitioning from early intervention to school be documented and formalised as a service agreement between families and early intervention centres.
14. Availability and promotion of quality multi-disciplinary therapy services for adolescents and adults with CCN throughout the life span and major life transitions with access facilitated by NDIA, Centrelink and other agencies.
15. Research grants available for organisations/institutions to investigate specialist post school programs targetting literacy, employment skills, AAC and technology skills, and social skills toward fulfilment of adult life goals for people with CCN.
16. Comprehensive, evidence-based, balanced literacy instruction specific to the needs of people who use AAC during school years and post school services be prioritised through Individual Education/Learning Plans and continuing education for teachers/instructors/staff.
17. Involve people with disabilities in the process of informing, developing and evaluating service level communication accommodations.
18. Generally promote the good business sense that comes from extending market reach to previously under-represented sections of the population.

Additional Reading and Resources

- The NSW Department of Family and Community Services – Ageing, Disability and Home Care (ADHC) produced a set of Complex Communication Needs Practice Guidelines that extends and supports the information in this submission.

http://www.adhc.nsw.gov.au/data/assets/file/0006/338829/Complex_Communication_Needs_Practice_Guide.pdf

- The ADHC Complex Communication Needs Practice Guidelines are designed to be read in conjunction with their AAC Practice Guidelines

https://www.adhc.nsw.gov.au/data/assets/file/0011/302402/Augmentative_and_Alternative_Communication_Practice_Guide.pdf

APPENDIX 1

Definitions of Complex Communication Needs (CCN) and Augmentative and Alternative Communication (AAC)

Complex communication needs is the internationally preferred term to describe having limited or no functional speech. Some people have complex communication needs associated with a wide range of physical, sensory and environmental causes which restrict/limit their ability to participate independently in society. (Balandin, 2002).

People with CCN include those with Cerebral Palsy, Autism, Stroke, Intellectual Disability, sensory impairments and degenerative conditions such as Motor Neurone Disease.

People who have CCN and their communication partners may use **augmentative or alternative communication** (AAC) strategies and techniques to support their communication either temporarily or permanently. AAC may be used as an *alternative* to oral speech, or to *augment* oral speech and/or to support expressive and/or receptive language.

The individual may fit into one of the following categories:

1. Individuals who do not use oral speech and use AAC "predominantly" to support expressive and/or receptive language.
2. Individuals who use oral speech and *may* use AAC to support their receptive and/or expressive language.

This may increase social interaction, performance, and feelings of self-worth. AAC users should not stop using speech if they are able to do so. The AAC aids and devices are used to enhance their communication. (ASHA)

- **Aided AAC:** communication symbols, techniques and strategies that use something external to the body to represent, select or transmit information (Lloyd et al, 1997) For example, picture symbols, communication book, alphabet board, speech generating device.
- **Unaided AAC:** communication symbols, techniques and strategies that use only the body or parts of the body to represent, select or transmit information (Lloyd et al, 1997). For example, key word sign, gesture, facial expression, fingerspelling.

Multimodal Communication: encompasses a range of communication systems and strategies as options to enable the person the greatest degree of choice in using a preferred modality in any given situation. No single method or technique will fulfil every communication need in every situation (Beukelman & Mirenda, 2013). Reliance or proficiency in only one modality for communication might leave a person vulnerable to breakdowns in communication across a range of communication contexts. (SPA Clinical Guidelines).

APPENDIX 2

When using a business or organisation, people who have CCN have the right to expect to:

<ul style="list-style-type: none"> • Be treated with respect. 	<p>People should speak directly to a person with CCN in a normal tone and volume. They should take their opinions, decisions and feelings seriously. They should not underestimate their abilities.</p>
<ul style="list-style-type: none"> • Understand what the person is saying to them. 	<p>People should use everyday language when speaking with a person with CCN. They should not assume that the person cannot understand what they are saying. If required, the person with CCN may bring someone with them to give instructions about what others can do to make it easier for them to understand.</p>
<ul style="list-style-type: none"> • Have their messages understood by the other person. 	<p>People should tell the person with CCN if they do not understand their message. They should try to reduce noise and distractions, and give the person with CCN time to repeat or communicate their message in other ways.</p>
<ul style="list-style-type: none"> • Use the communication method(s) that work best for them. 	<p>Most people with CCN use a combination of methods to communicate. A person with CCN may choose the communication methods that work best for them in a specific situation. That might include speech, writing, gestures, sign language, a communication display, or a device. They can use a sign language interpreter, a translator for their first language, a communication assistant, or someone who knows them well.</p>
<ul style="list-style-type: none"> • Use a communication assistant if they want. 	<p>Engagement of a specifically trained, impartial Communication Assistant who understands various AAC methodologies, strategies, cues and communication needs of people who use AAC. They can be booked for specific communication occasions.</p>
<ul style="list-style-type: none"> • Have someone follow their instructions on how to communicate with them. 	<p>People should follow any instructions given to them about how to communicate with the person with CCN. The person with CCN may give these instructions using a device, a communication board, a communication assistant, or a card with written instructions.</p>
<ul style="list-style-type: none"> • Get enough time to communicate their messages. 	<p>People should be patient when communicating with a person with CCN. A person with CCN may require extra time during an appointment or may want to negotiate other time-saving options.</p>
<ul style="list-style-type: none"> • Ask questions and express their opinions. 	<p>People with CCN have the right to communicate any message they choose. In addition to answering questions, they can use their communication methods to share opinions and comments, give information and ask their own questions.</p>

<ul style="list-style-type: none"> • Be taken seriously. 	
<ul style="list-style-type: none"> • Connect with the organization using the telephone or another way that works better for them. 	<p>People with CCN can chose how they communicate over the telephone. They may use speech, or a device, a communication assistant, someone to communicate on their behalf, relay services or they can request an alternative to the telephone, such as using email, fax, text, video or voice over Internet calling, or by arranging a face-to-face meeting.</p>
<ul style="list-style-type: none"> • Get communication supports that they may need to communicate effectively at meetings. 	<p>People with CCN can ask to have an agenda ahead of time, or arrange to have a communication assistant at a meeting. They may want to inform the chair how they will communicate during the meeting, how they will signal when they have something to say, and what the group should do when they are preparing their messages. This applies to face-to-face meetings as well as to audio- and video-conference calls.</p>
<ul style="list-style-type: none"> • Get supports they may need to read or understand the organization's written materials. 	<p>People with CCN can ask to have documents in alternate formats (e.g., electronic versions, large font). They may also ask for someone to assist them to physically handle paper, read and/ or understand a document.</p>
<ul style="list-style-type: none"> • Get supports they may need to complete an organization's forms, take notes and sign documents. 	<p>People with CCN can ask for documents (forms, surveys, ballots) in accessible formats, for assistance with writing tasks, note-taking and signing documents.</p>

Collier, B., Blackstone, Sarah W., & Taylor, A. (2012)

APPENDIX 3

Communication Access Tips for Businesses and Organisations

Some people who have communication disabilities may:

- Speak in a way that is hard for you to understand
- Communicate by providing yes and no answers to questions; using gestures; pointing to objects, pictures, or spelling out words on a board; or using a speech generating device
- Have difficulty understanding what you are saying

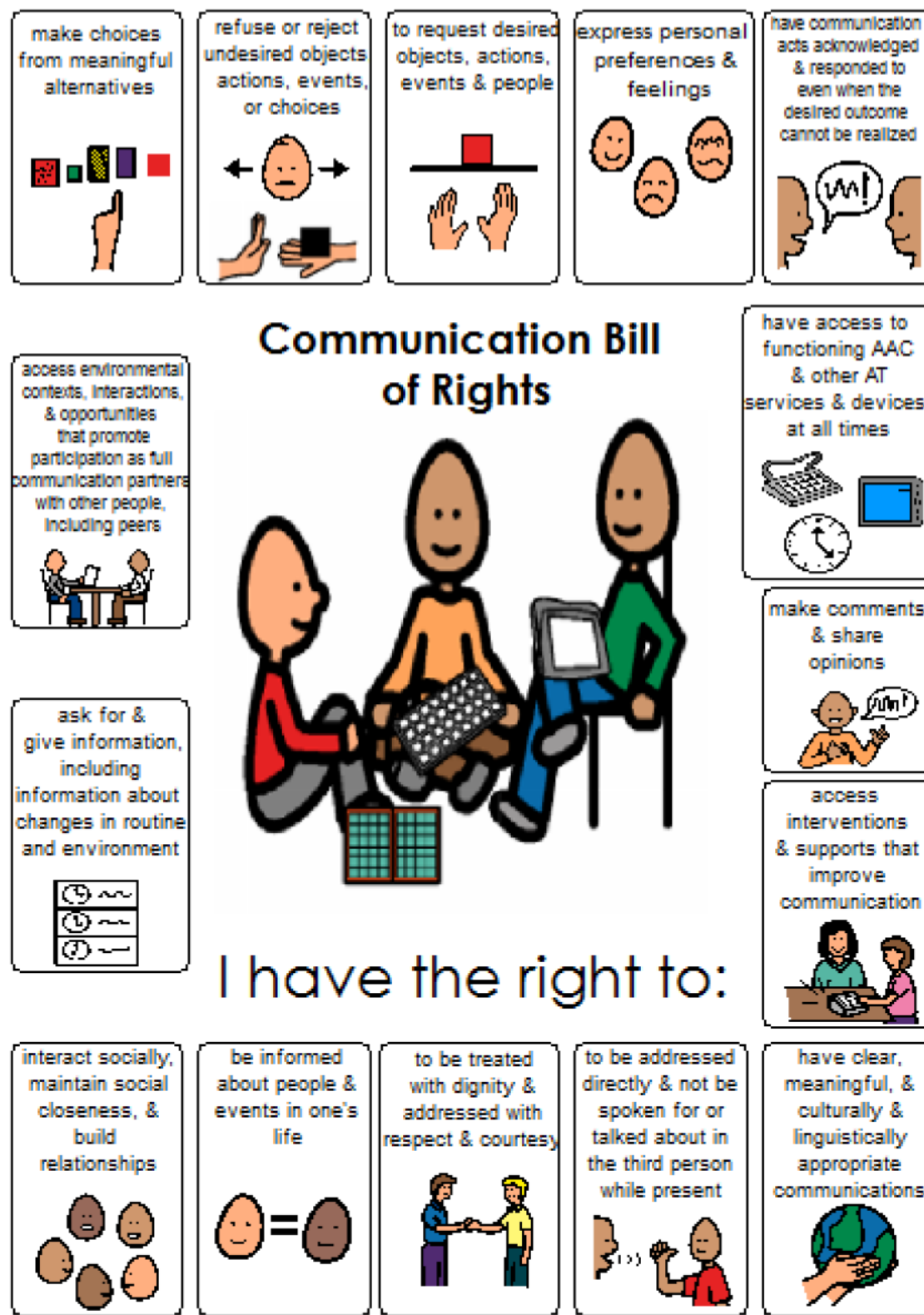
Like everyone, they have the legal right to fully access your goods and services. Here are some simple things you can do:

- Look at and speak directly to the person, not to the person who is with them
- Speak respectfully in a normal tone and volume
- Do not assume the person has difficulties understanding what you are saying unless you are told otherwise
- Allow more time for communication, do not rush the person
- Find a quiet place to communicate without distractions
- If it is not obvious, ask the person to show you how he or she communicates
- Ask the person if there is anything you can do to help with communication
- If you have difficulty understanding, politely suggest that the person repeat the message, communicate it in a different way, or ask questions to which he or she can answer yes or no.

Depending on the type of work you do, ask the person if he or she has specific needs when:

- Communicating with you over the telephone
- Handling, reading and understanding your print and text materials
- Using your website and social media
- Completing your forms, taking notes or signing documents
- Participating at your meetings, conferences or public events

APPENDIX 4



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