

University of Dundee

## What can combined TOM-AAC data tell an AAC Service about the difference we make to clients?

Griffiths, Tom; Hale, Catherine

*Publication date:*  
2018

*Document Version*  
Publisher's PDF, also known as Version of record

[Link to publication in Discovery Research Portal](#)

*Citation for published version (APA):*

Griffiths, T., & Hale, C. (2018). *What can combined TOM-AAC data tell an AAC Service about the difference we make to clients?*. Poster session presented at Therapy Outcome Measures Connect, Birmingham, United Kingdom.

### General rights

Copyright and moral rights for the publications made accessible in Discovery Research Portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from Discovery Research Portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain.
- You may freely distribute the URL identifying the publication in the public portal.

### Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

# What can combined TOM-AAC data tell an AAC Service about the difference we make to clients?

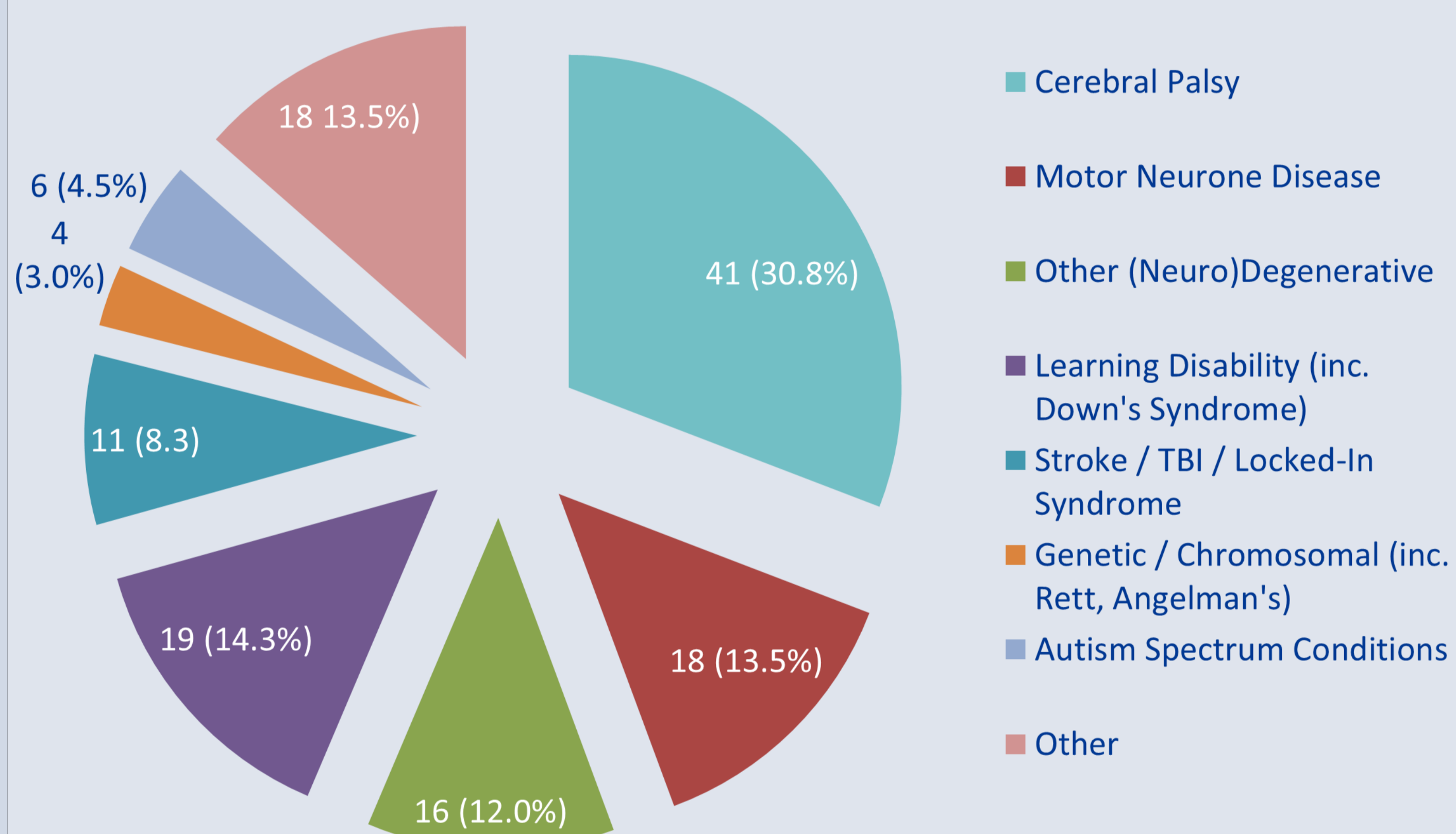
Tom Griffiths and Catherine Hale

Communication Aid Service East of England (CASEE)

