

Bristol Communication Aid Service / Dame Hannah Rogers Trust Expectations

In order to achieve an effective assessment at the Bristol Communication Aid Service (BCAS), the person accessing the service, the local therapist and the BCAS staff all need to work together and show full commitment to ensure an effective Augmentative and Assistive Communication (AAC) assessment is achieved.

What is expected from the person using the service?

- To attend all agreed appointments
- To take care of any devices which are loaned and add the device to their home contents insurance policy, & school insurance policy (where appropriate)
- To work towards the goals that have been agreed for the loan period
- To provide regular opportunities to practice using the communication aid.
- To cooperate with any conditions / requests made by BCAS regarding the use/safety of equipment on loan

What is expected of the local Therapist?

- To complete a comprehensive referral form, using the BCAS screening tool if available
- To provide video evidence with the referral form wherever possible
- To attend all agreed appointments at the Communication Aid Service and understand that these can often be lengthy in duration
- To support the person during the initial assessment
- To actively contribute to the discussions taking place during the initial assessment
- To liaise with all appropriate local professionals involved in the person's care
- To provide BCAS with vocabulary if required
- To attend any training sessions that are arranged
- To regularly support the person's throughout any equipment loan periods that may take place and as part of the assessment process monitor and evaluate the person's progress towards the agreed goals
- To provide feedback to BCAS during equipment loans
- To form a local support team: Identify key support people in the person's home environment who can regularly give support during and after the assessment process
- For the local team (Speech and Language Therapist or assistants) to provide regular support sessions during the assessment period in order to ensure the best outcome for the person being referred
- Ensure that everyone in the person's communication environment is supportive of the referral and its intended goals/outcome
- To ensure that any equipment loaned by BCAS to a person's is returned in a timely fashion when the loan period is over or if it is no longer needed

What you can expect from BCAS

- A comprehensive, person centred assessment of AAC needs by experienced practitioners taking into account all aspects of the person's needs, medical condition and wishes
- Appointments arranged at times to suit the person and their carers and professionals
- Loan of communication equipment for short term evaluation as appropriate
- Adequate training in use of devices given for loan
- Ideas on how to introduce AAC systems into activities of daily living
- Goal setting with person and their team to provide evidence of outcome of assessment
- Telephone reviews during equipment loans as appropriate
- Comprehensive reports
- Provision of any equipment recommended at the end of the assessment, for long term use

Bristol Communication Aid Service / Dame Hannah Rogers Trust Referral Form

Client Details

Name: Date of Birth: Address (inc postcode):
Telephone:
Email:
NHS number:

Parent(s) name:
Address(es): (if different from above)
Telephone:

Referring Professional's Details

Name: Address (inc postcode):
Telephone:
Email:
Clinical Commissioning:

School/Pre-school:
Address:
Telephone:

Is the person able to travel to BCAS? <i>(NB, home/school visits will only be considered in exceptional circumstances)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the person's first language English? Yes <input type="checkbox"/> No <input type="checkbox"/>
Days available for appointments: (referrer & client)	Do the family require an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>
For Adult referrals only: Does the person require hospital transport? Will an escort be accompanying the person? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes what language? Make and model of wheelchair used for travel if appropriate:

Other professionals involved (including GP & Paediatrician):

Name	Professional	Address	Tel Number

Medical Diagnosis:

SLT Diagnosis:

Please complete ALL sections of this form as fully as possible – failure to do so may result in a delay in the referral being processed.

How does this person meet the criteria for a specialist assessment?

Does this person have: a severe/complex communication difficulty associated with a range of physical, cognitive, learning, or sensory deficits? **Yes** **No**

Is there a clear discrepancy between their level of understanding and ability to speak? **Yes** **No**

Are they able to understand the purpose of a communication aid? **Yes** **No**

Have they developed beyond cause and effect understanding? **Yes** **No**

Do they have experience of using a low tech system that is not meeting their needs? **Yes** **No**

If you did not answer yes to all of the above please contact BCAS to discuss the suitability of this referral before completing the rest of the form

Does this person have a cognitive impairment that will prevent them from learning the skills necessary to use a communication aid? **Yes** **No**

If you answered yes to this question please contact BCAS to discuss before completing this form

1. Current communication skills

Comprehension: *Including level at which able to follow conversation & tools required to support understanding of spoken language, include formal/informal assessment findings.*

Expression: *What's the person's current means of communication, for example, vocalisation, speech, eye pointing, signing, low tech system, high tech system, other.*

What is stopping the person from being able to communicate effectively? *Include examples of communication breakdown here.*

Literacy: *Include level of reading e.g. single words/phrases/sentences/paragraphs and ability to spell e.g. First letter, some letters, whole words*

Existing or previous use of AAC

Low tech: *Describe existing or previous use of low tech communication aid(s), including type of system, layout & frequency of use. Explain why this is not sufficient to meet communication needs:*

High Tech: *Describe existing or previous use of any high tech communication aids. Please provide the type of hardware and what software systems are/were used. Explain why the system is no longer meeting communication needs:*

Symbol system used *e.g. Picture Communication Symbol/Widgit Literacy Symbols, or state whether pictures or photos are used for communication:*

2. Cognition

Cognitive Skills: *including long and short term memory, concentration, attention, following instructions and their ability to learn new skills.*

3. Physical Skills

Physical Skills: *What are the main physical factors that affect the person's functional ability, e.g. tremor, tone, head/trunk control?*

Hand Function: Describe the person's hand function, including dominant hand.

Switch Use: Does the person currently use a switch? If so, describe or name the switches and how they are used.

What is the person's most reliable movement?

4. Sensory Skills

Hearing: describe any hearing difficulties, e.g. conductive/sensorineural loss

Vision: describe any visual difficulties including visuospatial, e.g. nystagmus, visual field loss, cortical visual impairment, if the person wears glasses what do they use them for and are they varifocals?

5. Reason for Referral

Who has requested this referral and why? Include how this referral fits in with any therapy goals.

6. Mounting system requirements

Details of wheelchair/supportive seating (only complete this section if device is to be mounted to a wheelchair/supportive seating)

What is the make and model of the wheelchair/supportive seating to which the equipment is to be mounted? This should be the wheelchair/supportive seating that the person spends most of their time in. This will be the chair that is mounted to for the purposes of assessment. It may be possible to provide a desk mount/floor stand in addition to the chair mount.

NB. This wheelchair/supportive seating must be brought to the appointment

Is a mounting solution required for using the device when in a wheelchair/supportive seating?

Is a mounting solution required for using the device in bed? (please give details) Yes No

Is a mounting solution required for other situations? Such as reclining easy chair (please give details) Yes No

Please provide details of additional chairs and photos

Please list any communication accessories that may need to be mounted as well as the communication aid: *these may be switches or other accessories*

If the person is using a powered wheelchair, how is it controlled? *Describe the type and position of the controller in the case of a powered wheelchair*

Type of mounting system: *If one has already been purchased for any of the chairs mentioned above*

Does the person need to operate the mounting system independently? Yes No
(please note that it is not always possible to fulfil this requirement)

Is other equipment already mounted to the wheelchair? Yes No

If yes, please give details, including approximate weight (e.g. oxygen, ventilation equipment)

Please supply details of where the wheelchair/supportive seating will be used e.g. school, home etc.

How does the person transfer?

If written permission has been given by the wheelchair service / company to fit a mounting system to the wheelchair, please bring the letter to the appointment.

If permission has not been obtained please provide the suppliers' of the wheelchair/supportive seating details:

7. Environment, Interests and Support

Living Situation: *e.g. living in the family home, residential setting.*

What support is available on a long term basis for this person to help them with communicating? *including support from external agencies, family & friends; please describe availability and level of technical knowledge of support network(s).*

Activities/Interests: *please describe any activities/interests that would motivate the person during assessment.*

Employment/Education: *please give details of present/previous*

8. Additional information

Manual Handling: *are there any issues that need to be considered at the appointment, e.g. special arrangements for toileting etc.*

Falls risk: Is the person at risk of falling? Yes No

If yes then a Falls Risk Assessment will need to be completed by BCAS

Eating and Drinking: is the person able to eat and drink orally? Yes No

What are the difficulties or risks?

Medication: if known please detail any medication the person takes.

Seizures: does the person experience seizures? Yes No

If yes, what type and frequency?

Any other health and safety issues?

Yes No

Any safeguarding issues that need to be considered?

Yes No

If you answered yes to any of the above, please detail any measures that need to be put in place prior to an appointment being offered.

Please provide us with any additional information that will help us to plan for the assessment at BCAS:

Consent: Has the person consented to this referral? Yes No

Expectations: Have you discussed the expectations of an assessment at BCAS (please refer to page one of this document) Yes No

As the referring therapist, are you able to meet the expectations outlined on page one? Yes No

If you answered *no* to this we will need to discuss support for this person during the assessment process and beyond.

You must include your most recent communication report and a short video of the person you are referring (see video guidelines below)

Please complete all sections of this referral form and email to: CACAdmin@nbt.nhs.uk

If you have any queries please contact BCAS on 0117 3403946

GUIDELINES FOR MAKING A VIDEO

A video should provide us with information about a person's abilities in the following areas:

- **Physical** Details of the person's gross and fine motor skills.
- **Seating** Close up of the person's usual seating/wheelchair, and their position in the seating.

If they propel a wheelchair themselves, show how this is done. If they are ambulant, a short film showing them moving around with emphasis on any difficulties.
- **Access** Short clip showing any switches used or other methods of accessing computers/ communication aids.
- **Interaction** Clip showing how the person's normally interacts with family members and others, and how these attempts are interpreted by the communication partner.
- **AAC** Close up of any AAC (alternative and augmentative communication) system already in use (signing, symbol board or book, spelling chart, e-tran frame or any electronic speech output device).
- **Language/ Cognitive skills** The person's engaged in any activity or discussion that gives an indication of their level of understanding and cognitive functioning.

The video does not have to be long. Just a few minutes to illustrate each of the areas outlined above will be sufficient. Please add in anything else that you feel will help us to plan an effective assessment session for your person's.

Your video may be sent on an encrypted memory stick or emailed securely to nbn-tr.adminBCAS@nhs.net (please ensure the recording is properly finalised and actually works before sending). It is also useful to label the item with the patient's NHS number for recognition by clinical staff.