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Explanation of the Pack

This pack contains supported communication ideas and materials to facilitate assessments of decision-making capacity. It is designed for use in the hospital setting by health care professionals with adults who have communication impairment. The design and content of the pack are based on our extensive professional experience in supporting such individuals.

This resource consists of:

- Manual
- Evaluation tools
- Picture resources
- Forms

Manual

Section 1, Background, provides an overview of communication impairment, the legal background to the assessment of capacity and the concept of supported communication.

Section 2, The decision-making pathway, covers some of the practicalities of both becoming involved in and providing communication support for an assessment of decision-making capacity. This includes some suggestions on roles and responsibilities, preliminary assessments, materials and recording of information.

Section 3, Supporting communication during a capacity assessment, presents the supported communication materials, gives ideas for alternative communication support and ways to use the materials. The section also provides working examples on how the materials can be used alongside other approaches.

Section 4, Case Studies, gives detailed examples of real working practice via case studies. These demonstrate how supported communication approaches have successfully been used to break down the barriers of communication impairment in assessments of decision-making capacity.

Evaluation tools

These provide structured assessment suggestions and materials, including record forms, for specific situations.

1: Informal Evaluation of Basic Orientation for Individuals with Communication Impairments.

2: Problem Solving and Reasoning in the Home Environment.

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Picture resources

The photographic images and diagrams provided to support communication are grouped under separate topic headings. For index of pictures, see [page 117](#). This section provides detailed guidance on the navigation and printing options regarding the large catalogue of picture/diagrammatic materials.

The pack is in no way exhaustive and thus is designed in such a way that additional resources can be added over time.

Forms

Three forms are included in this pack for:

Summary of Preliminary Assessment, Form A

Summary of Communication Skills for Capacity Assessment, Form B

Summary of Capacity Assessment, Form C.

These can be used to help ensure relevant issues are considered and decisions and outcomes of capacity assessments are recorded appropriately.

Interactive versions of all forms in this pack (including those for Evaluation Tools 1 and 2) are included as attachments to the PDF file of this resource. For instructions on using these interactive forms see [page 231](#) in the Forms section.

Background

Everyday we are presented with decisions to make. These decisions may be as simple as deciding what to eat for breakfast or as complicated as choosing an insurance policy or who to include in your will. In hospital, patients are faced with a new array of decisions to make. These may include choices of medical treatment or support when leaving hospital.

The decision-making process is often embedded in spoken and written language. For example, in choosing what to eat for breakfast, an individual reliant on a carer for physical tasks must first understand the question 'what do you want for breakfast?' They must understand and remember the options available to them and then communicate their choice to the carer. If their choice is particularly unusual (for example, selecting crisps for breakfast) then the individual may also need to explain their decision so the carer can be confident that the individual understands the potential implications of making an unusual, or potentially 'unwise' decision.

Decisions can be difficult enough to make even in the absence of a communication impairment. For individuals with communication difficulties, the decision-making process becomes even more challenging.

Communication difficulties in adults may be developmental (e.g. learning disabilities) or acquired (e.g. following a brain injury). Underlying impairments may include:

- difficulties understanding spoken language
- difficulties understanding written language
- difficulties producing spoken language
- difficulties producing written language
- difficulties producing intelligible speech

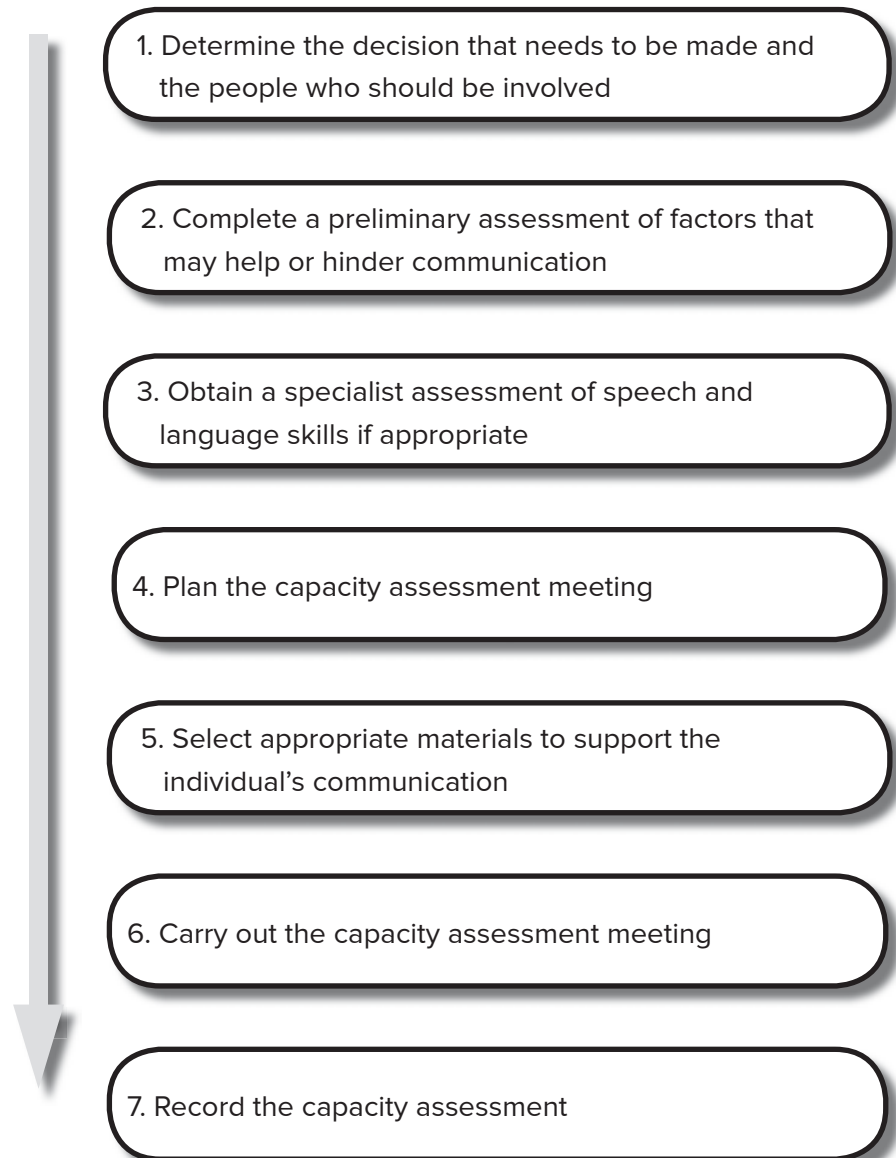
Problems with any one or more of the above can result in decisions being even more difficult to understand and make. Historically, individuals with communication difficulties have had limited input into decisions or perhaps even been excluded from them altogether (Mencap, 2007; Tailor et al., 2012; Brady et al., 2013).

The decision-making pathway

With various principles and legalities to consider, becoming involved in assessments of decision-making capacity can be quite daunting.

This section suggests a pathway which can be followed as a means of addressing the practicalities related to this task with individuals with communication impairment.

The pathway is as follows:



The remainder of this section will discuss the main stages of the pathway in more detail.

Supporting communication during a capacity assessment

The materials in this pack are designed to support those decisions that are made regularly in the hospital environment. The contents provide the basic elements for general discussion in a visual format, including extensive photographs and diagrams. (See **pages 117–118** for full list.)

The materials have been specifically designed with the aims of:

- maximising iconicity
- maximising flexibility
- being easily manipulated
- facilitating the personalisation of materials
- complementing pre-established communication methods
- facilitating a concrete and less transient representation of a decision (that can be re-visited and replicated).

Preparation of the material

The forms, assessments, photographs and diagrams available in this pack will require printing as necessary.

Staff may wish to print and laminate a full set of picture resources from **pages 119 – 229** prior to use, storing and labelling these in a way that enables easy retrieval when an assessment is to be made.

Alternatively, staff may only wish to print photographs as they are needed. If these are laminated to provide a wipe clean copy, they will be able to be stored and retrieved for repeat use.

Each picture in the pack has a label below the illustration, this can be removed if necessary. Most photographs and diagrams in this pack are two to an A4 page. If larger or smaller pictures are required this can be achieved by changing the print settings. See **page 117** for more information.

If practitioners print pictures four to a page, the font size of the labels becomes smaller. When choosing printing size you will therefore need to bear in mind the visual ability of the individual being assessed.