## Our Service

- Established in 2016, the **Communication Aid Service East of England (CASEE)** is a regional service offering specialist augmentative and alternative communication (AAC) input to six counties – Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk – with a total population of 6.2 million.
- The service has a **multi-disciplinary team** including Speech and Language Therapists, Occupational Therapists, Clinical Technical Professionals, Educationalists and Administration Staff.
- The service is **Specially Commissioned by NHS England** for the provision of complex, “high-tech” AAC systems and devices to people meeting nationally agreed criteria.
- In the period April 2016 – August 2018, **352 clients were seen** and **174 final systems were issued**.

## Clients with Outcome Scores (by condition)



## Collection and Use of TOM-AAC Scores

- TOM-AAC is a subscale of the *Therapy Outcome Measures* (Enderby & John, 2015) which aims to measure the impact of AAC provision on: **Impairment, Activity, Participation and Wellbeing**. The use of this outcome measure was recommended by the national AAC outcomes measures working party and was adopted by all Specially Commissioned AAC Services across England.
- The CASEE Team collects data for all clients at the initial assessment (baseline) and review appointment (outcome).

## Methodology

Baseline and Outcome data were collated following a case note and database review, with data drawn from all clients given both scores ( $n = 133$ )

## Compliance

Baseline scores were given to 220 of 352 clients (62.5%)  
Outcome scores were given to 133 of 174 clients (76.4%)

## Change in TOM-AAC Score

(Baseline – Outcome; Across all diagnostic groups)

Descriptor	Mean Change	Standard Deviation	Range
<b>Participation</b> ( $n = 133$ )	<b>+ 0.654</b>	.749	4.5
<b>Activity</b> ( $n = 133$ )	<b>+ 0.654</b>	.793	4.0
<b>Wellbeing</b> ( $n = 113$ )	<b>+ 0.226</b>	.547	4.0
<b>Carer Wellbeing</b> ( $n = 26$ )	<b>+ 0.231</b>	.751	4.0
<b>Support</b> ( $n = 23$ )	<b>No Change</b>	.879	3.5

## Discussion

- Clients issued with high-tech AAC devices showed a mean increase across all but one domain
- Large range in scores indicated that this is a heterogeneous group
- One-Way ANOVA indicated no significant difference in outcome between diagnostic groups

## Correlations

Pearson's correlations conducted to see if relationships existed between any descriptors:

- **Highly significant correlation between cognitive and comprehension impairments** ( $r = .802$   $n = 133$   $p < .005$ )
- **Highly significant correlation between changes in activity and participation** ( $r = .642$   $n = 133$   $p < .005$ )
- **Highly significant correlations exist between wellbeing, activity and participation**
  - Activity ( $r = .259$   $n = 113$   $p = .006$ )
  - Participation ( $r = .288$   $n = 113$   $p < .005$ )
- **Higher scores in verbal output are negatively correlated with activity outcomes** ( $r = -.205$   $n = 133$   $p = .018$ ). In clients with MND, this correlation is more significant ( $r = -.682$   $n = 18$   $p < .005$ )
- **In other degenerative conditions where there is more cognitive involvement, higher cognition scores are partially correlated with increase in activity** ( $r = .532$   $n = 16$   $p = .034$ )

## Conclusions

This single-centre study uses TOM-AAC to provide more evidence that **provision of AAC can increase functional communication, which in turn increases participation and involvement**. Where clients' wellbeing was scored, this also increased.

Correlations exist at outcome between **activity and participation** and **cognition and comprehension**.

The relationship between verbal output at baseline and activity outcomes may indicate that **clients who are still speaking / more able to speak at time of provision make less use of AAC systems**.

In degenerative conditions with cognitive involvement, some evidence is emerging of a positive correlation between cognition at point of provision and activity outcomes.

Reference: Enderby P & John A (2015) *Therapy Outcome Measures for Rehabilitation Professionals: 3rd Edition*. Guildford: J & R Press