

Communicating with Clients Work Instruction

Older people with specific communication needs have an increased risk of experiencing functional decline. Identifying any functional or psychosocial barriers to communicating and responding to these will enable the older person to participate in their care and services.

Vision and hearing loss

It is common for older clients to have vision and hearing impairments. These can be challenging and can limit a person's confidence to participate in their care and services and ability to follow instructions, and may contribute to social withdraw.¹ To reduce the risk of this happening:

- Encourage the older person to wear their prescribed glasses.
- Encourage the older person to wear their prescribed hearing aids. Check the hearing aids are on and the batteries are working if the older person is still having trouble hearing.
- Ensure your clients' glasses and hearing aids are within their reach if they choose to remove them.
- Consider encouraging the older person to have their vision or hearing assessed if communication is difficult.

Speech impairment

Speech impairments range from mild (where there is only an occasional problem) to severe (when a person may have lost all ability to use and/or understand speech).

- If an older person is unable to use speech as an effective form of communication, work with them and their family and carers to use an alternative method of communication.
- Notify the Care Manager who may refer the client to a speech pathology as appropriate.
- Use appropriate communication aids and written aids.
- Ensure the older person is given adequate time to communicate.

Cognitive impairments

Older people with cognitive impairments can communicate their wants and needs.

- Be positive in your approach to communication.²
- Greet the older person you are caring for by name, address and speak to them; do not ignore or talk over them.
- Include the older person in their care to the extent they are able and want to be involved.
- Allow time for the older person to express their needs.² Behaviours of concern are often expressions of unmet needs.
- Talk to family and carers; they often have valuable information about caring for an older person with a cognitive impairment.
- If the older person no longer has capacity to consent to medical treatment, notify the Care Manager. The Care Manager will identify and record the name and contact details of the Person Responsible³, the substitute decision-maker under the law. Shared decision-making about care will require effective communication with the Person Responsible.

The words of a relative of a client

They've got to listen to the family in that situation, and it's very hard if they don't, because you do know that person better than what they do, they've only met that person only just then.

Culturally and linguistically diverse communities

Older people who use our services may be from culturally and linguistically diverse communities. Be aware that not having English as your first language can add an extra layer of complexity for an older person and their family and may increase feelings of loneliness or isolation.

- Ask your client and their family and carers if they need an interpreter and, if so, organise this through your Care Manager. Consider the older person's and family's wishes if there is a preference not to use an interpreter.⁴
- When selecting an interpreter, consider confidentiality, kinship, and gender issues.⁴
- Focus on the older person's strengths and wishes⁵. Be positive in your approach to communication.¹
- While written aids that have been professionally translated might be helpful, be aware that literacy might be a barrier to use. Over-reliance on written materials should not replace individualised care.⁴
- Be aware that literacy might be a barrier to completing forms.
- Try to learn a few basic words in the language of your linguistically diverse clients.¹
- Cue cards can be helpful but should not be used in place of accredited interpreters. Cue cards can be used by our clients, families, and carers to communicate simple needs such as hungry, thirsty, telephone. We can use the cards to communicate simple instructions or ideas.
- The Care Manager will connect older people to culturally specific and/or bilingual community services and clinicians, as appropriate.
- Be prepared to explore the cultural context of some symptoms and diseases. For example, in some cultures there is a stigma around dementia and depression and a client may use a different term to describe their feelings, for example they may say they are 'heart sick'.
- Always check your understanding of what the older person has said.²
- Screening and assessment tools often have cultural biases and many 'standard' tools have not been validated in multicultural samples in Australia. The Care Manager will seek specialist advice for appropriate use and interpretation of results if these tools are to be used.

Aboriginal and Torres Strait Islanders

In Australia, many Aboriginal and Torres Strait Islanders experience morbidities typically associated with advancing age, such as cardiovascular disease and dementia, up to 20 years earlier than non-Aboriginal people. Therefore, from the age of 45, functional decline is a concern for Aboriginal and Torres Strait Islanders.

Be mindful that Aboriginal and Torres Strait Islanders come from a variety of cultural and personal backgrounds.⁵

- Aboriginal and Torres Strait Islanders may find being cared for very daunting or frightening and may trigger feelings of loneliness and isolation from networks. Ask the person to identify strategies that might help them and optimise their ability to retain social connections.

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- To enable culturally safe care, the Care Manager will identify with your client and their family or carer if a cultural liaison officer is required and make a referral if needed.
- Communicate with your client, their family, and carers to identify if an interpreter is required. Notify your Care Manager if an interpreter is needed. The Care Manager will organise this through interpreting services.
- When selecting an interpreter the Care Manager will consider confidentiality, kinship and gender issues⁴.
- While written aids that have been professionally translated might be helpful, be aware that literacy might be a barrier to use. Over-reliance on written materials should not replace individualised care.⁵
- Literacy might be a barrier to completing forms.
- The Care Manager will:
 - source information and advice from Aboriginal and Torres Strait Islander people and culturally specific organisations.
 - connect people to culturally specific and bilingual community services and clinicians, as appropriate.
- Communicate with your client, their family, and carers to build a picture of all family members and significant others. It is not always obvious who has final authority in relation to an Aboriginal or Torres Strait Islander's health and wellbeing.⁶
- Be aware that an illness may be seen as affecting the entire family, in terms of origins, symptoms and management.⁶
- Screening and assessment tools often have cultural biases and many 'standard' tools have not been validated in multicultural samples in Australia. The Care Manager will seek specialist advice for appropriate use and interpretation of results if these tools are used. ^{i ii}

ⁱ 1. DHHS, *Ageing is everyone's business: a report on isolation and loneliness among senior Victorians*, 2016.

2. Tinney, D.J. *Still Me: Being Old in Care*, 2006. University of Melbourne.

3. OPA, *Medical/dental treatment for patients who cannot consent the person responsible*, 2012.

4. NARI, *Kimberley Health Adults Project Guides for Clinicians*, 2013.

5. Likupe, G. *Communication with Older Ethnic Minority Patients*, Nursing Standard, 2014. 28: 37-43.

6. Dudgeon, P., Ugle, K. *Communicating and Engaging with Diverse Communities*, in *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, 2014. Ed. Dudgeon, P., Milroy H., Walker, R.

ⁱⁱ [Communicating with older people who have diverse needs \(health.vic.gov.au\)](https://www.health.vic.gov.au/communicating-with-older-people-who-have-diverse-needs) Accessed 12 September 2023