Using the materials: techniques that can be used to support communication

Supporting an individual with communication impairment often relies

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B. Medical decisions

Such as:

- Treatment options for a disease such as cancer
- Feeding tube insertion (nasogastric, NGT or gastrostomy, PEG)
- Surgical decisions
- Pharmacological treatments

Detailed example: Insertion of percutaneous endoscopic gastrostomy (PEG) feeding tube due to swallowing difficulties

Resources in Pack	Alternatives/Augmentation
Items relating to food and drink (including picture of PEG, swallowing, x-ray and aspiration pneumonia)	Personalised drawings Real objects (for example, another person with PEG or the model of a PEG tube) Mime and gesture Recording of a videofluoroscopy
Body outline	Individual's own body Your own body
Category headings such as pros/cons, good/bad, thumbs up/thumbs down	Physical gesture of thumbs up/thumbs down Individual's usual yes/no response
Specific health professionals	Photograph of familiar or specific individuals, for example, dietitian, SLT, nurse etc.
Photos depicting feelings	Facial expression Drawing

Suggested ways of facilitating decision-making

1. Outline the problem. For example:

- Select the picture 'eating and drinking' and equate to relevant pictures to represent the difficulties in swallowing (for example, chest infection, aspiration pneumonia, choking, and/or weight loss). You could use a visual pathway.
- Use the 'dysphagia' diagram.
- Use the body outline and 'cross out' the throat area to indicate poor swallowing.
- Use the outline of the head/neck and draw arrows from food items into the airway (rather than the food pipe).

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- Show a videofluoroscopy of the individual's swallowing.
- Gesture or demonstrate real swallowing events using your own body.
- Mime or gesture difficulties such as coughing or difficulties in breathing.

2. Introduce possible management options. For example:

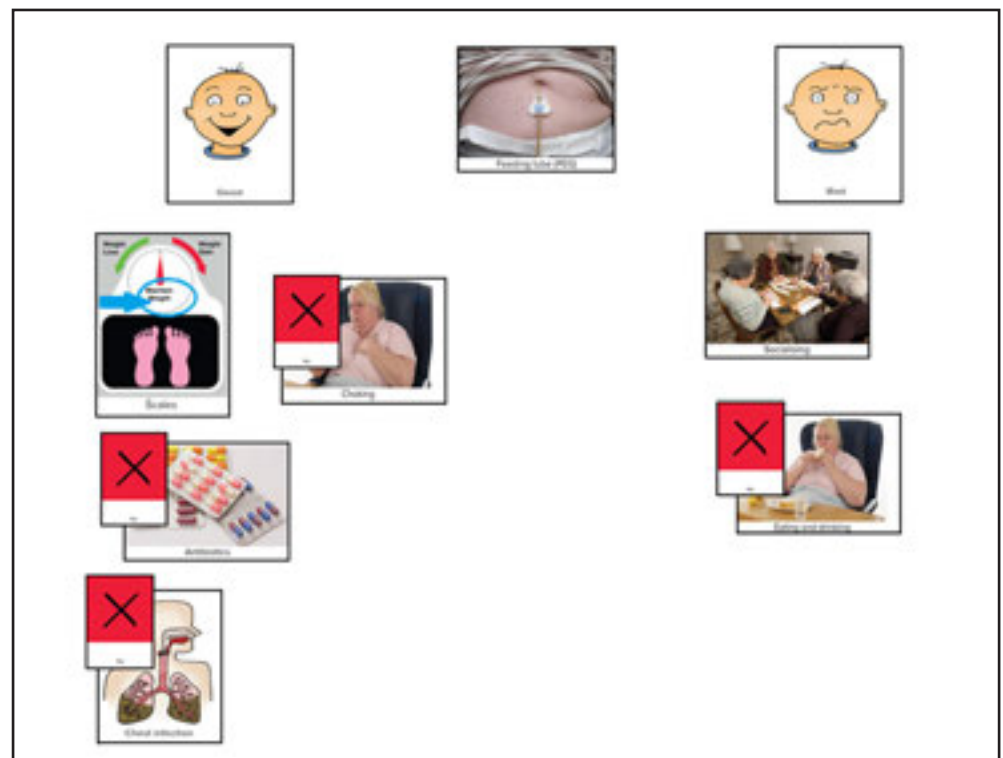
- Use pictures, mime/gesture, or real objects to indicate the management options which may include one, several or a combination of nil by mouth, nasogastric tube (NGT), gastrostomy (PEG) or Feeding at Risk (FAR).

Remember to present alternatives to the preferred management plan if there are any.

3. Introduce the pros/cons, risks/benefits of the proposed management plan. For example:

- Sort 'pros' and 'cons' of each management option into two piles. For example a 'pro' of being NBM is that food and drink will stop going down the wrong way and stop chest infections. A 'con' may be that the patient will find socialising more difficult and miss the taste of food. The headings 'pro' and 'con' or 'good' and 'bad' could be used (see Diagram 4).
- Ensure that all of the pros/cons are relevant to the individual; for example, if a PEG is likely to affect the amount of care an individual requires or their discharge destination upon leaving hospital, then this will need including.

Diagram 4



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FORM A, Summary of Preliminary Assessment

Name: *David*

NO/DOB: ***/**/***

Date: ***/**/***

Decision to be made: *Does David have capacity to make the decision to go home?*

Check	Suggestions	Outcome
Hearing	<ul style="list-style-type: none">Hearing aids and battery functionBackground noiseQuiet environmentSpeaker positionNumber of speakers talking at once	<i>Hearing adequate in quiet environment. Does not wear hearing aids.</i>
Vision Acuity	<ul style="list-style-type: none">Glasses and cleanliness of lensesBasic level of visual acuity	<i>Wears reading glasses. Able to read font size 14 and above wearing his glasses and see A6 sized pictures.</i>
Visual Fields	<ul style="list-style-type: none">Range of vision	<i>No problems.</i>
Physical	<ul style="list-style-type: none">Ability to sit or lie comfortably for a period of timeUpper limb dexterityFinger dexterity	<i>Has gross movement of upper limbs and able to hold a pencil in his right hand (right hand is his usual writing hand).</i>
Attention and Levels of Distractibility	<ul style="list-style-type: none">Length of time individual can attend for at any one timeNeed for any breaks or rest periodsAttention better at any particular time of dayUnnecessary distractions	<i>Distracted easily by noisy hospital ward environment - particularly the tea-trolley.</i>
Alertness and Fatigue	<ul style="list-style-type: none">Length of time sufficient alertness can be maintainedNeed for any breaks or rest periodsAlertness better at any particular time of day	<i>Participates well for approximately 20 minutes but starts to lose concentration and gets distracted after this time.</i>

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Low resolution sample

Informal Evaluation of Basic Orientation for Individuals with Communication Impairments

Introduction

The 'Informal Evaluation of Basic Orientation for Individuals with Communication Impairments' is designed to help support clinicians wishing to gain an idea of basic orientation and awareness in individuals with communication impairments.

Most standardised versions of orientation and cognition tests rely heavily on good auditory comprehension and expressive language skills. Persons with communication impairments may fail these tests purely because they are not able to understand the question and/or express the answer.

This is not a standardised test. It has been designed purely to help those with communication impairments demonstrate their skills of basic orientation and awareness of their environment by supporting their understanding and expression. This has been done by:

- Using key words instead of full sentences
- Supporting verbal information with writing and/or pictographic material
- Providing a set of responses for the person to choose from¹

¹ It is important to note that, in some cases, providing a closed set of responses may be the only way of allowing a person to communicate an answer. For this reason, the cognitive load of the task will change somewhat to allow for a communication response. Support should be given for spontaneous responses (via writing/speech/gesture) as much as possible.

Low resolution sample

Problem-Solving and Reasoning in the Home Environment

Background

Most individuals, wherever possible, will want to return to their own home after a spell in hospital. For individuals who make a full recovery from their acute illness, going home does not usually present a problem as they return to their usual level of functioning. For those patients who do not make a full recovery, leaving hospital can be more complicated because they require more assistance and support with the things they used to be able to do. An example of such patients are those who have suffered a stroke, those who are recovering from surgery or those who were originally admitted to hospital due to a progression in an advancing disease (such as dementia, Parkinson's or respiratory disease).

If a patient chooses to go back to their own home (rather than opt for an alternative such as a care home or rehabilitation centre) it is important that they can recognise and demonstrate an awareness of the health and safety issues associated with this; particularly if they choose to go home without any additional support or care. For patients without communication impairment they can freely discuss the pros and cons of going home and demonstrate their awareness by discussing these issues in conversation.

Patients with communication impairment present more of a challenge because they may:

- Not be able to demonstrate their awareness or ability to manage health and safety issues in conversation.
- Naturally be more vulnerable at home (particularly if left alone) as they may have less means by which they can call for help or deal with situations requiring communicative interactions (e.g. a salesperson at the door).
- Have underlying cognitive or problem-solving skills which are not readily apparent because of their overriding communication impairment.

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Problem Solving 1: Catching a cold



Catching a cold

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Low resolution sample

Problem Solving 1: Catching a cold



Tissues



Tablets



Apple



Phone

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Record Form Problem Solving and Reasoning in the Home Environment

Individual's name:

Recorded by:

Date of discussion:

Time:

Problem scenarios & Solutions (Tick if used)	Additional/alternative solutions if provided	Response(s) & solution(s) selected & comments
1. Catching a cold <i>Tissues</i> <i>Tablets</i> <i>Apple</i> <i>Phone</i>		
2. Chest pain <i>Tablets</i> <i>Watch TV</i> <i>Phone</i> <i>Pendant alarm</i>		
3. Electrical fault <i>Electrician</i> <i>Glass of water</i> <i>Fireman</i> <i>Carer</i>		
4. Fall at home <i>Phone</i> <i>Cup of tea</i> <i>Pendant alarm</i> <i>Walking frame</i>		



