

FL8W 04 (CHS157) Provide support to individuals to develop their communication skills

About this Unit

This standard is suitable for anyone whose role requires them to work, under the direction of a speech and language therapist, to support individuals participating in programmes designed to achieve and develop optimum independence in communication. The standard involves working closely with individuals, carers and key workers.

Users of this standard will need to ensure that practice reflects up-to-date information and policies.

Your **knowledge and understanding** will be specifically related to legal requirements and codes of practice and conduct applicable to your job, and the NHS Knowledge and Skills Framework. This will relate to your work activities; the job you are doing, and the setting, eg in hospital and community, domiciliary, residential care, and the individuals you are working with.

Values — the values underpinning this Unit are embedded within the 2009 NHS Code of Conduct for Health Care Support Workers. These are stated in full within the Assessment Strategy and Guidance document for the awards.

Key Words and Concepts — a glossary of definitions, key words and concepts used in this Unit is contained in the Assessment Strategy and Guidance document.

In occupational standards it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the standards, may be used in a very particular way. **You should read the Assessment Strategy and Guidance document before you begin working with the standards and refer to it if you are unsure about anything in the Unit.**

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Specific Evidence Requirements for the Unit

It is essential that you adhere to the Evidence Requirements for this Unit

SPECIFIC EVIDENCE REQUIREMENTS FOR THIS UNIT
Simulation:
<ul style="list-style-type: none"> ◆ Simulation is NOT permitted for any part of this Unit.
<ul style="list-style-type: none"> ◆ The following forms of evidence ARE mandatory:
<ul style="list-style-type: none"> ◆ Direct Observation: Your assessor or expert witness must observe you in real work activities. Their confirmation of your practice will provide evidence for a significant amount of the performance criteria in this Unit. For example, how you correctly carry out the specified activities using methods as directed and detailed within the individual's care plan. ◆ Professional discussion: Describes your actions in a particular situation and reflect on the reason(s) why you practice that way. For example, discuss with your assessor/expert witness the difference between assertiveness and aggression.
Competence of performance and knowledge could also be demonstrated using a variety of evidence from the following:
<ul style="list-style-type: none"> ◆ Reflective Account: These are written pieces of work which allow you to reflect on the course of action you took in a specific situation to identify any learning from the piece of work and to describe what you might do differently in the light of your new knowledge. ◆ Questioning/professional discussion: May be used to provide evidence of knowledge, legislation, policies and procedures which cannot be fully evidenced through direct observation or reflective accounts. In addition your assessor/mentor or expert witness may also ask questions to clarify aspects of your practice. ◆ Expert Witness: A designated expert witness, eg a senior member of staff, may provide a direct observation of your practice, or record a professional discussion they have held with you on a specific piece of practice. ◆ Witness Testimony: Can be a confirmation or authentication of the activities described in your evidence which your assessor or mentor has not seen. ◆ Products: These can be any record that you would normally use within your normal role, eg you should not put confidential records in your portfolio; they can remain where they are normally stored and be checked by your assessor and internal verifier. ◆ Prior Learning: You may be able to use recorded prior learning from a course of training you have attended within the last two years. Discussion on the relevance of this should form part of your assessment plan for each Unit. ◆ Simulation: There may be times when you have to demonstrate you are competent in a situation that does not arise naturally through your work role, eg dealing with violent or abusive behaviour. The Evidence Requirements in each Unit provide specific guidance regarding the use of simulation.
GENERAL GUIDANCE
<ul style="list-style-type: none"> ◆ Prior to commencing this Unit you should agree and complete an assessment plan with your assessor which details the assessment methods you will be using, and the tasks you will be undertaking to demonstrate your competence. ◆ Evidence must be provided for ALL of the performance criteria, ALL of the knowledge. ◆ The evidence must reflect the policies and procedures of your workplace and be linked to current legislation, values and the principles of best practice within the Health Care sector. This will include the National Service Standards for your areas of work. ◆ All evidence must relate to your own work practice.

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KNOWLEDGE SPECIFICATION FOR THIS UNIT

Competent practice is a combination of the application of skills and knowledge informed by values and ethics. This specification details the knowledge and understanding required to carry out competent practice in the performance described in this Unit.

When using this specification **it is important to read the knowledge requirements in relation to expectations and requirements of your job role.**

You need to provide evidence for ALL knowledge points listed below. There are a variety of ways this can be achieved so it is essential that you read the 'knowledge evidence' section of the Assessment Guidance.

