

Submission of evidence to the “Speak for Change” Oracy All-Party Parliamentary Group Inquiry

Submitted by: Anna Reeves DL, Ace Centre CEO

On behalf of: Ace Centre, which is a national charity providing specialised AAC (Augmentative and Alternative Communication) services for children and adults with complex disabilities who need technology to support their communication.

- Ace Centre assessment, training and information services are delivered by specialised speech & language therapists, teachers, occupational therapists, clinical engineers and technicians.
- Since 2015, Ace Centre has been commissioned directly by NHS England to provide assessments and communication equipment to an estimated 10% of the total population of children and adults who need AAC across two regions (the North West and Wessex & Thames Valley), equating to one fifth of the population in England.
- Ace Centre is providing NHSE-commissioned AAC services and equipment to an active caseload of 397 children and young people across these two regions.
- Provision for the 90% of children and adults who need AAC to support their communication is dependent upon local commissioning arrangements, which are significantly variable and scarce across the country.
- In addition to delivering NHSE-commissioned services, Ace Centre offers a range of assessment, training and consultancy services and advocates for equitable quality services for all children and adults who need AAC and Assistive Technology to support their communication and learning.

Value and impact of oracy education on children and young people who use AAC

1. The field of AAC and the technology that has been developed in recent years to enable individuals with complex needs to communicate is now realising their potential to achieve. At Ace Centre, we are seeing an increase in the number of requests to support young people in Higher Education who use AAC and we know of an escalating number of young people leaving schools with academic qualifications and aspirations for employment in their futures.

Provision and access to oracy education for children and young people who use AAC

2. Children and young people who use AAC are dependent on effective communication partners with the skills and knowledge to support them in order to develop their confidence and competency in using AAC to communicate. There is still a significant lack of awareness of AAC amongst the children and young people's workforce, which is limiting opportunities for social and educational inclusion of children and young people who use AAC.

3. All too often, children and young people who could benefit from AAC are not given access to resources, equipment and support to enable them to use it. This is due in part to insufficient access to and availability of training to develop the skills needed to assess and support their learning and development and access to funding for provision of this equipment. Consequently, children and young people are literally being denied a voice.

Barriers to improving oracy education for children and young people who use AAC

4. The NHSE-commissioned services provided by Ace Centre require referrals of children and young people to meet pre-defined eligibility criteria with evidence of their ability to use AAC at a significant level. All too often, children and young people are referred with insufficient evidence due to the lack of available expertise within the team around them and their opportunities to access these services are being denied as a consequence.
5. There is a lack of awareness and understanding by decision makers of the need for AAC provision that should be met through local commissioning arrangements. Consequently, many children and young people who require AAC to communicate are being denied access to resources and support to meet their needs due to the lack of any local AAC expertise and equipment budgets.
6. Commissioning local AAC services and provision is proving to be an effective starting point for establishing and developing joint commissioning arrangements across education, social care and health services. There are a number of local areas that are addressing this, including Greater Manchester Health and Social Care Partnership, Liverpool Children's Services and Liverpool CCG and Health, Social Care and Education commissioners from Gloucestershire, where the local AAC service was referenced as good practice in the CQC OFSTED Local Area SEND Inspection outcome letter.

If any additional information or clarification is required, please feel free to contact me:

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