Okay



Overwhelmed



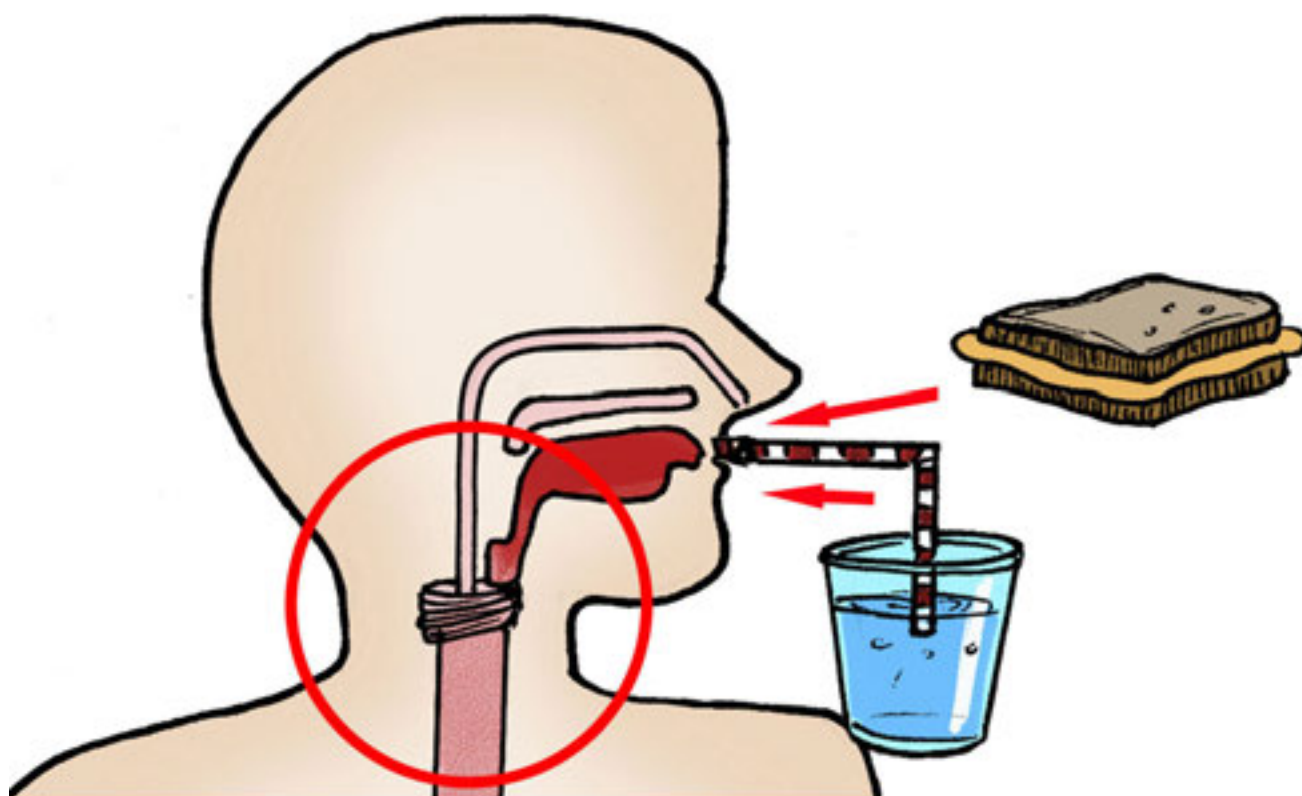
Doctor



Ear, Nose & Throat (ENT) Doctor



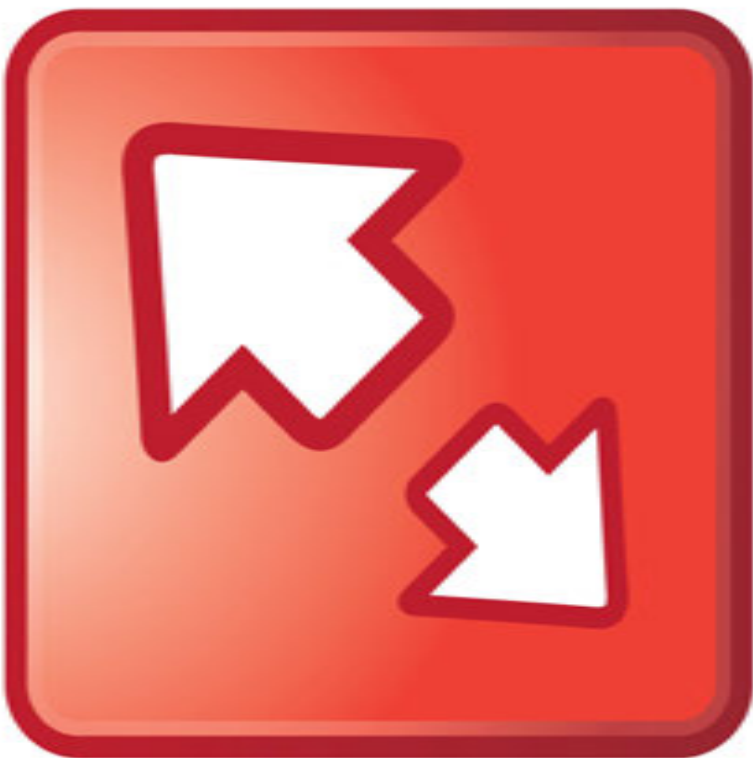
