



IRELAND'S **AUTISM** CHARITY



Ollscoil Chathair
Bhaile Átha Cliath
Dublin City University

The Evaluation of AsIAm AAC Support Programme

Supporting communication, participation and
quality of life for Autistic children and families

This report explores how the AsIAm AAC
Programme supports Autistic children and families
in having the Same Chance to communicate,
connect and participate in every day life

Prepared by: Dublin City University
School of Inclusive & Special Education

An independent evaluation commissioned by AsIAm

The Evaluation of AslAm Augmentative and Alternative Communication (AAC) Support Programme

**Dr Neil Kenny
Dr Sylwia Kazmierczak-Murray
Christina Hannify
Dr Sayani Basak**

Dublin City University, School of Inclusive and Special Education, & DCU Centre for Inclusive Pedagogy.

Acknowledgements

We would like to thank the children, families and practitioners who took part in this research. Thank you to AslAm for engaging with us and supporting us throughout this evaluation. The authors are also very grateful to Dr Maggie Green of Atlantic Technological University, Lucinda Murrphy, and Lindsey Roche for their advice and contributions to this report.

Statement on Language

Throughout this report, we use identity-first language, such as the term "Autistic". Identity-first language aligns with the social model of disability, which emphasises that people are disabled by societal and environmental barriers rather than by their impairments or differences. In Ireland, identity-first language is the preference of the Autistic community (NDA, 2022).

Table of Contents

Executive Summary	5
The AslAm AAC Support Programme:	6
Background to the Report:	6
Methodology:	6
Key Findings:	7
Reach (who the programme supports):	8
Effectiveness (impact on children and families):	8
Adoption (where AAC is used):	8
Implementation and Maintenance (what helps or hinders use over time):	8
Conclusion:	9
List of Figures	10
List of Tables	10
1. Introduction	11
1.1 Introduction to Communication, AAC and Family-Centred Models	11
1.2 Background to Research	12
1.3 AslAm	13
1.4 AslAm AAC Programmes	13
1.5 Aims and Objectives	14
1.6 Theoretical Framework	15
2. Literature Review: Family-Centred High-Tech AAC Implementation: A Synthesis of the Research	16
2.1 Introduction	16
2.2 Reach: Extent and Representativeness of Family-Centred AAC Access	17
2.3 Effectiveness: Child, Caregiver, and Family Outcomes	18
2.4 Adoption Across Settings and Stakeholders	19
2.5 Family-Centred AAC Implementation: Models, Intensity, Barriers, and Supports	20
2.6 Maintenance and Sustained Use of AAC	22
2.7 Conclusion	23

3. Methodology	24
3.1. Evaluation Aims and Research Questions	24
3.2 Study Design	25
Advisory Group	25
3.3 Recruitment Strategy and Participant Cohorts	26
Stage 1: Survey Recruitment and Participants	26
Stage 2: Qualitative Recruitment and Participants	28
3.4 Data Collection and Instrument Design	29
3.4.1 Survey	29
3.4.2 Semi-structured interviews and focus groups	29
3.4.3 Accessible Consultation with Children	30
3.5 Data Analysis	31
3.5.1 Framework Analysis	31
3.5.2 Integration of Qualitative and Quantitative Data	31
3.5.3 Case Study Analysis	32
3.6 Ethical Considerations	32
4. Findings	33
4.1 Reach	34
4.1.1 Routes into the Programme	37
4.1.2 Delays, Waiting, and the Importance of Early Access	38
4.1.3 Equity of Access	40
4.2 Effectiveness	43
4.2.1 Reclaiming Voice in Everyday Life: Agency, Ownership, and Participation	44
4.2.2 Change Over Time: Confidence, Regulation, and Uneven Trajectories	46
4.3 Adoption	49
4.3.1 Adoption at Home: Learning, Adjustment, and Early Uncertainty	49
4.3.2 Adoption in School: Context and Practical Constraints	51
4.3.3 Adoption Over Time: Fluctuation and Stabilisation	53
4.4. Implementation	54
4.4.1 Specialist, autism-informed AAC practice	54
4.4.2 Flexible and responsive support	56
4.5. Maintenance	59
4.5.1 Embedding in Everyday Contexts	59
4.5.2 Connecting with Other Families	60
4.5.3 Capacity and Sustainability Challenges	60
4.6 Case Studies of Accessing AAC	62
4.7 Comparative Reflections Across AAC Programme Pathways	69

5. Discussion	71
5.1 Access to AAC within a constrained service landscape	71
5.2 Communication as participation and agency	72
5.3 Adoption across home and school contexts	73
5.4 Implementation and the role of specialist support	74
5.5 Sustainability and future development	75
5.6 Contribution to the field	76
5.7 Limitations and tensions	77
5.8 Conclusion	78
6. Conclusion and Recommendations	79
6.1 Conclusion	79
6.2 Recommendations	80
References	84
Appendices	87

Executive Summary

Communication is a basic human right. It allows us to express our needs, share thoughts, build relationships, and take meaningful part in community and society. For Autistic children, however, especially those who are nonspeaking or do not rely on speech to communicate, communication access in everyday life is not always enabled. This may be because environments are not designed to support different communication styles or because they may not have access to communication systems that work for them. Augmentative and Alternative Communication (AAC) includes a range of tools, such as pictures, communication books, tablets, or speech-generating devices, that help people communicate in ways other than speech. Research clearly shows that AAC does not prevent speech from developing, rather, it gives children the communication access they need and have a right to. Research also shows that high-tech AAC devices, such as iPads with communication apps, can give children more autonomy, help them develop language and express their thoughts, preferences, and feelings in a more effective way than low tech options, such as communication boards. Although high-tech AAC is highly effective, giving a child a device on its own is not enough. Families and educators need to learn how to support it in everyday routines. This is most effectively done through strategies such as modelling, where adults use the communication device themselves to model language, without expectations placed on the child. Family involvement is essential for effective AAC use because parents and caregivers are the child's most immediate and consistent communication partners. Successful AAC use requires ongoing support, accessible systems, and collaboration across home, school, and community settings. Within these contexts, confidence emerges over time as families are supported to use AAC in ways that are responsive, practical, and meaningful.



The AsIAM AAC Support Programme:

AsIAM is Ireland's national autism charity. It aims to build a society where Autistic people are valued, accepted, and supported to participate fully. In keeping with this mission, AsIAM developed the AAC Support Programme to reduce barriers that Autistic children and their families face in accessing communication systems. The programme recognises that many families in Ireland cannot access speech and language therapy (SLT) or funding for communication devices, and that AAC is widely understood as a means of communication.

The AsIAM AAC Programme provides high-tech communication devices and tailored support to Autistic children under 18 who are non-speaking or minimally speaking, through three pathways: AAC Family Pathway, Device-funded pathway, and Trial and Keep Pathway. Access to the programme is family-initiated through a single point of contact, with pathways representing differentiated supports within the programme rather than separate referral routes. Across all pathways, AsIAM promotes a total communication approach, which recognises all communication forms, gestures, signs, vocalisations, speech, and AAC, as equally valid.

Background to the Report:

Following an open tendering process, AsIAM commissioned a team of researchers from the School of Inclusive and Special Education, Dublin City University, to conduct an independent evaluation to understand:

- how well the programme increases access to AAC devices and communication rights,
- whether families feel more empowered to support their child's communication,
- how communication and participation changed for children,
- what programme components work well,
- where improvements could be made, and
- if and how the programme strengthens the sense of community among AAC-using families.

The research team included expertise in autism research and advocacy, speech and language therapy, children's communication rights, implementation science and programme evaluation.



Methodology:

The methodology was guided by a commitment to accessibility and neuroaffirmative practice, recognising AAC as a valid and valuable form of communication and centring the experiences of AAC users and their families. The study used mixed methods: an anonymous parent survey (49 parents) and interviews/focus groups with parents, speech and language therapy professionals supporting the programme and the participating families, teachers, AsIAM staff, and children (23 participants). Children's consultations formed the basis of two case studies included in this programme evaluation. Children's interviews were underpinned by a total communication approach, with questions presented orally and supported visually where appropriate, and children supported to respond using communication methods that aligned with their preferences, strengths, and communication styles. The evaluation used the RE-AIM framework, with dimensions of Reach, Effectiveness, Adoption, Implementation, and Maintenance, guiding its design, data interpretation, and tailored recommendations.

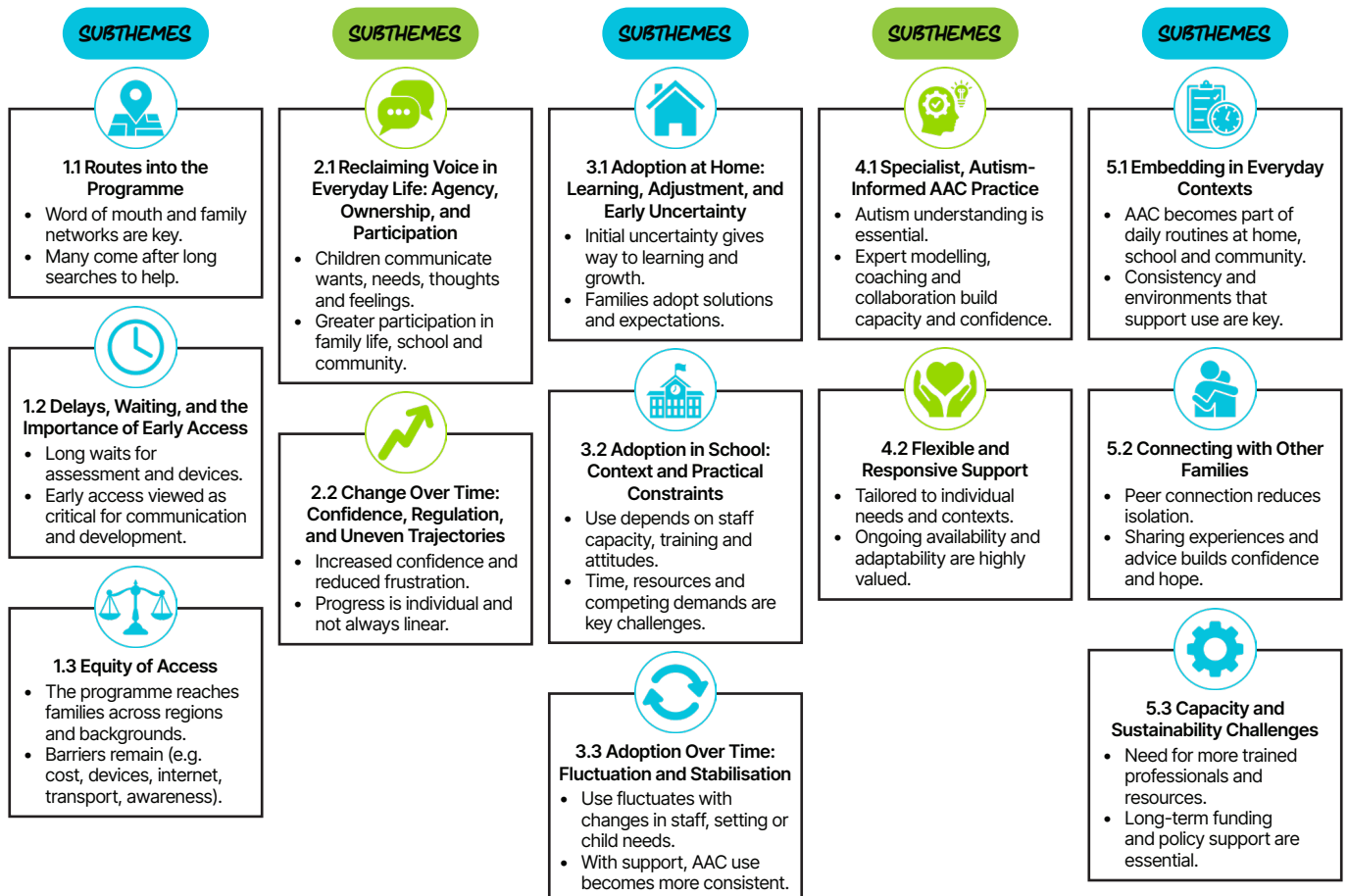
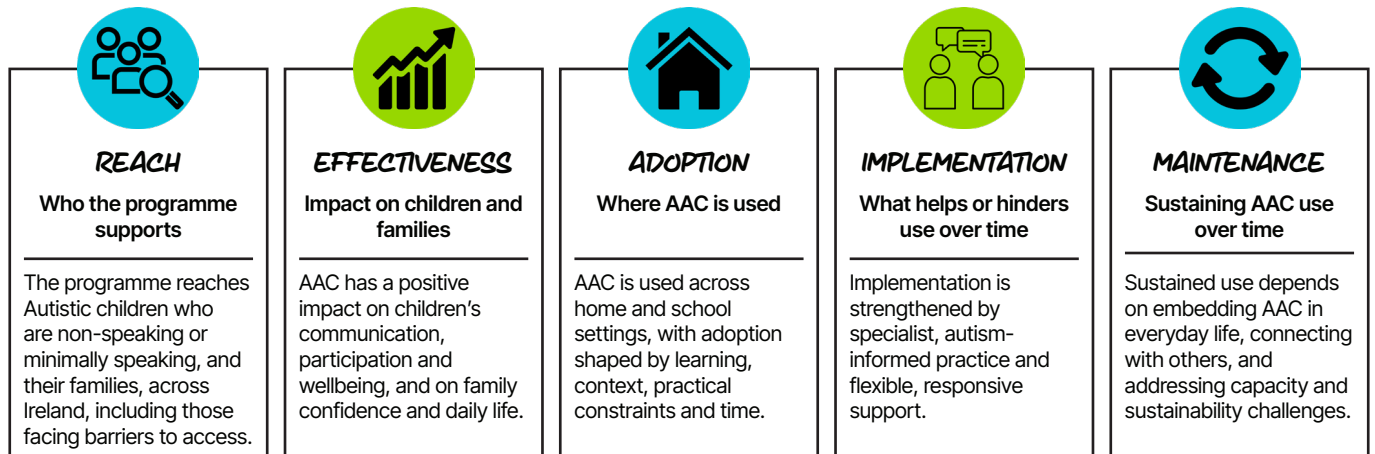
Key Findings:

The evaluation found that AsIAm's AAC Programme is highly impactful and addresses major gaps in communication support and communication rights for Autistic children and their families in Ireland. Findings are presented and organised using the RE-AIM Framework (Glasgow et al., 2022), and are presented below:

FINDINGS: THEMES AND SUBTHEMES

Evaluation of the AsIAm Augmentative and Alternative Communication (AAC) Support Programme

RE-AIM Implementation Framework



OVERARCHING FINDING

The AsIAm AAC Support Programme makes a meaningful difference. When children have access to AAC and receive the right support, they can communicate, connect and participate. Continued investment in services, people and systems will ensure more Autistic children and families can access their right to communication.



Reach (who the programme supports):

The programme is successfully reaching families who would otherwise have limited or no access to AAC. Almost half of participating children (48%) had no speech and language therapy (SLT) before joining, and only 8% had access to public SLT services, which highlights major gaps in statutory pathways in Ireland, to which AslAm is responding. The programme is reaching children across a range of ages and school settings, though most participants are in early education. Participants also noted that many teenagers were accessing AAC for the first time, indicating long-standing unmet needs. Compared with existing services, the programme substantially broadens communication access, however, structural barriers, such as geography, diagnosis delays, and language or cultural barriers, continue to influence who can access support.

Effectiveness (impact on children and families):

AAC was frequently described as transformative, particularly in relation to children's ability to communicate needs and participate in everyday activities. However, these outcomes were largely based on parent-reported experiences and were not uniformly observed across all contexts, particularly in school settings where support and understanding of AAC varied.

Parents reported improvements in children's ability to communicate needs, make choices, regulate emotions, and take part in school and home life. Many described reduced frustration and increased confidence, emerging as children's communication was more consistently understood and responded to in a positive manner. Children used AAC not only for needs based communication but also for social interaction, expression of preferences, and play. Parents themselves felt more knowledgeable and supported, and many emphasised that they would not have been able to afford a device without the programme. Participants described the programme as empowering, reassuring, and practical.

Adoption (where AAC is used):

AAC use was strongest at home, where families described increasing confidence over time as they were supported to use AAC in everyday routines. School use varied depending on staff attitudes, training and available support. Community use was improving but was more limited due to public awareness and confidence. The most consistent adoption across various contexts was seen in the AAC Family pathway, which offers structured, ongoing support to families.

Implementation and Maintenance (what helps or hinders use over time):

Effective implementation depended on tailored, autism-informed guidance, technical help, and opportunities for peer support. Families valued AslAm Speech and Language Therapists' consistent and specialist AAC expertise, which was compared to fragmented statutory services. The evaluation found that the Family pathway had the highest satisfaction and strongest outcomes, as it offered the most comprehensive package of supports. Sustaining AAC use over time will require continued support, extended school partnerships, and ongoing community awareness. This will require sufficient staffing, resources, and continued funding.

Conclusion:

The AslAm AAC Programme is a crucial, impactful service that addresses major gaps in Ireland's communication support for Autistic children. It does not just increase access to communication devices. It empowers families, helps children participate more fully at home, in school, and in the community, and ensures children's communication and participation rights are met. The programme's neuroaffirmative, family-centred approach is its major, unique strength. The effectiveness of the programme cannot be understood solely in terms of specialist AAC knowledge or technical support. Rather, it reflects a model in which Autistic leadership and lived expertise shape how AAC is introduced, understood, and sustained in everyday life for those engaged with the programmes. This is a core feature of AslAm as an organisation more broadly.

Participants' accounts suggest that this grounding in lived experience enabled support to be responsive, respectful, and meaningful. Impacts of participating in these programmes, thus, extended beyond supporting communication outcomes, but also supported participation, agency, and resulting increases in confidence.

Long-term sustainability of the AslAm AAC programme needs expanded support for schools, provision of ongoing support to families, stronger partnerships with marginalised communities, and increased funding to meet these commitments and the demand. The report identifies tailored programme and policy recommendations that can guide future decision-making.

It is important to note that, while the AslAm AAC Programme represents an effective model of support for Autistic community, access to communication is a fundamental human right for all citizens, and responsibility for ensuring equitable provision for all children and adults who need communication support ultimately rests with the State.



1. Introduction

1.1 Introduction to Communication, AAC and Family-Centred Models

Communication is a fundamental human right. It is essential for building and maintaining relationships, expressing needs and preferences, sharing ideas and emotions, influencing our environment, and participating fully in society. For many Autistic people, spoken language is not the primary or preferred way of communicating. It is estimated that approximately 30% of Autistic individuals do not develop adaptive or needs-based speech (Lorah et al., 2021; Wondka et al., 2013). This does not reflect a lack of understanding, intent, or desire to communicate, but rather a mismatch between individuals' communication needs and the communication methods expected and supported within their environments.

From a social model of disability perspective, communication barriers are created not by the individual, but by environments that do not acknowledge, value, or accommodate diverse ways of communicating. When people do not have access to communication systems that are recognised, understood or supported by those around them, barriers can emerge across many areas of life, including education, healthcare, employment, family relationships, and community participation (Light et al., 2019). For individuals who do not rely on speech as their primary mode of communication, Augmentative and Alternative Communication (AAC) provides a means to express themselves, make choices, share their thoughts, and connect with others. AAC refers to a broad range of communication methods that either replace or support spoken language. These methods include unaided AAC, such as gestures, facial expressions, and sign, as well as aided AAC, which involves the use of tools or systems such as communication boards, picture-based systems, and speech-generating devices (SGDs).

Aided AAC can be further understood along a continuum from low-tech systems, such as paper-based symbols or books, to high-tech AAC, which includes electronic devices and tablet-based systems with speech-generating capacity. High-tech AAC offers particular benefits, including the ability to generate novel messages, support more complex language, and provide users with control over how, when, and with whom they communicate (Topia & Hocking, 2012). Research shows that high-tech AAC supports autonomy, self-expression, participation, and quality of life for Autistic children and young people who do not rely on speech, with positive impacts on independence, social connection, self-determination, and well-being (Ganz et al., 2015; Kasari et al., 2014; Light et al., 2019; Sigafos et al., 2014). Importantly, the use of AAC does not prevent or inhibit the development of speech; rather, it provides access to communication in the here and now, while respecting each individual's communication preferences.



However, research consistently highlights that providing access to an AAC device alone is not sufficient to support effective communication (Lorah et al., 2021). Communication develops through interaction, modelling, and meaningful use within everyday contexts. One evidence-based strategy shown to support children's use of speech-generating devices is aided language modelling (ALM), in which communication partners use the AAC system themselves during natural interactions, providing language input in the same mode children are expected to use (Allen et al., 2017; Biggs et al., 2018; O'Neill et al., 2018).

Research also emphasises the importance of involving natural communication partners, particularly family members, in AAC implementation (Roberts & Kaiser, 2011; Meadan et al., 2010). Families are the most consistent and significant communication partners for individuals with complex communication needs and associated access requirements, and their knowledge, values, and goals are central to successful AAC use (Coburn et al., 2021). While naturalistic AAC approaches are most effective when embedded within everyday routines such as play and mealtimes, communication partners may require guidance and support to feel confident using strategies such as ALM (Gevarter & Zamora, 2018; Kent-Walsh et al., 2015).

Family-centred, capacity-building approaches to AAC focus on partnership, shared decision-making, and building families' skills and confidence to support communication in ways that fit their everyday lives. These approaches recognise families as experts in their children and have been shown to benefit not only the child, but the whole family unit (Dunst et al., 2007). Embedding evidence-based AAC strategies within daily routines increases motivation, creates frequent opportunities for communication, and supports generalisation across environments (Biggs & Meadan, 2018; Gevarter & Zamora, 2018). This understanding of communication as a human right, AAC as a tool for access and participation, and families as key partners in AAC implementation provides the foundation for AsIAM's high-tech AAC programmes. At the same time, it is important to consider the broader contexts in which families are supporting communication in everyday life.

For many families of Autistic children, supporting communication can involve sustained and multifaceted demands, including navigating services, embedding strategies within daily routines, and responding to their child's evolving needs. Research highlights the growing recognition of parental and caregiver burnout, which can arise when these ongoing demands exceed the supports available to families and impact wellbeing and capacity to sustain intervention over time (Lin et al., 2023; Zinkevich et al., 2022). Within AAC contexts, additional demands related to learning and using communication systems have also been described as time-intensive, particularly where training and support are limited (Douglas et al., 2022). These considerations highlight the need for implementation approaches that not only support effective AAC use, but also prioritise family wellbeing and sustained engagement. In this context, AsIAM's programmes adopt a family-centred approach, supporting both Autistic children and young people and their families in ways that are responsive, accessible, and aligned with everyday life.



1.2 Background to Research

In September 2025, following an open tendering process, we were selected to evaluate the AsIAM AAC Programmes. The AAC Support Programme, funded by the Department of Children, Equality, Disability, Integration and Youth, provides families with direct access to AAC devices, training, and community-based support. This report details the findings of this evaluation and associated programme and policy recommendations.

1.3 AsIAM

AsIAM is a national autism charity in Ireland, Autistic-led, and dedicated to transforming society, working for Autistic people and their families. The work of AsIAM focuses on representing, connecting, coordinating, and unifying the Autism community in Ireland, through empowering and supporting Autistic people to reach their full potential, while simultaneously challenging society to be fully accepting and accessible to every Autistic person. AsIAM's vision is an Ireland in which every Autistic person is accepted as they are - equal, valued, and respected. To achieve this purpose, AsIAM advocates for an inclusive society for Autistic people that is accessible, accepting and affirming, and works to support the Autistic community and their families to fully engage in Irish life and build the capacity of society to facilitate true inclusion.



1.4 AsIAM AAC Programmes

AsIAM is committed to helping reduce the barriers experienced by Autistic people and their families. Communication is a fundamental human right, yet many Autistic children in Ireland face significant barriers to accessing appropriate communication systems. Speech is often overvalued as the "typical" mode of communication, while other forms, such as augmentative and alternative communication (AAC), are undervalued or misunderstood. This lack of understanding, coupled with inadequate funding, training, and support, has left many children without the tools they need to express themselves and participate fully in their communities. The AAC Support Programme was established to provide access to high-tech communication devices for Autistic children under 18 years old who are non-speaking or minimally speaking. It offers three pathways of support: Device funding and Trial and Keep Pathways for families working with speech and language therapists (SLTs) and the AAC Support Programme to provide direct support for families not yet linked to a SLT. The programme also highlights the importance of a Total Communication approach and supporting and acknowledging all communication methods as equal and valid. The aim of the AAC Support Programme is to make communication systems more accessible and provide an alternative pathway for Autistic people who may benefit from AAC. The Programme aims to provide high tech communication devices as well as support, information, and guidance on AAC devices to the Autism community and their families.

Access to the AAC Support Programme is organised through a single point of entry. Families initiate contact directly with AsIAM, typically via email, to express interest in the programme. Once contact is made, and where capacity allows, an initial phone call is arranged to confirm eligibility and to collaboratively identify the most appropriate pathway for the family.

Following this process, families are supported to access one of three programme pathways: the Family Pathway, the Trial and Keep Pathway, or the Device Funded Pathway. These pathways are not accessed through separate referral routes, but represent differentiated supports within a single programme structure. AAC support programme has three separate programme streams:

- **AsIAM's AAC Family Pathway** is for families who are not currently working with a Speech and Language Therapist (SLT). Here families can avail of either a one day live webinar or event, or learn at your own pace webinars with 1:1 follow up sessions with the AAC Team. Both options are designed to support families to better understand their child's communication preferences, and to receive support in setting up their chosen AAC device. Families are provided with a managed Communication device and are supported to choose and trial a communication app.

In addition to device provision and individualised support, the Family pathway includes a range of structured and informal supports designed to build capacity, connection, and confidence over time. These include one-day, in-person parent training events, self-paced webinar content, and opportunities for ongoing engagement through community-based events (See Appendix E for list of examples).

Community events form an important component of this support model and include activities such as parent meet-ups, “stay and play” sessions, and family-oriented events (e.g., outings to community spaces such as wildlife parks or seasonal events). These are designed not only to support AAC use in naturalistic contexts but also to facilitate peer connection, shared learning, and community building among families.

- **AsIAM’s Device Funded Pathway** is for families already engaged with a Speech and Language Therapist (SLT), who has supported the child and their family with AAC assessment and AAC device trial. AAC assessment, feature matching and device trials have been completed and there is clear rationale and evidence for which communication device is the best fit for the child’s communication needs.
- **AsIAM’s Trial and Keep Pathway** is for families who are engaged with a Speech and Language Therapist (SLT) and do not know what communication device or app would suit their child’s communication needs. The child can trial AsIAM’s managed communication device with the communication app of the families/SLT’s choice. If the trial goes well, the child can keep the device. AsIAM offers very flexible trial periods, which are discussed with families in initial calls. Families have the option to extend their trial or change communication software once they contact AsIAM team staff.



1.5 Aims and Objectives

The key objectives of the AsIAM AAC programme are:

- Increase access to high tech AAC devices.
- Empower families to understand their child’s communication preferences and to start their AAC journey.
- Create a supportive space and community for families who are using AAC devices.

As specified by AsIAM, the key objectives of this evaluation were to:

- **Assess programme impact:** Measure how the programmes have increased access to AAC devices and how they have influenced communication outcomes for children and families.
- **Identify strengths and areas for improvement:** Provide a balanced analysis of programme components that are effective, as well as those requiring refinement or development.
- **Empower families:** Evaluate how well the programmes enable families to understand and support their child’s AAC needs.
- **Support community development:** Examine how a sense of connection, shared learning, and community has developed among families using AAC.
- **Contribute to the field:** Offer findings with the potential to inform policy, service delivery, and academic understanding.

1.6 Theoretical Framework

The RE-AIM framework (Glasgow et al., 2022) was used to guide our approach to examining the AAC programmes and their impact for Autistic youth and their families. RE-AIM is a well-established framework from implementation science that helps understand how well a programme or intervention works in real-world settings and whether it is likely to make a meaningful difference for many people over time (Glasgow et al., 2022). In relation to this evaluation, the framework was used to look at five core areas. These include:

Reach: who the programme was able to reach and who took part

Effectiveness: what difference the programme made for Autistic children and their families

Adoption: whether families chose to take up the programme

Implementation: how the programme was used in practice by families

Maintenance: what supports are needed for children to keep using their communication devices and for the programme to continue and grow over time

Together, these core areas help build a comprehensive understanding of how accessible the AAC programmes are, how families experience them, and what is needed to support long-term use and wider roll-out. The RE-AIM framework also recognises that children, families, and services exist within broader social and environmental contexts (such as home, school, and community settings) which can influence how programmes are accessed, used, and sustained over time.

In this evaluation, RE-AIM was used as a flexible organising framework rather than a prescriptive measurement tool. It helped shape the design of data collection instruments, how data analysis was organised, and how findings from different sources were brought together. At the same time, it allowed new insights to come directly from the experiences and stories shared by participants. This flexible approach was especially important because the evaluation included many different groups of stakeholders and looked at different ways children could access AAC. Each pathway had its own timeline and process, so it was important to understand how things worked in real life for each AAC programme pathway.

Throughout this report, references to changes in regulation, emotional wellbeing, or reduced distress are interpreted as outcomes of improved communication access and environmental responsiveness, rather than as changes located within the child.



2. Literature Review: Family-Centred High-Tech AAC Implementation: A Synthesis of the Research

2.1 Introduction

To understand the current evidence base supporting family-centred high-tech AAC implementation for Autistic children and young people, a scoping review was conducted to identify research published in this field over the past decade. The review highlighted that there is currently only a small and emerging body of research examining family-centred approaches to high-tech AAC implementation in this population. The included studies were analysed and mapped onto the dimensions of the RE-AIM implementation science framework (Glasgow et al., 2022), including Reach, Effectiveness, Adoption, Implementation, and Maintenance, to explore how high-tech AAC is accessed, delivered, evaluated, and sustained across settings, with particular attention to the role and involvement of families in supporting implementation. This section presents a synthesis of the key findings structured around these RE-AIM dimensions, providing a nuanced understanding of the strengths, gaps, and practical challenges associated with implementing family-centred high-tech AAC interventions in real-world environments.



2.2 Reach: Extent and Representativeness of Family-Centred AAC Access

Current research suggests that family-centred high-tech AAC programmes for Autistic youth reach relatively small and highly targeted populations. Across the literature, intervention studies typically involve only a small number of families. For example, the home-based 'I Have a Voice' AAC tablet programme involved three families of children aged 4-9 years with limited meaningful expression (Avcil & Gorgu, 2022). A community-based caregiver support programme included four caregiver-child dyads, with three dyads completing the intervention (Barrett, 2021). Similarly, the POWR (Prepare, Offer, Wait, and Respond) parent communication training programme reached two parent-child dyads through online modules and in-home sessions designed to support families experiencing barriers to services (Fischbacher et al., 2024). A parent-mediated naturalistic developmental behavioural intervention combined with speech-generating devices (SGDs) involved four Chinese-speaking families of children aged 3-6 years with limited spontaneous speech (Yuan & Dunn, 2025). Slightly larger participation was reported in the Language Acquisition through Motor Planning (LAMP) programme, which included eight children aged 4-12 years supported across home and school environments (Bedwani et al., 2015). Despite variation in program type and delivery format, these studies collectively highlight the narrow reach of current family-centred high-tech AAC interventions.

Recruitment strategies further shape the reach of these interventions. Many studies rely on convenience or opt-in recruitment methods, engaging families through social media, email lists, or parent support networks (e.g., Avcil & Gorgu, 2022; Barrett, 2021; Yuan & Dunn, 2024). Other studies recruit participants through professional networks, such as AAC evaluation centres, service providers, and clinical agencies (Bedwani et al., 2015; Dimian et al., 2018; Douglas et al., 2021). Families who choose to participate are often highly motivated and actively seeking opportunities to learn AAC strategies. While this can support engagement and adherence to interventions, it may limit the representativeness of participants and the generalisability of findings.

Some interventions attempt to extend reach within families by adopting capacity-building or cascading models. In such cases, a primary caregiver, often the mother, is trained to coach other family members in AAC use (Dimian et al., 2018; Douglas et al., 2022). Telehealth-based delivery has also expanded the functional reach of interventions by enabling families to receive coaching remotely and implement AAC strategies within their own homes (Dimian et al., 2018). Overall, however, the literature suggests that current family-centred high-tech AAC programmes reach a relatively narrow group of families, highlighting ongoing challenges in expanding access to more diverse and underserved populations.



2.3 Effectiveness: Child, Caregiver, and Family Outcomes

Although research suggests that family-centred high-tech AAC interventions currently reach a limited subset of Autistic youth, available evidence indicates that these approaches can produce meaningful benefits for both children and their families. Across studies, children using AAC systems within family-centred models demonstrate increases in spontaneous communication, expanded vocabulary, and a wider range of communicative functions (Avcil & Gorgu, 2022; Yuan & Dunn, 2024). For some children, AAC supports a transition from presymbolic to symbolic communication and enables more consistent, independent, and intentional communicative acts (Bedwani et al., 2015). Parent-mediated interventions incorporating AAC devices have also produced substantial increases in spontaneous utterances, with some studies reporting large effect sizes (Yuan & Dunn, 2025).

In addition to communication outcomes, access to high-tech AAC has been associated with positive changes in socio-emotional experiences and everyday regulation. Increased expressive communication has been linked with reductions in frustration and distress-related moments when communication needs were unmet. Such impacts were observed in both the LAMP programme and the EC+ multimodal AAC support system (Bedwani et al., 2015; Díaz & Reina, 2025). Caregivers and educators have also reported improvements in joint attention, motivation, play, and social participation. For some minimally speaking Autistic children, these interventions provide their first consistent opportunities to engage in meaningful communicative interaction (Bedwani et al., 2015). Collectively, these findings highlight the potential of high-tech AAC to improve communication outcomes and enhance overall quality of life for Autistic children and young people (Dimian et al., 2018; Douglas et al., 2022).

Family-centred implementation also appears to benefit caregivers and family communication dynamics. Caregivers frequently report increased confidence in supporting AAC use following structured training and coaching. Participation in training and support programmes has been associated with improvements in caregiver and educator confidence when implementing AAC strategies (Bedwani et al., 2015). Caregivers involved in social media-based support programmes have also demonstrated improvements in their modelling practices (Barrett, 2021), while telepractice coaching has been shown to increase the fidelity and frequency of caregiver modelling behaviours (Douglas et al., 2021). Beyond skill development, some studies report improved parent-child interactions and increased inclusion of AAC within everyday family communication (Avcil & Gorgu, 2022). These findings suggest that family-centred models can strengthen caregiver capacity and support more inclusive communicative environments within the home.



2.4 Adoption Across Settings and Stakeholders

Within the RE-AIM framework, adoption refers to the uptake of an intervention by target settings and implementers. In this context, it concerns where and by whom high-tech AAC is adopted or implemented. Evidence from the literature suggests that adoption most commonly occurs within home environments, with parents and primary caregivers acting as the main implementers of AAC strategies. Increasingly, studies also highlight the involvement of wider family members, including siblings and extended relatives (Douglas et al., 2022; Yuan & Dunn, 2025). Some studies also report efforts to extend AAC use into school or community contexts in order to support the generalisation of communication skills across settings (Barrett, 2021; Bedwani et al., 2015).

Several studies demonstrate the feasibility of caregiver-mediated AAC implementation within the home. For example, Avcil and Görgü (2022) examined parent-led implementation of the AAC application 'I Have a Voice' with Autistic children aged 4-9 years. Due to COVID-19 restrictions, all intervention activities occurred in the home, with parents integrating AAC use into daily routines such as mealtimes and play. Weekly remote coaching was identified as critical in supporting caregiver implementation and maintaining engagement. Similarly, Dimian et al. (2018) found that caregivers were able to successfully implement AAC strategies within the home when supported through telehealth coaching, achieving high levels of procedural fidelity and positive communication outcomes.

Some studies have explored the adoption of AAC across the wider family unit. Douglas et al. (2021), for example, trained multiple family members to use aided language modelling with an AAC device. The inclusion of siblings was a distinctive feature of this intervention and supported AAC use across everyday family interactions. Participants reported valuing the involvement of multiple family members and perceived improvements in communication and family interaction. In contrast, Yuan and Dunn (2024) examined parent-led implementation among Chinese-speaking families. Although only parents received formal training, children demonstrated generalisation of AAC and spoken communication skills to siblings and other family members.

A smaller body of literature reports efforts to extend AAC use into educational and community settings. Barrett (2021), for example, explored caregiver-led AAC use during structured community meet-ups held in public locations such as libraries and museums. While AAC use in public spaces was feasible, it typically relied on structured facilitation and support. Bedwani et al. (2015) reported broader adoption across home and school contexts, with parents and teachers implementing an AAC device using the LAMP programme. Teachers integrated AAC into both structured and unstructured classroom activities, and one school established a LAMP-specific classroom following the programme. However, across the literature, evidence of sustained AAC use in wider community settings remains limited.

Overall, current evidence suggests that adoption of high-tech AAC is most commonly concentrated within the home environment, with parents serving as the primary implementers. Although some studies report efforts to involve siblings, educators, and other stakeholders, adoption beyond the home remains relatively limited and often requires structured support. These findings suggest that broader uptake across multiple settings remains an ongoing challenge in family-centred AAC programmes.

2.5 Family-Centred AAC Implementation: Models, Intensity, Barriers, and Supports

Implementation models for high-tech AAC are most commonly delivered through structured training and coaching programmes for caregivers and family members. These programmes may be delivered in person or through telehealth platforms such as Zoom, Google Hangouts, and Facebook (e.g., Avcil & Gorgu, 2022; Yuan & Dunn, 2025). They vary in terms of intensity and structure (often referred to as “dosage”), including the duration, frequency, and nature of support provided to families. Implementation strategies frequently draw on evidence-based frameworks such as Behavioural Skills Training (BST)¹, which includes instruction, modelling, rehearsal, and feedback (Suberman & Cividini-Motta, 2020). This section examines the range of implementation models used, including variations in the intensity and delivery of support, alongside key barriers and facilitators influencing family engagement and sustained AAC use.

The intensity and structure of implementation support (often referred to in the literature as “dosage”) varies considerably across family-mediated AAC interventions, encompassing differences in duration, frequency, session length, and the nature of professional input. While some studies report positive outcomes from short-term supports, others emphasise the importance of sustained engagement to support maintenance and generalisation of skills. For example, brief pilot interventions have been delivered over three weeks, combining weekly 15-minute online modules with one-hour coaching sessions in home or community settings (Barrett, 2015). More structured short-term programmes, such as the LAMP evaluation, spanned 14 weeks, with five consecutive weeks of active implementation following initial training and baseline phases (Bedwani et al., 2015). Intensive naturalistic approaches, particularly within NDBI frameworks, have provided support five days per week over 5–6 weeks, with sessions lasting 15–25 minutes (Yuan & Dunn, 2024), while other clinical evaluations of AAC technologies have extended to 16 weeks, involving two to three sessions per week of 15–30 minutes (Diaz & Reina, 2025). Telehealth-delivered interventions for SGDs have ranged from 7 to 23 weeks, typically involving 30-minute sessions two to three times per week, with real-time coaching and feedback embedded within everyday routines and gradually reduced as caregiver confidence and competence developed (Dimian et al., 2018).

Across studies, there is a clear shift towards more flexible and family-centred models of support. Interventions commonly begin with an initial training session, followed by ongoing coaching (Douglas et al., 2022; Gevarter et al., 2021), often drawing on approaches such as BST (Barrett, 2021). Increasingly, telehealth and blended models are being used to provide timely, contextually relevant support within home environments (Dimian et al., 2018), with some programmes incorporating asynchronous learning components (Fischbacher et al., 2024). There is also growing emphasis on whole-family and cascading models, where knowledge and skills are shared across family members, supporting more sustainable and distributed implementation (Douglas et al., 2022). Notably, ongoing access to knowledgeable professional support appears critical, with evidence suggesting that continued engagement with a trained therapist is a key factor influencing long-term device use and programme sustainability (Bedwani et al., 2015).



Implementation fidelity, defined as the extent to which an intervention is delivered as intended, is generally reported as high when caregivers receive active coaching and feedback. Across several studies, caregivers achieved mastery criteria of 80% or higher when implementing AAC communication strategies (e.g., Dinian et al., 2021; Douglas et al., 2022). Telehealth coaching has also been shown to produce implementation fidelity levels comparable to in-person services, with caregivers maintaining procedural accuracy across multiple communicative contexts. However, a systematic review by Elmquist et al. (2023) highlights an important limitation within the literature. While intervention fidelity (i.e., the caregiver's delivery of strategies to the child) is frequently measured, implementation fidelity (i.e., the trainer's delivery of training to the caregiver) is less commonly documented.

The literature also identifies several barriers to implementing high-tech AAC within family-centred models. These barriers occur across multiple levels, including device characteristics, family capacity, environmental contexts, and service systems. Device-related limitations, such as slow communication speeds, low volume in public environments, limited battery life, screen glare, and concerns about durability, can reduce the usability of AAC devices in everyday settings (Barrett, 2021). The complexity of high-tech AAC systems can also create challenges for families, as learning to operate devices and model language effectively requires time, practice, and ongoing support. Without adequate training and coaching, caregivers may feel overwhelmed, which can affect their confidence and consistency in implementing communication strategies (Douglas et al., 2021; Douglas et al., 2022). Child regulation, attention, and limited public awareness of AAC may also influence device use in everyday environments (Barrett, 2021).

System-level inequities further shape AAC implementation. Families from marginalised racial and ethnic backgrounds have been reported to experience reduced access to assessment, training, and intervention (Elmquist et al., 2023). The underrepresentation of these groups in AAC research also limits the generalisability of many evidence-based interventions (Elmquist et al., 2023). Barriers may also arise when training and intervention materials are delivered only in English, when translation supports are unavailable, or when cultural differences in communication styles influence how families engage with AAC strategies (Elmquist et al., 2023). Individual factors, including language barriers for caregivers and child characteristics such as co-occurring diagnoses, may further complicate the implementation of AAC strategies (Yuan & Dunn, 2024).

Despite these challenges, several facilitators have been identified that support successful AAC implementation within family-centred programmes. Technology-enabled supports such as telepractice and online communities can improve access to training, peer support, and professional guidance, helping families overcome barriers related to distance, service availability, and cost (Barrett, 2021; Dimian et al., 2018). Family-centred approaches that involve multiple communication partners can also increase opportunities for AAC use within everyday interactions (Douglas et al., 2021). Naturalistic strategies, such as modelling AAC during daily routines, can further increase children's motivation to communicate and provide frequent opportunities for meaningful practice (Douglas et al., 2022; Yuan & Dunn, 2024). Structured supports, including memory aids such as 'Prepare, Show, Wait, and Respond' and the use of high-quality synthetic speech, can also increase caregiver confidence and support consistent AAC use (Douglas et al., 2021; Yuan & Dunn, 2024).

2.6 Maintenance and Sustained Use of AAC

The literature indicates that while short-term improvements in AAC implementation are commonly observed following training and coaching, the extent to which these practices are sustained over longer periods remains less well understood. Evidence suggests that caregivers can maintain high levels of AAC strategy use for a limited period after intervention. For example, some studies report that caregivers maintained implementation fidelity of 90-100% for several weeks following training (Yuan & Dunn, 2024). Similarly, in a cascading coaching model, multiple family members maintained strategy use at levels comparable to or higher than those observed during the intervention phase during a 10-week maintenance period (Douglas et al., 2022).

However, other studies report variability in caregiver implementation once active coaching and feedback are withdrawn. In one study, a caregiver's modelling fidelity decreased from 91% at two weeks post-intervention to 0% at four weeks, before increasing again to 63% at six weeks (Douglas et al., 2021). This variability suggests that sustained implementation may depend on continued support. Some researchers note that outcomes may not be maintained without ongoing professional input or active peer-support communities (Barrett, 2021). More broadly, the literature highlights a lack of long-term evidence on maintenance. Researchers note that little is currently known about how implementation fidelity changes as coaching is gradually reduced (Dimian et al., 2018). A systematic review by Elmquist et al. (2023) similarly found that most AAC intervention research focuses on immediate outcomes, with limited evidence on longer-term caregiver and child outcomes.

Evidence regarding sustained AAC device use by children is also mixed. In some cases, children continue to increase their independent communication using AAC devices during maintenance phases and follow-up periods (Douglas et al., 2022; Yuan & Dunn, 2024). Positive perceptions of AAC by families may further support continued use, with some studies reporting high social validity ratings and caregivers expressing intentions to continue using AAC strategies to support their child's communication (Douglas et al., 2021; Dimian et al., 2018).

Despite these positive indicators, the literature cautions that long-term AAC device use is not guaranteed. If families feel under-supported or experience difficulties managing the complexity of high-tech AAC systems, devices may become underused or abandoned over time (Douglas et al., 2021). Overall, while families often demonstrate the ability to maintain AAC strategies for several weeks following intervention (Dimian et al., 2018; Yuan & Dunn, 2024), evidence on longer-term sustainability beyond two to three months remains limited, and modelling practices may decline once active professional support is removed (Douglas et al., 2021; Douglas et al., 2022).



2.7 Conclusion

Overall, the literature indicates that family-centred high-tech AAC programmes can support meaningful improvements in communication outcomes for Autistic children and young people while also strengthening caregiver confidence and participation in communication support. However, the existing evidence base remains limited in both scale and diversity, with much of the research drawn from small-scale studies conducted in controlled or clinical contexts, typically involving a limited number of highly supported and highly motivated families, and with adoption concentrated primarily within home environments. As a result, there is still relatively little understanding of how AAC programmes operate in practice, particularly in relation to how they are accessed, implemented, and sustained over time in everyday family and community settings. This gap is significant, as it is within these real-world contexts that families navigate services, build confidence, and support their child's communication on an ongoing basis.

It is important to note that, while caregiver-mediated implementation models appear feasible and effective, challenges remain in expanding reach, supporting adoption across multiple settings, and sustaining AAC use once structured support is reduced. The current evaluation responds to this gap by examining the AslAm AAC programmes as they are experienced in practice, with a focus on access, implementation, and sustainability across different programme pathways.



3. Methodology

3.1. Evaluation Aims and Research Questions

In line with the overall aims of AslAm, this evaluation was designed to understand how the AAC programmes are working in practice for Autistic children, young people, and their families. The methodology was guided by a commitment to accessibility and neuroaffirmative practice, recognising AAC as a valid and valuable form of communication and centring the experiences of AAC users and their families. In broad terms, the evaluation explored two key areas: what is working well in how the programmes are delivered, and where there are opportunities to strengthen or improve supports. Guided by the objectives of this commissioned evaluation, the following research questions were developed to explore programme delivery, outcomes, and opportunities for learning and development.

- To what extent and in what ways has the AAC programme increased access to AAC devices?
- To what extent and in what ways has the AAC programme influenced communication outcomes for children and families?
- What are the AAC programme's strengths and areas for improvement, and which programme components are effective and which require refinement or development?
- How effectively the programmes enable families to understand and support their child's AAC needs?
- To what extent and in what ways the AAC programmes contribute to connection, shared learning, and community among families using AAC?



3.2 Study Design

A mixed-methods design was employed, combining a cross-sectional parent survey with qualitative interviews and focus groups. The survey formed the initial phase of data collection, providing a broad overview of access, programme engagement, satisfaction, and perceived impact across a larger cohort of families. Qualitative methods were subsequently used to explore these issues in greater depth and to examine how experiences varied across AAC programme pathways.

Advisory Group

An Advisory Group was established to support the evaluation and to ensure that the research remained grounded in the perspectives of those with direct experience of AAC and programme delivery. The group included a range of stakeholders, including Autistic individuals with experience of AAC, parents of AAC users, clinicians and educators working in the field, independent experts in AAC and inclusive education, and representatives from AsIAM involved in the programme. The intention was to create a structured space where different forms of knowledge, including lived, professional, and organisational perspectives, could inform the evaluation as it progressed.

The group was convened and facilitated by the DCU research team and met at three key points during the study. The first meeting focused on discussing the proposed design of the evaluation, including the use of the RE-AIM framework, and gathering feedback on the accessibility and clarity of participant materials and data collection processes. A second meeting took place during the data collection phase and provided an opportunity to reflect on how the study was unfolding and to discuss early observations from the field. The final meeting was held once initial findings had been drafted and invited feedback on the interpretation of results and the accessibility and clarity of the report.

The Advisory Group functioned in a consultative capacity throughout the evaluation. While members did not take part in data analysis or decision-making about findings, their feedback helped strengthen the accessibility, relevance, and ethical responsiveness of the research process and supported reflection on how the findings might be communicated to different audiences.



3.3 Recruitment Strategy and Participant Cohorts

Recruitment was conducted in two linked stages, with AsIAM acting as a gatekeeper for initial contact with families. This approach enabled wide dissemination of the survey while ensuring that participation was voluntary and that the research team did not have access to identifying information unless participants explicitly consented to follow-up contact.

Stage 1: Survey Recruitment and Participants

Quantitative data were collected via an anonymous online survey completed by parents of children participating in AAC programmes. The survey was hosted on DCU licensed Qualtrics platform and was disseminated through AsIAM communication channels, with AsIAM's role limited to sharing study information and the survey link with eligible families. Survey responses were anonymous at the point of collection.

The survey included questions on access pathways, prior support, satisfaction with programme components, AAC use across settings, and perceived impact on children, parents, and families (see appendix B). Parents were also asked to indicate which AsIAM AAC programme their child was participating in. This information was used to support programme-specific analysis and to inform the organisation of subsequent qualitative data collection.

At the end of the survey, parents were invited to indicate whether they wished to take part in a follow-up focus group or interview. Those who expressed interest were directed to a separate project information letter and consent form hosted on a DCU institutional Google Forms account. This ensured that survey responses could not be linked to identifying information. Parents who consented provided contact details, which were accessed only by the research team for the purpose of arranging qualitative participation.

The participant cohorts and associated data collection methods are summarised in Table 1. This provides a summary of the overall number of participants and what forms of data collection they engaged in.



Table 1: Participant cohorts across data collection methods.

Participant Cohort	Number of Participants (n)	Data Collection Method	Notes on Participation
Parents (Survey)	49	Anonymous online survey (Qualtrics)	Survey captured programme access pathways, AAC use across settings, satisfaction, and perceived impact on children and families.
Parents (Qualitative)	7	Focus groups (n = 4) and individual semi-structured interviews (n = 3)	Parents were purposively sampled from survey respondents who consented to follow-up participation. Focus groups were organised by programme pathway (Trial and Keep; Device Funded).
Speech and Language Therapists (including one SLT Assistant)	10	One focus group and individual semi-structured interviews (n = 7)	Participants represented clinicians supporting families participating in the AAC programmes across different practice contexts.
AslAm Staff	2	Individual semi-structured interviews	Participants were involved in programme coordination and delivery.
Teachers / Education Staff	2	Individual semi-structured interviews	Participants supported children using AAC within school contexts.
Children / Young People (Case Study Participants)	2	Accessible child-centred consultations	Interviews were conducted using a total communication approach and form the basis of two illustrative case studies.
Total qualitative participants	23	Focus groups, interviews, and child consultations	Includes parents, SLTs, staff, teachers, and children.

Stage 2: Qualitative Recruitment and Participants

Qualitative data were generated from participants across three stakeholder groups, using purposive sampling to capture a range of perspectives relevant to programme design, delivery, and use. See Table 1 above or specific details.

Parents

Survey responses were used to stream parent participants into programme-specific qualitative groups, enabling experiences associated with different AAC access pathways to be explored separately.

One parent focus group (n=2) comprised parents whose children were participating in the Trial and Keep Pathway. One parent focus group (n=2) comprised parents whose children were participating in the Device Funded Scheme. In addition, three parents whose children were participating in the Device Funded Scheme took part in individual semi-structured interviews. This structure supported both within-programme depth and between-programme comparison, while avoiding the conflation of experiences arising from distinct programme models.

Speech and Language Therapists

Speech and language therapy professionals (which included both clinicians and a therapy assistant) participated in the qualitative component of the evaluation, through one focus group and seven individual interviews (including one SLT Assistant). Participants were recruited through professional networks associated with the AAC programmes and represented a range of practice contexts. Data collection with SLTs focused on access pathways, adoption across settings (particularly schools), implementation quality, and sustainability of AAC use.

AsIAm Staff

AsIAm staff members involved in programme coordination and delivery participated in individual interviews. These interviews focused on programme design, implementation decisions, reach, scalability, and perceived strengths and gaps across the AAC pathways.

Teachers / Education Staff

Teachers who support children and young people using AAC through programmes delivered by AsIAm participated in individual interviews. These interviews explored experiences of supporting AAC use in educational settings, perceptions of programme accessibility and relevance, confidence in supporting AAC implementation, and views on programme strengths, gaps, and opportunities for development across the AAC pathways.

Children and Young People (Case Study Participants)

Two children who participated in support programmes delivered by AsIAm (Family pathway) took part in interviews using adapted, child-centred approaches. These interviews form the basis of two case studies included in this programme evaluation. A semi-structured approach was used, underpinned by a total communication approach, with questions presented orally and supported visually where appropriate, and children supported to respond using communication methods that aligned with their preferences, strengths, and communication styles.

3.4 Data Collection and Instrument Design

3.4.1 Survey

Quantitative survey data were collected using a DCU-licensed Qualtrics platform. The survey was designed by the research team, informed by the RE-AIM framework and the literature review, especially the work of Lake & Brydon (2022). The survey was fully anonymous at the point of data collection and contained four sections. The first section of the survey collected the demographic characteristics of the families engaging with the AAC Programmes (e.g., the type of educational setting attended by the child, the length of time the child has used AAC). The second part of the survey looked at the perceived impact of the AAC Programmes on the child, the parent/ caregiver, and the wider family. Part three included questions regarding the participants' satisfaction with the specific aspects and/or components of the AAC Programmes (e.g., device quality, support). The final part included questions relating to the engagement of families with SLT services and the role of SLTs in the success of the AAC Programme. The full survey can be viewed in appendix B.



3.4.2 Semi-structured interviews and focus groups

Qualitative data were generated through semi-structured interviews and focus groups with parents, speech and language therapists (SLTs), AslAm staff, and educators. Separate interview and focus group frameworks were developed for parents and children participating in different programmes. Parents in the Device Funded Scheme and the Trial and Keep Pathway were asked questions reflecting the specific structure, timelines, and supports of those programmes, while questions for the Family pathway were adapted to reflect its distinct focus and approach. While programme-specific, all qualitative instruments were organised using a shared, RE-AIM-informed thematic structure and aligned with the evaluation questions.

The focus group and interview frameworks were designed to align explicitly with the RE-AIM framework, ensuring coherence between the evaluation's conceptual framework, research questions, and data collection processes. Rather than using a rigid question schedule, the researcher developed thematically organised frameworks, in which questions were grouped under a set of thematic headings corresponding to the key dimensions of RE-AIM (see appendix C). These thematic headings functioned as analytic anchors, guiding the overall structure of each focus group and interview.

Within each thematic domain, a range of suggested prompts was provided. However, the researcher did not seek to ask all questions in every encounter. Instead, the frameworks were used flexibly, allowing the researcher to respond to participants' priorities, experiences, and lines of emphasis as they emerged during discussion. This approach supported participant-led accounts while maintaining analytic consistency across interviews and focus groups.

Importantly, while individual questions varied across encounters, the researchers ensured that all RE-AIM domains were addressed in each interview and focus group. This ensured that data collection remained systematically aligned with the evaluation's research questions, while also accommodating differences in participant roles, programme pathways, and experiential focus. The use of thematically structured, RE-AIM-aligned frameworks therefore, balanced methodological rigour with responsiveness, supporting both comparability across datasets and depth of insight within individual accounts.

All qualitative interviews and focus groups were conducted online using a DCU institutional Zoom account. Sessions were scheduled at times that suited participants, with flexibility offered to accommodate caring responsibilities and professional commitments.

Prior to participation, all participants received a project information letter, provided informed consent, and were given access to the relevant interview or focus group question framework in advance. At the beginning of each session, participants were reminded that participation was entirely voluntary, that they could decline to answer any question, and that they could withdraw from the study at any time without consequence.

Parent focus groups were approximately 45 minutes in duration. Individual interviews with parents, SLTs, and AsIAm staff lasted approximately one hour.



3.4.3 Accessible Consultation with Children

To ensure meaningful participation of Autistic children in the evaluation, consultations were designed using a tailored, child-centred approach that prioritised autonomy, communication preferences, and engagement. Building on best-practice guidance for inclusive qualitative research and consultations (Kazmierczak-Murray, O'Mahony, Carey, 2024; Kenny, Doyle, & Horgan, 2023; McNally, Keenan, Sweeney, Lynam, O'Keeffe, 2024) and national frameworks for supporting disabled children's participation (Department of Children, Equality, Disability, Integration and Youth, 2023), a two-stage process was adopted for each child.

In the first stage, parents or guardians were consulted to provide detailed information about the child's preferred communication methods, sensory considerations, interests, and guidance on appropriate language and question formats. This ensured that each consultation was individually adapted to the child's strengths, communication style, and context.

In the second stage, data collection with the child was conducted flexibly, incorporating the child's preferred AAC or multimodal communication methods, visual supports, and activity-based interactions aligned with the child's interests. Questions were presented in ways that reflected both the child's communication preferences and the evaluation's research objectives. Participation proceeded at the child's pace and direction, with field notes capturing non-verbal and para-verbal communication.

This approach, grounded in a total communication philosophy, allowed children to express their perspectives in ways aligned with their strengths, preferences, and communication styles. It aligns with a neuroaffirmative, child-centred methodology in which consent and assent are understood as ongoing, relational processes, and where the child's agency and comfort remain central throughout participation (Kenny, Doyle, & Horgan, 2023).

3.5 Data Analysis

3.5.1 Framework Analysis

Qualitative data were analysed using Framework Analysis, an approach well-suited to applied health, disability, and policy-focused research.. Framework Analysis was originally developed by Ritchie and Spencer (1994) for social policy research, specifically to support studies designed to inform practice, service delivery, and decision-making. This makes it an appropriate methodological choice for the evaluation of the AslAm AAC Support Programme, which seeks to assess impact, identify areas for improvement, and generate findings relevant to service development and policy.

Framework Analysis is characterised by a systematic and transparent analytic process, typically involving familiarisation, development of a thematic framework, indexing, charting, and mapping and interpretation (Ritchie & Spencer, 1994). A key strength of this approach is its ability to incorporate both a priori themes—derived from programme objectives, evaluation frameworks such as RE-AIM, and existing literature—and inductive themes emerging from participant accounts. This flexibility is particularly important for the AAC evaluation, where predefined areas of interest (e.g. access, empowerment, implementation, sustainability) must be explored alongside the lived experiences of families, professionals, and programme staff.

The matrix-based outputs of Framework Analysis allow data to be organised by case and theme, supporting systematic comparison across participant groups and AAC access pathways. This is especially valuable given the evaluation's comparative focus on the Family Pathway, Device Funded Pathway, and Trial and Keep Pathway. As highlighted by Gale et al. (2013), Framework Analysis is well-suited to multidisciplinary and team-based research, as it facilitates shared understanding, consistency in coding, and a clear audit trail linking interpretations back to original data.

Framework Analysis has been widely adopted in health services and implementation research due to its transparency, rigour, and applied orientation (Ritchie et al., 2014). Its structured yet flexible nature supports credibility and dependability while remaining accessible to non-academic stakeholders. These considerations are essential for an evaluation intended to inform families, practitioners, funders, and policymakers. Overall, Framework Analysis provides a robust methodological foundation for generating actionable, policy-relevant insights while centering the voices and experiences of those engaged in AAC support.

3.5.2 Integration of Qualitative and Quantitative Data

Integration of qualitative and quantitative findings occurred at the interpretive stage. Qualitative analysis provided depth and explanation, while survey data offered breadth and contextual grounding. The RE-AIM framework was used as a common analytic reference point to support coherence across datasets and alignment with the evaluation questions.



3.5.3 Case Study Analysis

Two children referred to using pseudonyms as Paul and Jane, were selected for in-depth case study analysis, forming illustrative examples within this evaluation (Yin, 2018). Each case study drew on data collected through accessible, child-centred consultations, alongside supporting information from parents, field notes, and relevant programme documentation.

Consultations were individually adapted to each child's communication preferences and strengths and were conducted at home by the 2nd and 3rd authors. Both consultations followed a total communication approach, incorporating multimodal methods to ensure each child could express themselves in ways aligned with their strengths and communication style (Kenny, Doyle, & Horgan, 2023). For Paul, the session focused on selecting images or multiple-choice options supported by visual and concrete prompts, reflecting his preference for concrete, visually supported communication. The session was flexible, short, and low-pressure, and designed to respond to his interests. For Jane, a semi-structured consultation was used, incorporating oral, visual, and multimodal supports. Jane engaged with questions using a variety of methods, including circling, pointing, writing, or AAC, depending on her preferences at the time. Input from teachers was also sought to complement the home-based perspective and provide a fuller understanding of each child's communication across contexts. Consent and assent were treated as ongoing, relational processes, with attention to verbal, non-verbal, and para-verbal cues to ensure autonomy, agency, and comfort throughout participation.

Analysis of both case studies followed a holistic, thematic approach. Multimodal responses were coded and organised in alignment with the evaluation's research questions and the RE-AIM framework. This allowed each child to be presented as a complete, individualised case, highlighting how programme components functioned in practice and how supports aligned with their strengths, preferences, and communication style. Case studies were used to provide depth and illustration within the broader evaluation findings, offering rich, child-centred insights into programme effectiveness, accessibility, and areas for development.



3.6 Ethical Considerations

Ethical approval was granted by the DCU Research Ethics Committee. Informed consent was obtained from all qualitative participants, and survey participation was based on informed consent embedded within the survey platform. AsIAM acted as a recruitment gatekeeper only and had no access to raw data or identifying information. All data were stored securely in accordance with DCU data protection and GDPR requirements. To prevent the risk of identification of the participants in relation to SLT, SLTA and AsIAM staff in this evaluation, we do not identify the cited quotations by the type of respondent (i.e., it is not stated whether the cited quotes are from the SLT, SLTA or AsIAM staff); a broad category of 'practitioner' is used to refer to these participants.

4. Findings

The findings will draw on the experiences of Autistic children, families, and practitioners to offer a detailed picture of how the AAC programmes is operated in practice, and what their perceived impacts of these programmes were.

Rather than viewing impact as a single outcome, the analysis considers how access, use, and sustainability unfold across different contexts and over time. To support this, the findings are organised using the RE-AIM Framework (Glasgow et al., 2022) was used as a common analytic reference point to support coherence across datasets and alignment with the evaluation questions. This framework provides a structured way of understanding who the programme reaches, the difference it makes, how it is taken up in everyday settings, how it is supported in practice, and what is needed to sustain it into the future. (See Figure 2.).

FINDINGS: THEMES AND SUBTHEMES

Evaluation of the AslAm Augmentative and Alternative Communication (AAC) Support Programme

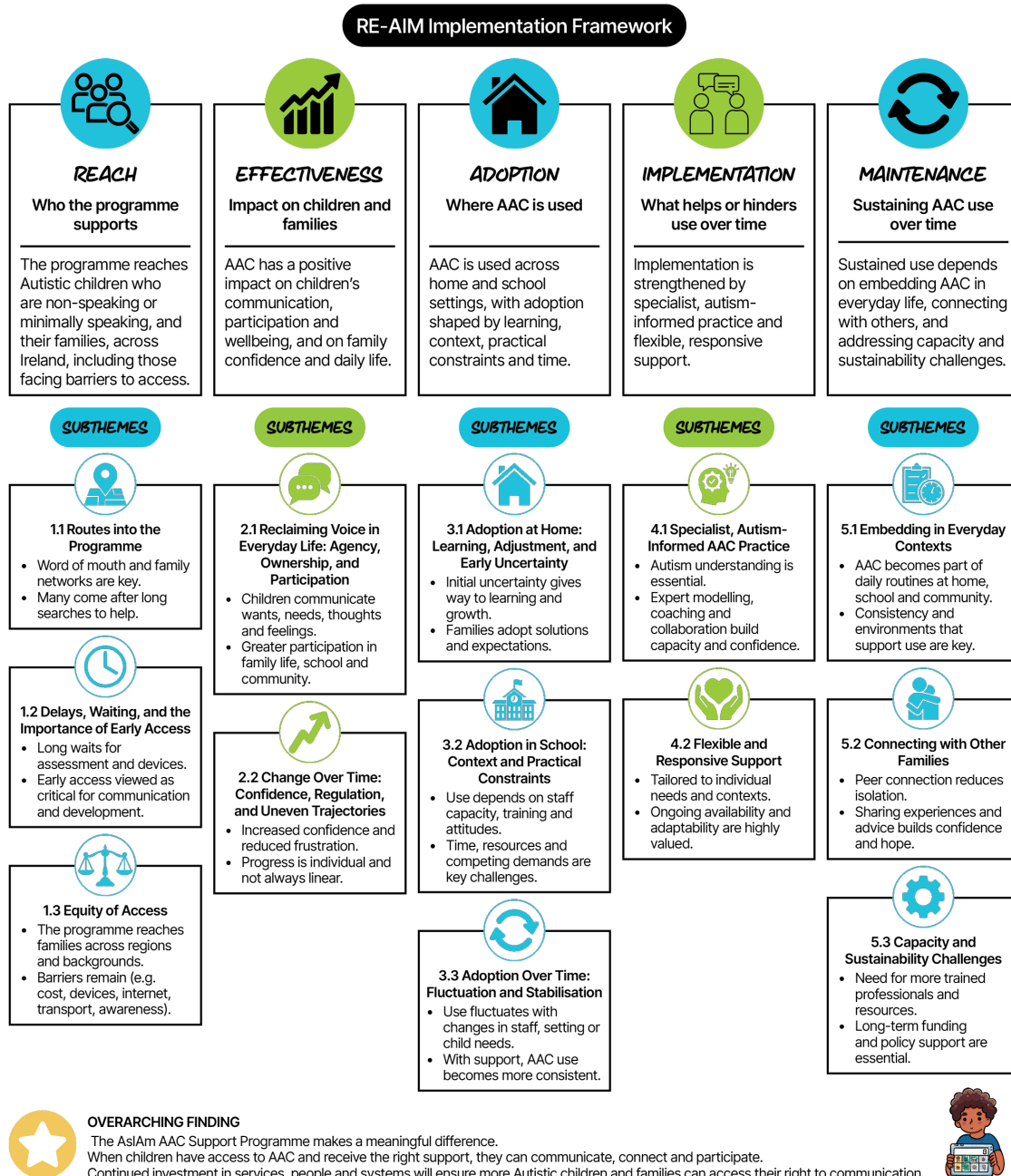


Figure 1. Evaluation Findings

4.1 Reach

Within the Reach dimension, the themes related to how families and professionals experienced access to AAC through the programme, highlighting the routes by which families entered, the significance of timing relative to statutory provision, and the structural conditions shaping equitable reach. Across accounts, access to AAC was not described as a discrete event, but as a process involving informal networks, professional judgement, and ongoing navigation of support systems.

Across participant accounts, entry into the programme was consistently described as family-initiated rather than referral-based. Families typically became aware of the programme through informal channels, including word of mouth, online searches, or information shared by professionals, and subsequently made direct contact with AsIAM to express interest.

Importantly, while professionals and organisations sometimes played a role in raising awareness of the programme, they did not function as referral agents. Access was initiated by families themselves through a single point of contact with the organisation.

Following initial contact, families were supported to identify the most appropriate pathway within the programme, rather than being directed into pre-defined or externally prescribed routes.

How did you first hear about the AAC Programme?

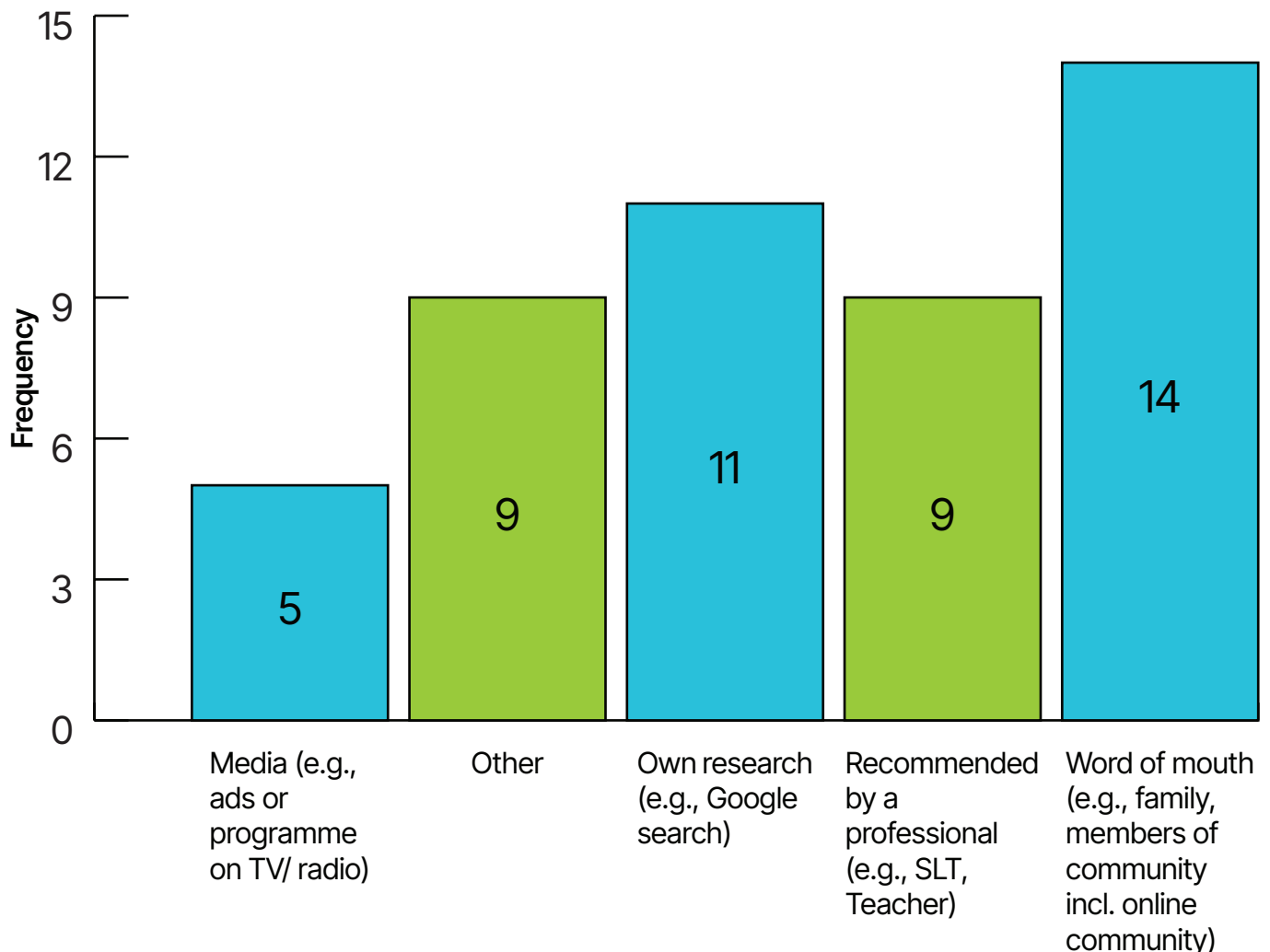


Figure 2. Where families heard about the AAC Programme

This pattern was evident in staff reflections:

"And then, we haven't really had to advertise too much. We get, a lot of it's word of mouth, a lot of parents, and we, we get, like, you know, a handful of emails per day with wanting access to our... with our program"
(AslAm Staff).

"Out to social media posts, and then since then, we've just had a... had a steady flow of parents coming through, so where it's gotten out to schools in particular, to private practitioners, and to families who are just getting in touch. So, it seems like word of mouth is very strong with the program"
(AslAm Staff).

This qualitative pattern was reflected in the survey data, where 48 participants were asked where they heard about the AAC programme. The majority of respondents (14 participants) reported word of mouth, followed by their own research using online platforms. Together, these findings indicate that reach was produced through informal dissemination and relational networks rather than systematic allocation.

Survey data further illustrate how access to AAC through the programme was shaped by families' existing levels of professional support. Half of respondents (50.0%) accessed AAC through the AAC Family Programme, while 27.1% entered via the Trial and Keep pathway and 18.8% through the Device Funded pathway. This distribution indicates that a substantial proportion of families accessed AAC in the absence of ongoing speech and language therapy support, relying instead on programme-based pathways to enable initial access and guidance.

Which category best describes your engagement with the AAC Programme?

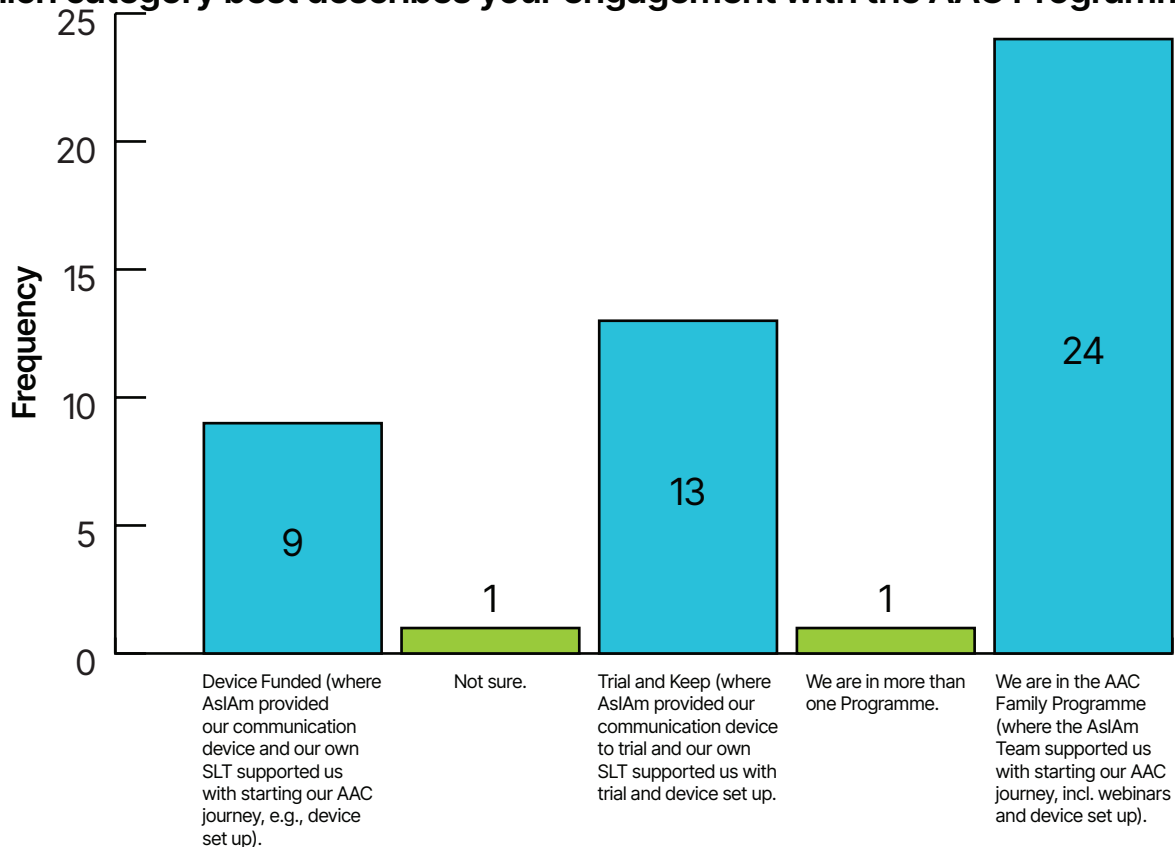


Figure 3. AAC programme access pathways used by participating families

Quantitative findings indicating that a substantial proportion of children had no SLT input prior to programme entry further situate these experiences within wider structural gaps in service provision.

- 47.9% of children were not receiving any SLT prior to programme entry; only 8.3% had public SLT access, confirming the programme reaches families otherwise excluded from services.
- 85% of parents had little or no practical AAC experience prior to entry, reinforcing the access gap.
- Satisfaction is consistently high across device types, indicating reach is not technology-dependent.
- Strong differentiation by programme pathway, with the AAC Family Pathway showing the highest satisfaction and outcomes.

This pattern aligns with qualitative accounts describing families entering the programme after being unable to access AAC through statutory services, particularly in contexts of long waiting lists, limited SLT provision, or rural service constraints.

Participants also framed access comparatively, contrasting programme entry with prolonged waiting associated with statutory AAC pathways:

*"Yeah, I feel like, during the few months that he has had the device...
It has helped me a lot, rather than just being on the waiting list for HSC"
(Parent).*

These theme-level accounts position the programme as expanding access relative to existing provision, while also foregrounding questions about who remains excluded.



4.1.1 Routes into the Programme

Families described a range of routes into the programme, often prompted by the absence or limitation of statutory AAC provision. Although participants described different pathways within the programme, these should not be understood as separate access routes. Instead, all families entered the programme through the same self-initiated contact process, with pathways reflecting the type of support provided following entry rather than different modes of access. This distinction is important, as it highlights that access to the programme does not depend on professional referral or system navigation, but on families' ability to identify the programme and initiate contact themselves.

Several parents recounted being advised to seek alternatives after being told that devices were not available through existing services:

"I was asking them about speech and language therapy, and they said that, well, they couldn't, they weren't in a position to provide a device... So, I just looked on the, As I Am website, and... just signed up that way"
(Parent).

Others described being nudged toward the programme through professional or organisational connections:

"So yeah, she kind of saw that through that advertising that way, nudged me to... put in the application"
(Parent).

For families already engaged with AsIAm, awareness emerged through ongoing contact:

"We would get the emails and stuff from As I Am, and I think it was probably the emails that got my attention to it"
(Parent).

Professional accounts echoed these pathways, describing families arriving via websites, schools, and therapist recommendations:

"Normally, families would kind of come to us. And they have heard about us usually through, like, our website, or sometimes... speech and language therapists... or teachers"
(SLT Practitioner).

These data indicate that access was shaped by informational visibility and professional trust, rather than formal referral criteria.

4.1.2 Delays, Waiting, and the Importance of Early Access

A recurring feature of participants' accounts was the contrast between the programme's timelines and those associated with statutory AAC provision. Speech and language therapists described statutory routes as slow and procedurally complex:

"Out there... in primary care, it was very rare that I'd be doing... filling out the forms for an AAC device... It just was a cumbersome process"
(SLT Practitioner).

Survey data provide further context for how access to AAC was experienced over time. Half of respondents (50.0%) reported being engaged with the programme for between two and five months, while a further 43.8% had been engaged for longer than five months. A similar pattern was evident in reported AAC use, with 50.0% of families indicating that their child had been using AAC for two to five months, and 37.5% for between six and eleven months.

These figures indicate that for most families, access to AAC through the programme was both recent and sustained, situating many accounts within an early or emergent phase of AAC use.

The programme was positioned as offering a comparatively rapid alternative:

"It's not just funding, but, it's a very long and slow process, typically, whereas we're quite unique in that we have a relatively quick turnaround from when you apply. And when you receive a device"
(SLT Practitioner).

How long has your child been engaged in the AAC Programme

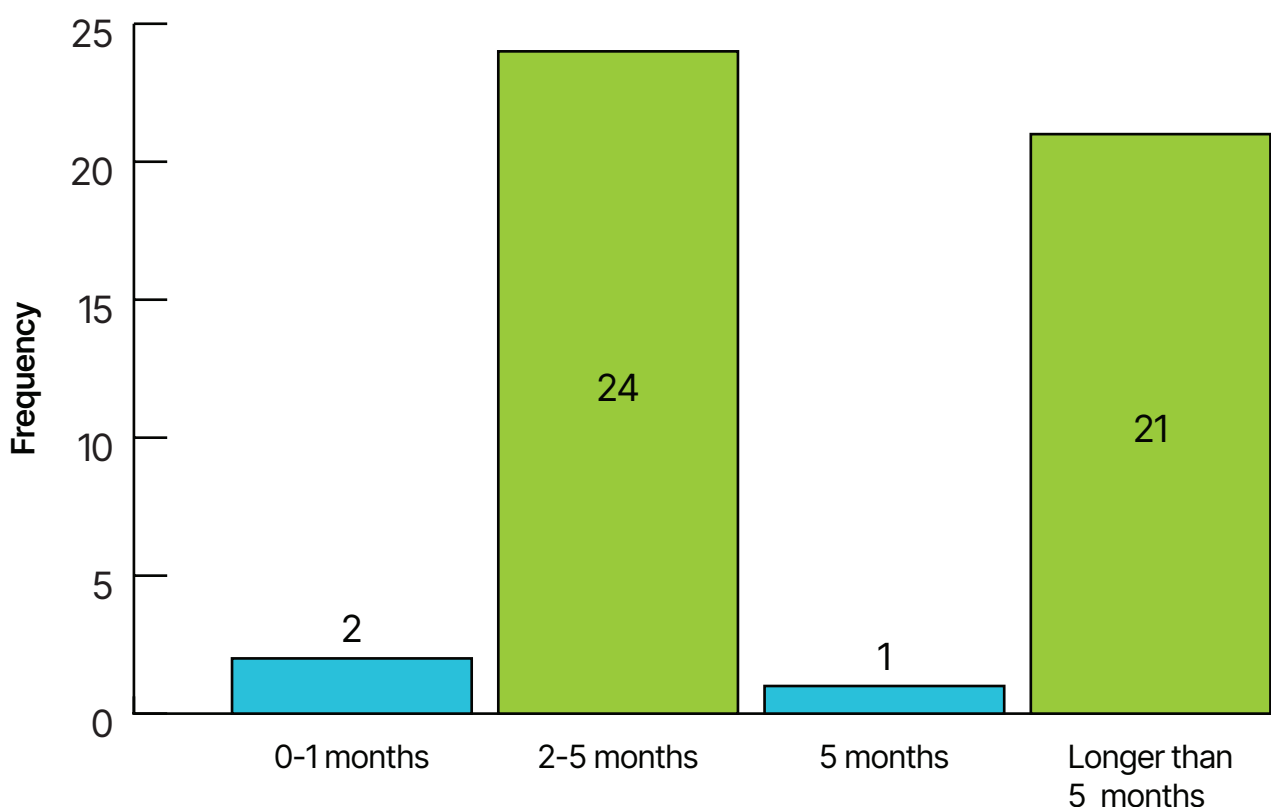


Figure 4. Length of time families have been engaged with the AAC programme

Parents similarly framed access as meaningful because it interrupted prolonged waiting:

"It has helped me a lot, rather than just being on the waiting list for HSC"
(Parent).

However, participants also described delays and sequencing issues within the programme itself. Some parents noted slow responses to queries or challenges aligning support sessions with device use:

"It's slow, if I'm honest... it's taken a week or two to come back with an answer to a question"
(Parent).

"That particular session actually would have been more valuable if you already had the device... it was a bit higgledy-piggledy"
(Parent).

These accounts complicate a simple narrative of speed, indicating that while the programme reduced structural delays to device access, new forms of waiting and misalignment emerged that shaped families' early experiences.



4.1.3 Equity of Access

Despite expanded access, participants consistently identified structural factors that constrained equitable reach. Staff highlighted that access to devices alone was insufficient without adequate support:

"You don't have the same access sometimes to... participating at home, in school, in your community life... without the support of someone who understands"
(AslAm Staff).

Geography was repeatedly identified as a barrier, particularly in rural areas:

"In rural areas... it's always... understaffed, so some people are going to private speech and language therapists, and that's not feasible for a lot of families"
(SLT Practitioner).

Diagnosis requirements were described as another limiting factor:

"Access to diagnosis is really slow... without the diagnosis, they don't have access to AAC"
(Parent).

Language and cultural access were also discussed, with staff noting both anticipated barriers and emerging routes through schools and preschools:

"Families who... may not have that same word-of-mouth channels... are coming through schools"
(AslAm Staff).

Age boundaries further shaped reach:

"At the moment, we're only under 18s"
(SLT Practitioner).

"It is quite surprising the amount of teenagers and older children who have never had access to"
(AslAm Staff).

Demographic data further contextualise who is being reached through the programme. The majority of children were in preschool or early primary education, with 83.3% attending early years or primary settings, while only 6.3% were in secondary education. This distribution suggests that access to AAC through the programme is occurring primarily in early childhood, aligning with participants' emphasis on the importance of early exposure to AAC as a valid mode of communication. At the same time, staff reflections on the number of older children and teenagers who had never previously accessed AAC indicate that this pattern reflects not only early intervention, but also longstanding gaps in access for older children.

What stage of education is your child currently in?

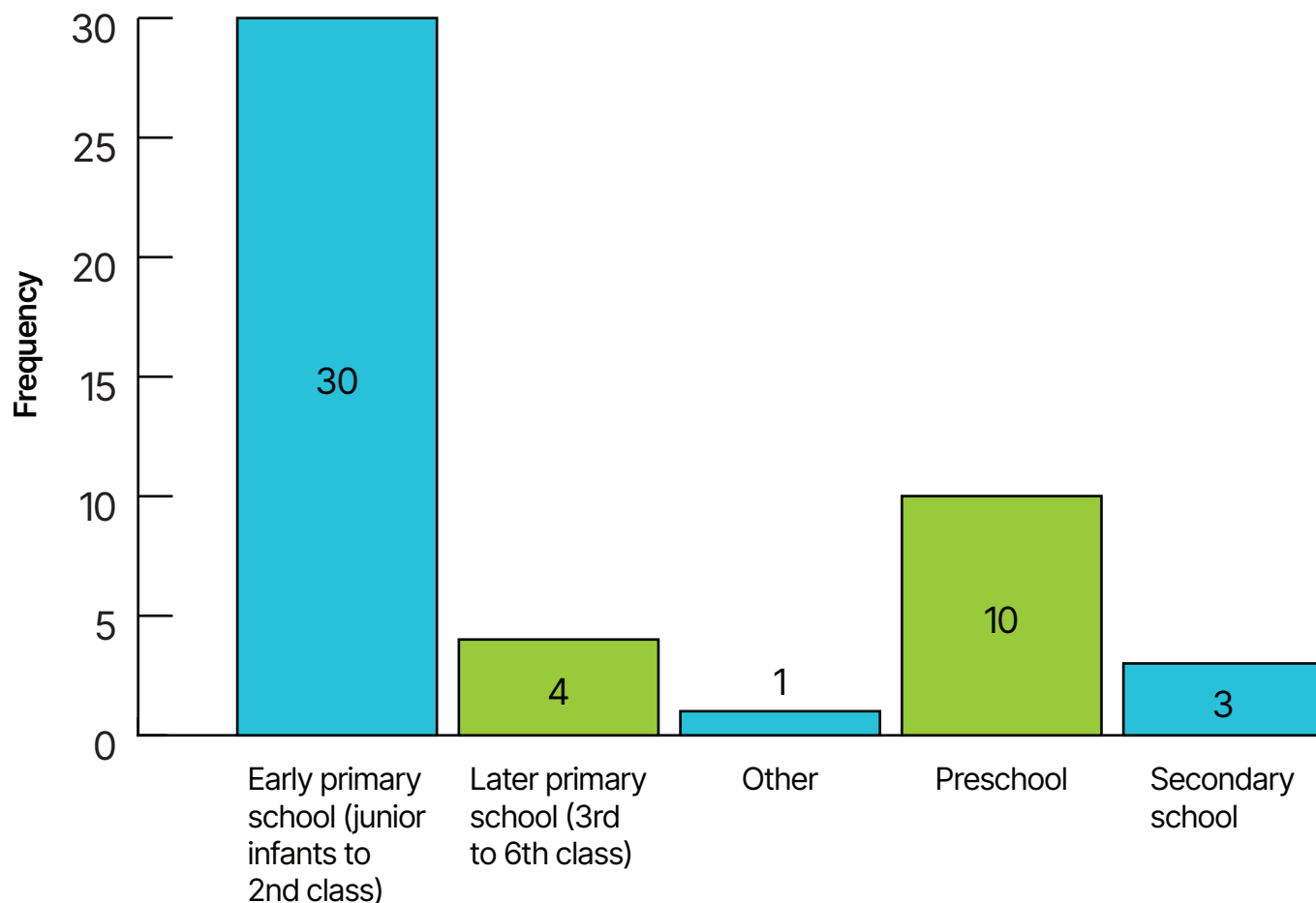


Figure 5. Stage of Education

Educational setting data further illuminate the structural contexts through which families accessed AAC. Nearly half of children (47.9%) were enrolled in special classes within mainstream schools, with a further 20.8% attending special schools. Smaller proportions were engaged in early intervention or specialised preschool settings. While these patterns may partly reflect the communication profiles of children and young people, with non-speaking or minimally speaking children more likely to opt for "specialised" educational settings, they also highlight the importance of raising awareness of AAC and total communication approaches across all educational and social contexts. Ensuring that mainstream environments are equipped to support AAC users is critical to promoting inclusive access and minimising unnecessary segregation. Families, in particular, require support in accessing information and awareness regarding the potential of AAC systems in supporting their children's communication development.

What type of educational setting does your child attend?

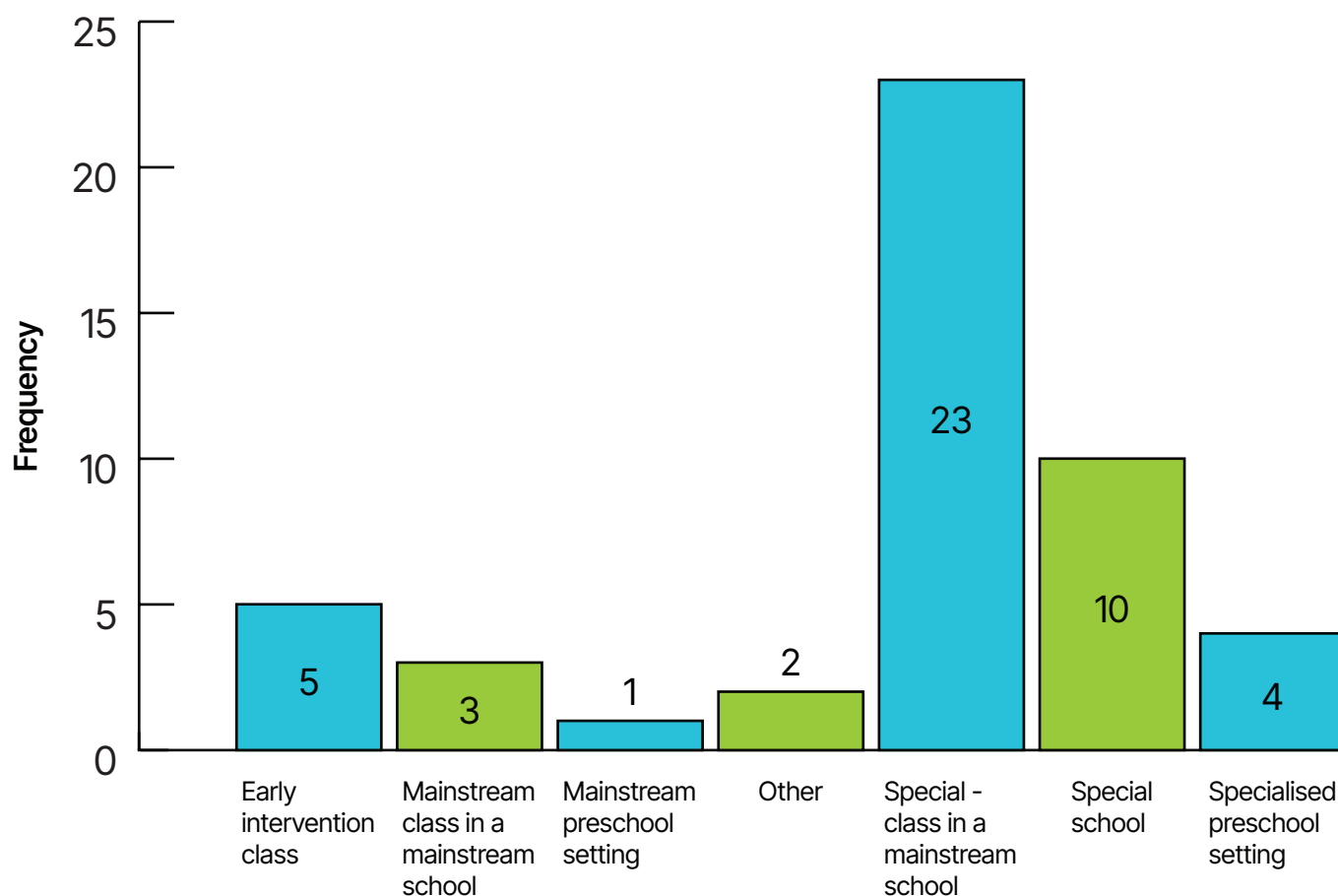


Figure 6. Educational settings attended by participating children

Access to AAC through the programme is occurring earlier and is often mediated through educational settings with specialist knowledge, while older children and those outside such settings remain more likely to have experienced delayed or absent access.

Participants also reflected on whether the programme was reaching families with the least economic capacity to access AAC independently:

"Are we reaching families who maybe don't have the economic opportunity at all to ever purchase a high-tech device like this on their own?"
(SLT Practitioner).

Together, these data show that while the programme broadened access relative to statutory provision, reach remained shaped by wider structural inequalities that limited who could benefit.

4.2 Effectiveness

Across participant groups, AAC was not described simply as improving communication skills. Rather, it was experienced as altering how children participate in everyday life, how they are understood by others, and how they experience themselves within relational contexts. Parents, SLTs, educators and staff consistently framed change as broader than vocabulary acquisition, encompassing shifts not only in children's communication, but also in how communication partners respond, interact, and adapt environments to support participation. As one SLT put it:

*"It's not just about the words. It's about participation, being able to take part in everyday life in a way that wasn't possible before."
(SLT Practitioner).*

Educators described similar shifts within classroom interactions. As one teacher observed,

*"you can see the satisfied look on his face that he's communicated what he wants and we can go and sort it out for him."
(Teacher).*

This sense of participation was echoed in survey findings. Eighty-one percent of parents agreed AAC was needed; 67% reported that AAC made communication easier; and 58% reported increased control over activities. Emotional wellbeing and self-regulation showed moderate but meaningful gains, while friendship outcomes were more tentative, with higher "not sure" responses.

Qualitative accounts give depth to these figures. Parents described relief, reduced frustration, and a shift from guessing to understanding:

*"Families talk about relief. They're not guessing anymore. There's less frustration on all sides."
(AslAm staff).*

One parent reflected on how the impact extended beyond classroom answering:

*"Whatever. And this just seems to have given her the confidence that she can communicate, and that she can engage and find her way. So her world has really opened up in the last couple of months, which is... I mean, it's much more profound than I would have expected. I would have thought it just meant that she was answering questions in class, but actually it's really changed her confidence in a lot of things."
(Parent).*

The Effectiveness dimension, therefore, captures AAC not as a technical intervention, but as a relational shift that unfolds in everyday life. This relational shift was reflected in changes across the wider communication environment, including increased responsiveness from communication partners and more inclusive interactional practices.

4.2.1 Reclaiming Voice in Everyday Life: Agency, Ownership, and Participation

A first dimension of this transformation was the emergence of everyday agency. Parents and SLTs described children using AAC to refuse, request, initiate and personalise communication; often for the first time.

An SLT recounted:

"There was a child, he must have been around 5 or so, one of the AAC kids had his device, and he did not want to see Santa, so he very effectively said no, on his device. No, no, no. And the parent was going, no, come, we'll go see Santa, you know, but, well, he has communicated that he would not like to see, Santa, so we'll honor that. And I thought to myself, like, that's quite a quick outcome, like, quite a meaningful way. Just by having the device, he was able to effectively, say what he did not want to do, which is as valuable as saying what you do want to do."
(SLT Practitioner).

Refusal here was not framed as oppositional behaviour but as meaningful participation. Similarly, another SLT emphasised:

"how being able to express what you don't want as well as what you do want, it is something that we touch on quite often in our one-on-one supports"
(SLT Practitioner).

Parents described concrete shifts in daily routines:

"So, his language has definitely come on a bit, beforehand, (child's name) would have... he'd be kind of screaming and kind of pointing, you know, to get something. Whereas now, he will actually get... he'll use the device to request"
(Parent).

"He will tell you the toilet, please, and, even, like, bedtime, you, like, press on the tablet, like, it's bedtime. So, it has been, like, a great, like, impact, yeah, in terms of, in terms of how he has, he has been communicating. It's been, like, positive, honestly"
(Parent).

These examples illustrate how agency becomes embedded in routine interactions. They also highlight how communication partners adjust their responses and expectations to support children's participation. Educators described similar moments of choice-making and independent communication within classroom activities. One teacher explained how a student was able to use the device to express a clear preference during play:

"He was able to go to the device and select what he wanted... he wanted the blue space hopper, and we could go and get it... it could have got rid of a possible meltdown... it's small wins sometimes."
(Teacher).

For some children, AAC also became part of play and identity:

"And, so they kind of... she, like, Anna got really engaged in it very quickly, and... and it was really... it was really cute to see, because, like, she'd put her own pictures on, and her own noise, and she'd rearrange the little pages to really be her, and the way she sees the world, and the way she..."
(Parent).

Parents observed that communication was not only meaningful, but social and playful:

"you were saying, like, that they'll have a bit of crack at it, like, they'll press the wrong button and think it's hilarious. Do you know? So, like, that kind of social thing has, you know, not just in terms of the language, but the socializing has definitely improved as well"
(Parent).

For children who had never used speech, the device offered a visible and accessible alternative:

"because she plays with this emoji, and she laughs about it. It's just the emojis, animation, feelings, and the actions. See, she's loving it, and being able to communicate with that is great, because she never spoke a word in her life."
(Parent Participant).

Educators further describe how AAC enabled children to participate in shared classroom routines and group activities. One teacher explained that AAC enabled a child to contribute to everyday learning activities, noting that during lessons:

*"He'll select the days of the week, he'll select the weather, which makes him really part of the group."
(Teacher).*

Another teacher explained that their student used their device *"bring up whatever number or whatever the answer might be... and press that,"* allowing her to respond to questions and participate in class discussions.

Survey data reinforce these accounts. 67% of parents agreed AAC made communication easier, and 58% agreed it increased their child's control over activities. In this sense, effectiveness is not limited to linguistic output; it is expressed through participation, choice, and ownership.

4.2.2 Change Over Time: Confidence, Regulation, and Uneven Trajectories

The data from the survey showed that many parents (38 parents out of 48) agreed to perceive their child's communication improving

**Impact on you as a Parent -
The AAC Programme helped me to understand my child's communication needs**

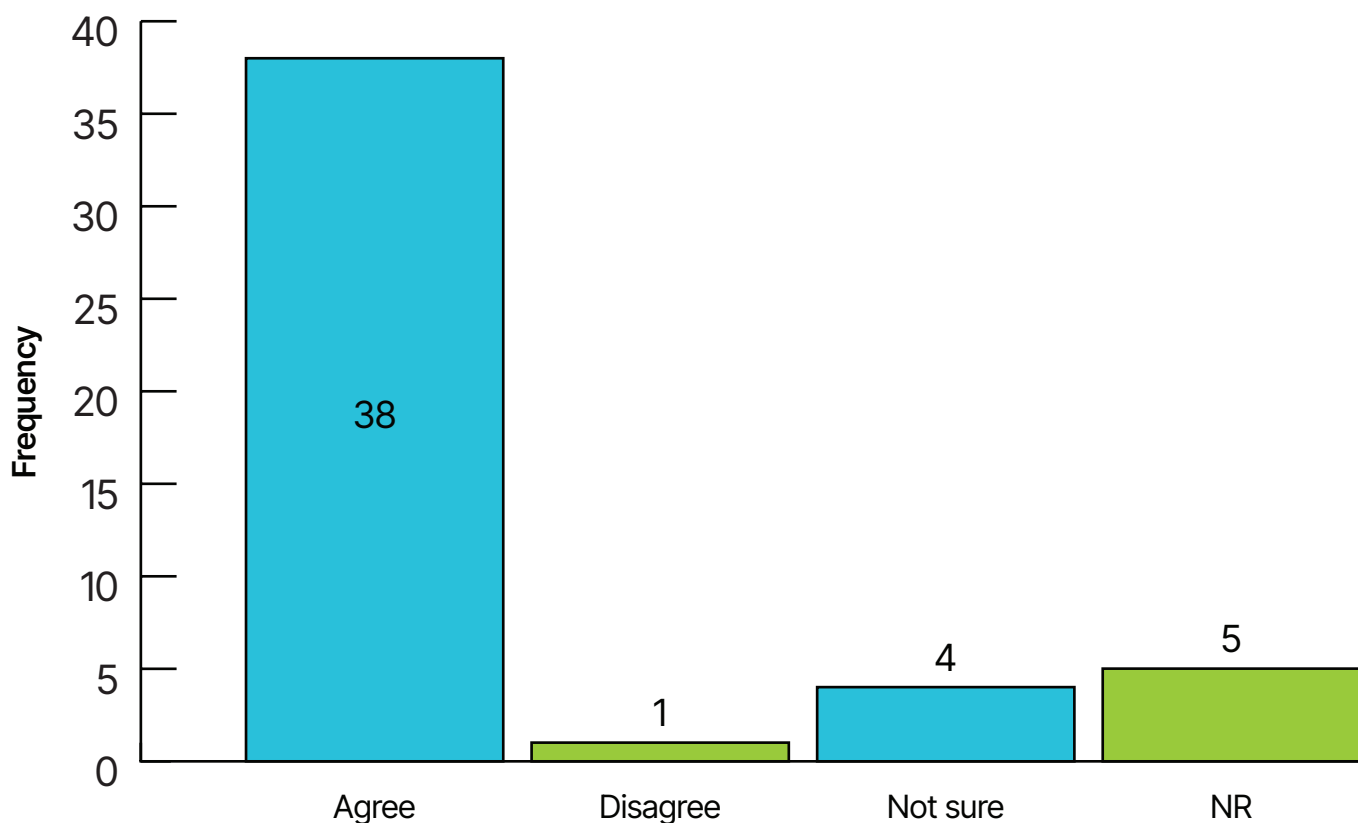


Figure 7. Impact on Parent Perception of Understanding Child's Communication Needs.

Additionally, the survey data showed parents (35 parents out of 48) perceived that their children are happy using the communication device,

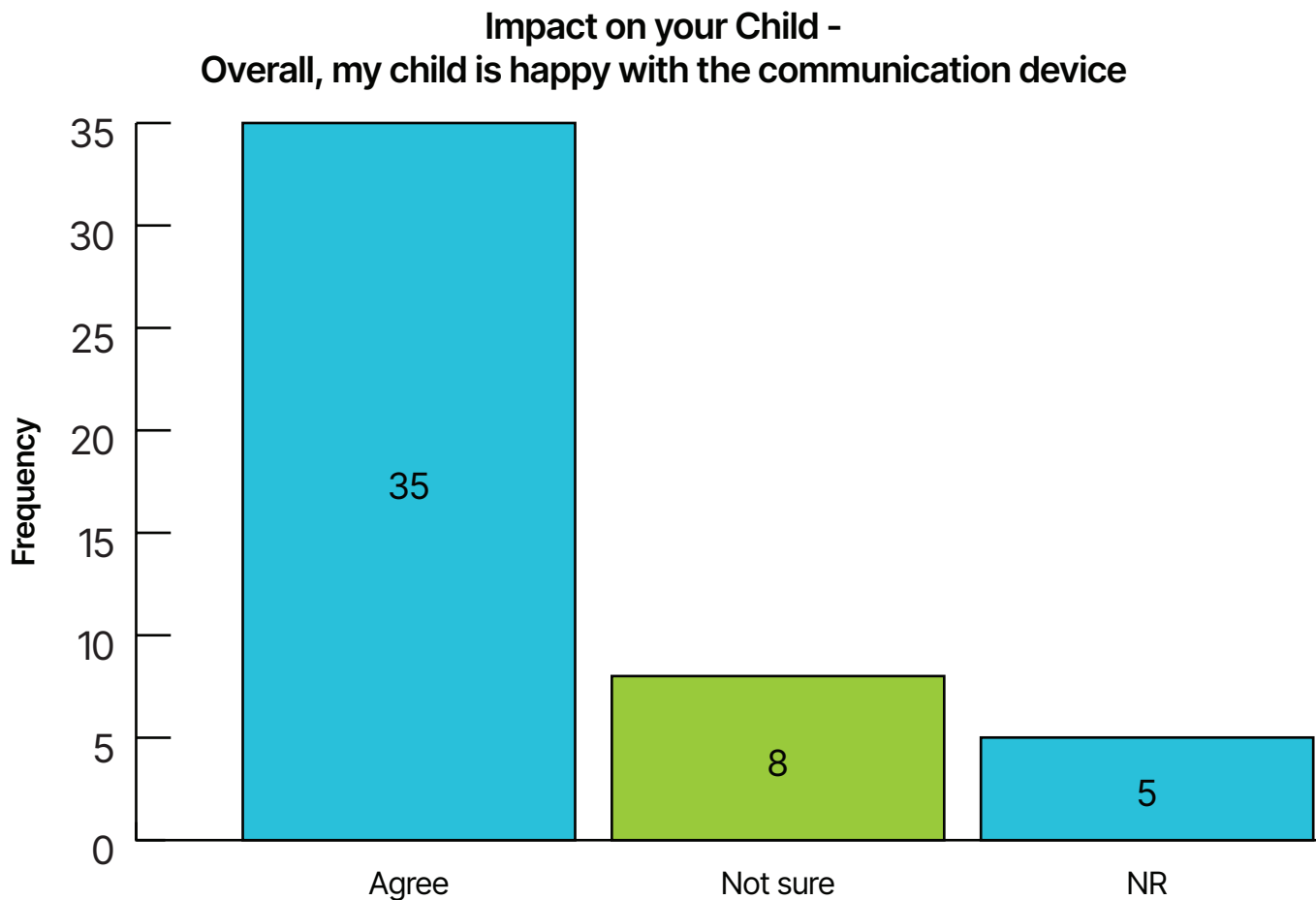


Figure 8. Parent perceptions of whether Child is happy with AAC device

However, while many parents described early gains, participants were equally clear that change did not unfold evenly. Some improvements were visible quickly. One parent described the shift from distress to communication:

"So, his language has definitely come on a bit, beforehand, (child's name) would have... he'd be kind of screaming and kind of pointing, you know, to get something. Whereas now, he will actually get... he'll use the device to request"
(Parent).

Another parent noted increased involvement across contexts:

"He's more involved now – at home, in school, just in general. He can show us what he wants, what he doesn't want."
(Parent).

Parents frequently linked communication to confidence:

"And as I said, I suppose with my kid, I don't think if she'd gone through CDNT, she'd have been offered this. So, because she's that situational mutism rather than completely nonverbal. But it has absolutely changed her in terms of her confidence and everything like that, and it's given her an access for the teachers to understand her better."
(Parent).

While adoption unfolded at different paces, the direction of change described by parents was consistently positive. Communication gains were accompanied by increased confidence, greater participation, and observable reductions in frustration.

Taken together, these findings suggest that where AAC was taken up, it was experienced as enhancing children's communicative competence and everyday engagement. These changes were also reflected in shifts within the communication environment, including greater responsiveness from communication partners and more inclusive ways of interacting that supported participation.



4.3 Adoption

Although devices were accessed relatively quickly, their use did not look the same across settings or families. Participants described uptake as something that unfolded gradually. In some homes and schools, use became embedded. In others, it remained tentative, intermittent, or shaped by adult confidence and contextual factors. One educator described how initial engagement with the device developed slowly over time:

*"When he first came in, it was a bit more to the side. He loved it, but he didn't really know quite how to use it, so he would use quite a lot of random buttons."
(Teacher).*

Similarly, a parent described how AAC use differed across environments:

*"he's used... he's used it a lot more at school since he started back at school, because he's realized the value of it at school, and it's another, you know, it's another form of communication for him. Whereas at home, he's always been able... we've always generally been able to figure out what..."
(Parent).*

This account illustrates that adoption was not uniform. The same device could be integrated differently depending on context.

The following sections examine how adoption unfolded at home, in school, and over time.

4.3.1 Adoption at Home: Learning, Adjustment, and Early Uncertainty

For several families, early adoption involved a learning curve. AAC was described as new, technical, and at times difficult to navigate.

*"You know, who can support you through Autistic communication and support you with...how an AAC device, how to use it, edit it, you know, all those, things. It can be very overwhelming"
(AsIAM Staff).*

This sense of overwhelm did not mean rejection of AAC. Rather, it reflected the adjustment involved in incorporating it into everyday routines.

Survey findings show that confidence varied. The statement measured:

"I feel confident using the AAC system with my child in daily routines"

Table 2: Parent Participant Self-Assessed levels of Confidence in Using AAC System

Confidence of Parents with Engagement of AAC Programme							
Count							
		Which category best describes your engagement with the AAC Programme?					
		Device funded	Not sure	Trial and keep	We are in more than one pathway	AAC Family pathway	Total
I feel confident using the AAC system with my child in daily routines	Agree	6	1	10	1	18	36
	Disagree	0	0	2	0	0	2
	Not sure	0	0	1	0	4	5
	NR	3	0	0	0	2	5
Total		9	1	13	1	24	48

As shown in Table 2, most parents reported confidence. A smaller number were unsure or disagreed, with parents in the Trial and Keep Pathway potentially showing a lower level of assessed confidence in their abilities to use the AAC systems they received, however, this must be interpreted with caution as the numbers across programme pathways are not comparable. Nevertheless, the findings suggest that for some families, adoption was still developing. Families in the Trial and Keep Pathway may benefit from more structured support over time, especially when the system is first received.

While most parents reported feeling confident, some were unsure or disagreed. This suggests that adoption was still developing or stabilising for a minority of families, rather than fully established. Parental confidence also varied by pathway, highlighting how access, support, and prior experience with AAC can shape early engagement..

Early use also took different forms across settings and situations. One parent described device use in emotionally charged moments:

"I think he was using it as a bit of a, kind of, almost like a defence mechanism. It was a way of, you know, reinforcing, you know, I'm not... I'm not happy, where he was, like, he was playing things on it very loudly..."
 (Parent).

The same parent added:

"he was getting, you know, kind of, I think he was using a bit as almost, like, a distraction. If he just didn't want to engage with the main classroom environment, it was an escape from, you know"
(Parent).

These accounts suggest that early adoption may involve experimentation, emotional expression, and context-specific strategies, rather than consistent needs-based use. Children may initially use AAC in ways that reflect curiosity, affect regulation, or situational needs before use becomes more routine and integrated. experimentation and interpretation before use becomes more settled.



4.3.2 Adoption in School: Context and Practical Constraints

Adoption in school was also shaped by context. In some cases, teachers were described as supportive:

"the teacher was on board with that"
(Parent).

"the school is fully on board, they are loving it"
(Parent).

Educators themselves also emphasised the importance of recognising the device as a legitimate communication system within classroom practice. As one teacher explained, *"you just have to have the mindset that that's his voice, so it's really important that we make sure that it's part of our teaching and learning."*

However, school policies and structures could influence use:

"internet access, photos, no, none of that in the school, they have a very strict phone policy in the school, and it's mainstream"
(Parent).

This highlights that systemic constraints, such as ICT policies or mainstream school regulations, can limit how AAC devices are integrated, even when staff are supportive.

School size and structure were also described as relevant:

"they have over 600 pupils, so it's... it's a big primary school. Whereas the school... the school he's moving to...he's in a mainstream, class. Yes. They have no autism classes in his, in his current school, his teachers has found that challenging as well, too"
(Parent).

Teachers also described practical challenges when integrating AAC in busy classroom environments:

"Sometimes you just can't find it maybe fast enough... it's easier when you're doing one-to-one work rather than in a group situation."
(Teacher).

These accounts suggest that logistical and organisational factors, such as school size, availability of specialist classes, and teacher-student ratios, may affect how consistently AAC is used and supported. Where teachers were confident using the device, AAC could also become embedded in everyday classroom routines. One educator described how the device accompanied the child across activities and settings within the school day: *"wherever he goes now, he takes the device with him."*

Interpretation of use also mattered. One parent reflected:

"sometimes when John has been dysregulated, he's just been kind of pressing sounds on the iPad, and... but I think that's his way of saying, I don't engage with this, you know, the kind of way"
(Parent).

Here, device use in moments of dysregulation required adult interpretation, which is subjective and may vary between staff. How use is understood, whether as communication, emotional expression, or disruption, can influence how teachers respond and the child's subsequent engagement with AAC.. How that use was understood shaped whether it was seen as communication or disruption. These accounts suggest that adoption depended not only on the child and family, but also on how the school environment was structured and resourced to accommodate the device, and how flexible policies allowed for adaptation.

4.3.3 Adoption Over Time: Fluctuation and Stabilisation

Participants described adoption as something that changed over time. Initial enthusiasm could reduce:

"I suppose, reduced use of it at home. Sometimes that can happen where, at the beginning, you know, there might be a big focus on it, and then that can drop off"
(SLT Practitioner).

AAC was also described as something that takes time to learn:

"AAC's journey, it's not like a quick, like, you get a device and then you're flying, you know, it's a language that you need to learn that can take a long time"
(SLT Practitioner).

Gradual shifts were noted over months:

"we have a video of some of our parents talking about their journey... she was like, oh my gosh, I've just noticed that my child is now... won't let me near the device, is going to the device when he needs something, like, and is doing XYZ on it... and that's how long that took"
(SLT Practitioner).

Educators similarly described AAC use evolving over time as children became more familiar with the device. One teacher reflected that when the device first arrived, *"it was a bit more to the side... he loved it, but he didn't really know quite how to use it. so he would use quite a lot of random buttons."* However, *"it's been quite amazing to see how in what probably is four or five months that has changed... the more he sees the success rate with that communication, the more he's using it."* (Teacher)

These accounts suggest that adoption did not follow a straight line. Instead, use could fluctuate before becoming more embedded. Uptake across home and school, and over time, appeared to be influenced by both the child's and supporting adults' familiarity with the device, the confidence of everyone involved, and the surrounding environmental supports. Across home and school contexts, and across time, uptake appeared shaped by familiarity, confidence, and environment. Importantly, access to AAC marked the beginning of a learning and adjustment process rather than its completion, and ongoing support is needed to consolidate use. Access marked the beginning of the process rather than its completion.

4.4. Implementation

The themes within this dimension include the findings regarding an overall model of support, challenges, facilitators and unique strengths of its design and delivery, including professional expertise and cross-programme collaboration.

4.4.1 Specialist, autism-informed AAC practice

The programme's distinctive contribution lies in neuroaffirmative, autism-informed AAC expertise, delivered flexibly and relationally. The expertise of SLTs in AsIAM were widely praised by the participants, and were often contrasted with the challenges experienced by families in the public health sector.

"the family I had in earlier, you know, they've been under the CDNT team, and every time they see a speech-to-language therapist, they see a different one. [...] And so they might be getting differing advice. Depending on who they see"
(SLT Practitioner).

The unique strength of the AAC Family pathway is that parents get ongoing support from a specialised SLT team who have both AAC and autism expertise, as well as from other parents of Autistic children.

"And that's a big difference, because even sometimes speech and language therapists working within the HSE who may be working within a disability service, they don't have experience in AAC, and they will still give incorrect advice. They will still be telling people to use smaller grids, or to block off all the pictures, or only press more, more, more, more. And, you know, and that's frustrating then as a therapist"
(SLT Practitioner).

This underscores the importance of specialist AAC knowledge in guiding families, not only to prevent ineffective strategies but also to support meaningful, authentic communication rather than overly restrictive practices. Educators also emphasised the value of specialist AAC input for supporting implementation in school contexts. As one teacher explained, *"she [the SLT] did come into school and do some work with us on what we felt would be beneficial to have on the device... she demonstrated how she would use the device with him, so that was quite useful for us"*. Similarly, parent participants emphasised the value of specialist autism-informed AAC practice:

"[...] because when we were trying to navigate ourselves, it was just such an enormous field, and we didn't know, I suppose, what the challenges would be, or how to work it, or anything like that. So just having that experience of someone who's, worked on it, being like, this is what's generally worked, why don't you try this, has been really... it's given us, I suppose, taken a huge weight off our mind, and a huge amount of work off us to actually get something like this in place, which has been great"
(Parent).

AslAm SLT Team work from a total communication perspective. AAC is positioned here as a 'new language' that needs ongoing awareness building, especially in terms of its use beyond meeting needs, to enable children to communicate more authentically and meaningfully in everyday contexts.

"[...] moving beyond just using the device to request for things. So, of course, that's a fundamental thing, is requesting, having your needs met. But we want to kind of help them to communicate for lots of different reasons"
(SLT Practitioner).

"keep that as the core of, like, our belief in the program, is that you can communicate however you want. This is just another tool"
(SLT Practitioner).

Teachers similarly reflected on the importance of extending AAC beyond simple requesting functions. One educator noted that while children may initially use the device to communicate basic needs, *"maybe rather than just saying what he wants or what he needs, I suppose that's where we're looking at next... as in, I like doing this, or this is great"*.

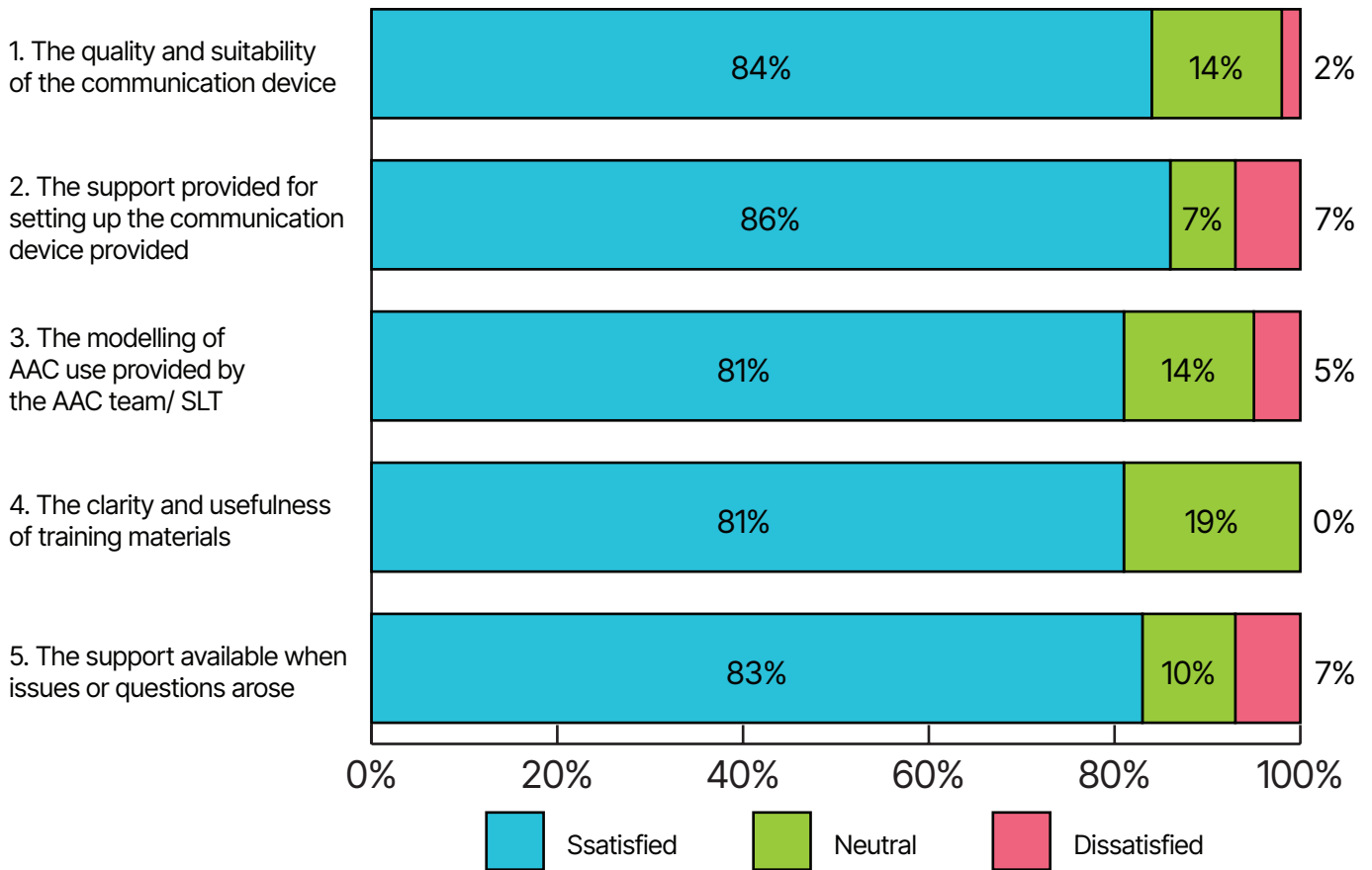
This reflects a total communication, neuroaffirmative approach, where AAC is seen as just one of many ways a child can communicate. Educators described how this approach required embedding AAC across everyday activities rather than treating it as a separate intervention. As one teacher explained, *"it weaves its way through everything... if we're doing an art activity... he might use it there,"* highlighting how AAC can become integrated within ordinary classroom routines.

The focus of AslAm's programmes are on supporting children to express themselves in ways that feel authentic and meaningful, rather than prescribing a single "correct" method. This approach emphasises integrating AAC into a child's everyday life and social contexts, supporting not only adaptive needs, like requesting, but also self-expression, social participation, and autonomy. It recognises that effective implementation requires sustained adult support and careful adaptation to different environments, rather than relying on a one-off intervention.



4.4.2 Flexible and responsive support

The programmes are supported in multiple ways, and in a timely, responsive and sensitive manner, both from the perspective of supporting the initial adoption, total communication and the technical aspect of their implementation. This was confirmed by the survey findings from parent respondents which show a high level of satisfaction with all aspects of the programme.



*Responses 'not applicable to us' were excluded from analysis.

Figure 9. How satisfied are you with the following aspects/ components of the AAC Programme

The Family pathway was praised in interviews for its thoughtful design. The programme offers devices to families who do not have access to an SLT and is built on a family support model which empowers parents.

"I think the device abandonment is kind of something that we, from the very outset, like, would be, like, trying not for that to happen, and I suppose that's kind of why we have the family program, like, for people, you know, to receive support, because there's no point in hand... like, we would never be handing out devices then to a family who doesn't have any kind of SLT support. So, I guess that's kind of the reason behind the family program for families who don't have SLTs, that, you know, we would kind of act as their SLTs"
 (SLT Practitioner).

The importance of ongoing support, beyond just funding the device, was highlighted by both clinicians external to AsIAM and AsIAM staff.

"[...] We have had calls with parents who, like, either they funded the device themselves, or maybe their CDNT provided the device. But they don't feel as though they're getting support. So, like, they do have the device, like you said about the device abandonment again, but they don't have the training or the support"
(SLT Practitioner).

"[...] help those families who, kind of, are falling through the cracks. They do have a device, but they just don't have support "
(SLT Practitioner).

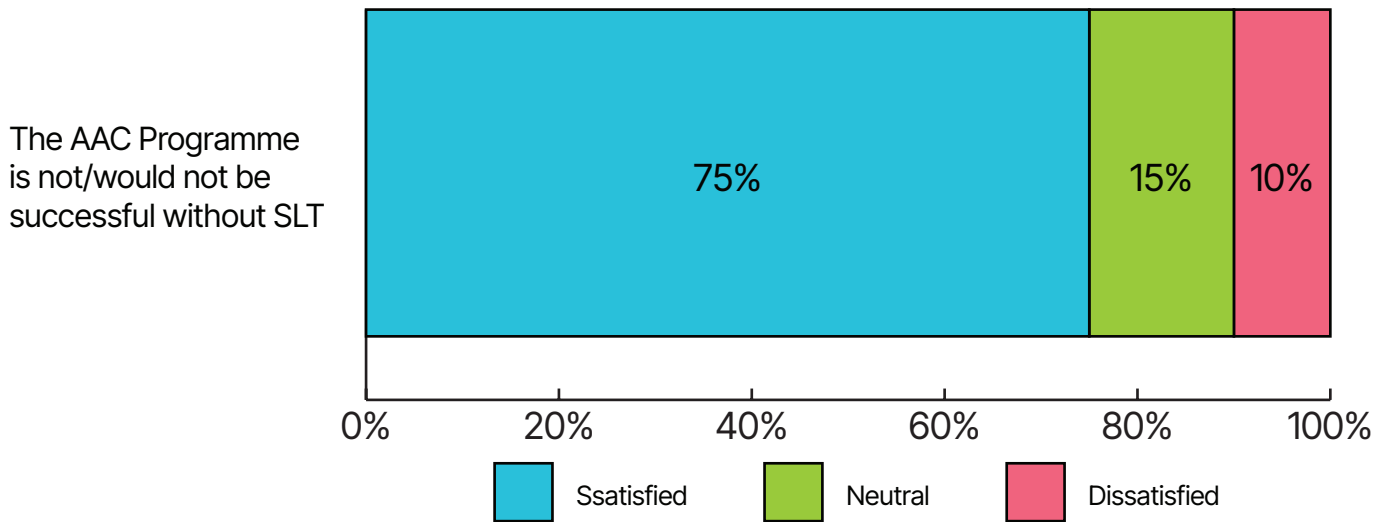
Ongoing support is needed and the AsIAM model seems to have this considered through developing sustained peer networks. SLTs who work on the other AAC programmes have commented on the importance of providing ongoing, even if intermittent support.

"I suppose, reduced use of it at home. Sometimes that can happen where, at the beginning, you know, there might be a big focus on it, and then that can drop off [...] so I do think [...] even if it's discussing... just discussing with the parents on how they can continue to support the child to use it, or, doing some sessions in the clinic to kind of go through ways of developing their communication skills using the device. So, yeah, I do think it's important to kind of continue, even if it's just, intermittently"
(SLT Practitioner).

The collaborative work between AsIAM programmes was mentioned as another unique strength that contributes to the AAC programme effectiveness. For example, staff from the AsIAM Child and Family pathway, which offers activities such as summer programmes and/or other social and learning supports, collaborate with AAC programme SLTs to plan for the engagement of children and young people who use the devices in the social activities.



Quantitative data confirmed the importance of SLT input for effective use of high-tech AAC.



*Responses 'not applicable to us' were excluded from analysis.

Figure 10. How has the SLT supported your child's communication?

The programme includes education for school professionals and the wider community (through self-paced webinars) to promote the understanding of AAC. SLTs were clear that schools play a crucial role in effective AAC implementation.

"I think the teachers, the school side of things [...] because kids spend so much time in school, and it's just such an opportunity, and I often find that, you know, when a kid isn't using a device, and they're going off their device, or they're pushing it away. It's often how it's being modeled in schools"
(SLT Practitioner).

Educators similarly highlighted the importance of collaboration between therapists and schools in supporting effective AAC use. One teacher described how the child's speech and language therapist came into the classroom to provide guidance, explaining that *"she did come into school and do some work with us on what we felt would be beneficial to have on the device... she demonstrated how she would use the device with him, so that was quite useful for us"*.

The highly individualised needs of each family were highlighted by both therapist, teacher and parent participants. As the programme currently offers a range of apps/ software, families stressed the importance of both *ongoing* and *tailored* support to continue their effective use, and the need for additional, flexible support when needed. Educators similarly recognised that AAC systems require ongoing adjustment: *"as he grows, we are going to need to adapt the device to his needs"* (Teacher). This requires ongoing capacity building among the AsIAM staff who support the programmes, and AsIAM staff indeed commented on the need for ongoing programme evaluation and adaptation.

4.5. Maintenance

The themes within this dimension include the findings related to embedding AAC within everyday family lives, schools and communities, preventing device abandonment, and a broader recognition and acceptance of communication diversity in society.

4.5.1 Embedding in Everyday Contexts

A core theme was the importance of child-centred, flexible approaches to AAC use. SLTs and AslAm participants emphasised the importance of observing how children naturally interact with devices, supporting social communication in authentic, everyday contexts, and adapting to each child's communication profile.

"how it works and what... how it doesn't work. Like, because AAC is very individual, but also... you want to give that access, and you want to, like, at the moment in Ireland, there's not a lot of awareness around AAC assessment that's robust, and then how to keep it going, even if you're getting one-to-one support. That is the case in CDNTs. You often get a device from a really good assessment, but then there's not a lot of support afterwards"

(SLT Practitioner).

The role of AAC as a mediator of family communication was highlighted. It is important that the devices are not used just in structured settings, but that they become integrated into everyday family routines, supporting shared language and interaction. Parents were seen as central to this process, modeling communication and embedding AAC use in daily life to promote sustained engagement.

"you know, links between parents around, around AAC. AAC's journey, it's not like a quick, like, you get a device and then you're flying, you know, it's a language that you need to learn that can take a long time, so you want to build. Some, you know, empowerment and resilience in there for families through community around that as well"

(SLT Practitioner).

The critical role of school staff here was also highlighted.

"teachers are not trained, for them to be trained would take years, but if the AslAm could simplify the information to make, the teachers a bit more, like, aware of how to, to, to deal with, with, with, how to help a child with neurodivergence in the mainstream, if that's where they end up being for all their places. I mean, just make the family's lives easier, because the... We thought they are struggling, because, unfortunately, we are not getting what we should be getting from who should be offering. I know, as I am, it's just a charity, but, like, if they could focus a little bit on those big issues to help us out."

(SLT Practitioner).

Educators emphasised the importance of embedding AAC within everyday classroom interactions rather than restricting its use to structured tasks. One teacher described how AAC supported participation in routine classroom activities, explaining that during circle time the child *“selects the days of the week, selects the weather, which makes him really part of the group”* (Teacher). Embedding AAC in everyday contexts was also linked to how adults understood the device and recognised AAC as the child’s legitimate voice, noting that *“you just have to have the mindset that that’s his voice, so it’s really important that we make sure that it’s part of our teaching and learning”* (Teacher).

4.5.2 Connecting with Other Families

The evaluation highlighted the importance of embedding AAC programmes within the broader Autism community and AslAm organisational structures. Visibility of AAC helps ‘normalise’ communication diversity. In this context, building sustained peer networks, supporting parental engagement, and integrating the programme with other AslAm initiatives were seen as key strategies. AslAm was viewed as a proactive and forward-looking organisation, committed to evolving with the needs of the AAC community in Ireland.

4.5.3 Capacity and Sustainability Challenges

The evaluation revealed the need for both AslAm staff continuous development in relation to evolving technology and high-tech AAC as well as continuous capacity building among other stakeholders. AslAm staff described ongoing training with app developers and emphasized the importance of liaising with schools to ensure consistent implementation of high-tech ACC in total communication environments that support multiple forms of communication in schools.

“the growing of AAC capacity, so, like, maybe doing, like, an AAC+, so more focusing on modeling, like, not just the setup now, we’ve set up, so it’s more like the modeling, like, goal setting, how to talk to the school about it, you know, kind of supporting families more in that space.”
(SLT Practitioner).

Capacity building also encompassed ongoing development of parent skills, and this ongoing support was identified as critical to preventing device abandonment. Participants stressed the need for practical and accessible resources that evolve alongside families’ AAC use, including guidance on integrating devices into diverse contexts and addressing challenges as they arise.

“I suppose sometimes to actually get to sit down and even, like, you know, watch some of the webinars and things like that. It is, it can be tricky, but sometimes if you can just pick up bite-sized pieces of information, something really small can actually go a long way, like, you know”
(SLT Practitioner).

A consistent theme across all stakeholders was the challenge of sustaining AAC use over time. Long-term engagement requires follow-up support, accessible training, and ongoing communication with families. Parents valued webinars and group supports, but also highlighted the need for individualised, tailored and responsive supports.

Educators similarly highlighted the need for greater training and practical support in order to sustain AAC implementation within schools. One teacher noted that one of the main challenges was simply “training and time” (Teacher 2). Teachers also emphasised the value of hands-on learning opportunities to build confidence with the technology:

*“I think you always learn best by doing... if we had a couple of devices and could play around with them... that would probably be a real bonus for us”
(Teacher).*

Clinicians noted that device abandonment is common without continuous support, highlighting the necessity of ongoing support, through for example scheduled check-ins and reviews, but also via community networks and ongoing awareness building about total communication.

*“looking at how do we keep that learning going, so it’s not like AAC, you just have the device you set up and you stop, so we kind of want to grow our resources as our families grow their ability to use the devices as well”
(SLT Practitioner).*

Teachers also highlighted challenges accessing training opportunities within busy school contexts. One educator described how a training session had been offered but was difficult to attend due to scheduling constraints, explaining that “I was offered a little training session on Zoom... but I couldn’t make the time that was set” (Teacher 1). Despite these barriers, the same teacher expressed strong interest in developing their understanding of AAC, noting that “it would be lovely to do something like that... just to know a little bit more about how it operates” (Teacher).

In this context, sustainability was linked to AslAm organisational capacity for this ongoing support, as well as school engagement and capacity building among the wider society.



4.6 Case Studies of Accessing AAC

Case Study of “Paul”

(Pseudonym used to protect identity)

Paul has received an AAC device from AslAm in May 2025. His family takes part in AslAm Device funded pathway. To consult with Paul and his caregiver, and observe how the device is used in a naturalistic context, two researchers (second and third author of this report) made a home visit as part of data collection for this evaluation.

Consultation with Paul

The researchers used a total communication approach, following Paul’s lead in interactions to understand his preferred communication skills, preferences, and strategies for AAC use. Paul used a wide range of communicative means, including:

- Spoken words and gestalts, with phrases such as: “check it out,” “it’s here,” “that’s John,” “its daddy,” “big boat,” “let’s go,” “let’s check out the boat,” “I can’t reach,” and “What the? Now it’s broke.”
- Gestures and body language to request, indicate, or engage (e.g. signalling with his hand for us to follow).
- High-tech AAC device (iPad), on which he is able to spell out full sentences.

The AAC device was consistently available throughout the observation. Paul demonstrated independent use and responded effectively following modelling. He primarily communicated using spoken words and gestalts, supplementing with gestures and the AAC device. Following modelling by one of the researchers, Paul used the AAC device to write the sentence “let’s walk to the playground”. This use of AAC device was consistent with his mother’s report that he uses it to reinforce his requests or emphasise what he wants when communication is not immediately successful. Paul’s mother reported on this use:

“When there’s a lot going on it will help pinpoint things”

“When he’s overwhelmed, the iPad is helpful in breaking things down ... giving concrete options.”

This means that the AAC device enables him to repair communicative breakdowns or emphasise requests when interacting with people outside of his immediate family. This supports his communication rights in the broader community and society.



Paul's mum reported that, outside the home, he uses the AAC device with grandparents, school staff, and SET/SNA support, demonstrating use across multiple partners and contexts.

"It's more dynamic than a visual schedule... it supports predictability because you can show [Paul] where they're going / what they're doing."

Paul's mother also reported active engagement with the AsIAm programme to ensure she understood how to use the iPad effectively:

"I didn't want to get an iPad without understanding how to use it... with the programme the information was corralled and there was technical support."

Caregivers and school staff actively engage with the AAC system, though variability in staff knowledge indicates areas for further adoption support. At school, his mother noted that his AAC use depends on staff familiarity:

"In school, his SET and SNA use it most... it seems up to chance how much knowledge or experience educators have with AAC."

This suggests that further implementation support is needed for educators to ensure consistent and confident use of AAC in the school setting.

Overall, based on this consultation, Paul demonstrated emerging needs-based communication across multiple modalities, where he opts for spoken words and gestalts as his primary mode of communication, and employs his AAC device strategically to repair breakdowns, reinforce requests, and support learning in school. His AAC device enhances predictability, vocabulary development, and access to communication in both familiar and novel contexts. Paul values his AAC device, and his caregiver reports an intention to continue using it across settings. This suggests sustainable integration of AAC into his ongoing communication routines.



Case Study 2: Consultation with “Jane”

(Pseudonym used to protect identity)

Context and Purpose

Jane received her AAC device in September 2025. Her family participates in AsIAM’s Family pathway. As part of the evaluation of AsIAM’s AAC Programmes, a child-centred consultation was conducted with Jane and her mother to ensure that Jane’s perspectives as an AAC user were meaningfully included. Two researchers (the second and third authors of this report) carried out a home visit to explore Jane’s experiences with her device. Jane is currently in 4th class and attends a Gaelscoil. To further understand how her AAC device is implemented in the school environment, an interview was also conducted with Jane’s class teacher. This additional perspective provides insight into how the device is introduced, supported, and used within classroom activities and school routines.

Setting and Participants

The consultation took place in the afternoon in Jane’s family home on the 10th February 2026. Those present included Jane, Jane’s mother, and two members of the research team (second and third authors). The home setting was selected to maximise comfort and familiarity. A separate online interview via Zoom with Jane’s teacher was conducted to explore the implementation and use of the AAC device within the school context.

Communication Profile and Preferences

Jane demonstrates a flexible and context-dependent communication profile. She primarily uses her high-tech AAC device in school, where it supports her participation in classroom activities. At home and with familiar adults, she more frequently uses speech. Jane is unlikely to verbalise with unfamiliar adults and, at times, prefers to share her responses with her mother, who then relays them. When using her device, Jane typically produces short responses or single words. She has strong literacy skills and benefits significantly from written supports, which align well with her strengths in reading and writing.

Jane responds most effectively to direct and concrete questions. Choice-based formats and initially closed questions support her comfort and engagement, particularly at the beginning of an interaction. Written text supports are especially helpful, and visual supports alongside spoken language further enhance accessibility. Abstract or highly open-ended questioning can be less accessible; therefore, questions were adapted by researchers to be concrete and specific, while offering structured response options. The consultation approach was underpinned by a total communication framework, in which speech, AAC, writing, pointing, circling responses, and supported communication are all recognised as valid, meaningful, and equally valued forms of expression.



Key Findings from Jane's Consultation

The perspectives shared by Jane, her mother, and her teacher highlight the importance of communication environments that recognise and support multiple modes of expression while respecting the preferences and identities of AAC users. Jane's experiences illustrate how AAC can support classroom participation while also functioning as one element within a broader total communication approach. The following section interprets these findings through the RE-AIM framework to consider the effectiveness, adoption, implementation, and maintenance of AAC within Jane's everyday environments.

Effectiveness

The effectiveness dimension refers to the extent to which AAC devices and programme participation enable meaningful communication, participation, and inclusion for the child. From Jane's perspective, her AAC device is effective in supporting classroom participation and expression. She explained that the device helps her say important things and, when asked what the best thing about it is, Jane responded: "To be able to answer questions in class."

Jane's teacher similarly described how the device supported her participation during lessons. For example, when responding to questions, Jane could use the device to communicate her answer: "If I had a question about something, she could press the button for the answer." The device also supported Jane in expressing her understanding in creative ways during classroom activities. During a poetry lesson, the teacher described how Jane used the device to represent her interpretation of a poem: "She turned the screen around and had drawn the whole poem, or her interpretation of it." Teacher observations further suggested that the presence of the device may have contributed to increased communicative confidence from changes in the environment over time and experiencing being understood by others: "Her own confidence has been boosted... maybe by the fact that she knows she has it [the device]... she's become much more communicative in lots of other ways, like nodding or shaking her head, or holding something up to show me, or motioning me to come over to show me something that she's written down in her copy book."

Importantly, the device forms part of a total communication approach, complementing speech, gestures, and written communication rather than serving as Jane's sole means of expression. Although the device is currently used less frequently, the teacher felt that it may have contributed to wider developments in Jane's communication: "The iPad isn't being used as much of late, but I still feel that her own communication has improved a lot, maybe as a result of it." These perspectives highlight how the AAC device provides an additional mode of expression, supporting Jane to share ideas, demonstrate understanding, and participate in classroom learning in ways that align with her communication strengths and preferences.



Adoption

The adoption dimension relates to how AAC is taken up across different contexts and with different communication partners, including family, educators, and peers. Jane reported that she uses her device most frequently at school, particularly with teachers, and also indicated that she uses it with friends. At home, she primarily communicates verbally; however, her mother noted that Jane occasionally relies on her device to communicate with family members during times of dysregulation. Family members initially supported her use of the device, and Jane now helps others understand how it works, reflecting increasing autonomy and confidence with AAC following greater access and positive responses from communication partners over time. Jane's and her mother's accounts demonstrate that her spoken communication is context-dependent and directed toward trusted partners, while her AAC device enables her to express herself beyond this circle.

Jane's teacher described how the device accompanied Jane throughout the school day and across different activities, supporting her participation in multiple contexts: "It was with her all the time... she came with us to the library... and it moved around, went out with her on her movement breaks." The teacher also noted that Jane sometimes used the device in interactions with peers and support staff during these breaks: "There might have been a certain amount of interaction with the other kids... so they were using it in that context." At the same time, the teacher highlighted that Jane frequently communicates with adults indirectly through her trusted peers: "The friends tend to kind of tell us when something's happening... the friends are the little interpreters." These observations indicate that Jane's AAC device is naturally integrated across her school routines, supporting communication beyond structured classroom activities and with multiple communication partners.

From the teacher's perspective, the device was relatively straightforward to integrate within the classroom environment: "There are other children in the class using laptops... so it's just been something that I've gotten used to having on the desks." She also emphasised a child-led approach, allowing Jane to take the lead in using the device: "I didn't want to put too much pressure on Jane initially... I was letting it be led by Jane."

These accounts suggest that successful adoption relies on supportive environments, responsive educators, and opportunities that respect Jane's preferences. Importantly, the device is one component of a total communication approach, complementing speech, gestures, and written communication, enabling Jane to participate across contexts and with a range of communication partners.



Implementation

The implementation dimension considers how AAC devices and programme participation are put into practice, including the supports, strategies, and processes that enable meaningful use. Jane largely taught herself to navigate her device, reflecting high levels of autonomy and competence. Initial family support facilitated early implementation, and she now supports others in understanding how her device works, demonstrating growing confidence and empowerment.

The structured format of AslAm events further supports consistent engagement with the programme. Jane identified Lego, the calm environment, and predictability as favourite aspects of sessions, and expressed trust in programme events, reporting that she had not found anything tricky or difficult when attending. At the same time, she noted that she has not met peers who use similar devices, indicating an opportunity to strengthen peer connection within the programme.

Within the classroom, Jane's teacher described the device becoming part of everyday routines: "It became part of our school day... it just sat on the desk most of the time and then got pressed into action when it was needed." The teacher also noted that a training opportunity had been offered but was not accessible at the scheduled time: "I was offered a training session on Zoom... but I couldn't make the time that was set." She expressed interest in future training opportunities that would help her better understand the device's capabilities and potential uses, highlighting the importance of ongoing support for educators in maximising effective implementation of AAC in school. These observations emphasise that effective implementation relies on creating environments where AAC is naturally integrated into daily routines, educators are supported and knowledgeable, and children are empowered to use their device in ways that align with their preferences.



Maintenance

The maintenance dimension refers to the sustained use of AAC devices and continued participation in programme activities over time. Jane continues to use her device as part of her broader communication repertoire within the school environment, and her confidence in answering questions in class suggests sustained meaningful benefit. Her expressed trust in AslAm events indicates positive conditions for ongoing engagement with the programme.

The teacher reported that the device remains available to Jane even when it is not actively used: "As far as I know, it's always in the bag... she has it there as a fallback if she needs it." She also observed a developmental pattern in Jane's use of the device: "It took a while for her to start using it, then she was using it for a period of time, and then it seemed to phase out a little bit because she found different ways of communicating." These observations highlight that Jane's AAC device is one component of a total communication approach, forming part of a flexible communication repertoire that supports participation across different contexts and communication partners.

When invited to add anything further about her device, Jane wrote: "I want the AAC device to be able to speak Irish." This comment underscores the importance of linguistic identity and points toward aspirations for culturally and linguistically responsive AAC provision, including access to Irish (the language of instruction at school) within her communication system. Jane's teacher also noted that the English-language output of the device may present a challenge within the Gaelscoil context: "For us as a Gaelscoil... the one disadvantage would be that it's through English... she [Jane] probably wouldn't be happy to press a button and have something in English coming out across the classroom." Enabling Irish-language output on Jane's device could further support her confidence and willingness to use the device across a wider range of classroom activities.

Jane's experiences reinforce the importance of centering AAC users as knowledgeable experts in their own communication. By acknowledging Jane's insights and preferences, the evaluation highlights how sustained engagement depends on supportive, responsive environments that respect and value all modes of communication, enabling continued use of her AAC device and meaningful participation in social and academic activities.



4.7 Comparative Reflections Across AAC Programme Pathways

Although the evaluation examined the AAC pathways collectively, participants' accounts also highlighted some differences in how the three programme pathways were experienced in practice. While the preceding findings sections examined programme outcomes across the evaluation as a whole, it is also important to consider how experiences varied across the three programme pathways. These differences were most visible in relation to access routes, the types of support available to families, and how AAC was adopted across settings. The following section brings together findings from across the evaluation to reflect on these differences.

The AAC Family pathway

The AAC Family pathway was the pathway most commonly accessed by families who are not currently receiving support from SLT. Survey data showed that a substantial proportion of families engaged with this aspect of AAC support programmes offered by AsIAM, often in the absence of prior professional support. Participants frequently described this aspect of the programme as providing both the device and the guidance needed to begin using AAC in everyday contexts. Across both survey responses and interviews, families participating in the Family pathway reported high levels of satisfaction and confidence in using AAC. The structured support provided through webinars, one-to-one and group sessions, and ongoing guidance appeared to play an important role in supporting early adoption, particularly for families with little previous experience of AAC. In addition, self-paced webinars are offered for families who cannot attend in-person training. AsIAM staff also provide ongoing support by email and through events run with other AsIAM programmes. The AAC Family pathway is based on a family support model and is linked with other AsIAM programmes. This promotes awareness of the AAC and total communication among Autistic community and the public at large.

The Device funded pathway

The Device Funded pathway was experienced somewhat differently, as it primarily involved families who were already working with a speech and language therapist and who had completed an AAC assessment and device trial prior to accessing programme funding. For these families, the programme was often described as enabling access to a device that had already been identified as appropriate for the child. Parents in this group emphasised the importance of both timely access and financial support in making AAC devices accessible, noting that many families would not have been able to purchase a device independently. At the same time, the level of ongoing programme-based support reported by these families varied, reflecting the fact that professional AAC guidance was often already being provided through existing therapy relationships.

The Trial and Keep pathway

The Trial and Keep pathway was typically used by families who were already linked with speech and language therapy but who had not yet determined which device or communication application would best suit the child's needs. In these cases, the programme provided an opportunity to trial a managed device before making longer-term decisions. Parents described the trial period as helpful in allowing their child to explore AAC in everyday settings and in identifying features that supported engagement and communication. However, as with the Device Funded pathway, the level of direct programme support reported by participants was shaped by the extent of professional input already available through external services.

In the case of both the Device funded pathway and the Trial and Keep Pathway, families are required at the point of entry to confirm that they have ongoing support from a speech and language therapist (SLT). As part of this process, families provide the contact details of their SLT, and AsIAM contacts the therapist to confirm that they will provide ongoing support. Within these pathways, AsIAM's role is limited to device provision, with therapeutic input remaining the responsibility of the identified SLT.

However, qualitative accounts from parents indicate that, in practice, some families experienced difficulty accessing consistent SLT support following device provision, particularly where support was reliant on private services. Parents described challenges including cost, limited availability, and delays in securing ongoing input. These experiences highlight a tension between programme eligibility requirements and the broader structural constraints within SLT provision.

This has important implications for programme development and informs recommendations regarding the need for more sustainable and accessible models of ongoing communication support for families.

Taken together, these findings suggest that the three programmes serve distinct but complementary roles within the broader AAC access landscape. The Family pathway appears to function primarily as an access and capacity-building route for families without existing SLT support, while the Device Funded and Trial and Keep pathways operate more as mechanisms for enabling device access within existing clinical assessment processes. Across all pathways, however, participants emphasised that access to a device alone was not sufficient. The availability of guidance, training, and opportunities for families to build confidence using AAC emerged as an important factor influencing how successfully AAC was integrated into everyday communication.



5. Discussion

This evaluation explored how the AslAm AAC programmes expand access to communication devices, influence communication and participation outcomes for children and families, and how the programme operates in practice across home, school and community contexts. The findings show a programme that is responding to a clear gap in communication support in Ireland, while also illustrating the conditions that allow AAC to become part of everyday life. Looking at the results through the lens of the RE-AIM framework helps place these findings alongside existing research on AAC implementation and highlights what the programme contributes within the Irish context.

5.1 Access to AAC within a constrained service landscape

The findings aligned with the Reach dimension of the RE-AIM framework indicate that access to AAC through the programme is taking place in a context where many families struggle to obtain communication support through statutory services. Almost half of the children in the evaluation had no speech and language therapy before entering the programme and only a small proportion had access to public provision. Families frequently described waiting lists, limited AAC expertise, and uncertainty about how to obtain devices through health services. For many participants the programme became visible through informal routes such as word of mouth, information shared by schools, or personal research.

These experiences mirror patterns reported in the AAC literature. Family centred AAC initiatives often reach families who actively seek support and who have access to information through professional or community networks (Avcil and Görgü, 2022; Barrett, 2021; Fischbacher et al., 2024). Recruitment frequently relies on informal channels rather than systematic service pathways. As a result, access to AAC is shaped not only by communication needs but also by structural conditions such as service capacity, geography and professional awareness (Dimian et al., 2018; Douglas et al., 2022).

The present evaluation shows similar dynamics in Ireland. Participants described the programme as providing a route to communication access when other services were unavailable or delayed. For some families the device provided through the programme represented the first time their child had access to a recognised communication system. In this sense the programme is doing more than providing equipment. It is also functioning as an entry point into AAC use for families who may not yet have received formal assessment, training, or device recommendations through clinical services. Importantly it is also responding to gaps in the wider support system for Autistic children. At the same time the findings suggest that access remains uneven. Geography, diagnosis requirements and awareness of the programme continue to influence who can participate. These factors reflect broader patterns of inequitable access to AAC services identified within the literature, where availability of specialist services, referral pathways, and local professional expertise can shape whether children are introduced to AAC at all (Elmqvist et al., 2023). Most children in the evaluation were in early childhood or primary education settings, often in schools where some knowledge of AAC already existed. Staff reflections on teenagers accessing AAC for the first time point to a longer history of delayed access for many young people. This echoes research showing that late access to communication systems can limit opportunities for participation and development (Light et al., 2019).

5.2 Communication as participation and agency

The findings related to the Effectiveness dimension of the Framework suggest that AAC was rarely experienced by participants as simply improving communication skills. Parents, educators and clinicians spoke instead about changes in how children took part in everyday interactions. Children used AAC to refuse activities, make requests, express preferences and contribute to classroom routines. These moments were often described by participants as small shifts that had a noticeable effect on daily life.

This interpretation is consistent with existing AAC research. Studies have shown that access to speech generating devices can support autonomy, social interaction and quality of life for Autistic children who do not rely on speech (Ganz et al., 2015; Kasari et al., 2014; Sigafoos et al., 2014). Communication gains are often accompanied by reductions in frustration and increased engagement with others (Bedwani et al., 2015; Díaz and Reina, 2025). Parents and teachers in this evaluation described similar experiences, including clearer communication within families, increased confidence in school settings and more opportunities for children to participate in shared activities.

Participants often described these changes in relational terms. Parents spoke about relief when communication became clearer and when they no longer had to guess what their child wanted. Teachers described moments when students could answer questions, indicate preferences or join in with everyday classroom routines. These accounts highlight that the significance of AAC lies not only in language output but also in the way communication reshapes relationships.

The findings also reinforce the view that AAC development unfolds gradually. Many children began by using the device to request items or express immediate needs before using it for a wider range of purposes. Research has long emphasised the role of communication partners in modelling AAC and creating opportunities for interaction (Allen et al., 2017; Biggs et al., 2018; O'Neill et al., 2018). The experiences described by participants reflect this process. Access to a device marked the beginning of a new form of communication rather than an immediate solution.

Across findings, confidence should be understood as an outcome of access to responsive, accessible AAC supports, rather than a prerequisite for engagement. Families did not require confidence in order to begin using AAC; rather, confidence emerged as communication became more accessible, supported, and understood across contexts.



5.3 Adoption across home and school contexts

The Adoption dimension findings show that AAC use developed differently across contexts. Families often described the home as the place where AAC became most embedded. Parents could incorporate the device into everyday routines such as meals, play and bedtime, allowing communication to occur naturally throughout the day. School use varied more widely and depended on factors such as teacher confidence, classroom organisation and school policies regarding technology.

These patterns align with findings reported in the literature review. Studies of family centred AAC interventions frequently show that adoption is strongest in home environments where caregivers act as primary communication partners (Avcil and Görgü, 2022; Dimian et al., 2018). Communication opportunities occur regularly within daily routines, which supports learning and generalisation (Gevarter and Zamora, 2018; Kent Walsh et al., 2015). Adoption within educational settings can depend more heavily on staff training and institutional support.

Participants in this evaluation described both supportive and challenging experiences in schools. Some teachers actively encouraged AAC use and integrated the device into classroom routines. In other cases policies about technology or the structure of lessons limited how often the device could be used. Teachers also noted that students required time to become comfortable with the device before using it confidently during learning activities.

These accounts highlight that AAC adoption does not occur in isolation. It emerges through the interaction between the child, the communication partners around them and the environments in which communication takes place. Access to a device is an important starting point but does not automatically lead to consistent use across settings.



5.4 Implementation and the role of specialist support

The Implementation dimension findings underline the importance of specialist knowledge and sustained guidance. Families repeatedly emphasised the value of working with clinicians who had experience of both autism and AAC. Participants often contrasted this with experiences of fragmented statutory services where they encountered different therapists or received conflicting advice.

Research on AAC implementation has consistently highlighted the importance of training and coaching for communication partners. Providing a device without guidance rarely leads to sustained communication development (Lorah et al., 2021). Family centred approaches that build caregiver confidence and skills are associated with stronger outcomes and more consistent AAC use (Roberts and Kaiser, 2011; Meadan et al., 2010; Coburn et al., 2021).

The structure of the programme reflects these insights. Device provision is combined with practical guidance, modelling strategies and opportunities for families to learn from one another. Participants frequently described this support as essential when learning how to incorporate AAC into everyday routines. The Family pathway was particularly valued because it provided ongoing contact rather than a single intervention.

This sustained approach is also relevant to the issue of device abandonment. AAC research has shown that devices may go unused when families receive limited guidance or when communication partners feel unsure how to support their use (Lake & Brydon, 2022). The programme's emphasis on ongoing support attempts to address this challenge by supporting the people around the child as well as the child themselves.



5.5 Sustainability and future development

The findings associated with the Maintenance dimension point to several issues that are relevant for the future development of AAC support in Ireland. Participants consistently described the programme as filling a gap in communication provision, particularly for families who had been unable to access support through statutory services. While voluntary initiatives can respond quickly to emerging needs, long term communication access requires broader structural support.

One issue concerns workforce capacity. Participants frequently highlighted the importance of specialist AAC expertise. Expanding access to AAC, therefore, depends on building confidence among professionals across health and education services. Training and professional learning opportunities may help ensure that educators, therapists and support staff feel equipped to support AAC users in their daily environments.

Schools also play a central role in shaping whether AAC becomes embedded in everyday communication. The limited research on high-tech AAC implementation in Irish schools shows an urgent need for supporting schools and teachers in this area (Murray & Kazmierczak-Murray, 2026). Strengthening collaboration between AAC programmes and educational settings may help ensure that devices are supported consistently during the school day. Shared resources and opportunities for professional learning could help teachers who are unfamiliar with AAC feel more confident supporting students.

Sustainability is also closely connected to the support available to families. Participants described the programme as helpful because it combined device access with guidance and opportunities for connection with other parents. Communication development takes time and families often need reassurance and practical advice as they begin using AAC. Maintaining spaces where families can share experiences may therefore help sustain adoption over the longer term.

Finally, the findings suggest that wider awareness of AAC remains important. Several participants described situations where AAC devices were misunderstood or where speech was still treated as the only legitimate form of communication. Increasing awareness among professionals and communities may help create environments where AAC users are recognised and supported more consistently.

Strengthening links with statutory services and educational settings may help extend these benefits so that Autistic children across Ireland have reliable access to communication systems that support participation in everyday life.

The AsIAm AAC programmes demonstrate how a family centred model can provide both communication tools and the support needed to use them effectively. By combining specialist knowledge, relational support and flexible delivery, the programme helps children and families begin new communication practices. While specialist AAC knowledge was highly valued by families, the findings indicate that programme effectiveness is better understood as emerging from the interaction between technical expertise and lived, Autistic knowledge. AsIAm, as an Autistic-led organisation foregrounds Autistic perspectives and experience in programme design and implementation. The programme's design and delivery appears to enable a form of support that is attuned to the realities of communication in everyday life. This includes recognising non-linear communication development, valuing all forms of communication, and prioritising autonomy and agency. In this sense, Autistic leadership is not an adjunct to the programme, but a foundational condition of its impact.

Future development of the programme should continue to centre Autistic leadership and lived expertise as core components of effectiveness, rather than as supplementary perspectives. This includes ensuring that programme design, delivery, and evaluation remain informed by Autistic voices, particularly those with lived experience of AAC, alongside clinical and educational expertise.

Finally, while the AsIAM AAC Programme provides an effective and responsive model of communication support, these findings also highlight a broader structural reality: access to communication is a fundamental human right, and responsibility for guaranteeing equitable and sustained access to AAC supports lies with the State. In this context, the programme not only models best practice but also reflects the need for systemic investment and reform in statutory provision.



5.6 Contribution to the field

This evaluation contributes to the growing evidence base on augmentative and alternative communication (AAC) in several important ways.

First, it provides one of the few large-scale, real-world evaluations of a family-centred AAC programme, addressing a key gap in the literature, which is currently dominated by small-scale, intervention-based studies conducted in controlled or clinical settings. By drawing on data from parents, practitioners, and children across multiple programme pathways, the study offers a comprehensive account of how AAC is accessed, implemented, and sustained in everyday contexts.

Second, the study extends the application of implementation science within AAC research. By using the RE-AIM framework (Glasgow et al., 2022), it moves beyond questions of efficacy to examine reach, adoption, implementation, and maintenance, offering a more ecologically valid understanding of how AAC functions within complex service landscapes.

Third, the findings contribute to a conceptual reframing of AAC as a mechanism for enabling communication rights, participation, and agency, rather than solely as a clinical or therapeutic intervention. This aligns with neuroaffirmative and social model perspectives, and foregrounds the role of families as central agents in communication support.

Finally, the study offers policy-relevant insights into how non-statutory programmes can address systemic gaps in AAC provision. In particular, it highlights the importance of timely access, family-centred support, and sustained engagement across home, school, and community contexts. These findings have implications for the design, funding, and delivery of AAC services both within Ireland and in comparable systems internationally.

5.7 Limitations and tensions

While the findings presented in this evaluation highlight a range of positive experiences and outcomes associated with the AAC programmes, it is important to consider these alongside a number of limitations and areas of tension. These do not detract from the value of the programme, but rather provide important context for understanding how the findings should be interpreted and where further development may be needed.

First, much of the evidence presented is based on the reported experiences of parents, practitioners, and participants engaging with the programme. These perspectives are central to understanding how AAC is experienced in everyday life and are a key strength of the study. At the same time, they reflect perceived change rather than independently measured outcomes. As such, while participants consistently described improvements in communication, confidence, and participation, the evaluation cannot make definitive claims about the extent or consistency of these changes over time.

Second, participation in both the survey and qualitative components of the study was voluntary. As a result, it is likely that the sample reflects families and practitioners who were already engaged with, and willing to speak about, the programme. The experiences of those who may have disengaged, experienced challenges that led to reduced use of AAC, or who did not experience the same level of benefit are less visible within the data. This is an important consideration when interpreting the overall positive tone of many accounts.

Third, while the evaluation includes perspectives from a range of stakeholders, including parents, speech and language therapists, staff, and children, some groups are represented by relatively small numbers. In particular, the limited number of teachers participating in the study means that insights into school-based implementation should be understood as indicative rather than representative. Given the variability in school engagement identified in the findings, further exploration of educational contexts would be valuable.

The findings also point to a number of tensions in how AAC support is accessed and sustained in practice. Access to the programme was typically family-initiated and often mediated through informal networks such as word of mouth or online information. While this was experienced as empowering and accessible by many participants, it also places a degree of responsibility on families to identify and pursue support. This may create uneven access, particularly for families who have less access to information, time, or resources.

Similarly, while AAC use was often well established within home environments, its adoption across school and community contexts was more variable. This reflects broader system-level factors, including staff capacity, training, and levels of awareness and understanding of AAC. As a result, the impact of the programme is shaped not only by the support provided directly to families, but also by the wider environments in which children are communicating and participating.

Finally, the evaluation raises important questions in relation to sustainability. The programme provides timely access to devices and meaningful support for many families, particularly in the context of limited statutory provision. However, continued reliance on a non-statutory model highlights wider gaps in service provision and raises questions about how such supports can be sustained and scaled over time. This includes considerations relating to funding, workforce capacity, and the extent to which AAC support is embedded within existing systems.

Taken together, these limitations and areas of tension highlight the importance of interpreting the findings as part of a broader and evolving picture. They also point to areas where further research, service development, and system-level change may be needed to ensure that access to communication is equitable, sustainable, and supported across all areas of children's lives.

5.8 Conclusion

In conclusion, these findings offer a broader perspective on how AAC support is experienced and sustained in practice. While existing research has demonstrated the effectiveness of AAC interventions, much of this work has been conducted in small-scale or controlled settings. In contrast, this evaluation provides insight into how AAC is accessed, used, and supported within the realities of everyday family life, across a national programme.

A number of important points emerge from this. First, participating families were very positive regarding the AAC programme, positive regarding AslAm, and the support they received. Secondly, the findings reinforce the central role of families as active partners in supporting communication, with confidence and capacity developing over time through ongoing, responsive support rather than one-off intervention. Thirdly, access to AAC in this context is family led, with families self-enrolling into the programmes. Access is, therefore, not primarily shaped by formal referral pathways, but by family awareness, initiative, and informal networks. This highlights the extent to which communication support remains unevenly distributed and dependent on access to information and resources. Awareness regarding AslAm AAC programmes, and the value of AAC supports is key. As is closer links with external stakeholders, such as schools and SLT services. Fourth, while AAC use became embedded within home environments, its adoption across school and community settings remained more variable, pointing to the importance of broader system-level supports.

Finally, the evaluation highlights that sustained AAC use is not achieved through device provision alone. Rather, it depends on continued access to knowledgeable support, opportunities for shared learning, and the extent to which AAC is recognised and supported across the environments in which children live and learn. In this way, the findings extend current understanding by showing how family-centred AAC programmes function in real-world contexts, and by identifying the conditions that support (or constrain) their longer-term impact.



6. Conclusion and Recommendations

6.1 Conclusion

The AAC Programme provides a timely and relational pathway that responds to long-standing structural barriers in realising children's communication rights in Ireland. The evaluation showed that 48% of children who engaged in AsIAM's AAC Programme had not been receiving any SLT support prior to programme entry and only 8% had public SLT access, confirming the Programme reaches families otherwise excluded from services.

Access to AAC increased not just the expected communication outcomes, but also both child and family participation across everyday contexts, including learning in schools, emotional wellbeing and self-regulation, and, albeit to a lesser extent, social inclusion in local communities.

In line with existing literature, the evaluation showed that successful adoption and sustained use of communication devices by children and families requires a range of supports. These include both initial and ongoing capacity building within the child's circle of support, including parents, educators, and other professionals, as well as access to technical support to ensure the device can be used consistently over time. The AAC Programme has been designed with this evidence in mind. It includes educational, clinical, social, and technical elements to support families at multiple stages of the AAC journey. Combined with AsIAM's neuroaffirmative, autism-informed AAC expertise, which are unique in Ireland, help to ensure Programme effectiveness. Comparative analysis of quantitative data across the three Programme pathways indicated that parental satisfaction and child and family outcomes are the highest for families engaged in the Family pathway.

As the AAC Programme is relatively new, it is critical that AsIAM has the necessary resources to continue to continue supporting communication access for families including effective and sustained use of the devices across a range of contexts. The AAC Family pathway contains elements that have the potential to support this sustainability. There is significant potential to expand this collaborative dimension of the Programme, by both further developing opportunities for peer connection among families engaged in Trial and Keep and Device Funded pathways, as well as forming partnerships with both statutory and voluntary sectors to continue building a broader recognition, awareness, and acceptance of communication diversity. The section below contains some specific recommendations in relation to this. While the recommendations that follow are grounded in the empirical findings of this evaluation, it is important to note that the future development of the AAC Programme must also be guided by a rights-based lens. Given the structural inequities within current statutory provision, some recommendations extend beyond immediate feasibility and instead articulate priorities necessary to progressively realise children's communication rights. Taken together, the evidence-informed and rights-based recommendations provide a balanced foundation for both sustainable programme development and advocacy-oriented system change.



6.2 Recommendations

The recommendations in this section are provided at two levels, at 1) programme/ service delivery and 2) policy levels. At programme level, we propose short-term, medium-term and long-term recommendations. Programme-level recommendations focus primarily on evidence-informed enhancements that can strengthen implementation quality, equity of reach, and sustainability of use of communication devices by the children who take part in the AsIAM AAC Programme. Policy-level recommendations, by contrast, reflect rights-based future development priorities that require broader system-level investment and cross-sectoral collaboration to address structural barriers beyond the programme's direct control.

The programme operates on a parent-led referral model. While best practice for ensuring engagement, such a model may disadvantage some families, for example parents who are not linked to AsIAM current network and/or professionals who can support this referral. It is thus recommended that AsIAM develop targeted outreach partnerships with organisations that work with marginalised communities (e.g., Traveller, Roma, and migrant family organisations) to increase awareness of AAC and to facilitate supported referrals to the programme. In addition, the development of multilingual and culturally appropriate programme information and resources, including in Irish, would further reduce barriers to access for families who use languages other than English as well as support communication for children who attend Irish immersion schools.

Increased collaboration with schools, and especially DEIS (designated disadvantaged) schools, would further increase programme reach. Increased collaboration with DEIS schools would also lead to more equitable and effective use of AAC by marginalised families. The findings highlighted schools as key stakeholders in facilitating families' initial engagement with AAC devices and in supporting their sustained use over time.

The programme currently supports children and young people. It is recommended that, with additional funding, AsIAM considers extending it to adults in the future.

Programme recommendations:

- *Short-term:* Develop multilingual programme resources
- *Medium-term:* Develop partnerships with organisations supporting marginalised communities (e.g., Pavee Point) This could include:
 - co-developing accessible and multilingual information materials
 - offering information sessions through community organisations
 - establishing referral pathways with trusted community advocates
- *Medium-term:* While autism diagnosis currently functions as an eligibility criterion for the AAC programme, access to diagnosis can vary significantly across regions and services. It may therefore be important to consider complementary eligibility routes based on an individualised communication profile and need, confirmed by a relevant professional. This approach would ensure that children with complex communication needs can access AAC supports while awaiting diagnosis or where diagnostic pathways are delayed.

Policy recommendations:

- Increase funding so the programme can be offered to adults

The effectiveness of the programme is dependent on a wide range of both individual and group supports, which require staff to facilitate. The technical assistance is provided by an external partner. It is important that these supports are at least maintained if the programme extends its reach and remit in the future. The current level of support in the Trial and Keep and the Device Funded pathways may not be sufficient to support effective and sustained use of communication devices across contexts. In the absence of statutory support, many families across these two pathways access private SLT, and may thus face financial barriers in accessing support beyond the initial device set-up. The evaluation of the Support Programme clearly showed that ongoing support is necessary to ensure that the devices are used effectively and that they meaningfully support communication access.

The **social and learning events** facilitated by AsIAM give families opportunities to share experiences, ask questions, and support one another through their AAC journeys. Parents of children with communication differences frequently report experiences of social isolation, compounded by ongoing emotional, practical, and systemic challenges associated with supporting their child's communication needs (Douglas et al., 2022). This 'community' aspect, which strengthens both the adoption and sustained use of AAC by families and plays a crucial role in enhancing overall family wellbeing, is currently well developed in the Family pathway. It is recommended that, with additional funding, this is extended to the families engaged in all pathways (i.e., to also include Trial and Keep and Device funded pathways).

The programme is relatively new (in its first year of implementation). Given the risk for AAC device abandonment (Lake & Brydon, 2022), it is critical that AsIAM has the resources to **monitor and support the ongoing and sustained use of the devices** by families (e.g., through scheduled check-ins). It is also recommended to develop programme documentation, including, as a priority, a Programme Logic model to support its ongoing monitoring and evaluation.

Programme recommendations:

- Short-term: Develop a Logic model for the programme.
- Medium-term: Develop a plan for ongoing monitoring of the device use.



Policy recommendations:

- **Increase funding** for staffing and support, including family support, to extend to **all three** programme pathways.

Families in the Trial and Keep pathway are often encountering AAC technology for the first time and this requires intensive support. Many families in this pathway are engaged with private SLT and thus they need to pay for each support session. It is important to consider if and how AslAm can provide support here. Ideally, all families, regardless of economic means, will have access to individualised support in the initial adoption stage. In this context, it is recommended that additional and accessible support mechanisms be developed for families engaging in the Trial and Keep pathway to supplement existing provision, ensuring equitable access to ongoing guidance and promoting the effective and sustained use of communication devices across contexts for all families availing of funded devices.

The **critical role of schools and school personnel** in the initial adoption and then effective and sustained use of AAC was emphasised by all stakeholders. AslAm does currently liaise with schools and offers educational sessions to school staff but this partnership can be significantly strengthened and developed. Stronger collaboration with schools could include sustained follow-up support for teachers and SNA staff to embed AAC strategies into classroom routines, as well as the establishment of clear communication channels between school staff, families, and AslAm. To further support this, shared repositories of educational resources could be developed for professionals, including videos, self-paced modules, and practical guidance to facilitate consistent use of AAC strategies. Such strengthened partnerships would not only facilitate more effective adoption of AAC but also promote long-term, sustainable use by students across diverse school contexts.

Continued effective use of AAC requires ongoing support which challenges AslAm's current capacity for this work. **Developing a repository of educational resources** that can be shared with families and other professionals, including educational professionals, could provide some solutions and support future expansion of the AAC Programme.

The needs of the families vary significantly. AslAm could consider the development of **a more differentiated model of support** that would include asynchronous components (e.g., videos on setting up various software, examples of modelling in particular contexts) and consider further increasing programme flexibility (e.g., facilitate longer trial period for families who need it, offer additional support to some families). While the expansion of the asynchronous model would support access for families who are not based in Dublin, AslAm should maintain in-person support, which were reported by parents as more effective. It is also important to continue the development of practical resources (e.g., videos, social stories) for families and educators. It is recommended that all of these resources are made available to **all** families across all three referral pathways.



Programme recommendations:

- Short-term: Review accessibility and feasibility of programme documentation (e.g., referral form and forms required to be completed by SLTs external to AslAm).
- Medium-term: Continue developing shared repositories of educational resources for both families and other professionals (incl. education professionals) (e.g., videos, self-paced modules etc.) and ensure the resources are responsive and practical.
- Medium-term: Make asynchronous resources available to all families across all referral pathways.
- Medium-term: Consider the expansion of in-person events beyond Dublin.
- Long-term: Develop capacity for **differentiated** support across all programmes.
- Long-term: Consider the viability of the Device Funded and Trial and Keep pathways, which rely on external SLT support and thus provide limited family support, particularly in the context of systemic gaps outlined in this evaluation.

Policy recommendations:

- Medium-term: Develop partnerships with the Department of Education and Youth, National Council for Special Education, and other relevant stakeholders to increase capacity for supporting the implementation of high-tech AAC in schools and other educational settings.

The location of AAC Programme within AslAm promotes collaboration, for example between AAC Programmes and AslAm Child and Family Programmes (which offers, for example, summer programmes and Empower and Educate programme supporting parents post-diagnosis), as well as awareness, acceptance and understanding of AAC in the wider society. This was highlighted as a unique strength of the model. There is a clear intention to continue integrating AAC programmes with other social and educational initiatives, to both expand the reach of the programme and create a more inclusive community. It is important that the AAC Programme is located in this context, rather than as an external programme, and that it continues developing these links to continue working towards a more inclusive society.

Programme recommendations:

- Short-term: Review opportunities for further collaboration between and across various AslAm programmes and services.
- Medium-term: Continue and expand educational activities on AAC to external stakeholders across all sectors and include AAC users in these activities.
- Short-term: Develop a risk management plan for the eventuality of device failure.

Taken together, the findings and recommendations in this report offer an evidence-informed foundation for the continued development of the AslAm AAC Programme, while also articulating the longer-term, rights-based priorities needed to ensure equitable and sustained communication access for all children and young people.

References

- Allen, A. A., Schlosser, R. W., Brock, K. L., & Shane, H. C. (2017). The effectiveness of aided augmented input techniques for persons with developmental disabilities: A systematic review. *Augmentative and Alternative Communication, 33*(3), 149–159. <https://doi.org/10.1080/07434618.2017.1338752>
- Ardıç, A. (2020). Relationship between parental burnout level and perceived social support levels of parents of children with autism spectrum disorder. *International Journal of Educational Methodology, 6*(3), 533–543. <https://doi.org/10.12973/ijem.6.3.533>
- Avcil, A., & Gorgu, E. (2022). I have a voice: Examining augmentative and alternative communication application according to parents' opinions. *Journal of Qualitative Research in Education, 32*, 71–101.
- Barrett, L. (2021). Effectiveness of community-based social media groups for caregivers of school-aged augmentative and alternative communication users. *Pediatric Nursing, 47*(4), 181–187.
- Bedwani, M.-A. N., Bruck, S., & Costley, D. (2015). Augmentative and alternative communication for children with autism spectrum disorder: An evidence-based evaluation of the Language Acquisition through Motor Planning (LAMP) programme. *Cogent Education, 2*(1).
- Biggs, E. E., Carter, E. W., & Gilson, C. B. (2018). Systematic review of interventions involving aided AAC modeling for children with complex communication needs. *American Journal on Intellectual and Developmental Disabilities, 123*(5), 443–473. <https://doi.org/10.1352/1944-7558-123.5.443>
- Dimian, A. F., Elmquist, M., Reichle, J., & Simacek, J. (2018). Teaching communicative responses with a speech-generating device via telehealth coaching. *Advances in Neurodevelopmental Disorders, 2*(1), 86–99. <https://doi.org/10.1007/s41252-018-0055-7>
- Douglas, S. N., Meadan, H., Biggs, E. E., Bagawan, A., & Terol, A. K. (2022). Building family capacity: Supporting multiple family members to implement aided language modeling. *Journal of Autism and Developmental Disorders, 52*(1), 1–12. <https://doi.org/10.1007/s10803-022-05492-4>
- Dunst, C. J., Trivette, C. M., & Hamby, D. W. (2007). Meta-analysis of family-centered helping practices research. *Mental Retardation and Developmental Disabilities Research Reviews, 13*(4), 370–378. <https://doi.org/10.1002/mrdd.20176>
- Fischbacher, L., Dodds, R. L., & Tien, I. S. (2024). Teaching parents via online asynchronous training to use speech-generating devices with their Autistic children: A pilot study. *Children, 11*(10), 1194. <https://doi.org/10.3390/children11101194>
- Gale, N. K., Heath, G., Cameron, E., Rashid, S., & Redwood, S. (2013). Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Medical Research Methodology, 13*(1), 117. [doi.org](https://doi.org/10.1186/1745-2875-13-117)
- Ganz, J. B. (2015). AAC interventions for individuals with autism spectrum disorders: State of the science and future research directions. *Augmentative and Alternative Communication, 31*, 203–214. <https://doi.org/10.3109/07434618.2015.1047532>

Gevarter, C., Groll, M., Stone, E., & Medina Najar, A. (2021). A parent-implemented embedded AAC intervention for teaching navigational requests and other communicative functions to children with autism spectrum disorder. *Augmentative and Alternative Communication*, 37(3), 180–193. <https://doi.org/10.1080/07434618.2021.1946846>

Gevarter, C., & Zamora, C. (2018). Naturalistic speech-generating device interventions for children with complex communication needs: A systematic review of single-subject studies. *American Journal of Speech-Language Pathology*, 27(3), 1073–1090. https://doi.org/10.1044/2018_AJSLP-17-0128

Kasari, C., Kaiser, A., Goods, K., Nietfeld, J., Mathy, P., Landa, R., Murphy, S., & Almirall, D. (2014). Communication interventions for minimally verbal children with autism: Sequential multiple assignment randomized trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 53(6), 635–646. <https://doi.org/10.1016/j.jaac.2014.01.019>

Kazmierczak-Murray, S., O'Mahony, K., & Carey, A. (2024). A literature review on the inclusion of disabled children and young people in participation and decision-making. Department of Children, Equality, Disability, Integration and Youth, Ireland. *Inclusion-of-Disabled-Children-and-Young-People-in-Participation.pdf*

Kenny, N., Doyle, A., & Horgan, F. (2023). Transformative inclusion: Differentiating qualitative research methods to support participation for individuals with complex communication or cognitive profiles. *International Journal of Qualitative Methods*, 22. <https://doi.org/10.1177/16094069231166607>

Lake, S., & Brydon, M. (2022). Preventing abandonment of augmentative and alternative communication (AAC) devices for students on the autism spectrum: Parent perspectives for successful implementation. *Iowa Journal of Communication*, 54(1), Article 7. <https://scholarworks.uni.edu/ijc/vol54/iss1/7>

Light, J., McNaughton, D., & Caron, J. (2019). New and emerging AAC technology supports for children with complex communication needs and their communication partners: State of the science and future research directions. *Augmentative and Alternative Communication*, 35(1), 26–41.

Liu, S., Wu, D., Li, J., & Yin, H. (2025). Latent profile analysis of parental burnout among parents of children with and without autism spectrum disorder. *Frontiers in Psychology*, 16. <https://doi.org/10.3389/fpsyg.2025.1581321>

Lorah, E. R., Holyfield, C., Miller, J., Griffen, B., & Lindbloom, C. (2022). A systematic review of research comparing mobile technology speech-generating devices to other AAC modes with individuals with autism spectrum disorder. *Journal of Developmental and Physical Disabilities*, 34(2), 187–210. <https://doi.org/10.1007/s10882-021-09803-y>

McNally, S., Keenan, L., Sweeney, M., Lynam, A., & O Keeffe, C. (2024). Conducting inclusive interviews with Autistic children and young people: A methodological guide. <https://doi.org/10.31234/osf.io/terzg>.

Murray, N., & Kazmierczak-Murray, S. (2026). Powered Augmentative and Alternative Communication in Irish Special Education: Contextual Factors for Equitable Implementation. *REACH: Journal of Inclusive Education in Ireland*, 39 (1). <https://reachjournal.ie/index.php/reach/article/view/655>

O'Neill, T., Light, J., & Pope, L. (2018). Effects of interventions that include aided augmentative and alternative communication input on the communication of individuals with complex communication needs: A meta-analysis. *Journal of Speech, Language, and Hearing Research*, 61(7), 1743–1765. https://doi.org/10.1044/2018_JSLHR-L-17-0132

Ritchie, J., Lewis, J., McNaughton Nicholls, C., & Ormston, R. (Eds.). (2014). *Qualitative research practice: A guide for social science students and researchers* (2nd ed.). SAGE Publications.

Ritchie, J., & Spencer, L. (1994). Qualitative data analysis for applied policy research. In A. Bryman & R. G. Burgess (Eds.), *Analyzing qualitative data* (pp. 173–194). Routledge.

Roberts, M. Y., & Kaiser, A. P. (2011). The effectiveness of parent-implemented language interventions: A meta-analysis. *American Journal of Speech-Language Pathology*, 20(3), 180–199. [https://doi.org/10.1044/1058-0360\(2011/10-0055\)](https://doi.org/10.1044/1058-0360(2011/10-0055))

Sigafoos, J., O'Reilly, M. F., & Lancioni, G. E. (2014). Augmentative and alternative communication for individuals with autism spectrum disorder and intellectual disability. *Current Developmental Disorders Reports*, 1, 51–57. <https://doi.org/10.1007/s40474-013-0007-x>

Suberman, R., & Cividini-Motta, C. (2020). Teaching caregivers to implement mand training using speech-generating devices. *Journal of Applied Behavior Analysis*, 53(2), 1097–1110. <https://doi.org/10.1002/jaba.630>

Topia, M., & Hocking, C. (2012). Enabling development and participation through early provision of augmentative and alternative communication. *New Zealand Journal of Occupational Therapy*, 59(1), 24–30.

Wodka, E. L., Mathy, P., & Kalb, L. (2013). Predictors of phrase and fluent speech in children with autism and severe language delay. *Pediatrics*, 131, 1128–1134.

Yuan, W., & Dunn, M. (2025). The impact of parent-mediated naturalistic interventions with the addition of speech-generating devices on vocalizations of children with autism spectrum disorder and complex communication needs. *Advances in Neurodevelopmental Disorders*, 9(3), 297–314. <https://doi.org/10.1007/s41252-024-00408-y>

Zinkevich, A., Uthoff, S. A. K., Wirtz, M. A., Boenisch, J., Kalén Sachse, S., Bernasconi, T., Feldhaus, M., & Ansmann, L. (2022). Burden of informal caregivers of people without natural speech: A mixed-methods intervention study. *BMC Health Services Research*, 22, 1549. <https://doi.org/10.1186/s12913-022-08824-3>

Appendices

Appendix A: Project Information Letter

Research Study Title: Evaluation of the AslAm AAC Support Programmes

We are a research team from the Institute of Education at Dublin City University (DCU).

Research Team: Neil Kenny, Sylwia Kazmierczak Murray. & Christina Hannify

What is this research about?

We are carrying out a study to evaluate three programmes run by AslAm:

- The AAC Device Funded Pathway
- The Trial and Keep Pathway
- The Family Pathway



Why is this research being conducted?

These programmes aim to improve access to communication devices, support children's communication and participation, empower families, and build a sense of community among AAC users. This research aims to evaluate their impact for Autistic young people, their families and other relevant stakeholders. This research is funded by AslAm.

Why have you been invited to take part?

We are inviting you to take part in an interview or small group discussion (focus group) with up to 8-10 participants. The discussion will:

- Last about 40–60 minutes
- Take place online via DCU licensed Zoom
- Be facilitated by a member of the research team
- Be audio recorded for analysis

We are also inviting parents and guardians of children who use, or have used, one or more of these AAC programmes to complete an anonymous online survey.

What will happen if you decide to take part in this research study?

We will ask about:

- How you first heard about the programme(s) and your involvement
- The children's communication and participation outcomes
- Your experiences of programme supports and resources
- What has worked well and what could be improved



Participation is voluntary. You can choose not to take part or withdraw from participation at any time. Please know that it will not be possible to withdraw your responses from the survey after you complete it because the survey is anonymous. The survey should take about 15 minutes to complete. The interviews and/or focus groups will last 40-60 minutes.

How will your data be used?

While we will keep your contributions confidential in reports, confidentiality cannot be guaranteed between focus group participants. We ask all participants to respect each other's privacy. Please note that confidentiality of information can only be protected within the limitations of the law - i.e., it is possible for data to be subject to subpoena, freedom of information claim or mandated reporting by some professions. Your survey responses will be anonymous. There will be no way to link your answers to you or your child. Because the survey is anonymous, it will not be possible to withdraw your data once you submit it.

The Data Controller is the Institute of Education, DCU.

The Data Processor is Dr Neil Kenny, who will store all data securely on a DCU-hosted Google Drive account.

Data will be stored for two years after the study ends. The anonymous dataset may be archived in a secure research repository for use in publications or conference presentations, but you will not be identifiable in any way.

Potential Risks and Benefits:

We believe this is a low-risk study given the questions ask only about your experiences with the AAC programmes. Some parents may find certain questions bring up personal memories or frustrations. If you need support, you may wish to contact AslAm's Family Support service or Samaritans (Freephone 116 123).

Study Findings:

The research team will share the findings through:

- A report for AslAm and participating families
- Conference presentations
- Peer-reviewed publications

We will share results in accessible formats and in line with best practice in neurodiversity-affirming research.

Questions or Concerns:

If you have any questions about this survey, please contact:
Dr Neil Kenny – neil.kenny@dcu.ie

If participants have concerns about this study and wish to contact an independent person, please contact: The Secretary, Dublin City University Research Ethics Committee, c/o Research and Innovation Support, Dublin City University, Dublin 9. Tel 01-7008000, e-mail rec@dcu.ie



Appendix B: Survey for Parents

Adapted from Lake & Brydon (2022)

The purpose of this survey is to gather your views on the AAC Support Programme. You have been invited to take part in this survey because your child is a participant in this programme.

Part 1: Demographic Profile

1. Which category best describes your engagement with the AAC Programme?

- We are in the AAC family pathway
- We are in the Device Funded pathway
- We are in the Trial and Keep pathway
- We are in more than one pathway (please provide brief explanation)
- Not sure

2. How long has your child been engaged in the AAC Programme?

- 0-1 months
- 2-5 months
- Longer than 5 months

3. How long has your child been using an AAC device?

- 0-1 months
- 2-5 months
- 6-11 months
- 1-2 years
- Longer than 2 years

4. What AAC device or application does your child currently use?

- Proloquo2Go
- Proloquo4Text
- LAMP Words for Life
- TD Snap
- TouchChat
- Grid for iPad
- Other

5. How did you first hear about the AAC Programme?

- Recommended by a professional (e.g., SLT, Teacher)
- Word of mouth (e.g., family, members of community incl. online community)
- Own research (e.g. Google search)
- Media (e.g., ads or programme on TV/radio)
- Other

6. What stage of education is your child currently in?

- Not in any educational setting yet
- Preschool
- Early primary school (Junior Infants to 2nd Class)
- Later primary school (3rd to 6th Class)
- Secondary school
- Other



7. What type of educational setting does your child attend?

- Specialised preschool setting
- Mainstream preschool setting
- Early intervention class
- Mainstream class in a mainstream school
- Special class in a mainstream school
- Special school
- Home tuition
- Other

8. What diagnoses or identities are relevant to your child's support needs (e.g., autism, ADHD):

- One diagnosis/ identity: autism
- Two diagnoses/ identities: autism and intellectual disability
- Two diagnoses/ identities: other
- Three or more diagnoses
- Other
- Not sure



9. Please select your highest educational background:

- University Degree
- PLC/FETAC level
- Leaving Certificate (or equivalent)
- Junior Certificate (or equivalent)
- Primary Education
- Prefer not to say
- Other

10. Was your child (who is supported by the AAC Programme) born in Ireland?

- Yes
- No
- Prefer not to say

11. Has your child shared their thoughts about the AAC device or programme?

- Yes
- No

12. If you answered 'yes' in Q11 above, please summarise their feedback.



Part 2: Perceived Impact

Please use the following scale to rate your agreement to the statements below.

Impact on your child:	Agree	Not sure	Disagree
Overall, my child is happy with the communication device			
My child needs to have the communication device			
The communication device makes communication easier for my child			
The communication device helps my child communicate effectively			
The communication device gives my child more control over activities in their life			
Participation in AAC Programme improved my child's emotional wellbeing			
Participation in AAC Programme improved my child's ability to self-regulate			
Participation in AAC Programme improved my child's friendships			
The communication device works the way that I want it to work for my child			
The communication device is easy for my child to use			
My child remembers how to use it from day to day			
It was easy for my child to learn to use			



Impact on you as a parent:	Agree	Not sure	Disagree
The AAC Programme helped me to understand Autistic communication			
The AAC Programme helped me to understand my child's communication needs			
I have received enough support to effectively support my child's use of AAC at home			
I feel confident using the AAC system with my child in daily routines			
I regularly model AAC use for my child during daily routines (e.g., meals, playtime)			
I have received enough training/support to know how to model AAC effectively			
I use more AAC strategies today compared to before my engagement with AAC Programme			



Impact on your family:	Agree	Not sure	Disagree
Overall, our family is happy with the AAC programme/ communication device			
Our family members (e.g., siblings) understand how to use the AAC system			
Participation in AAC Programme improved our family's wellbeing			
Participation in the AAC Programme improved our family's activities (e.g., outings, family visits, community activities, etc.)			
Participation in AAC Programme improved our family's social network			
The AAC device has made communication within our family easier and more positive			
We would recommend the AAC Programme to others			
Without the AAC Programme, my family would not be able to afford the communication device			

Evaluation of AAC Programme Implementation

How satisfied are you with the following aspects/components of the AAC Programme?

	Not applicable to us	Dissatisfied	Neutral	Satisfied
The quality and suitability of the AAC device provided				
The support provided for setting up the communication device and app				
The modelling of AAC use provided by the AAC team / SLT (i.e., showing how to use AAC in real-life situations)				
The clarity and usefulness of training materials (e.g., webinars, guides)				
The support available when issues or questions arose				
The opportunities to connect with other parents or families (e.g., community events, peer support)				



Evaluation of the use of AAC device

Where (and to what extent) does your child use the AAC device? Tick all that apply.

	To a great extent	To some extent	Neither	Not much	Not at all
At home					
In school					
With friends/In the community					

Speech and Language Services

1. **Before** your engagement with the AAC Programme, was your child receiving speech and language services?

- Yes, from Public (HSE/CDNT) SLT
- Yes, from Private SLT
- No
- Other

2. **Before** your engagement with the AAC Programme, did you have any knowledge of and/or experience with AAC?

- Yes, I had good knowledge and experience of (using) AAC
- Yes, I had some knowledge of what AAC is, but no (using) experience
- No knowledge or experience
- Other

3. How has the Speech and Language Therapist (SLT) supported your child's communication development through the AAC Programme? Please comment.

4. How has the Speech and Language Therapist (SLT) supported your child's communication development through the AAC Programme? Please rate.

	Not applicable to us	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The AAC Programme is not/ would not be successful without SLT						
The AslAm SLT is able to support our family in the use of AAC						
The Public/Private SLT (not AslAm) is able to support our family in the use of AAC						

Thank you for taking part in this anonymous survey. If you would like to participate in a focus group, please choose one of the following options:

- a. Click here to include your email address.
- b. Email Neil Kenny at neil.kenny@dcu.ie.
- c. Inform AslAm staff at aac@asiam.ie who will connect you with us.

Appendix C: Focus Group Schedule

Welcome

Thank you for joining us today. We are here to listen to your experiences of the AsIAM AAC programmes. This discussion will help us understand how the programme has supported you and your family, what has worked well, and what could be improved.

Ground Rules

- There are no right or wrong answers — we value all perspectives.
- Please respect confidentiality and one another's views.
- Everyone will have the chance to contribute.

Topic Area	Guiding Questions*
Topic 1: Access and Engagement with the Programme (RE-AIM: Reach)	<ul style="list-style-type: none"> • How did you get involved in the programme? • Were there any barriers to taking part?

**Guiding questions were slightly rephrased for each cohort of participants (e.g., 'your child' was used for parents; questions for practitioners probed for more general experience, rather than experience of individual children or families).*

Topic Area	Guiding Questions
Topic 2: Impact on Knowledge and Skills (RE-AIM: Effectiveness)	<ul style="list-style-type: none"> • How does the programme help? • Which resources, activities, or advice have been most helpful?

Topic Area	Guiding Questions
Topic 3: Supporting Communication and Development (RE-AIM: Adoption)	<ul style="list-style-type: none"> • Where is AAC used (home, school, community)? • What encourages or discourages its use?

Topic Area	Guiding Questions
Topic 4: Connection and Community/ Supports (RE-AIM: Implementation)	<ul style="list-style-type: none"> • Did the programme help connect with other parents and families? In what way? • What support is needed for its effectiveness?

Topic Area	Guiding Questions
Topic 5: Strengths and Areas for Improvement/ Sustainability (RE-AIM: Maintenance)	<ul style="list-style-type: none"> • What aspects of the programme are most helpful? • What were the challenges/ what could be improved? • What will help in the future use of the device?

Closing Question

Is there anything else you would like to share about your experience with the AAC programme that we haven't discussed today?



Appendix D: Membership of Research Advisory Group

Chair - Neil Kenny - DCU

Lucinda Murrhy - Parent representative

Lindsey Roche - Parent representative

Fiona O'Mahony/ Emma Nolan - AsIAM Staff Representative

Zarah Doyle - AsIAM Representative

Maggie Green - Independent Autistic Expert

Christina Hannify - DCU Research team

Sylwia Kazmierczak-Murray - DCU Research team





IRELAND'S **AUTISM** CHARITY



Ollscoil Chathair
Bhaile Átha Cliath
Dublin City University