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Augmentative and Alternative Communication (AAC)

Fact Sheet

Augmentative and alternative communication (AAC) refers to all the different ways a person can communicate besides speaking. AAC can 'augment' or assist speaking or can be used as an alternative to speech. Examples of AAC include gesture, sign language, and low and high-tech communication devices.

What is AAC?

AAC is also known as multi-modal communication. AAC can help a person communicate who finds it difficult to rely on talking alone. A person might use AAC because their speech is unclear, or because they have little to no speech (this can be referred to as minimally-verbal, non-verbal or non-speaking).

AAC can supplement or replace speech. People can use AAC at any age, from early childhood through to adulthood in order to communicate with others. AAC can be used temporarily or permanently. Some people only use AAC in particular settings or at particular times (e.g., with unfamiliar people).

What are the different types of AAC?

Unaided AAC or no-tech AAC does not require the use of an external tool. Examples include gestures and sign language.

Aided AAC uses tools or materials, such as low and high-tech graphic AAC systems.

- **Low tech AAC:** includes picture communication boards and books, such as the Picture Exchange Communication System (PECS).

- **High tech AAC:** includes dedicated, electronic communication devices and dedicated communication Apps on tablets (e.g., iPads). Examples include ProLoQuo and LAMP Apps. Many people use a mix of unaided and aided AAC.

How do I know if my child needs AAC?

AAC should be considered for all children who:

- Have **less speech than expected** for their age (*Most children say their first word by 12 months and start combining words by 2 years old*)
- Have **unclear speech** (i.e., others cannot understand what they are trying to say)
- Do not use speech consistently to communicate.

People who use AAC include people with intellectual disability, autism, severe speech sound disorders, cerebral palsy, developmental delay, and genetic disorders. However, an individual does not need to have a diagnosed condition to use AAC.

My child uses some speech, can they still use AAC?

A child can learn AAC and focus on other speech therapy goals at the same time. For example, a child can work on making their speech sounds clearer in



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their speech therapy sessions while also learning to use AAC. The presence of speech does not mean that a child cannot use and benefit from AAC. For example, a child might be able to use speech to ask for things using single words but may be unable to use speech for longer sentences to share more complex ideas (e.g., express feelings, make comments). This is where AAC could help **extend** a child's communication skills, so they are able to communicate lots of different messages. In this situation, AAC may help a child practise different vocabulary and grammar skills, e.g., combining words or using short phrases or sentences that would not be possible using verbal speech.

How can AAC benefit my child?

Using AAC can give children a 'voice' so they can communicate with others. This can decrease feelings of frustration.

Different messages we communicate are called 'communicative functions'. AAC can help a child perform lots of communicative functions, including:

- Telling you what they want or don't want,
- Sharing thoughts and feelings,
- Making comments,
- Saying hello and goodbye,
- Asking and answering questions.

AAC systems should include a range different word types such as, nouns (naming words), verbs (doing words) and adjectives (describing words). A range of different word types will help your child express a range 'communicative functions'.

AAC systems should also include 'core words' and 'fringe vocabulary'. **Core words** are frequently used words like "go", "come", "eat", "that". **Fringe vocabulary** are more specific and will help your child communicate what is important to them, for example:

- Favourite foods
- Games
- People's names
- Places

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Who can help?

Qualified speech pathologists (SPs) (also known as speech-language pathologists, SLPs, or speech therapists) with expertise in AAC can help. They will conduct an assessment and recommend what type of AAC is best for your child. A child's AAC system may change overtime, as they learn new skills, need to communicate new messages, and communicate with different people.

Other therapists, such as an **occupational therapist** or **physiotherapist**, might help choose the best AAC system.

A child's AAC system(s) will depend on their:

- Age,
- Language skills (ability to understand and express themselves),
- Learning strengths and challenges,
- Environments/contexts where they need to communicate (e.g., school, swimming),
- Supports available to them,
- Motor skills (e.g., hand/finger movements),
- Vision and hearing,
- Any other health or development conditions.

How is AAC taught?

AAC is typically learnt just like any other language. Caregivers, teachers, peers, and siblings will '**model**' or show the child how to use their AAC system in everyday situations and routines. AAC can be used by adults together with speech, so a child is exposed to spoken language and AAC at the same time. Examples of AAC modelling include:

- Signing 'more' when a child wants more food,
- Pointing to 'happy' on a communication board when a child is happy,
- Selecting 'hello' on an iPad app when someone walks into the room.

A child should always have access to their AAC everywhere they go and with everyone they are with.



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If a child is using high-tech AAC, they should also have a low-tech or unaided back up system. For example, a child who uses an iPad App will need a laminated communication board or use sign language during swimming lessons.

Early access to AAC is recommended for best outcomes. This gives a child lots of time to be exposed to their AAC and many opportunities to practise.

Will AAC stop my child developing verbal speech?

Research evidence tells us that AAC does not stop children from developing verbal speech. In fact, for some, AAC can encourage speech production. For children who are frustrated because they cannot communicate or be understood, AAC is a powerful tool to reduce frustration. AAC can also extend a child's learning. AAC helps a child learn new vocabulary (i.e., word meanings) and grammar (e.g., the order of words in sentences, correct tense, etc.). AAC can encourage children to use 'communicative functions' that they might not be able to use without AAC.

Does my child need certain skills to use AAC?

No, your child does not need particular skills to use AAC. The skills your child does have will help guide what AAC system is most appropriate. Your SP will help with this. Everyone has something to say, and everyone can learn!

Things to remember:

- There are many different types of AAC,
- AAC can be used by adults and children,
- AAC can be used for a short or long period of time,
- AAC users may also use speech or may have little to no speech,
- An SP can assess your child and help choose the best AAC system for them,
- AAC systems should include lots of different word types,

- Your child's AAC system might change over time,
- AAC should be introduced as early as possible,
- AAC users should always have an AAC system/s with them,
- AAC does not inhibit speech,
- A child does not need particular skills to use AAC.

Using AAC does not stop a child from developing verbal speech.

Children can use and practise AAC while they also work on other speech sound therapy goals.

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