

Guidance for how Environmental Control (EC) and Alternative and Augmentative Communication (AAC) work together

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Notes	
Actions	

Introduction

In 2015 following the development of NHS England, EC and AAC were commissioned as specialised services. A service specification for each was developed. The EC specification included computer access, prior to 2015 there was significant geographical variation in the consideration of assessment for computer access (CA). Computer access was identified as part of the EC specification as people with and without an AAC need can require support to access their computer.

The specialised services were commissioned with some services providing both EC/CA and AAC and other services providing either EC/CA or AAC.

There have been considerable advances in technology and development of services since national commissioning was introduced.

There is an EC Advisory Group and EC Consultation Group and an AAC Advisory Group and an AAC Services Leads Group. At these meetings there had been discussions about how the separate services work together to ensure efficient and effective service delivery and a positive experience for the clients.

Following a series of meetings this guidance was generated. Please note this is guidance and not mandated practice, however there was agreement between the national groups that there is benefit to having such guidance to ensure equity of provision.

Key areas of discussion

Attendees of the self-selected working group shared their experiences and identified key areas for discussion. These were communication, responsibilities, referrals between services, funding and computer access for communication purposes.

Communication

All agreed that good communication is essential when working across services. Examples were given of good practice in this area e.g. shared team meetings, identification of common clients, discussion regarding potential referrals etc. Communication was an overarching theme as discussions about responsibilities, equipment funding and maintenance were a key part of those meetings. It was noted that when potential joint clients are identified early in their AT journey, collaborative work is smoother. It was highlighted that for some clients having separate AAC and EC equipment is the appropriate solution, however it is still important to have good communication and clearly defined responsibilities in these situations.

Responsibilities

The importance of understanding what each service is responsible for was discussed, and how the clients are made aware of this. There were examples of this around which service would assess for access, which service would add particular functions if a joint device, risk assessment and preventative maintenance and fault response arrangements. This also highlighted areas around variation in waiting lists.

Referrals between services

A key discussion point was that AAC services can refer directly to EC services but EC services cannot in some cases refer directly to AAC services as AAC services have a preference for a referral from a local Speech and Language Therapist (SLT). The AAC Service Specification states:

- Referrals will be accepted from health, education and social care professionals working in local teams

All were aware of the importance of involvement of the local SLT however there was evidence that this can cause what was deemed in some cases to be an unnecessary delay or potentially prevent referral to the AAC service in some circumstances.

Funding

AAC and EC did receive some contingency funding when first transitioning to specialised services but there is currently no additional funding available, any additional funding would need to be via local negotiation. When there are clients who have both EC/CA and AAC needs there may be cases when these needs can be met with a single device and some peripheral equipment and in these instances, there can potentially be funding challenges around which service will fund. Negotiation between AAC and EC services is required when determining how best to fund equipment, e.g. where a device is required with the primary need being an AAC/EC function, when a device/periphery replacement is required for AAC/EC purposes, when an additional part or feature needs to be purchased to enable an AAC/EC function on a system etc.

Computer access for communication purposes

Since the establishment of the specialised services and the initial service specifications there has been considerable advancement in technology, particularly in terms of things such as social media and other communication based computer access e.g. WhatsApp. This can pose challenges for the separate services when determining whether something sits within AAC due to it being for a communicative purpose, and therefore is set up and maintained by AAC, or whether it is computer access and therefore requires referral to EC.

Guidance

Aim

Our vision is to have smooth, efficient and simple assessment and ongoing use of Electronic Assistive Technology for our clients

Communication

- Services are aware of the corresponding services they work with around their region e.g. AAC service/s aware of which EC Service/s and vice versa.
- Services have a key contact or contacts for the other service – not all things will go through this person but they are the consistent link.
- There is regular communication between services in the form of a routine meeting
 - EC and AAC team meet regularly (local decision of time frame)
 - Meeting includes
 - General update from each service
 - Review of current shared clients
 - Review of potential upcoming shared clients
 - Discussion can then be had of who is likely to see the client first, when to get other team involved etc.
 - Funding
 - Sharing of knowledge within field of AT more widely & CPD/training discussions
 - Appendix 1 shows a typical agenda

Roles

- EC Service
 - Responsible for:
 - Assessment and provision of EC/CA systems according to NHS England Service Specification
 - Ongoing maintenance and support for systems either inhouse or contractor based
 - If a joint system ensure that all parties consent to and are aware of any changes to the system to enable fault response and maintenance.
- AAC Service
 - Responsible for:
 - Assessment and provision of specialised AAC according to NHS England Service Specification
 - Ongoing maintenance and support for systems
 - If a joint system ensure that all parties consent to and are aware of any changes to the system to enable fault response and maintenance.

Responsibilities

- All services that work together should endeavor to understand how each service works, what they can and cannot provide etc. Although national specifications exist, local arrangements and history may generate some variation, hence establishing clear

understanding. This potentially avoids a situation where inaccurate information is given to a client about the other service. As above, good communication can enable discussions about individual client requirements.

- Determine arrangements for risk assessment, system additions etc. on a case by case basis, or jointly create a working document outlining typical division of these duties.
- When both EC and AAC services are involved, confirm between services and with the client around who is providing ongoing support including PPM and for which system or feature. N.B. clients will sometimes always call the same service regardless of information so ensure that whole team are aware of joint clients so that they can redirect if required.

Referrals between services

- Discuss locally how to manage situations where EC are referring to AAC or AAC are referring to EC.
- Where there is a potential referral needed between services discuss as part of regular meeting or with key contact and agree next steps. For EC referrals to AAC consider whether referral is made to local SLT team only or whether referral is made to specialised AAC team alongside referral to local SLT team. For AAC referrals to EC consider whether a referral is needed to local OT alongside e.g. for adaptations.
- It is recognised that where appropriate both services will add either basic communication support or EC function. **When this is done discuss with other service to agree next steps e.g. referral to local SLT for fuller AAC assessment or referral to EC for fuller assessment.** When a referral is made between services the following information should be provided e.g. via standard referral form or bespoke form:
 - Client details
 - Any current system in place
 - Access method/s
 - Status in current service e.g. assessment stage, provision
 - Goals for service referring to
 - Evidence that a simultaneous referral has been made to local therapist
 - Any available information around speech, language, cognition
- It is also recognised that at any stage in a client's journey there may need to be referral between services and at these points discussion can be held between the services.

Computer access for communication purposes

- The working group recognise that AAC users can have computer based communication goals as part of their AAC goals. EC users also have computer based communication goals and these are covered by computer access within EC spec. Both services use TOMs as agreed outcome measure and are measuring outcomes based on activity and participation. Activity and participation can both be impacted by computer based communication goals e.g. remote communication with friends/carers
- Definition
 - Someone referred for assessment for AAC and eligible for assessment by the specialised service can have computer based communication goals alongside face to face AAC needs e.g. whatsapp. Appendix 2 describes some typical scenarios.
 - There should be a route for AAC users to have access to computer based communication goals when appropriate. These routes must be agreed locally. Where there are only computer based communication goals alongside face to face AAC goals and no EC goals (either control of equipment in environment or non

communication based computer access) the route to these functions could be any of the following:

- Refer to the local EC service, following a discussion with the EC team to ensure they will meet spec for EC.
 - Basic function/s (e.g. WhatsApp/Emails or similar) are set up and maintained by the AAC service. In these cases further EC goals should be considered and where appropriate discussed with the EC team to ensure client is not missing out on the potential to benefit from EC service input.
 - Advise client/carers to contact suppliers for support with these functions.
- It is essential when considering locally how these functions are added that efficiency and effectiveness for both client and service are considered.
 - Depending on the outcome ongoing provision and maintenance/tech support, including PPMs can be agreed.

Funding

- When working collaboratively with joint equipment funding arrangements should be agreed. Discussions about funding should form part of regular meetings between services (this has been added to example agenda). These discussions would include decisions on primary function of device, accessory or additional features. As a national guidance document it is not possible to give exact funding routes these need to be discussed locally, again considering the most efficient and effective route for client and service.

Maintenance

- In cases where there is joint equipment or equipment from both services ensure that maintenance and fault response plan is discussed between services. This plan should then be clearly communicated to the client.

Appendix 1 – Sample agenda

- Welcome & intros
- Review minutes of previous meeting
- Sharing of any service updates (changes in staffing etc.)
- Shared clients discussion
- Funding arrangements for any joint equipment
- Potential referrals/future shared clients discussion
- Technology queries/info sharing
- Training & CPD queries
- Troubleshooting/shared problem solving re: any issues
- Set date for next meeting & designate person to coordinate same (probably useful to have dates planned throughout year in advance)

Appendix 2 – Example personas

Click on the title below to see the personas.

Examples of Goal-Based Decision-making for Computer Access

Changelog

Date (oldest first)	Author	Change	Approved (Date)	Published to website (Date or N/A)