

Title	Apply supported communication strategies in a health or wellbeing setting		
Level	4	Credits	5

Purpose	<p>This unit standard is for people providing services in a health or wellbeing setting.</p> <p>People credited with this unit standard are able to describe supported communication, and apply supported communication strategies in a health or wellbeing setting.</p>
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Classification	Health, Disability, and Aged Support > Allied Health Assistance
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Available grade	Achieved
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Guidance Information

- 1 Legislation relevant to this unit standard includes but is not limited to:
Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 (the Code of Rights);
Health and Disability Services (Safety) Act 2001;
Health and Safety at Work Act 2015;
Health Practitioners Competence Assurance Act 2003;
Human Rights Act 1993
Privacy Act 1993.
- 2 New Zealand Standard relevant to this unit standard includes but is not limited to:
NZS 8134.1:2008 *Health and disability services Standards – Health and disability services (core) Standards*; available at <http://www.standards.co.nz/>.
- 3 Candidates' practice must reflect appropriate values, processes, and protocols in relation to working with Māori and Pacific peoples and/or people from other cultures, in a range of settings and environments.
- 4 In the context of this unit standard, *support* should aim to maintain, improve, or restore a client's independence and/or interdependence by utilising the person's existing strengths and appropriate resources; but may include providing assistance to enable a client's health and wellbeing needs to be met.
- 5 Definitions
Aphasia – the partial or total inability to produce and understand speech as a result of brain damage caused by injury or disease.
Boundaries of own role includes but is not limited to – delegation and directives of a health professional, limits of own ability and training and ethical responsibilities.

Health or wellbeing setting includes but is not limited to – the aged care, acute care, community support, disability, mental health, and social services sectors.

Health professional – a person who is registered with an authority (which is appointed by or under the Health Practitioners Competence Assurance Act 2003) as a practitioner of a particular health profession to deliver health services in accordance with a defined scope of practice.

Person – a person accessing services. Other terms used for the person may include client, consumer, customer, patient, individual, resident, service user, tūrora or tangata whai ora.

Supported communication or supported communication intervention (SCI) – an approach to aphasia rehabilitation that emphasises the need for multimodality communication, partner training (viewing communication as a partnership between people), and opportunities for social interaction.

6 Resources

Primary references

Alarcon, N., & Rogers, M, *Supported communication intervention for aphasia*. (Rockville, MD: American Speech-Language-Hearing Association, 2007).

Byng, S., Duchan, J., & Pound, C, *The aphasia therapy file: Volume 2*. (Hove: Psychology Press, 2007).

Kagan, A., & Gailey, G., *Functional is not enough: Training conversation partners for aphasic adults*. In Holland, A. L., & Forbes, M. M. (Eds.), *Aphasia treatment: World perspectives* (pp. 199-225). (San Diego: Singular Publishing Group, 1993).

World Health Organization (WHO), *International classification of functioning, disability and health: ICF*. (Geneva, 2001) available at

<https://www.who.int/classifications/icf/en>.

Other resources on aphasia are available from the Aphasia Association of New Zealand at <http://www.aphasia.org.nz/>.

7 Evidence for the practical components of this unit standard must be gathered in the workplace.

Outcomes and performance criteria

Outcome 1

Describe supported communication.

Performance criteria

- 1.1 The underlying principles and scope of supported communication are described in accordance with the primary references.
- 1.2 The aims and objectives of supported communication are described in accordance with the primary references.
- 1.3 Supported communication is described in relation to the International Classification of Functioning, Disability and Health (ICF) coding for aphasia in accordance with the primary references.

- 1.4 Strategies for supported communication are described in terms of their contributions to meeting a person's goals within the boundaries of own role.

Range evidence is required of three strategies.

Outcome 2

Apply supported communication strategies with people in a health or wellbeing setting.

Range evidence is required of the application of three strategies.

Performance criteria

- 2.1 Supported communication strategies are applied with people in accordance with the directives of a delegating health professional(s) and the boundaries of own role.

Planned review date	31 December 2021
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Status information and last date for assessment for superseded versions

Process	Version	Date	Last Date for Assessment
Registration	1	17 June 2011	31 December 2017
Review	2	16 April 2015	N/A
Rollover and Revision	3	26 September 2019	N/A

Consent and Moderation Requirements (CMR) reference	0024
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This CMR can be accessed at <http://www.nzqa.govt.nz/framework/search/index.do>.

Comments on this unit standard

Please contact Careerforce info@careerforce.org.nz if you wish to suggest changes to the content of this unit standard.