You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
1 The current European and National legislation, national guidelines, organisational policies and protocols in accordance with Clinical/Corporate Governance which affect your work practice in relation to providing support to individuals to develop their communication skills.	
2 Your responsibilities and accountability in relation to the current European and National legislation, national guidelines and local policies and protocols and Clinical/Corporate Governance.	
3 The duty to report any acts or omissions in care that could be detrimental to yourself, other individuals or your employer.	
4 Why it is necessary to obtain valid consent prior to working with an individual and the methods used to achieve this where the individual is not able to give their consent directly.	
5 The policies and guidance which clarify your scope of practice and the relationship between yourself and the practitioner in terms of delegation and supervision.	
6 Why it is important to agree the therapeutic goals to be achieved.	
7 Why you should seek to support and encourage the individual to promote their own health and wellbeing and how this might be achieved.	
8 The importance of providing assistance to relevant others to enable them to further support the individual and how to provide this assistance.	
9 The common speech and language disorders and delay within the client group, and how these affect an individual's ability to communicate and learn.	
10 The factors which affect attention span, memory and the ability to learn within different client groups which may need speech and language therapy.	
11 The nature and purposes of different therapeutic activities and how they can be used and adapted within the boundaries of a specified therapy.	

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You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
12 The effects and uses of alternative and augmentative communication on: (a) communication disorders on social interaction (b) unusual patterns of interaction on communication (c) psychological changes, stress and distress on communication and social interaction	
13 The meaning and uses of augmentative sign and symbol systems.	
14 The use of motivation as an aid to learning.	
15 The information that should be recorded and the importance of doing this contemporaneously.	
16 Record keeping practices and procedures in relation to diagnostic and therapeutic programmes/treatments.	
17 The effect of sensory and motor functions generally on speech and language skills.	
18 Where speech sounds are made and how they are produced.	
19 The stages and structures within language development.	
20 The effect which conditions such as developmental delay and acquired disorders can have upon an individual's communication.	
21 The verbal and non-verbal aspects of social interaction and their contribution to communication.	
22 The difference between assertiveness and aggression.	

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Performance Criteria		DO	RA	EW	Q	P	WT	PD
1	Obtain valid consent from the individual, or a third party where the individual is not in a position to provide this consent independently, before working with them.							
2	Explain and, where possible, agree the therapeutic outcomes that the support is intended to achieve and take appropriate action where this is not possible.							
3	Correctly carry out the specified activities using methods as directed and detailed within the individual's care plan.							
4	Seek prompt advice and assistance from a relevant contact where a programme activity called for is beyond your scope of practice.							
5	Use motivators that are appropriate to the age and communication ability of the individual.							
6	Provide an effective model for the individual in terms of: (a) verbal communication (b) non-verbal communication							
7	Provide a level of stimulation that is appropriate to the age and communication ability of the individual.							
8	Provide the individual with sufficient time, opportunity and encouragement to practise existing and newly developed skills.							
9	Encourage the individual to take advantage of planned and unplanned opportunities to integrate skills developed within the programme into their normal daily activities.							
10	Support and encourage the individual to promote their own communication skills and implement appropriate strategies themselves.							
11	Take appropriate and prompt action, in line with relevant protocols and guidelines, in response to any factors which indicate adverse reaction to the programme.							
12	Provide accurate and prompt feedback to the individual's care team to support effective future planning of the individual's care.							

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Performance Criteria		DO	RA	EW	Q	P	WT	PD
13	Keep accurate, complete and legible records of the programme activities undertaken and the individual's response to them.							
14	Provide support to relevant others to enable them to develop skills which they can use with the individual in a functional setting.							

DO = Direct Observation
EW = Expert Witness
PD = Professional Discussion

RA = Reflective Account
P = Product (Work)

Q = Questions
WT = Witness Testimony

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To be completed by the candidate

I SUBMIT THIS AS A COMPLETE UNIT

Candidate's name:

Candidate's signature:

Date:

To be completed by the assessor

It is a shared responsibility of both the candidate and assessor to claim evidence, however, it is the responsibility of the assessor to ensure the accuracy/validity of each evidence claim and make the final decision.

I CERTIFY THAT SUFFICIENT EVIDENCE HAS BEEN PRODUCED TO MEET ALL THE ELEMENTS, PCS AND KNOWLEDGE OF THIS UNIT.

Assessor's name:

Assessor's signature:

Date:

Assessor/Internal verifier feedback

To be completed by the internal verifier if applicable

This section only needs to be completed if the Unit is sampled by the internal verifier

Internal verifier's name:

Internal verifier's signature:

Date: