UNIT HSC 3029:

Support Individuals with Specific Communication Needs

Tutor’s Handbook
Acknowledgements

Skills for Care is pleased to acknowledge the work of St Luke’s Hospice Plymouth and Venus Training & Consultancy in researching and writing these learning materials.

In the course of developing these materials they have drawn on the resources available through the National End of Life Care Programme, Social Care Institute for Excellence, Help the Hospices, e-ELCA and others.

Skills for Care wishes also to thank all those individuals and organisations that supported the external consultation. All sources have been acknowledged and references have been cited at the point of contribution.

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The purpose of this tutor book

This book illustrates the learners’ resources and provides you with the answers and the learning points for each activity contained in the learner workbook. The answers provided are indicative answers and have been highlighted in red. It is important to note that a lot of questions ask the learners for their own views and opinions therefore in these cases there are no right or wrong answers.

This book also provides a resources guide at the end of each activity. This will signpost you to the various learning resources you will need to support the learner on an individual basis and/or support classroom based activities.

The resource guide will inform you about lesson plans which can be found in the appendices of this document. The resource guide also signposts you to the e-learning resources that are available to support the units learning activities, which are an optional resource. This information can also be found in the appendices. The resources are all in an editable format so that you can amend them as required. The way you deliver this unit is at your discretion and calls upon you to modify the materials in the way that suits your learners’ needs.

These workbooks have been formatted for print and it is therefore advised that you print the PDF version of the Learner Handbook for learners to use as a hard copy. PDF versions should also be available to the learner electronically so they can access the links to various Internet sites directly.

The Word version is available, however, for those who wish to use the workbook electronically, please note that in this instance the formatting of the workbook will be altered.

All the resources to support this learning can be found on the following website:
Table 1: Learning Outcomes and Assessment Methods

HSC3029: Support Individuals with Specific Communication Needs

Unit level 3

Credit value 5  Study/activity hours 35

Unit aim: The purpose of this unit is to assess the learner’s knowledge, understanding and skills in supporting an individual with specific communication needs.

<table>
<thead>
<tr>
<th>Learning outcomes</th>
<th>Assessment criteria</th>
<th>Own evidence log (optional)</th>
<th>Assessment Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>The learner will:</td>
<td>The learner can:</td>
<td>Page No</td>
<td>Type of evidence presented</td>
</tr>
<tr>
<td>1. Understand specific communication needs and factors affecting them</td>
<td>1.1. Explain the importance of meeting an individual’s communication needs</td>
<td>Knowledge</td>
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<tr>
<td></td>
<td>1.2. Explain how own role and practice can impact on communication with an individual who has specific communication needs</td>
<td>Knowledge</td>
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<td></td>
<td>1.3. Analyse features of the environment that may help or hinder communication</td>
<td>Knowledge</td>
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<td></td>
<td>1.4 Analyse reasons why an individual may use a form of communication that is not based on a formal language system</td>
<td>Knowledge</td>
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<td></td>
<td>1.5 Identify a range of communication methods and aids to support individuals to communicate</td>
<td>Knowledge</td>
<td></td>
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<td></td>
<td>1.6 Describe the potential effects on an individual of having unmet communication needs</td>
<td>Knowledge</td>
<td></td>
</tr>
</tbody>
</table>
Table 1: Continued

<table>
<thead>
<tr>
<th>Learning outcomes</th>
<th>Assessment criteria</th>
<th>Own evidence log (optional)</th>
<th>Assessment Type</th>
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<tr>
<td>The learner will:</td>
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<td>Page No</td>
<td>Type of evidence presented</td>
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<tr>
<td>2. Be able to</td>
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<td>contribute to</td>
<td>2.1. Work in</td>
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<td>establishing the</td>
<td>partnership with</td>
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<td>the individual and</td>
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<td>communication</td>
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<td>individuals and</td>
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<td>ways to address</td>
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<td>them</td>
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<td>2.2. Contribute to</td>
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<td>identifying the</td>
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<td>communication</td>
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<td>2.3. Explain how</td>
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<td>individuals</td>
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<td>preferred</td>
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<td>communication</td>
<td>methods of</td>
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<td>interact with the</td>
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<td>individual</td>
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<td>3.3 Monitor the</td>
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<td>effectiveness of</td>
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<td>communication</td>
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<td>3.4 Adapt own</td>
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<td>improve</td>
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<td>communication with</td>
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<td></td>
<td>the individual</td>
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<tr>
<td><strong>Learning outcomes</strong>&lt;br&gt;The learner will:</td>
<td><strong>Assessment criteria</strong>&lt;br&gt;The learner can:</td>
<td><strong>Own evidence log</strong>&lt;br&gt;(optional)</td>
<td><strong>Assessment Type</strong></td>
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<tr>
<td>4. Be able to promote communication between individuals and others</td>
<td>4.1. Support the individual to develop communication methods that will help them to understand others and be understood by them</td>
<td></td>
<td>Competence</td>
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<td>4.2. Provide opportunities for the individual to communicate with others</td>
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<td>Competence</td>
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<td></td>
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<td>Competence</td>
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<td></td>
<td>4.4 Support others to be understood by the individual by use of agreed communication methods</td>
<td></td>
<td>Competence</td>
</tr>
<tr>
<td>5. Know how to support the use of communication technology and aids</td>
<td>5.1 Identify specialist services relating to communication technology and aids</td>
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<td>Knowledge</td>
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<td></td>
<td>5.2 Describe types of support that an individual may need in order to use communication technology and aids</td>
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<td>Knowledge</td>
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<td></td>
<td>5.3 Explain the importance of ensuring that communication equipment is correctly set up and working properly</td>
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<td>Knowledge</td>
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</tbody>
</table>
### Table 1: Continued

<table>
<thead>
<tr>
<th>Learning outcomes</th>
<th>Assessment criteria</th>
<th>Own evidence log (optional)</th>
<th>Assessment Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Be able to review an individual’s communication needs and the support provided to address them</td>
<td>6.1 Collate information about an individual’s communication and the support provided</td>
<td></td>
<td>Competence</td>
</tr>
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<td></td>
<td>6.2 Contribute to evaluating the effectiveness of agreed methods of communication and support provided</td>
<td></td>
<td>Competence</td>
</tr>
<tr>
<td></td>
<td>6.3 Work with others to identify ways to support the continued development of communication</td>
<td></td>
<td>Competence</td>
</tr>
</tbody>
</table>
Section 1: Introduction to HSC3029

General Introduction

This unit will provide the learner with ways to develop their knowledge and skills to support an individual with specific communication needs. It is a generic health and social care module but as it also forms part of the end of life care pathway the unit will guide the learner to both generic and EoLC Specific resources.

The learning activities will enable the learner to develop their understanding of why it is important to meet the individual's communication needs and why an individual may use a form of communication which is not based on a formal language system. They will consider their role and practice in establishing the nature of the communication needs, how to effectively interact, how to support individuals to use a range of high and low tech communication methods, how the environment impacts upon the interaction and how to format accessible documentation and resources.

The unit will also support the learner to consider how to access and work with specialist and support services available to individuals with specific communication needs.

This workbook contains a range of different learning activities that will assist you in meeting the learning outcomes for the unit. Table 1 shows you the type of activities you may be asked to complete.

Learning Support

Due to the sensitive nature of End of Life (EOL) care, topics may be covered that can cause upset to learners, for example asking them to consider their thoughts about their own death or watch video clips that include the views of people who are actually dying. Tutors / Assessors have a responsibility to ensure that learners are supported to learn safely and at their own pace, through a blended delivery style.

It is recommended that at the introductory session with learners you complete a Support Agreement together, which will identify how they wish to be supported if they become upset whilst undertaking any of the following learning activities. You have a template Support Agreement in the appendix of this pack to use if you wish.

- **Lone study** – Identify support networks (these could be friends, family, colleagues) if the learner becomes upset.
- **One to one** – Ask the learner how they would like to be supported if they become upset.
- **Work based learning** - Ask the learner to identify a mentor or supervisor to whom they can go if they became upset at work.
- **Class room based learning** - ask the learner how they would like to be supported should they become upset during classroom sessions. You will not be able to leave the rest of the class, so you should encourage learners to nominate a classroom buddy who could leave the classroom with them or identify a quiet place where they can go to be alone and have a cup of tea. This will be their decision and based on the facilities available.

Learner's workbooks remind them that providing good EOL care can be one of the most rewarding caring experiences they can have. It is a privilege to know that they have cared
for someone as they have taken their last breath in the world and that they have been part of their end of life journey. It is often a comfort to know that they have helped someone meet their EOL wishes and they have had a comfortable, dignified death. How they care for someone at end of life can remain with relatives and loved ones for a long time and you only have one chance to get it right. This is a big responsibility and so it is really important that learners take the learning activities seriously and that they also ensure that they learn at their own pace, to fully reflect and absorb the new EOL knowledge and skills they will be developing throughout this unit.

Learning Activities

As everybody has different ways of learning new information, the learner’s workbook contains a range of learning activities which will assist them in meeting the learning outcomes for the unit. Table 2 shows you the type of activities they may be asked to complete.

### Table 2: Type of learning activities and symbols

<table>
<thead>
<tr>
<th>Activity Symbol</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Internet Symbol" /></td>
<td>This symbol means you will need to access the internet *</td>
</tr>
<tr>
<td><img src="image" alt="Book Symbol" /></td>
<td>This symbol means you will be reading something</td>
</tr>
<tr>
<td><img src="image" alt="Speech Bubble Symbol" /></td>
<td>This symbol means you will be asked to talk about something with friends, colleagues, your tutor or assessor</td>
</tr>
<tr>
<td><img src="image" alt="Chef Symbol" /></td>
<td>This symbol means you will be asked to think about something and you may be required to write your thoughts down</td>
</tr>
<tr>
<td><img src="image" alt="Movie Clip Symbol" /></td>
<td>This symbol means you will be asked to watch a clip from a movie, TV programme or from the Internet eg youtube film clip *</td>
</tr>
<tr>
<td><img src="image" alt="Writing Symbol" /></td>
<td>This symbol means you will be asked to write something in a workbook or a worksheet or even provide examples of your work with a service user eg a plan you have written</td>
</tr>
<tr>
<td><img src="image" alt="Information Symbol" /></td>
<td>This symbol means you be asked to research some information. This might be through the internet, books, and articles or from talking to people you know</td>
</tr>
<tr>
<td><img src="image" alt="Assessor Symbol" /></td>
<td>This symbol means your assessor will plan to conduct an observation of your practice or will examine a work product</td>
</tr>
</tbody>
</table>

* Although every effort has been made to ensure video clips are appropriate, as they are often freely available to all, we cannot be held accountable for any inappropriate comments
made about the clips. If you should see something offensive please follow the offensive reporting guidelines of the web site concerned.

For each activity, learners will see a clock symbol which will provide you and them with a guide to how long the activity could take. Remember this is a guide and the activity may not take as long as it says!

Each activity will signpost learners to a range of resources to support their learning and where appropriate learning materials will be provided e.g. an information leaflet or a section of a website for them to read. If they are not in the Learner workbook you will find these in the appendices of this handbook for photocopying.

Here is an example of how each activity works: The Learner Workbook shows each activity in the style below:

### Learning outcomes and assessment criteria

This activity links to the following learning outcomes and assessment criteria (page 4). Those highlighted green are the ones you will cover when you have successfully completed it.

<table>
<thead>
<tr>
<th></th>
<th>1.1</th>
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<th>1.4</th>
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<td>2.1</td>
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<td>2.3</td>
<td>2.4</td>
<td>2.5</td>
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<td>3.1</td>
<td>3.2</td>
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<td>4.1</td>
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<td>4.3</td>
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</table>

**Assessment Method:** Reflective account  
**Assessment Type:** Knowledge

Learners are provided with space to complete each activity where appropriate. You will be provided with suggested answers. The answers given may not be exhaustive and you will need to draw upon your own knowledge and experience as well as additional research if required.

The appendices relating to this unit will provide you with all the resources you will need to deliver learning and support assessment for this unit. It supports classroom delivery, one to one delivery and distance learning for some aspects. We recommend that a blended delivery approach is most effective.

As learners complete the activities in each section, it is recommended that they log their evidence in table 1 (page 5). The grid at the beginning of each activity will show them assessment criteria they have covered (highlighted green). This will help you to map evidence across to awarding body matrix forms when you are confident that learners have demonstrated knowledge or competence. If learners don't succeed at first you can give your further support to get it right!
Table 1 (page 5) shows you and learners what learning outcomes will have to be achieved to pass this unit and what the assessment criteria will be. The table also identifies whether it is a skill or knowledge competency.

Each section will outline the activity and provide guidance on how to do the activity. Look for this symbol to help you with ideas, further learning and suggestions on completing the activity.

**Plagiarism and Confidentiality**

In their workbooks learners are reminded that plagiarism relates to claiming work to be your own when it is not. All work submitted must be the learners own and not copied from anyone or anywhere else unless the source of the information has been clearly referenced.

Learners are also reminded that confidentiality is essential in all aspects of care and that includes during their learning. They may be asked to reflect upon aspects of their role and people for whom they provide end of life care but it is very important that they do not disclose any personal information about them. They must also be very careful not to include any evidence that relates to individuals in their portfolios eg photographs or documents with their details on.

**Portfolio of Evidence of Learning**

We have recommended that learners keep a portfolio to record all the learning they have collected for this unit. This portfolio will demonstrate their understanding on the subject and will help you assess how the learner is meeting the relevant learning outcomes.
End of Life Care for All (e-ELCA)

End of Life Care for All (e-ELCA) is an e-learning platform from the Department of Health and e-Learning for Healthcare (e-LfH) in partnership with the Association for Palliative Medicine of Great Britain and Ireland to support the implementation of the Department of Health's National End of Life Care Strategy (July 2008).

The e-learning platform is aimed at health and social care staff working in end of life care. The e-learning enhances the training and education of these staff, increasing their confidence and competence to ensure well informed, high quality care is delivered to people at the end of their life.

There are over 150 highly interactive sessions of e learning within e-ELCA. These are arranged in 4 core modules:

- Advance Care Planning
- Assessment
- Communications Skills
- Symptom Management, Comfort and Wellbeing

Also, there are 3 additional modules in social care, bereavement and spirituality.

All of these sessions are freely available to NHS staff, social care staff who work in an organisation registered with the Skills for Care National Minimum Data Set (NMDS) or staff who work in a hospice. Staff who do not meet these criteria can register at a cost of £199.

There are twelve sessions which are freely available to everyone, including volunteers and clerical and administrative staff on an open access website: www.endoflifecareforall.org.uk. For further details see 'Access the e-learning'.

This is an additional resource and not mandatory for this unit as it may not be freely available to every learner.
Providing the right evidence
In their workbooks learners are informed that it is important that they provide the right type of evidence for the outcome they are trying to achieve. Remember there are 2 types of evidence:

a. Competence / Skill – This is where they need to demonstrate something about their practice.

b. Knowledge – This is where they need to demonstrate that they have learned and understood some new information.

Table 3 shows them the type of evidence that is acceptable for the type of outcome.

**Table 3: Suitable Evidence**

<table>
<thead>
<tr>
<th>Evidence methods</th>
<th>Explanation</th>
<th>Suitable for evidencing Competence</th>
<th>Suitable for evidencing Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct observation of you by assessor</td>
<td>You will be observed by your assessor carrying out your everyday work activities in your learning environment</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Professional discussion</td>
<td>You will take part in a pre-planned and in-depth discussion with your assessor</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Expert Witness evidence</td>
<td>An expert witness, such as a qualified professional, completes a testimony of your competence in the learning environment where it would not be possible for your assessor to observe</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Work products</td>
<td>A work product is evidence used in your work setting and produced, or contributed to, by you. For example, care plans, daily diaries, assessments</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Reflective diary</td>
<td>An on-going record of events produced by you that take place relating to your work, including evaluation and reflection</td>
<td>YES</td>
<td>YES</td>
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<tr>
<td>Reflective statement</td>
<td>A record of events, produced by you, that relate to an event that happened in your learning environment, including evaluation and reflection</td>
<td>YES</td>
<td>YES</td>
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<tr>
<td>Written and pictorial information</td>
<td>Written answers and completed activities set by your tutor or assessor</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>A scenario or case study</td>
<td>Written or verbal account of how you would respond to specific events set down by your tutor / assessor</td>
<td>NO</td>
<td>YES</td>
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</table>
Reflective Practice and Reflective Accounts
Learners have been provided with the following information:

Reflective practice is a process, which enables you to achieve a better understanding of yourself, your skills, knowledge and practice. Although most of us engage in thinking about experiences either before, during or after an event, we need to document our understanding in order to clearly identify our learning, consider the outcomes and evaluate the experience. The aim is to identify what we have learnt in order to find new or different approaches to our future practice, or to recognise when something was best practice.

Learning comes from many different incidents and experiences that we have in life. We can learn much about ourselves, others, our job, our organisation and professional practice, as well as our abilities and skills, if we consciously take the time to reflect on our learning. A popular model of reflection is Gibbs 1988 – The Reflective Cycle. This is shown in the diagram below:

In some of the activities in this workbook, you will be asked to complete reflective accounts. We recommend that you follow the model above to ensure that you include everything.
Introduction to Support Individuals with Specific Communication Needs

Communication is a complex human process which helps us to give and receive information. It generates mutual understanding, encourages reflection and questioning and strengthens relationships.

It may be intentional or unintentional, may involve conventional or unconventional signals, may take linguistic or non-linguistic forms, and may occur through spoken or other modes.

(National Joint Committee for the Communicative Needs of Persons with Severe Disabilities 1992)

The ability to communicate can often be taken for granted however the process requires a vast range of physical, interpersonal and cognitive skills. This includes listening, observing, speaking, questioning, understanding, interpreting and evaluating language and meaning and the ability to express, vocalise or gesture meaning. Effective communication is therefore reliant upon the physical, emotional and cognitive ability and the capacity to do so. It is therefore not surprising that not all individuals communicate in the same way and there will be many reasons why this is not the case.

The ability to communicate affects all aspects of an individual’s life and will not just relate to the reason for why they are in a care setting. What should always be remembered is that many individuals do have the ability to understand and interpret what is being said to them but they may not have the ability to express themselves or speak in a conventional way. This is where they may need support to use either high tech or low tech communication methods.

In health and social care we aim to provide equal access to person-centred, dignified care and holistic support to enable all individuals to express their needs, wishes and preferences and access the support they require. Therefore our first step when meeting an individual is to find out how they communicate and if they have the mental / cognitive ability and capacity to understand, interpret and express their needs.

Individuals should always be given the opportunity to communicate their consent or refusal of care therefore if it is established that they do not have the mental capacity to give their consent a best interest decision must be made. The ability to communicate remains important throughout all aspects and it is our role to assist the individual to access the resources and holistic support they require whilst they are in our care.

The inability or difficulty to communicate can also place an individual in a vulnerable position. It is the learner’s responsibility to be alert to an individual’s vulnerability and ensure that they protect and promote their rights and wellbeing at all times. Learners should follow their local safeguarding policies and procedures and promptly report if they have any concerns.

This module will help learners to develop their understanding and competence of supporting an individual with specific communication needs.
Pre and Post Learning Assessment

We have provided learners with pre and post learning assessments in their handbooks. This will support you and them to assess what they knew before and what they have learnt when completed.

The Learner Workbook has a table asking the learner to rate how confident they feel about understanding and supporting the spiritual needs of those they care for. 1 being not very confident and 5 very confident. There is a second, identical table, at the end of the workbook for them to complete again.

<table>
<thead>
<tr>
<th>Confidence level</th>
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<td>Understanding of Specific Communication Needs</td>
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<td>Understand the impact of inability to communicate</td>
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<td>Talk about your role in ensuring communication accessibility</td>
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<td>Support an individual to identify communication needs</td>
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<td>Support an individual to communicate</td>
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<td>Know how to use and enable others to use communication methods, aids and resources</td>
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<td>Enable an individual to access methods, aids and specialist support</td>
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<td>Is able to review an individual’s communication needs and effectiveness of support provided.</td>
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Section 2: Activities
Activity 1 – Why Communication Matters

Learning outcomes and assessment criteria

This activity links to the following learning outcomes and assessment criteria (page 5). Those highlighted green are the ones learners will cover when they have successfully completed it.

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Assessment Method: Professional Discussion
Assessment Type: Knowledge

Tutor/Assessor Guidance

This introductory activity directs the learner to some key reading and e-learning materials to help them develop their knowledge of how to support an individual with specific communication needs. They will be directed to think about the importance of communication, why communication difficulties occur and the everyday effects upon an individual if they are unable to communicate their needs, wishes, beliefs and views. This is a fundamental aspect of all health and social care roles but is particularly important within End of Life Care where enabling individuals to express their needs, wishes and preferred priorities of care are important aspects of achieving a person-centred, dignified death.

Learners will therefore consider how and what they can do to support an individual communicate if they have specific communication needs within their role and work setting.

For this activity the learner will need to work with their tutor/assessor to plan and book a Professional Discussion.

Activity 1: Why Communication Matters

Approximately 5 hours

In preparation for their discussion they will need to be ready to answer and talk about the following:

1. Why do communication difficulties occur - Communication difficulties occur due to a wide range of sensory or cognitive impairments which prevent or inhibit an individual understanding or processing what is being communicated to them and/or conveying what they wish to communicate.
These speech and language impairments can be the result of a physical or learning disability, trauma or accident or illness, degenerative condition or natural ageing process.

Communication difficulties can also occur when an individual has a minority language, be this due to cultural differences or because they use a form of communication which does not use speech such as sign language (BSL) or other high or low tech methods of communication. Difficulties can also occur due to the lack of awareness, knowledge and skills of society which leads to communication inaccessible services, goods and facilities. If individuals are in a setting because they have an illness or are in poor health this may also be affecting their ability to communicate. Other communication difficulties are caused by messy, confused, noisy, ill lit and non-private environments and inaccessible formatting of signage, documentation and letters.

2. Why it is important to meet an individual’s communication needs?

All individuals have a right to communicate and is therefore seen as a civil right which is the right to go about your everyday life. If we do not support an individual to communicate we are disrespecting them as an individual and a citizen.

This is set out in the Human’s Rights Act 1998 where it states that all individuals have a right to the freedom of expression, assembly and association and freedom from inhuman and degrading treatment.

A communication difficulty is also considered as a disability. If we do not support an individual to communicate by providing the equal opportunity to accessible goods, services and facilities it is a breach of the Disability Discrimination Act 1995 and the Equality and Diversity Act 2010.

3. How may an individual be affected if they are unable to communicate?

Examples should include:

- Feel isolated or like an outsider, frustrated, angry, patronised, useless, feel dependent on others, loss of control, institutionalised or restricted to communicate to only a few people with the skills to communicate with them. May feel unable to spontaneously engage.
- Unable to make sense of what is happening
- Ignored if others talk to carers / partners – feel patronised or feel as if not present, may feel spoken over.
- Feel unable to express themselves as individuals – who they are, their views, opinions, choices etc
- Need more time to express words, interpret meaning, to feel understood
- Easily tired due to effort of forming speech, interpreting, concentrating or using equipment.
- Can feel demoralised if have to keep explaining why they have difficulty communicating
- If difficulty is due to an illness or injury it may cause individuals to feel a sense of loss for who they used to be – may not be able to interact/engage in the same way, may not be able to work, read or get involved in hobbies.
- They may feel embarrassed as they may have an altered body image or sense of self (how they see themselves).
4. **What is the range of communication methods available to aide communication?**

High technological - eg voice output communication aides (VOCAs) computer assisted systems, lite writers, voice synthesisers, BLISS (a symbol system - computer assisted)

Low technological - non battery operated aids – picture / word / symbol boards- qwertyuiop (alphabet board). BLISS (a symbol system – board or book), Body Language - gestures – facial, lip reading, expressions, personalised sign language, yes / no - nodding, eye pointing

British Sign Language

Makaton (combination of gestures and pictures),
Writing - note pads, wipe boards, Braille, spelling out words

Must also consider aides to use aides – supports, raised tables etc.

Must also consider awareness, respect and patience of a good listener.

5. **How may your practice affect an individual’s ability to communicate?**

Learners may provide a personal account of this but should also think about this in general terms. Examples include:

- Using regular communication style may inhibit effective communication and therefore affect their ability to express their needs. Need to be prepared to use their form of communication and language (avoid jargon).
- Need to be aware of own and individual’s body language – maintain personal space, eye to eye contact, same level (don’t look down) to avoid individual feeling intimidated
- May need to make eye contact more obvious, may have to be facing people for some people to get your attention or understand or hear what you are saying.
- Need to be a good listener
- Need to be patient, respectful and sensitive to time required to communicate
- Need to follow the lead of the person you are communicating with and move at their pace
- Need to be aware of tone of voice
- May need additional privacy to heed respect and confidentiality if have to communicate loudly.
- May have a lack of skills and knowledge of how to identify/interpret needs, use or access support aides
- May appear anxious or embarrassed because concerned we won’t get it right.
- Communication difficulty may affect ability to build usual professional relationship
- May try to over compensate and then unintentionally become patronising so avoid shouting, speaking too slowly or too quickly, over exaggerating words Must not ‘jolly along’.
- Must be aware that may put our own interpretation of situation into conversation if we do not just repeat words when relaying or translating for
Must also remember to talk about non caring aspects as individuals might wish to have a casual exchange of ideas or conversation.
Need to have empathy not sympathy.
Remember to communicate with and then facilitate individuals to communicate with others.
Need to be aware of individual’s mood – may not always wish to communicate.
Must not pretend to understand if you do not.

6. How do you enable an individual to communicate?

This will be a personal account of the learner’s role. They should include examples of:

- How they adapt their regular communication style to accommodate.
- The level they are involved in assessing or identifying an individual’s communication needs.
- Which aids they are familiar with
- Which resources, specialists or support systems they access.
- May include examples from question 5

The learner is directed to the following tasks, reading resources and recommended websites. They should take notes to enable them to answer the above questions and therefore consider why communication matters.
**Activity 1 - Resources**

All of the following resources look at the various skills, resources and specialised equipment that can be employed to facilitate effective communication in the various situations. Therefore they will also help the learner with later activities.

### Web resources

a. Dave talks about the communication barriers he experiences caused by a stroke.
   

   **There is a text version of this module available if the learner is unable to access the internet.**

b. Ann talks about speech difficulty due to motor neurone disease.


   **There is a text version of this module available if the learner is unable to access the internet.**

c. Individuals talk about communication, specifically after total Laryngectomy (surgical removal of the larynx).

   [http://www.youtube.com/watch?v=R4azcU6i2IE](http://www.youtube.com/watch?v=R4azcU6i2IE)

   Communicating with those who have Alzheimer’s - [http://www.videocaregiving.org](http://www.videocaregiving.org)

### Information Sheets/booklet

**PDF Booklet - The Good Practice Guide for support workers and personal assistants working with disabled people with communication impairments (Scope & Community Fund 2002).** - Written by disabled people using Scope services in Essex, and in partnership with consultants from the Essex Coalition of Disabled People

**PDF Factsheet** Communicating with someone with Dementia Alzheimer’s Society 2012.

**PDF Booklet** Communicating with people with a learning disability – Mencap 2008

**PDF Booklet** Speech and Communication – MND Association – 2010

**PDF Booklet** Dignity and Communication Factsheet - SCIE - 2010

What do we mean by communication - RCSLT – accessed May 2013

### PowerPoints/ Lesson Plans

PowerPoint Part 1 – Support individuals with Specific Communications Needs

Lesson Plan Part 1
E- Learning Resources

- ‘Particular communication needs’ -
  http://www.scie.org.uk/assets/elearning/communicationskills/cs06/resource/index.html

There is a text version of this module available if the learner is unable to access the e-learning.

- **03_17 Communicating with people with speech and hearing difficulties**
  https://e-learningforhealthcare.org.uk
This module looks at communicating with individuals with communication difficulties at the end of life. However it can be related to all areas of health and social care.

Further Reading / Resources

  - www.communicationmatters.org.uk
  - http://www.communication-access.org/p/background#item02
  - www.valuingpeople.gov.uk – Total Communication Person Centred Thinking
  - www.rnid.org.uk
  - www.deafblinduk.org.uk/typesofcommunication.html
  - www.rnib.org.uk
  - http://www.sense.org.uk/content/communicating-deafblind-people
  - http://www.makaton.org
  - www.ukconnect.org
  - http://www.helpwithtalking.com/speech-issues
  - www.scie.org.uk – Dignity and Communication
Activity 2 – Location, Location, Location

Learning outcomes and assessment criteria

This activity links to the following learning outcomes and assessment criteria (page 4). Those highlighted green are the ones you will cover when you have successfully complete it.

<table>
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<tr>
<th>1.1</th>
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Assessment Method: Case study
Assessment Type: Knowledge and Competence

Tutor/Assessor Guidance

This activity is designed to help the learner to recognise how and why environmental factors impact upon an individual’s ability to communicate effectively.

The activity has been adapted with kind permission from Connect from The Communication Access toolkit © 2011 Connect – the communication disability network.

Activity 2: Location, Location, Location

Approximately 3 hours

a. b and c combined - List the potential environmental communication barriers and explain why these may cause a barrier.

- Unfamiliar environment, staff and residents
- Uncared for room is unwelcoming and indicates a lack of respect or attention to detail – this will affect Sinnita’s mood, self-esteem and sense of worth. She may adopt a why bother attitude.
- Poor signage – also disrespectful
- There is no care that Sinitta has everything she needs - Ill equipped room with broken equipment (TV / radio). This does not allow her to be independent or engage in every day social media
- Limited forms of communication available in room or out of reach - communication book, no pen, photo album in locker
- She is isolated in room with no engagement
- There is a lack of attention to privacy – not knocking
- Lack of awareness of staff – talking at and over Sinnita
- Poor positioning of chair in sitting room – one large circle restricting close conversation, also unable to sit face to face or turn to neighbour.
- Noisy TV / music and TV – although not specifically environmental lack of choice also indicates lack of respect of individual’s needs.
- Busy notice board, too many notices, out of date and not specific in directions. All words and no pictures.
- Uncared for and lack of respect to dining facilities do not promote dignity and discourage social interaction over meals.

Consider the following:

a. What other environmental communication barriers could there be in a health and social care setting?

- Lack of privacy to discuss sensitive issues – shared rooms, lack of meeting rooms
- Hard of hearing caused by echo and acoustics of large rooms – may need induction loops
- Illness and fatigue makes concentration difficult
- Inadequate ventilation – over hot or cold rooms will affect someone’s comfort therefore their concentration
- Intercoms to entrances may affect ability of individuals with hearing impairments
- Lack of accessible aides routinely available within environment
- Poorly designed or old fashioned ‘busy’ decoration leads to disorientation – neutral décor and colour coded areas aide orientation and calm ambience.
- Individuals may also have a physical disability which requires them to use a wheelchair therefore it is important that eService desks and items are positioned are able to move around easily and point to items

b. Look around your work setting – how could you improve the environment to enhance communication accessibility?

Learners should provide an overview of how they could improve the environment using the points above
**Activity 2 - Resources**

All of the following resources look at the various skills, resources and specialised equipment that can be employed to facilitate effective communication in the various situations. Therefore they will also help the learner with later activities.

<table>
<thead>
<tr>
<th>Web resources</th>
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<tbody>
<tr>
<td><a href="http://www.ukconnect.org">www.ukconnect.org</a> – Communication Accessibility Toolkit</td>
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<tr>
<th><strong>PowerPoints/ Lesson Plans</strong></th>
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<tr>
<td>PowerPoint Part 1 – Support individuals with Specific Communications Needs</td>
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<td>Lesson Plan Part 1</td>
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<td>Sinnita’s Story – Case Study Exercise</td>
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<th><strong>Information Sheets/booklet</strong></th>
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<tr>
<td>PDF Factsheet - National Centre for Audiology - Environmental Factors that Affect Communication</td>
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<th><strong>E- learning Resources</strong></th>
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<tr>
<td>03_17 Communicating with people with speech and hearing difficulties <a href="https://e-learningforhealthcare.org.uk">https://e-learningforhealthcare.org.uk</a> – Communication Ramps</td>
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<tr>
<th><strong>Further Reading</strong></th>
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Activity 3 – Case by Case

Learning outcomes and assessment criteria

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Assessment Method: Observation, Work products and Professional Discussion
Assessment Type: Competence

Tutor/Assessor Guidance

This activity will help the learner to identify why individuals may have a communication difficulty and how it is affecting them. They should consider if the difficulty relates to understanding and interpreting or expressing language, words or speech. It will help them think about what they need to find out when they first meet an individual to be able to help them access the support they need.

Activity 3: Case by Case.

Approximately 6 hours

Part 1
Working with Dorothy

a. Cognitive – Dorothy is expressing common characteristics of dementia

b. Both – although it is difficult to establish without an assessment how much Dorothy understands. She appears to be aware of what the care assistant is doing but does not appear to know what to do. She is also strongly communicating with her body language. The dementia has led to a type of locked in syndrome where words are stuck and she is unable to speak.

a. A mental capacity assessment should have been carried out for Dorothy. This should be regularly reviewed. If it is assessed that she does not have capacity, best interest decisions will need to be made on her behalf. This will affect all aspects of her care.

  Adopt a patient, calm and reassuring approach - Use own body
language and tone of voice to express this. Maintain eye contact and make sure they can see your face when you are talking. Use welcoming and reassuring facial expressions. Use gentle touch.

Give time and avoid sudden movements.

Finding time to get to know who they are so you can talk to them about some of their memories which may take their mind to familiar places to remember which may help them to relax.

Don’t ask too many questions which can lead to confusion.

Use clear language followed by actions so they can see what you are doing or want them to do.

Establishing routines with clear times may help Dorothy understand that it is a certain time to do something and she may be less anxious.

Sam’s Story

a. Language and cognitive impairment caused by Parkinson’s - a neurological condition which causes nerve cells in the brain to die

b. Primarily ‘message out’ but Sam also has some difficulty gathering his thoughts to keep up with the conversation so this affects his ability to process the message in.

c. Make sure Sam is sitting or standing comfortably so he can relax.

Stand close so that you can hear what Sam is saying.

If possible move to a quieter environment – do not speak over noise eg radio or TV

Talk normally – don’t shout

Listen carefully

Be reassuring and use a relaxed voice

If you don’t understand ask Sam to repeat louder and slower

Give Time and be patient. Allow Sam time to engage in the conversation.

Be aware that Sam’s facial expression may not be how he is feeling – as Parkinson's affects facial expression so do not read thinking he does not want to engage. He may use other body language to indicate what he wants.

Don’t interrupt or finish sentences

Support him to use other methods of communication rather than speaking – writing / typing although fingers and hands may be stiff and tremor so again time and patience is required. Use thicker barreled pens, weighted cuffs to reduce tremor

Don’t accidentally ignore

Bill

a. Language or cognitive impairment caused by a stroke – bleed in brain

b. Bill has difficulty interpreting and processing what is being said to him or interpreting the written language. He also has difficulty expressing words so this is message in and message out.

c. Establish what communication aides generally uses and ensure these are available and that all staff aware of these methods
Ensure no distractions and noise. Face Bill when speaking to him. Give time and show happy to give time. Talk clearly and normally but give time for Bill’s response. Check out if you need to speak slower for Bill or if you need to say things differently. Use short sentences – one point at a time not patronising. Be clear when changing subjects. Check out understanding periodically in conversation. Use closed questions – use facial expressions, thumbs up / down, ticks / crosses not just yes or no as sometimes individuals say yes when they mean no. Use pen and paper or wipe boards. Accessible versions of information leaflets, symbols or pictures to back up what you are saying. Listen. Use gestures – use aides / props photos, maps, drawings, calendars. Don’t offer too many suggestions if having difficulty understanding. Be honest if don’t understand – don’t make assumptions and if you can’t understand check out if can move onto something else but come back to later to try a different approach. Check out with Bill if he wants Elizabeth to be with him if you have something important to discuss but include Bill in conversation and don’t talk over him to her. Make sure important conversations occur after he is rested and check he is comfortable and not in pain. Spend time finding out about Bill’s interests so you can talk to him about these not just caring conversations. Help him do crosswords but in small bursts.

Jolanta

b. Jo has a communication difficulty caused by a sensory, speech and language impairment. She also is in an environment where her preferred language is not the common language. Her injuries may cause her to revert back to her native language.

c. She has difficulty interpreting and processing the ‘message in’ and conveying the ‘message out’. Jo does attempt to communicate which indicates she will have a level of capacity.

d. A mental capacity assessment should have been carried out for Jo on her admission to the supported living environment. This should be regularly reviewed. If it is assessed that she does not have capacity, best interest decisions will need to be made on her behalf. This will affect all aspects of her care. Ensure hearing is regularly assessed and any aides used maintained. Involve a speech and language therapist to assess Jo’s communication needs, how much she understands and if there is a pattern or alternative words or sounds she uses to understand and communicate. Where possible involve family but do not over rely on them. They will need support too and need to be reassured that you can communicate with Jo when they are not there. Use an interpreter or use of aides with translated English words to Polish to help Jo understand. However direct questions and conversation at Jo – do not talk over. Ensure no distractions and noise.
Give time and show happy to give time. Adopt a patient, calm and reassuring approach - Use own body language and tone of voice to express this. Maintain eye contact and make sure Jo can see your face when you are talking. She may be able to interpret your lip reading. Use welcoming and reassuring facial expressions. Use gentle touch. Use pictures to support the words you are saying. Jo’s injuries may have caused her to revert back to child-like behaviour but do not treat her like a child; try to speak in a natural tone albeit at a slower pace. Avoid jargon or ambiguous language. Also avoid sarcasm, Jo may not understand the context of this. Spend time with her when not particularly carrying out caring activities and include her in other activities to encourage social interaction. Keep instructions short, clear and well-paced. Take time to understand words she does use and establish how they relate to what she is trying to communicate. Record these and ensure others know this too, particularly those not directly caring for her, so she can engage with others.

<table>
<thead>
<tr>
<th>2 Learners answers should compare with the Indicators of CSN Checklist (RCSLT) see resources</th>
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<tbody>
<tr>
<td>3 Learners should complete the communication profile (Royal College of Speech and Language Therapists <a href="http://www.rcslt.org">www.rcslt.org</a>) according to an individual's needs.</td>
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<tr>
<td>4 The learner should provide a personalised account of how a previous assessment of communication needs compared with the above profile and the reasons why this varied. There may or may not be additions. They should provide an account of which methods and aides were recommended to use. These may be high or low tech ie electronic, computer assisted or non-electronic systems.</td>
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<td>5. Having watched the clip of how Carol is being helped to communicate with the use of a Hospital Passport learners should</td>
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<td>a. Describe how they have supported an individual to communicate. eg. They may describe the interactions, translation, how they helped them to use equipment. This may have been one to one or in a group situation. It may have been to carry out daily activities, socially interact or express their needs in any aspect of their care.</td>
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<tr>
<td>b. Describe how they helped other staff, residents, professional or relatives understand how the individual communicated. This should include confidential documentation / record keeping according to the Data Protection Act 1998.</td>
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</table>
Activity 3 - Resources

All of the following resources look at the various skills, resources and specialised equipment that can be employed to facilitate effective communication in the various situations. Therefore they will also help the learner with later activities.

**Web resources**
- [http://www.easyinfoforus.org.uk](http://www.easyinfoforus.org.uk)
- [www.rcslt.org](http://www.rcslt.org)
- [http://www.gmc-uk.org/learningdisabilities/media/29_Carols_story.mov](http://www.gmc-uk.org/learningdisabilities/media/29_Carols_story.mov)

**PowerPoints/ Lesson Plans**
- PowerPoint Part 2 – Support individuals with Specific Communications Needs
- Lesson Plan Part 2
- Case scenarios and Case Scenarios answer sheet
- RCSLT Example Profile

**Information Sheets/booklet**
- Indicators of CSN Checklist [www.rcslt.org](http://www.rcslt.org)
- [www.communicationmatters.org.uk](http://www.communicationmatters.org.uk) - Communicating with Patients who have Speech/ Language difficulties 2012
- Communication Access for people who have communication disabilities 2009 The Accessibility Directorate Ontario
- [www.scopevic.org.uk](http://www.scopevic.org.uk) – Communication Access for all – Scope Resource Centre 2011 - Refers to communication Access and Support in Australia but information very applicable to support in UK. (PDF PowerPoint)
- [www.scope.org.uk](http://www.scope.org.uk) – Nuts and Bolts of AAC – Supporting Communication through AAC
- PDF Factsheet - Communication and Parkinson’s – 2012 Parkinson’s UK. Speech and Communication – MND 2012 – MND Association
Further Reading

Total Communication Person Centred Thinking - [www.valuingpeople.gov.uk](http://www.valuingpeople.gov.uk) –


Completed Activity

Now you have completed this activity we recommend you go back to your own evidence log on page 4 and fill in the page number and type of evidence (eg case study or reflective account) for the assessment criteria you have completed in this activity. Remember – these are highlighted green in the grid at the start of each activity.
Activity 4 – Help I need somebody!

Learning outcomes and assessment criteria

This activity links to the following learning outcomes and assessment criteria (page 4). Those highlighted green are the ones you will cover when you have successfully completed it.

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Assessment Method: Written work, Work Products and Observation
Assessment Type: Knowledge and Competence

Tutor/Assessor Guidance

This activity will help the learner to think about how individuals with specific communication can access specialist services, support and resources. This will involve them considering how they work in partnership to identify an individual's needs, how they promote communication and enable individuals to access specialist services, information, aides and resources they require.

Activity 4: Help I need somebody!

Approximately 5 hours

1. Specialist and support services available to someone with a communication disability. Learners should provide examples such as:

Speech and Language Therapists
Communication Aide Centre or Specialist Disability Services for Alternative and Augmentative Communication (Aids)
Physiotherapists and Occupational Therapists to aide individual’s mobility and function to use equipment, aides and keep limbs mobile to aide communication through gesture or holding pens, implements etc.
Support Teams and Service User support groups related to conditions - Specific Services for the Deaf eg BID Community Palliative Care Services to support terminally ill Deaf people, RNIB Action for the Blind, MND association, UKConnect - Strokes, Stroke association, Alzheimer’s Society etc, Communication matters – focuses on assisting people with complex communication needs who may need aids.
Interpreters – British Sign Language – BSL, Deafblind manual interpreters, speech to text reporters and palantypists (people who listen to what said then type for individual onto a keyboard / screen / electronic braille writer to be read by person)
Specialist Communication Teams within Schools and Education Services
Services which teach Makaton, British Sign Language, lip-reading, Braille
Talking Books & Newspapers

2. Learners should indicate who they access for support and how they
contact or refer to the service. Should also identify local services – they may refer to those identified in
resource list

3. Learners should provide an up to date policy or procedure which
states how individuals can access support services and resources in
their work setting. If there is not one available they should provide
an account of how they refer individuals for support if it is required.
They should highlight the key points. Assessment process to
establish need or use of care pathway, referral criteria, key contacts,
responsibilities, relevant documentation, relates to Equality and
Diversity policy, staff training.

4. Learners will provide a personalised account of the last time they
referred somebody for specialist support (They may not have been
fully responsible for the referral but they may have been working
with a senior carer). They should indicate:

- What communication needs they had – did they need help hearing,
  seeing, speaking or expressing needs. Did they need help to
  interpret or understand what was being communicated to them? They
  may include what caused the difficulty – illness or physical or
  learning disability. They may indicate what caused the most difficulty
  ie being understood to asking for things, muddling words etc.

- What specialist support they needed – the learner may indicate any
  from question 1.

- What resources they needed – high technological - Augmentative
  Machines and computerised aides and electronic devices eg
  ‘LightWriter’, speech synthesizers, digitised systems which play
  recorded words or phrases or low technological - Communication
  aides or methods which do not use batteries, electricity or
  electronics. eg gestures, body language, communication boards or
  books, yes/no boards, letters, words, phrases, pictures. Individuals
  may use these tools by finger pointing, light pointer, eye-gaze
  direction, or a head/mouth stick).

- How did the specialist support them to use these resources? – eg
did they need Speech and Language Therapists to guide them and
advise staff.

- What is your role in continuing to support the individual with the
resources? - this will be a personalised account but should relate
to how their role involves enabling independence, support and
access to needs and services, being an advocate, translator, being
diligent to safety of individual and safeguarding their vulnerability.
Activity 4 - Resources

All of the following resources look at the various skills, resources and specialised equipment that can be employed to facilitate effective communication in the various situations. Therefore they will also help the learner with later activities.

Web resources

http://www.helpwithtalking.com/speech-issues
http://www.helpwithtalking.com/resources
http://www.nhs.uk/Video/Pages/Speechandlanguagetherapy.aspx

Listen to the experts

PowerPoints/ Lesson Plans

PowerPoint Part 3 – Support individuals with Specific Communications Needs
Lesson Plan Part 3
‘Help I need somebody’ Activity Sheets & Handout

Information Sheets/booklet

PDF Booklets - Using Communication Support – 2012 - Action on Hearing loss
www.hearingloss.org.uk

PDF Factsheet - BBC Communication Aids www.bbc.co.uk/accessibility

Accessing Equipment Books and Charts – supporting Communication through AAC
Scope

RCSLT – Who can help you

Further Reading
Activity 5 – How did I do?

Learning outcomes and assessment criteria

This activity links to the following learning outcomes and assessment criteria (page 4). Those highlighted green are the ones you will cover when you have successfully completed it.

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Assessment Method: Self-assessment and Observation
Assessment Type: Competence

Tutor/Assessor Guidance

This activity will help the learner to think about effective ways to interact with someone who has communication difficulties. This will help them support them according to their specific needs.

Learners are asked to think about a situation where they were interacting with an individual with specific communication needs. This could cover any interaction they were having with the individual but should relate to their health or social care needs. They should then provide a completed self-review.

Self-review adapted with kind permission from Connect from The communication Access toolkit © 2011 Connect – the communication disability network

Learners are guided to refer to some recommended of the tactics highlighted in the resources before they carry out this activity.

### Activity 5: How did I do?

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<td>Self Review - Most answers should be yes although a no may be answered as it was not applicable eg the individual did not need to use a pen and paper to communicate.</td>
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</table>
The learner should then provide a personalised account of

- How it felt thinking of these things
- On reflection what they could have done things differently
- The reason for the choice of communication methods aides and documents used if applicable – this should show their understanding of person centred care needs, capabilities of individual and the specific situation the individual is communicating.
- If other resources or knowledge would have helped them
Activity 5 - Resources

All of the following resources look at the various skills, resources and specialised equipment that can be employed to facilitate effective communication in the various situations. Therefore they will also help the learner with later activities.

**Web resources**

http://www.facs-ltd.co.uk/good-communication-tactics/

**PowerPoints/ Lesson Plans**

PowerPoint Part 1 – Support individuals with Specific Communications Needs
Lesson Plan Part 1
Self-Review or Observation Form

**Information Sheets/booklet**


PDF Factsheet – Communication Etiquette – Augmentative Communication Partnership Canada 2011

Checklist Communication Access
Activity 6– What’s in your Communication Toolkit?

Learning outcomes and assessment criteria

This activity links to the following learning outcomes and assessment criteria (page 4). Those highlighted green are the ones you will cover when you have successfully completed it.

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Assessment Method: Reflection and observation
Assessment Type: Knowledge and Competence

Tutor/Assessor Guidance

This activity will help the learner to develop their skills and knowledge regarding a range of communication methods and aides used by individuals with specific communication needs. These can be high or low tech. It will help them to consider how they use the aids within their work setting, other aids that are available and how to access these resources.

It is also important that learners understand about accessibility and how having the correct method or aide designed in an accessible format will provide a communication ramp to individuals with a communication difficulty.

When the learner has completed this activity they should make arrangements to have a professional discussion with their Assessor to show their knowledge of the methods, aides available to individuals with a communication difficulty and the principles of communication accessibility. They will also need to conduct an observation to demonstrate that they know how to use the communication methods within their work setting. This should be planned in advance with their assessor and must not be intrusive for the people they provide care to.

Activity 6: What’s in your Communication Toolkit?

Approximately 6 hours

In preparation for the Assessor visit Learners are guided to complete the following tasks

Task 1.

a. Read the BBC Factsheet – Communication Aides

b. Read the resource Accessing Equipment Books and Charts – supporting Communication through AAC - Scope
c. Watch the DVD (9 minutes) from Communication Matters which provides an introductory presentation on Augmentative and Alternative Communication (AAC) for people with complex communication needs.

d. Access the websites:
http://www.sense.org.uk/content/communication-aids
http://www.rcslt.org/asp_toolkit/Practical_Communication_Support_Resources/guidelines_checklists_and_communication_support_resources

Text Versions of these web resources are available if the learner does not have internet access

Notes of Key points Learner may include:
- Assessment of needs prior to use of aides to ensure right support attained for individual
- Importance of accessing specialist providers and attention to personalisation
- Involve physiotherapist and occupational therapist to assess seating and positioning to enable individual to use aides
- Scope’s resource describes a variety of aides - Low tech communication systems (aides / communication methods which do not use batteries, electricity or electronics. eg gestures, body language, communication boards or books, yes/no boards, letters, words, phrases, pictures. Individuals may use these tools by finger pointing, light pointer, eye-gaze direction, or a head/mouth stick) and High Tech communication resources (Augmentative Machines and computerised aides and electronic devices eg ‘LightWriter’, speech synthesizers, digitised systems which play recorded words or phrases)
- May use colour to differentiate meaning
- AAC designed to make use of an individual’s inherent capabilities and assist in the complex process of speaking and sentence forming. It aides choice, control, conversation, interaction, relationship building, express complex thoughts and enhances social life.
- “Even more basic than freedom of speech is the freedom to speak” - Stephen Hawking.
- Now developing technology to have British and regional dialects, to have blue tooth to interact with other environmental systems
- Some communication difficulties may mean individual needs to be supported by an interpreter who has considerable levels of training and specialist knowledge eg people who are deaf and blind.
- Materials with symbols are helpful for many people but are not the whole answer
- Resources can be adapted – RCSLT website provides guidelines
**Task 2**
Learners are guided to think about the types of communication methods and aides used in their work setting and then answer the following questions related to the different types.

a. **Individualised communication resources**

   Learners should provide a description of a communication aide allocated to a specific individual – can be high or low tech or both.

b. **Low tech communication systems**

   Learners should describe the aides available and state if they are personalised for individuals or a shared resource? May describe a personalised system if cares for individuals on a one to one basis or a range of systems such as gestures, body language, communication boards or books, yes/no boards, letters, words, phrases, pictures. Individuals may use these tools by finger pointing, light pointer, eye-gaze direction, or a head/mouth stick.

c. **High Tech communication resources**

   Learners should describe the aides available and state if they are personalised for individuals or a shared resource? May describe a personalised system if cares for individuals on a one to one basis or a range of systems such as Augmentative Machines and computerised aides and electronic devices eg ‘LightWriter’, speech synthesizers, digitised systems which play recorded words or phrases.

   Learners should describe a system to maintain or update resources. Access to electronics departments, companies for software updates or specialist support services.

   A named person or the key workers should have a lead responsibility but each support worker is responsible in ensuring the individual’s communication aides are working and regularly maintained. This should be in partnership with the individual and families.

   There should be a process for routine checks, reporting and correcting faults with a process for keeping spares of simple resources such as batteries etc.

   There should be certain maintenance procedures for each piece of equipment?

   Shared resources should be up to date and in a good condition and accessible to all with staff having knowledge of their existence.

   The learner should be aware of how to use equipment and resources in their work setting so they describe how to use them to new staff. These resources are central to supporting an individual.
Task 3

This will be a personalised account of an additional resource the learner has selected and will depend on how resourced their work setting is. They should write about how it assists an individual to communicate.

The Learner has been guided to arrange for their Assessor to observe them using this aide with an individual. They have been advised that this should be planned in advance and must not be intrusive for the people they provide care to. They will then provide a personalised account of:

- How well did it aide communication?
- Were there any issues – how could it be improved?

Task 4

The learners are asked to review the documentation, letters and information leaflets that they regularly give to the individuals in their service. They are then asked to consider if they are accessible for individuals with communication difficulties? The following checklist will enable them to assess the documentation and understand the principles of accessibility.

- There are no acronyms or jargon (eg CVA = cerebral vascular accident/stroke)
- Language is straightforward
- Sentences are short
- Sentences are simple
- One idea is communicated per sentence
- It is clear who the document is for
- The key messages are clear
- Bullet points are used
- Key works are bold
- A question / answer format is used
- An appropriate number of images is used
- Font is large (14 pt +)
- Font is sans serif (Without curly bits! eg Arial, Helvetica)
- Headings are used
- Navigation and signposting are used

They are then asked to provide examples of communication accessible documentation or information leaflets relevant for individuals in their area of care.
Activity 6 - Resources

All of the following resources look at the various skills, resources and specialised equipment that can be employed to facilitate effective communication in the various situations. Therefore they will also help the learner with later activities.

Web resources

http://www.communicationmatters.org.uk/page/dvd-and-video-download (You tube or Windows media)
www.bbc.co.uk/accessibility
http://www.sense.org.uk/content/communication-aids -
http://www.rcslt.org/asp_toolkit/Practical_Communication_Support_Resources/guidelines_checklists_and_communication_support_resources
Easy read and Makaton - Office for Disability Issues

Examples of websites who produce communication aides

http://www.greenhousepub.com/hecacoapp.html
http://www.inspiredservices.org.uk/services-photostory.html
http://www.abilitynet.org.uk/advice-information

PowerPoints/ Lesson Plans

PowerPoint Part 3 – Support individuals with Specific Communications Needs
Lesson Plan Part 3

Information Sheets/booklet

Learning to Lip read – 2012 - Action for hearing www.hearingloss.org.uk

Sense.org – Block Alphabet
Examples of Low-tech systems
2008 August Picture Word Board
New Pack of 24
Querty-lowercase-alphabet
Symbol bank

Make it Clear – Mencap (2009) – PDF Booklet

BBC Factsheet – Voice Recognition

RCSSLT – Guidelines, Checklists and Communication Support Resources
Information Sheets/booklet continued

How to make information accessible – SCIE (2005) Easy read guidelines [link]

How to make information accessible a guide to producing easy read documents [link]

Further Reading

Examples of Accessible documentation in Health and End of Life Care:


Preferred Priorities of Care (Accessible Version) 2011 Lancashire and South Cumbria Cancer Services Network

Living well – Thinking and planning for your end of your life – 2010 HSA and Lancashire County Council

When and how to take your medicine 2006 – www.LD-Medication.bham.ac.uk

NHS My Pain Assessment Tool 2009 – Somerset Total Communications

The Hospital Communication Book - Learning Disability Partnership Board Surrey

Good health care for all – What can I expect from the NHS 2012 – Alison Giraud-Saunders Foundation for people with learning disabilities

Ofcom – Improving access to electronic services for disabled people December 2012
Activity 7 – Observation and Reflective Account

Learning outcomes and assessment criteria

This activity links to the following learning outcomes and assessment criteria (page 4). Those highlighted green are the ones you will cover when you have successfully completed it.

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Assessment Method: Reflection on own practice in real work environment
Assessment Type: Knowledge and Competence

Tutor/Assessor Guidance

Learners are guided to work with their assessor to plan an observation of their practice in the workplace supporting a service user to communicate. They are advised that it will be the responsibility of both themselves and their assessor to ensure that the observation is not intrusive and does not impact on the dignity of any service users.

To prepare for the observation reflect upon how you have supported an individual in the past. They should bring together all that they have learnt from completing the workbook and the resources they have accessed in previous activities.

This reflective account has been designed to enable the learner to consider the principles of supporting and communicating with an individual who has specific communication needs.

Activity 7: Observation and Reflective Account

Approximately 5 hours

Although this will be a personalised account they should consider:

**The importance of preparation** – spending time gaining information regarding the individual, having aides available if required and understanding a little of the individual as a person – who they are, their family, why they are in the care setting etc. This provides tools for opening conversations.

**How they prepared the environment to facilitate communication** – positioning of chairs, privacy, aides, reducing noise.
How they record the information regarding the individual’s communication needs and support provided - complying with data protection using. Records available or reporting to other staff to enable team awareness of individual’s needs.

Principles they followed when communicating with the individual for example did they have to adjust your normal communication style?

The methods of communication they used – high or low tech

How did they know if the individual understood or was able to communicate their needs – did they check it out, ask them to communicate back what had been said, did they engage in conversation appropriately, did they appear confused, happy, follow instructions etc

Did the individual require any specialist support – Speech and Language Therapist, Occupational Therapist, Physiotherapist, Specialist Communication Service

If so how did you support the specialist – work with during the assessment? Follow recommendations to support individual? Report specialist assessment to team, family?

How did they continue to help this individual with their communication needs – following principles highlighted in earlier activities

From what they have learnt from this module would they have done anything differently?

Do they need to access any further support or knowledge to help them support this individual?
Summary

The good news is that you have nearly completed this unit!

As a last task, repeat the assessment you completed at the start of the unit to see if your confidence has increased and discuss this with your tutor/assessor.

<table>
<thead>
<tr>
<th>Confidence level</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tbody>
<tr>
<td>Understanding of Specific Communication Needs</td>
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<td>Understand the impact of inability to communicate</td>
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<td>Talk about your role in ensuring communication accessibility</td>
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<td>Support an individual to identify communication needs</td>
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<tr>
<td>Support an individual to communicate</td>
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<tr>
<td>Know how to use and enable others to use communication methods, aids and resources</td>
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<tr>
<td>Enable an individual to access methods, aids and specialist support</td>
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<tr>
<td>Is able to review an individual’s communication needs and effectiveness of support provided.</td>
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</table>
CONGRATULATIONS!

You have now undertaken all the activities in this unit.

You now need to meet with your tutor/assessor – to discuss how you might present these completed activities as evidence towards meeting the unit learning outcomes.

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## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Advance Care Planning (ACP)</td>
<td>Advance Care Planning is a process of discussion between an individual and their care provider whatever the discipline. It is a discussion to enable the individual to make clear what their wishes are as their condition deteriorates.</td>
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<tr>
<td>Assessment</td>
<td>Gathering information about a person’s needs and how an illness is affecting their ability to live their normal lives.</td>
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<td>Aphasia</td>
<td>This is a speech difficulty caused when brain is damaged due to a stroke, brain hemorrhage (bleed), head injury or tumours. Some people with aphasia cannot speak at all, some can only use a few words, some jumble words and sentences and others can no longer read, write or use numbers.</td>
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<tr>
<td>Augmentative and Alternative Communication (AAC)</td>
<td>The term used to describe the range of communication methods which individuals can use to supplement or replace speech or writing.</td>
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<td>Best Interest Decision</td>
<td>This has to occur if someone does not have the mental capacity (see below) to make a legal, healthcare, welfare or financial decision for themselves. This is one of the principles of the Mental Capacity Act. The decision can only be made after an assessment has deemed the individual does not have capacity. Strict principles and codes of practice should be followed to carry out the assessment and to make the best interest decision, these are set out in the Mental Capacity Act.</td>
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<td>Cognitive ability</td>
<td>Cognitive ability Is able to think, concentrate, formulate ideas, reason and problem solve.</td>
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<tr>
<td>Cognitive impairment</td>
<td>This is when an accident or illness affects the ability to think, concentrate, formulate ideas, reason and remember.</td>
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<td>Consent</td>
<td>Permission for something to happen or agreement to do something</td>
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<td>Culture</td>
<td>The shared knowledge, behavioural norms, values and beliefs that help people to live in families, groups and communities</td>
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<td>End of Life</td>
<td>Considered to be the last 12 months that a person is expected to live</td>
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<td>Factors</td>
<td>The things, events or circumstances which will affect something e.g. what is affecting an individual’s ability to cope with an illness</td>
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<td>Formal Language system</td>
<td>The ability to communicate (interpret, understand and express our thoughts) using speech and language.</td>
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<tr>
<td>High Tech communication resources</td>
<td>Augmentative Machines and computerised aides and electronic devices e.g. ‘LightWriter’, speech synthesizers, digitised systems which play recorded words or phrases.</td>
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</table>
| Holistic                         | Holistic means considering care or assessment from the physical, psychological, environmental and spiritual needs of an individual.
This enables people to be treated as whole human beings and the impact of the illness on their quality of life is also considered. |
| Individual                       | The person who is receiving care or support in any domiciliary or care setting. |
| Informed consent                 | When an individual gives permission to have an assessment, treatment or procedure with full knowledge of the risks involved, probable consequences and the alternatives. |
| Laryngectomy                     | This is a surgical procedure to remove the larynx (voice box). It is removed due to damage caused by cancer, trauma (injury) or radiation treatment. |
| Low technological (tech)         | Communication aides or methods which do not use batteries, electricity or electronics. E.g. gestures, body language, communication boards or books, yes/no boards, letters, words, phrases, pictures. Individuals may use these tools by finger pointing, light pointer, eye-gaze direction, or a head/mouth stick. |
| Mental Capacity                  | The cognitive ability (see above) of an individual to make decisions that may have legal consequences for themselves and/or for others affected by the decision. In particular these decisions involve their health care, welfare and finances. An assessment must be carried out to determine mental capacity. |
| Monitoring                       | When we observe or gather information on changes in a person’s illness and symptoms or the effects of treatments given to manage the symptoms. |
| Motor Neurone Disease (MND)      | This is a disease that affects the nervous system and causes weakness and wasting of muscles, increasing loss of mobility in the limbs, and difficulties with speech, swallowing and breathing. |
| Parkinson’s Disease              | A neurological condition which causes nerve cells in the brain to die |
| Person Centred                   | Person-centred care is providing care that is responsive to individual personal preferences, needs and values and assuring that the individual’s values guide all clinical decisions. |
| Preferred Priorities for Care (PPC) | A tool that can be used to guide discussion and record end of life care wishes and preferences. |