Dizzy



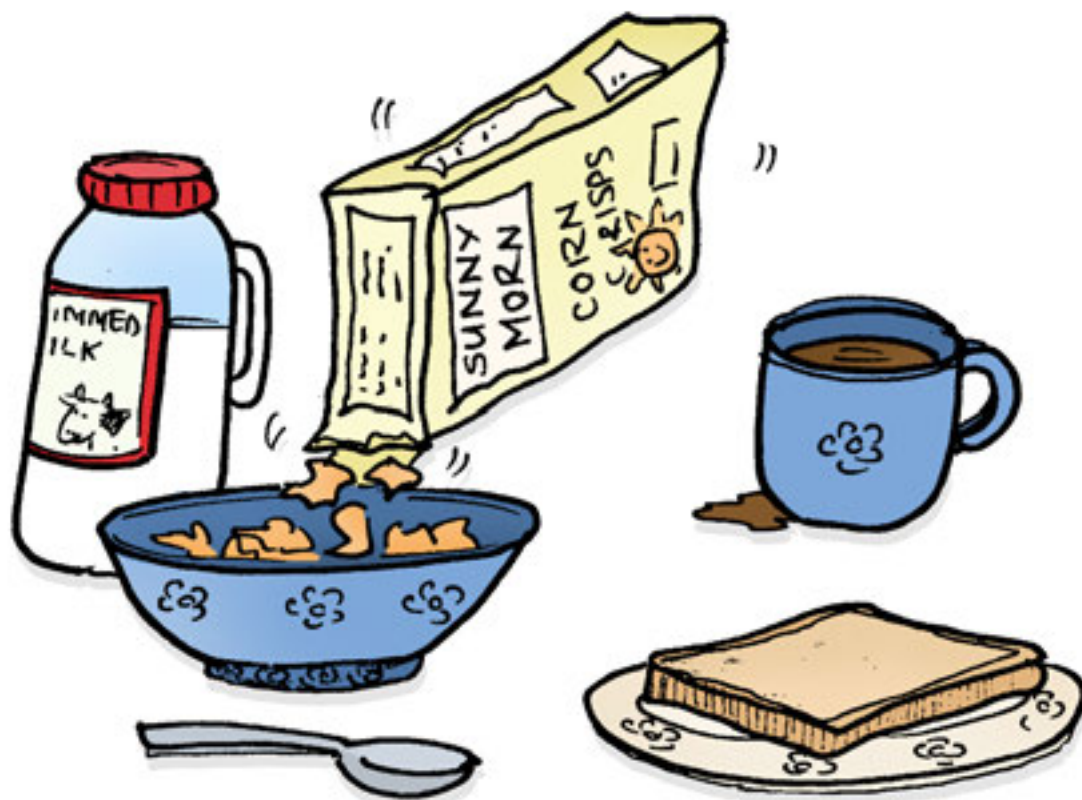
Dysphagia



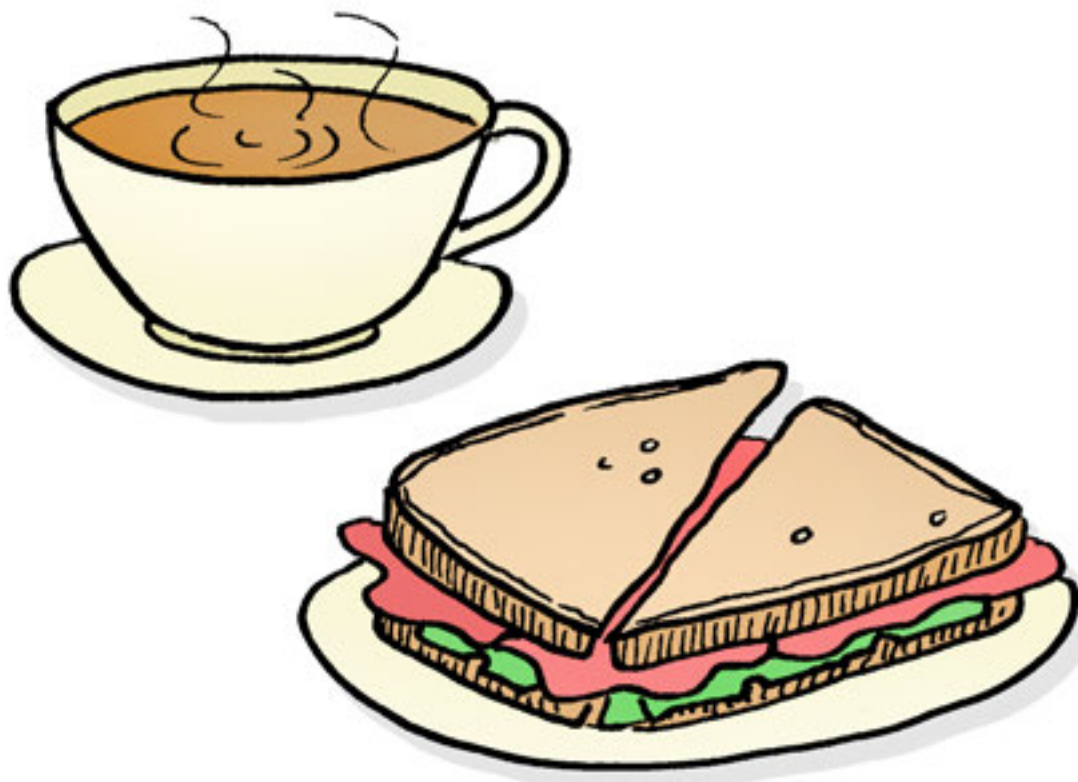
Who?



Where?



Breakfast



Lunch