Within the UK, there have been a number of recent government led initiatives relating to AAC. In Scotland, the Right to Speak report (The Scottish Government, 2012) has had a major impact on AAC service delivery; with the overall aim of improving the experiences, opportunities and quality of life of people who use AAC.

One recommendation was to develop sustainable systems ensuring that people who use AAC have access to *appropriate* levels of *high quality* assessment and support (current author’s italics). Existing literature relating to workers’ AAC roles and capabilities have tended to be age group, disability or task specific; for example Beukelman et al (2008), Binger et al (2012). There has been a lack of any comprehensive guidance around what is required in terms of levels of competence for all staff working with, and supporting children, young people and adults who use AAC, at all stages of the person’s “AAC journey”. Without such guidance it is difficult to ensure provision of high quality person-centred assessment and support in as efficient and effective a manner as possible. As the lead agency in delivering on the Right to Speak report’s recommendations, NHS Education for Scotland commissioned the development of a nationally agreed AAC education and development framework. The aim was to build capacity and competencies of local practitioners, thus improving the consistency, efficiency and effectiveness of AAC services thereby facilitating positive outcomes for people who use AAC across Scotland.

This presentation will provide a brief overview of the IPAACKS framework (NHS Education for Scotland, 2014) and will reflect on how it has been used to highlight and differentiate the different knowledge and skills required to best support people who use AAC. Originally designed to be used by individual workers, IPAACKS has proved to be a particularly useful tool when used within and across teams, engendering a common vocabulary and a feeling of shared responsibility towards promoting more effective communication and AAC use.

**What is IPAACKS?**

IPAACKS is in five main parts:

- Background and introduction
- Descriptors of the five core values and commitments required of all workers involved in AAC
- Descriptors of the eight AAC specific knowledge and skill strands, which workers may require depending on their role
- Self-assessment linked to available learning opportunities
- Links to professional and sector specific continuing professional development frameworks

The AAC knowledge and skills are divided into four levels, reflecting that workers may require differing capabilities in each of the AAC specific strands,
depending on their work context. Workers plot the level of knowledge and skills they require for their role on a pie chart (or wheel).

How has IPAACKS been used?

A limited initial investigation was carried out between September 2014 and January 2015, via an online survey and telephone interviews with key stakeholders. The purpose of this was to explore how IPAACKS was being used, whether it was helpful in learning needs, and whether it has helped to highlight the range and breadth of knowledge and skills required to provide a quality AAC service.

Individual workers: speech and language therapists, teachers, support staff etc. have found it a useful tool to highlight areas for development; it has also affirmed existing AAC knowledge and skills:

“The wheel format fits in well with the PRD paperwork for teachers and shows need clearly.”

“It gave me a better insight into my own skill level and how that compares to what is required.”

“It highlighted to me that actually I have quite good knowledge. It’s given me confidence with peers and other professionals to speak up with a bit of authority!”

It has been useful when groups of workers have looked at their existing AAC knowledge and skills together:

“People at the meeting were slightly different grades. It was really helpful for people to see that sometimes a support worker had greater learning needs that their manager in a particular area.”

“Reviewing the skill level descriptors as a team generated lots of useful discussion and reflection on practice.”

In some cases using IPAACKS has provided a focus for dialogue within the team, and for raising awareness amongst other professionals:

“What IPAACKS did was it got other team members to think about their role in the team; they’re involved in a lot of the AAC strands for the patient and it’s not just something the SLT does.”

“This has really helped us to identify what all the different people need to be able to do who are involved with just one client.”

“I would like our medical physics team to do it. I think it would help clarify our pathways for repair.”
For some workers it has reinforced their role in providing training and supporting others in their role with people who use AAC:

“This has shown that I need to identify allotted time for training for other agencies around how to promote positive interaction with people who use AAC.”

“It has really assisted our organisation in promoting AAC, including awareness of the needs, rights and opportunities for people who use AAC.”

IPAACKS has also been helpful at an organisational level:

“We had recently carried out a communication survey for all the people we support and some training needs analysis at a very global organisational level, but this tool has now allowed us to get right into the nitty gritty.”

Although it is too soon to be able to gauge the longer term impact of IPAACKS in improving services to people who use AAC by enhancing the capacity and capability in relation to AAC across the workforce, the early signs are that it may have a role to play in this.

“I think having the nationally endorsed framework really strengthened the recommendations that I was making to schools in terms of the different roles: for the support for learning co-ordinators, depute heads, what a teacher would do if they had an AAC user in their class.”

Declaration of Interest Statement:
The authors disclose they have no financial or other interest in objects or entities mentioned in this paper.

References: