

Module Two

Understanding and Communicating
with Your Passengers

Transporting Older People: A Training Resource for Community Transport

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Module 2. Understanding and Communicating with Your Passengers

Module Outline

Module Overview

This Module covers communicating with older people and people with a disability. It provides an introduction to the ageing process, disability awareness, labelling, language and communication skills. As well, communication strategies for specific disabilities are outlined.

Module Objective

The objectives of this Module are to provide volunteers with:

- an understanding of the communication process; and,
- practical strategies to use when communicating with passengers with specific disabilities.

Module Contents

This Module comprises these segments:

- Ageing and Disability
 - Introduction
 - Aged Related Changes and Disability
 - Labelling and Language
- Communication Skills: Listening, Assertiveness and Negotiation
 - Introduction
 - Active Listening
 - Being Assertive
 - Expressing Needs and Feelings Using "I" Statements
- Communicating with a Person with a Visual Impairment
 - Vision Loss
 - Communicating with and Assisting a Person with a Visual Impairment
- Communicating with a Person with a Hearing Impairment
 - Hearing Loss
 - Communicating with a Person with a Hearing Impairment
- Communicating with a Person with a Speech Impediment
 - Introduction
 - Communicating with a Person with a Speech Impediment
- Communicating with a Person with Dementia
 - Introduction
 - Some Symptoms of Dementia
 - Helpful Tips for Communicating with a Person with Dementia

Learning Outcomes

At the completion of this module, volunteers should be able to:

Learning Outcome 1

Demonstrate an awareness of issues related to ageing and disability

Learning Outcome 2

Demonstrate an understanding of using positive language

Learning Outcome 3

Describe the skills required to be an effective communicator

Learning Outcome 4

Demonstrate an understanding of assertiveness and negotiation

Learning Outcome 5

Identify and apply practical strategies to use when communicating with a person with visual impairment

Learning Outcome 6

Demonstrate techniques to guide a person with a visual impairment

Learning Outcome 7

Identify and apply practical strategies to use when communicating with a person with a hearing impairment

Learning Outcome 8

Identify and apply practical strategies to use when communicating with a person with a speech impediment

Learning Outcome 9

Identify common symptoms of dementia

Learning Outcome 10

Identify and apply practical strategies to use when communicating with a person with dementia

Module Symbols

The following symbols in the text are designed to assist you to prepare and deliver your training:



Insert organisational specific material



Amend or tailor the material to your organisation



Indicates where you should exercise caution or thoroughly consider any changes.



Estimated time for activity, including overhead transparencies



Pairs activity



Small group activity



Group activity



Feedback



Overhead transparency

Module 2. Understanding and Communicating with Your Passengers

Trainers Guide

Ageing and Disability

Resource Material

The relevant resource material for this segment is:

- Activity 1: The Age Line
- OHT 2.1: Age-Related Changes Older People May Experience
- OHT 2.2: Terminology
- OHT 2.3: Terminology
- OHT 2.4: Terminology
- OHT 2.5: Terminology
- OHT 2.6: Terminology
- OHT 2.7: In Summary
- Activity 2: Simulations
- OHT 2.8: Guide to Positive Language
- OHT 2.9: Guide to Positive Language
- OHT 2.10: Make It Positive

Background Material

Introduction

As Australia moves into the 21st century, a greater proportion of our population than ever before will be more than 60 years old. The Australian Bureau of Statistics (ABS) estimates that more than a quarter of our population (28.2%) will be aged over 60 by 2041, compared to 15.8% in 1995. (Source: *Report Upon the Inquiry into Planning for Positive Ageing*. (1997) Victorian Government Printer, p.13)

However, senior Victorians do NOT form a separate discrete community with homogeneous needs. Senior Victorians are a part of the broader community, with individual needs as varied as the rest of the Victorian population. The challenge for governments and community service providers, now and in the future, is to provide flexible and tailored services, which enable the individual needs of older people and people with a disability to be met.

However, our attitudes towards ageing and disability can have a major influence on the way in which these services are provided. If we believe that older people are all frail, unwell and dependent, then this stereotype makes it difficult for us to recognise the needs of each individual. Importantly, if we view older people, or people with disabilities, as homogenous groups then we may not respect the right of the individual to make choices and exercise their independence.



In Activity 1 (The Age Line) the volunteers have to physically place themselves in a line from youngest to oldest. The volunteers are asked to reflect on their reasons for placing themselves at a particular point in the line. It is important for the volunteers to be aware that their decision is influenced by their personal feelings and attitudes towards ageing.

This initial exercise then leads into a discussion on attitudes to ageing and the values that underpin common stereotypes of older people and people with disabilities.

Age-Related Changes and Disability

Ageing is a natural process of life. In fact, we experience the greatest decline in our health between 30 and 40 years of age. Everyone ages at his or her own individual pace. Even though genes and family heritage are important, we now know that preventive measures and health screening can improve our health and prolong life. For example, weight resistance or strength training can prevent a weakening of the bone structure and assist in the prevention of diseases like osteoporosis. Health screening can now detect serious medical conditions like breast and prostate cancer even in the early stages of the disease.

The majority of people in their 60s and 70s report they are in good health. However, they may notice some age-related changes in their body and in their functional ability. The changes that can occur include:



- greying of hair;
- loss of skin elasticity;
- slower healing rate for body tissue;
- a weakening of the bone structure;
- incontinence;
- short term memory loss;
- some degree of vision and/or hearing loss;
- arthritis;
- chronic illnesses such as diabetes and heart disease.

We should not assume that everyone over a particular age has memory problems, is incontinent and frail. Neither, should we judge a person's ability by their age or by their disability. We should never assume that older people or people with disabilities are not able to function on a daily basis without assistance in every aspect of their lives.

If we are to offer assistance in a safe and respectful manner, that is without infringing upon the person's rights, we need to understand more about the ability and the disability of the person we are working with.

An understanding of relevant terminology is a useful starting point. The relevant part of the following example is included on the OHTs to give a practical emphasis to the definitions.

Example:

A person with vision **impairment** has a loss of sight. Many people have a vision impairment that is fully corrected by wearing contact lenses or glasses. However, for other people glasses cannot correct their vision problems and so they are disabled to some extent by their loss of vision. People with a visual impairment can be **handicapped** in a number of ways. They may have difficulty crossing an intersection that does not have audible pedestrian signals. They may not be included in social conversations because people feel awkward about the person's disability. The handicaps experienced by people with a disability are not related to impairment or disability but rather to the environment and society. (Source: *Volunteer Manual* , Royal Victorian Institute for the Blind Website)

These are the World Health Organisation's definitions of impairment, disability and handicap.



OHT
2.2-2.4

- **Impairment**
A limitation, loss or abnormality that affects the functioning of a part of the body.
- **Disability**
The restriction, loss of function or lack of ability that results from an impairment.

Importantly, having an impairment is not always a disability, as the use of aids, special equipment, appropriate technology and medication can reduce the disabling effects of an impairment and allow people to function within the normal range.

- **Handicap**
The disadvantage experienced by a person with a disability that limits or prevents the person from achieving their full potential.

Often it is social, cultural, physical and economic barriers that prevent or limit a person with a disability.

Disabilities are classified based on the part of the body affected:



OHT 2.5

- **Physical Disability**
A disability that affects the muscles or the skeleton, causing functional loss of the limbs and the person's mobility.
- **Intellectual Disability**
An impairment to the brain that affects the person's abilities to think, solve problems and learn.



OHT 2.6

- **Sensory or Perceptual Disability**
An impairment with receiving information through one or more of the senses.
- **Social or Emotional Disability**
A disability that affects how a person behaves or relates to others.

Hence, we need to be aware of the interaction between a person's impairment or disability and the barriers they may encounter when participating in community life and performing daily tasks.

If our goal is to provide flexible and appropriate support that meets each person's individual needs, it is helpful to think about the assistance a person may require in terms of their functional loss. For example, a person with a visual impairment may not need assistance to participate in certain activities if they wear their glasses. The most appropriate support the volunteer could offer then would be to check if the person has their glasses with them.

In summary, to provide flexible and appropriate assistance in a respectful manner:



OHT 2.7

- Treat each person as an individual
- Respect the person's rights
- Do not judge a person's ability by their age or by their disability
- Focus on the person and not their disability
- Think about their ability
- Do not decide what assistance the person requires - ASK
- Provide assistance if requested
- Think about support in terms of functional loss



In Activity 2 (Simulations) the volunteers participate in a range of simulations to raise their awareness of the difficulties older people and people with a disability may encounter in their daily lives. In several of the simulations, the barriers experienced are because of other people's attitudes towards age and disability.

Labelling and Language

Whilst it can be helpful for us to have some insight into the way in which a disability can impact on an individual, we should not focus on the person's disability but on their ability. We should acknowledge the individual as a human being and always refer to the person first and not their disability.

We should be conscious of the labels we use and not lump people together as groups. Examples are the disabled, the mentally retarded, the handicapped, the oldies, and the geriatrics. People are often referred to by the name of their condition or disability, focusing attention on the condition or disability and not on the person, for example, an Old-Timer, an epileptic, a deaf person, a spastic. Similarly, we should not use labels that refer to a person's age, religion, cultural background or ethnicity. **Every person is an individual with his/her own personality, talents, abilities and maybe disability.**

Although people should not be categorised by their disability, there are times when it is necessary to use specific terminology that relates to the disability. When you need to describe a person's condition, use the correct term. Someone is not mentally retarded; they are a person with an intellectual disability. A person is not an epileptic, nor do they suffer from epilepsy rather they are a person who has epilepsy. A person is not senile; they have Alzheimer's or dementia.

People should not be labelled as 'victims' or 'sufferers' and we should avoid terms such as 'invalid', 'confined', 'afflicted' or 'decrepit'. The use of such language indicates dependency and defeat.

Negative labels:

- detract from people having a positive image and self-esteem;
- are derogatory, demeaning and patronising, for example 'dumb', 'cripple', 'crazy';
- continue to promote negative attitudes of helplessness and dependency; and,
- reinforce the negative stereotypes that exist in the community.

Remember, negative stereotypes can influence the way in which we view people and, in turn, the way in which we treat people. People with a mental illness are not 'crazy', or evil or a threat to the comfort and safety of others. Older people are not a burden, either on society or on their families.

These guidelines can help us to use more positive language:



OHT 2.8

- × **DO NOT** lump people into groups
- × **DO NOT** describe people by the disability they have
- × **DO NOT** use derogatory terms
- × **DO NOT** label people as victims or sufferers
- × **DO NOT** judge a person's abilities by their disability
- × **DO NOT** promote negative images of older people or people with a disability



OHT 2.9

- ✓ **DO** always refer to the person first and not their disability
- ✓ **DO** value every person for their unique personality, talents and abilities
- ✓ **DO** be sensitive to the impact labels can have on self-image and self-esteem
- ✓ **DO** your part to promote positive images of older people and people with disabilities
- ✓ **DO** use correct terminology if you have to describe a person's disability

You can be more positive in your language if you:



OHT 2.10

Say: 'People with a disability'
Not: The disabled or the handicapped

Say: 'A senior person' or 'an older person'
Not: A geriatric, an oldie, an old dear

Say: 'A person with' or 'a person who has'
Not: The disabled or the handicapped

Say: 'A person with a hearing impairment'
Not: Deaf and dumb

Say: 'A person with a visual impairment'
Not: Blind

Say: 'A person with Alzheimer's' or 'A person with dementia'
Not: Old Timer's

Handouts

The handout provided for this segment is:

- Using Positive Language



You should check that the information on this handout is relevant to your organisation.

References

Activity 1 is adapted from activities in these training programs:

- Council on the Ageing, *Challenging Ageing*. Used with the permission of COTA.

Thank you to COTA for their kind permission to use the material.

- Volunteering Victoria (2000). *An Introduction to Volunteering in HACCC Funded Services*. Melbourne: Volunteering Victoria. Eastern Region HACCC funded this project.
- Barton Institute of TAFE (1996). *Training Model for Volunteers in Home and Community Care Social Support Services*. Melbourne: Ethnic Home and Community Care Services Group. The Department of Human Services funded this project.

Many organisations contributed their ideas for the simulations in Activity 2. Thank you to Community Accessibility, Council on the Ageing, La Trobe Coordinated Community Transport, Northern Care and Share and South Port Day Links.

Labelling and Language and the Guidelines for Positive Language were adapted from training conducted by Wyndham City Council's Children's Resources and Development Officers. Thank you to Wyndham City Council for their kind permission to use the material.

Communication Skills: Listening, Assertiveness and Negotiation

Resource Material

The relevant resource material for this segment is:

- OHT 2.11: Communication – A Simple Process?
- OHT 2.12: What is Communication?
- OHT 2.13: How Do We Communicate?
- OHT 2.14: What Influences Communication?
- Activity 3: The Communication Process, incorporating
 - OHT 2.15: What Hinders?, What Helps?
- OHT 2.16: What is Active Listening?
- OHT 2.17: What are Attending Skills?
- OHT 2.18: What are Verbal Listening Skills?
- Activity 4: Is Being Assertive Important?
- OHT 2.19: Assertion, Aggression, Non-Assertion
- OHT 2.20: What is Assertion?
- OHT 2.21: What is Non-Assertion?
- OHT 2.22: What is Aggression?
- OHT 2.23: "I" Statements
- Activity 5: "I" Statements
- OHT 2.24: Key Rules of Conflict Resolution
- OHT 2.25: Respect
- OHT 2.26: Understand
- OHT 2.27: Assert

Background Material

Introduction

Communication is a simple process, or is it? This excerpt is from an Abbott and Costello movie, where Abbott asks Costello to tell him the names of the players on a baseball team. It shows communication is sometimes not that simple!



OHT 2.11

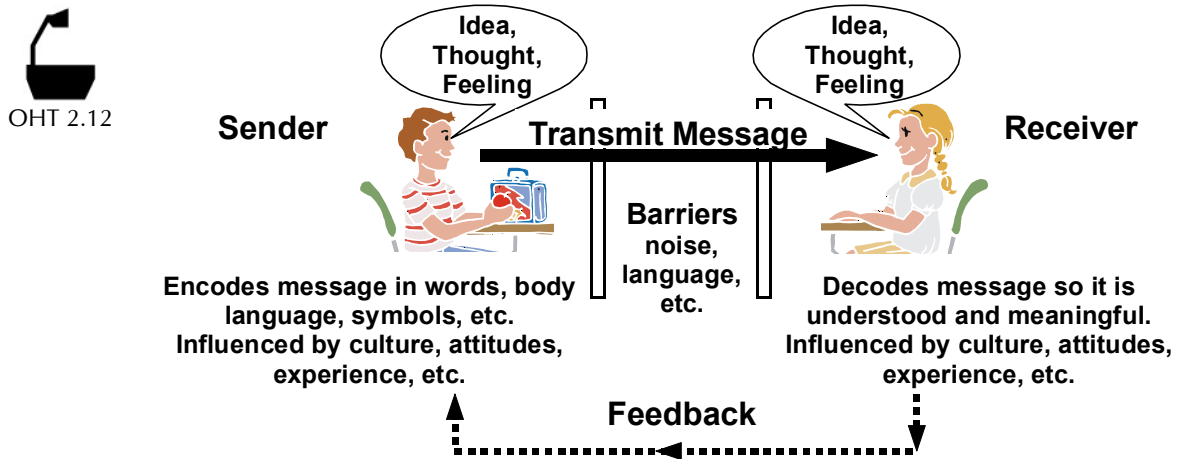
- Abbott:** We have Who's on first, What's on second, I Don't Know's on third.
Costello: That's what I wanna find out.
Abbott: I say Who's on first, What's on second, I Don't Know's on third -
Costello: You know the fellows' names?
Abbott: Certainly!
Costello: Well then who's on first?
Abbott: Yes!
Costello: I mean the fellow's name!
Costello: Now whaddya askin' me for?
Abbott: I'm telling you Who is on first.
Costello: Well, I'm asking YOU who's on first!
Abbott: That's the man's name.
Costello: That's whose name?
Abbott: Yes.

Although the communication process in essence involves a sender, a receiver and messages being passed between the two, communicating effectively is a challenge.

You can become a more effective communicator by:

- understanding the communication process;
- being a better listener; and,
- identifying the barriers and interferences that can distort the communication process.

The Communication Process



Communication is a two way process between a sender and a receiver.

Through communication we share with others our ideas, thoughts and feelings and so build relationships.



We communicate using:

- spoken word
- writing
- pictures
- symbols and signs
- sign language
- gestures
- touch
- facial expressions
- silence
- behaviour
- posture
- tone

In fact, 35% of our communication is verbal (speech, writing) and 65% is non-verbal (pictures, body language).



Our communication is influenced by many factors, such as:

- gender
- culture
- language
- age
- past experiences
- values and attitudes
- environment
- setting or context
- reason for communicating
- physical health
- literacy
- needs and interests
- listening skills
- relationship to the other person

These influences, and others, can also interfere with and be a barrier to effective communication.



In Activity 3 (The Communication Process) the volunteers role-play being a driver in a vehicle trying to communicate with a passenger sitting at their side or behind them.



These factors can hinder communication:

- ✗ not speaking clearly
- ✗ not listening
- ✗ words saying one thing, body language another
- ✗ making assumptions
- ✗ not checking accuracy of hearing
- ✗ using jargon and shorthand
- ✗ not reinforcing message
- ✗ not giving feedback

These factors can help communication:

- ✓ listening
- ✓ paying attention
- ✓ clarifying your understanding
- ✓ giving feedback
- ✓ speaking clearly
- ✓ being aware of your own and others values, attitudes, biases and expectations

Active Listening



Effective communicators are good listeners.

Being an active listener involves using:

- attending skills
- verbal listening skills

Attending skills are everything we do to show we are listening and paying attention to the other person.



Attending skills include:

- **Using minimal encouragers**
Vocal responses (and actions) that show you are paying attention and that encourage the speaker to continue
- **Prompting**
A word or phrase to encourage the speaker to continue or elaborate
- **Using non-verbal communication**
Posture and body language that shows you are attending

Examples of attending skills are:

- **Using minimal encouragers**
Uh-huh, mmm, Oh? OK?
Nodding your head
- **Prompting**
Speaker: "I don't like wearing a seatbelt because of my shoulder"
Listener: "Your shoulder?"
- **Using non-verbal communication**
Facing the other person, open posture, leaning forward, maintaining eye contact and being relaxed. Maintaining eye contact means that you do not let your eyes wander around room, not looking at the person but you should avoid staring.



Verbal listening skills are:

- **Clarifying**
Using a question to check your understanding
- **Paraphrasing**
Repeating back in your own words what the speaker said
- **Summarising**
Condensing the important pieces of information
- **Reflecting**
Restating the content and the feelings behind what was said

Examples of verbal skills are:

- **Clarifying**

Do you mean ...?

Are you saying that ...?

- **Paraphrasing**

Speaker: "Next week the group is going on an outing to Geelong and we are going to a pub for lunch and do some sightseeing. Everyone is allowed to bring someone with them so Mary will be coming with me next week"

You Say: "So you and Mary are going on an outing and you will both need transport next week?"

- **Summarising**

Speaker: "Our first passenger was not ready when we arrived to pick her up so we went to the next pick up and then we went back to our first pick up. We had to wait for another passenger as well then on our way to the Club we were stopped for a breathalyser. Plus the traffic was bad. The bus taking everyone on the outing was already there when we got there so everyone had to rush".

You Say: "It has been a hectic morning for you with passengers not being ready and delays".

- **Reflecting**

Speaker: "Every time I ask him to help out he says he will but then he never does"

You Say: "So his being unreliable disappoints you?"

Being Assertive



In Activity 4 (Is Being Assertive Important?) the volunteers are asked to identify why assertiveness and negotiation skills are important in their volunteer role.

In their role, volunteers may:

- have to assert their rights;
- need to say 'no' if asked to do something unreasonable or something they are not comfortable with;
- have to refuse unreasonable requests; or,
- have to negotiate with passengers, their Coordinator and even other volunteers.

All of us need to be able to assert our rights and negotiate successful outcomes, whilst respecting the rights of others. If the rights of both parties are respected it is a win-win situation. However, if the rights of one party infringe on the rights of the other party, it is a win-lose situation.



OHT 2.19

Assertion	=	We Matter
Aggression	=	I Matter
Non-Assertion	=	You Matter



OHT 2.20

Being assertive is understanding and exercising your rights, expressing them clearly and directly, while being aware of and respecting the rights of others.

People with an assertive approach tend to focus on the solution rather than the problem and so are able to negotiate an outcome that suits both parties.



OHT 2.21

Being non-assertive or passive is violating your own rights by failing to express your honest feelings, thoughts and beliefs to the other person.

People who are passive in their approach tend to say 'yes' rather than 'no' even when 'no' is their honest response. Passive people give into the rights of other people rather than stand up for themselves. So they can become frustrated and resentful whilst appearing to be happy and accommodating.



OHT 2.22

Aggression is standing up for your own rights in a way that always violates the rights of other people and is usually inappropriate, for example by using sarcastic remarks.

Aggressive people insist that their feelings and needs take precedence over other people's. They tend to blame others for problems instead of offering solutions.

Using "I" Statements

There are many ways to be assertive. "I" statements are a helpful tool to use when dealing with unreasonable requests and behaviour you find upsetting.



OHT 2.23

"When you speak about other volunteers behind their backs, I think it is gossiping and it upsets me. I would prefer it if you did not talk about other volunteers like that".

"I" Statements:

- are a statement about a specific behaviour or situation;
- include a non-judgemental description about the specific behaviour or situation,
- clearly state the effect of the specific behaviour or situation on you and your resulting feelings; and,
- offer an alternative or preferred action.



In Activity 5 ("I" Statements) the volunteers are able to practice being assertive in response to situations that they may encounter in their volunteer role.

In our daily lives conflict is unavoidable and is a normal part of life. Each person deals with conflict differently.



The key rules or steps in conflict resolution are:

- **Respect**
"Treat the other person with respect"
- **Understand**
"Listen until you experience the other side"
- **Assert**
"State your own views, needs and feelings without violating the rights of the other person"

At each step, use these actions to move towards a resolution or an agreed position:



- **Respect**
 - Apply attending skills to show you are paying attention to and listening to the other person
 - Avoid communication barriers
 - Use "I" statements



- **Understand**
 - Use reflecting listening
 - Focus on the other person's feelings
 - Try to understand their feelings

Understanding is different from agreement. You can understand another person's perspective without agreeing with it.



- **Assert**
 - Be brief
 - Choose your words carefully
 - Be accurate
 - Be genuine

Handouts

The handout provided for this segment is:

- Communication: Listening, Assertiveness and Negotiation



You should check that the information on this handout is relevant to your organisation.

References

The primary sources for this segment were:

- [Abbott and Costello Website](#)
- Barton Institute of TAFE (1996). *Training Model for Volunteers in Home and Community Care Social Support Services*. Melbourne: Ethnic Home and Community Care Services Group. The Department of Human Services funded this project.
- Department of Human Services & Bendigo Regional Institute of TAFE (1996). *Home and Community Care Personal Care Training Package*. Melbourne: Bendigo Regional Institute of TAFE.
- Volunteering Victoria (2000). *An Introduction to Volunteering in HACC Funded Services*. Melbourne: Volunteering Victoria. Eastern Region HACC funded this project.

Communicating with a Person with a Visual Impairment

Resource Material

The relevant resource material for this segment is:

- Activity 6: Do and Don't Checklist for Communicating with and Assisting a Person with a Visual Impairment, incorporating
 - OHT 2.28
 - OHT 2.29

Background Material

The aim of this segment is to provide an overview of vision loss and give helpful tips on communicating and assisting a person with a visual impairment.

It is at an introductory level and is not a comprehensive review. Therefore, if you would like more specialist training or further information then please refer to the Resource Directory listing on Visual Impairment for details on these key organisations:

- Vision Australia Foundation
- Royal Victorian Institute for the Blind

Vision Loss



This material on vision loss has a technical focus and is specifically targeted at coordinators and trainers.

If you wish to present any of this information to a volunteer audience, it is recommended that you adapt the material to suit, eg. simplify, explain or remove medical and anatomical terminology.

An impairment is a limitation or loss so a person with a vision impairment has a loss of sight.

Low vision refers to loss that is severe enough to impede performance of vocational, recreational and/or social tasks. People with low vision have some useful visual discrimination.

A person is considered to be legally blind when they:

- are unable to see at 6 metres what a person with normal vision can see at 60 metres; or,
- have a substantial loss in their field of vision.

Older people and/or people with a disability may have these conditions.

Macular Degeneration

This condition involves the centre part of the retina and causes the clearest vision to degenerate.

People with macular degeneration experience:

- loss of central vision;
- blank spot with an empty space in the centre;
- loss of detail around the edges; and
- diminished colour perception.

People with macular degeneration find these types of tasks difficult:

- Reading
- Recognising faces
- Dialling the telephone
- Close, detailed work like needlework or tapestry.

Cataracts

Cataracts are caused when the lens of the eye hardens and becomes cloudy. The hardening of the lens makes it difficult to focus.

People with cataracts experience:

- haziness;
- general blurring;
- decreased intensity of colours; and
- 'white-out' effect.

People with cataracts find these types of tasks difficult:

- Reading
- Driving
- Mobility

Glaucoma

With glaucoma the optic nerve is damaged, commonly caused by raised pressure within the eye.

People with glaucoma experience:

- loss of side or peripheral vision;
- restricted field of vision; and,
- tunnel vision.

People with glaucoma find these types of tasks difficult:

- Shopping and household tasks
- Mobility, tend to bump into objects
- Any task that requires a good, wide field of vision

Diabetic Retinopathy

Changes in the blood vessels in the retina cause vision loss. The degree of loss depends on the part of the retina affected.

People with diabetic retinopathy experience:

- loss of central vision;
- blank spot with an empty space in the centre;
- loss of detail around the edges; and,
- diminished colour perception.

People with diabetic retinopathy find these types of tasks difficult:

- Reading
- Recognising faces
- Dialling the telephone
- Close, detailed work like needlework or tapestry

Communicating and Assisting a Person with a Visual Impairment



In Activity 6 (Do and Don't Checklist for Communicating with and Assisting a Person with a Visual Impairment) the volunteers use the feedback from the simulation activity in Activity 2 and Activity 3 to develop a Do and Don't checklist for communicating with a person with a visual impairment.

Then the volunteers work in pairs to practice guiding a person with a visual impairment and develop a Do and Don't checklist for assisting a person with a visual impairment.



Part of Activity 6 is to compare the suggestions made by the volunteers with OHT 2.28 and OHT 2.29, which list guidelines for communicating with and assisting a person with a visual impairment. The handouts provided for this segment are a duplicate of these guidelines, but include examples.

It is recommended you keep notes on any suggestions made by the volunteers that are NOT included on the OHTs/handouts so you can update both to better suit your needs.

It is rewarding for the volunteers to have their input recognised and added to organisational training material.

Helpful Tips for Communicating with a Person with a Visual Impairment

Please note that the information in italics does not appear on the OHT as it is provided as a practical example. However, you may wish to use the examples in your presentation. The examples have been included on the handout material.

These guidelines are helpful when communicating with a person with a visual impairment.



- Use the name of the person who is vision impaired
- Touch them on the hand or shoulder so they know you are speaking to them
- Always introduce yourself, your organisation and anyone else who may be with you
 - *“Gino, my name is Ryan and I am from Community Transport Inc. I will be driving you to your social group today”*
- Stand where you can be seen or let the person know where you are
- Speak clearly and distinctly to the person
 - *You do not need to raise your voice unless the person also has a hearing impairment*
- Speak directly to the person and not to their carer or other companion
- Relax and speak naturally
 - *Don't worry about using words like 'look' and 'see'. People with visual impairments use those words too*
- Explain what you are doing
 - *“Joan, are you sitting comfortably? I am going to do up your seatbelt now”*
 - *“Joan, I am just putting your bags in the boot of the car”*
- Be specific and descriptive in your communication
 - *“Jonah, there are ham sandwiches, fruit cake and scones with cream and jam, would you like any?”*
- Tell the person who is vision impaired when you are leaving, and if appropriate where and why you are leaving
 - *“Gino, I am just going to take Maria to her front door. I will back in a minute”*
- Remember that gestures and facial expressions may not be seen
- Nodding or waving may not be seen

Helpful Tips for Assisting a Person with a Visual Impairment

These guidelines may be helpful when offering and providing assistance to a person with a visual impairment.



- Always ask if the person needs help and how you can assist them
 - *Use positive language like “Would you like help with ... ” rather than “Can't you do ...”*
- If the person would like you to guide, offer your arm and lead the way
- Asking how and what the person can see could be helpful
 - *Very few people who are vision impaired are totally blind*
- Talk to the person about what is happening
- Be specific with directions
 - *Use left and right, up and down etc. but do not point or use general references like over there*
- Describe the way ahead and look up as well as down
 - *Watch for overhanging tree branches, rubbish bins, car mirrors, reversing cars*
- Warn the person of any possible dangers
 - *Point out wet floor, uneven surfaces or other obstacles like chairs and gutters*
- Never leave a person alone in the middle of the room
 - *Make sure the person has contact with furniture, a wall or handrail*
- Do not move furniture or objects without telling the person

- If the person wishes to sit, guide them to the chair and place their hand on the back or arm of the chair. Tell them the direction the chair is facing
- Leave doors open or closed, never ajar
- Never distract or feed a guide dog when it is working

Handouts

The handouts provided for this segment are:

- Helpful Tips for Communicating with a Person with a Visual Impairment
- Helpful Tips for Assisting a Person with a Visual Impairment



You should check that the information on this handout is relevant to your organisation.

References

The primary sources for this segment are

- Barton Institute of TAFE (1996). *Training Model for Volunteers in Home and Community Care Social Support Services*. Melbourne: Ethnic Home and Community Care Services Group. The Department of Human Services funded this project.
- Department of Human Services & Bendigo Regional Institute of TAFE (1996). *Home and Community Care Personal Care Training Package*. Melbourne: Bendigo Regional Institute of TAFE.
- Royal Victorian Institute for the Blind (RVIB) (2002). *Volunteer Manual*. Melbourne: Information and Referral Unit, RVIB
- Vision Australia Foundation Web Site (www.visionaustralia.org.au)

You can access the RVIB Volunteer Manual by clicking on this link:

[RVIB Volunteer Manual](#)

If this link does not work correctly, go the RVIB website (www.rvib.org.au) and search for Volunteer Manual.

If you do not have access to the Internet contact the Information and Referral Unit at RVIB.

On the Vision Australia website there are web pages on visual impairment and meeting a person who has vision impairment. You can access these web pages by clicking on these links:

[Vision Impairment](#)

[Meeting a Person who has Vision Impairment](#)

If these links do not work correctly, go the Vision Australia Foundation website (www.visionaustralia.org.au). Check on the home page for a link to Vision Impairment.

If you do not have access to the Internet contact Vision Australia Foundation.

Another useful site is the Better Health Channel website (www.betterhealth.vic.gov.au).

You can access an alphabetical list of the articles on the Better Health Channel by clicking on these links:

[A to M Topics](#)

[N to Z Topics](#)

If any of these links do not work go directly to the website and use the search facility.

Communicating with a Person with a Hearing Impairment

Resource Material

The relevant resource material for this segment is:

- Activity 7: Do and Don't Checklist for Communication with a Person with a Hearing Impairment, incorporating
 - OHT 2.30

Background Material

This aim of this segment is to provide an overview of hearing loss and give helpful tips on communicating with a person with a hearing impairment. It is at an introductory level and is not a comprehensive review. The material focuses on hearing loss experienced by older people.

Hearing Loss

It is estimated that approximately 10% of the Australian population has some degree of hearing impairment, with the majority being among people over the age of 60. The main cause of hearing loss in older people is the normal deterioration that comes with age. This type of hearing loss affects a person's ability to perceive high frequency sounds and many speech sounds are in this frequency range.

However, many older people may not realise or deny they have a hearing impairment. In such cases, the person may become annoyed if anyone suggests they have a problem or they may blame other people, for example "you are mumbling". As well, they have to concentrate intensely and may miss details of the conversation. It is more difficult for people to concentrate if they are tired or unwell.

People who are born without hearing or lose their hearing before learning language are deaf. Many Deaf people use sign language and to communicate in the hearing world use a sign language interpreter. People who acquire their hearing loss after learning language are often competent lip-readers and have good speech.

Hearing aids are not comparable to glasses as the aid does not restore the person's hearing to normal. Rather, hearing aids amplify all sound including background noise.

Communicating with a Person with a Hearing Impairment



In Activity 7 (Do and Don't Checklist for Communicating with a Person with a Hearing Impairment) the volunteers use the feedback from the simulation activity in Activity 2 and Activity 3 to develop a Do and Don't checklist for communicating with a person with a hearing impairment.



Part of Activity 7 is to compare the suggestions made by the volunteers with OHT 2.30, which lists guidelines for communicating with a person with a hearing impairment. The handouts provided for this segment are a duplicate of these guidelines, but include examples.

It is recommended you keep notes on any suggestions made by the volunteers that are NOT included on the OHTs/handouts so you can update both to better suit your needs.

It is rewarding for the volunteers to have their input recognised and added to organisational training material.

Helpful Tips for Communicating with a Person with a Hearing Impairment

These guidelines may be helpful when communicating with a person with a hearing impairment.



OHT 2.30

- Before you speak, get the person's attention so they can look at you and concentrate on your voice
Saying their name, touching their arm or waving is acceptable
- Face the person and speak so that your voice is directed towards the person
Do not raise or lower your head as it reduces the volume of your voice
- Stand closer to the person when speaking to decrease background noise
Be conscious of the person's personal space though and do not stand too close
- Turn the car radio off to reduce background noise
- Do not stand with your back to a light source as it puts your face in shadow
- Speak slowly and clearly and do not cover your mouth or chew whilst speaking to the person
Try not to speak too slowly as it can appear to be patronising
- Speak loudly if necessary
Do not shout though as shouting just distorts sounds and is irritating if the person uses a hearing aid
- Relax and speak naturally
- Actively involve the person in conversations
- Do not talk to the person while you are walking away or are behind their back
- Use open-ended questions to gauge if you are being understood
- Re-phrase your words if you are not being understood
- If all else fails, try writing down what you are trying to say
- If communicating with a person who can lip read, control the conversation so that only one person speaks at a time
- Speak directly to a deaf person and not to their companion or sign language interpreter

Handouts

The handout provided for this segment is:

- Helpful Tips for Communicating with a Person with a Hearing Impairment



You should check that the information on this handout is relevant to your organisation.

You may wish to use this other resource as handout material:

- Senior Information Service SA, Health and Well Being Series: Hearing Loss

This is a useful brochure as it summarises hearing loss in older people. It can be downloaded by clicking on this link:

[Hearing Loss Handout \(PDF document\)](#)

References

The primary sources for this segment are:

- Australian Association of the Deaf (www.aad.org.au)
- Department of Human Services & Bendigo Regional Institute of TAFE (1996). *Home and Community Care Personal Care Training Package*. Melbourne: Bendigo Regional Institute of TAFE.
- Royal Victorian Institute for the Blind (RVIB) (2002). *Volunteer Manual*. Melbourne: Information and Referral Unit, RVIB
- Seniors Information Service SA Web Site (www.seniors.asn.au). Refer to the above link to download a brochure on hearing loss in older people.
- Victorian Deaf Society

On the Australian Association of the Deaf web site there are guidelines for the portrayal of deaf people in the media including appropriate terminology. You can access these guidelines by clicking on this link:

[Guidelines for the Portrayal of Deaf People in the Media](#)

You can access the RVIB Volunteer Manual by clicking on this link:

[RVIB Volunteer Manual](#)

If this link does not work correctly, go the RVIB website (www.rvib.org.au) and search for Volunteer Manual.

If you do not have access to the Internet contact the Information and Referrals Unit at RVIB.

On the Victorian Deaf Society web site you can access information on the deaf community and culture, including how to communicate with deaf people and how to work with interpreters. You can access the information by clicking on this link:

[Deaf Community and Culture](#)

If this link does not work correctly, go the Victoria Deaf Society website (www.vicdeaf.com.au) and on the Search Our Site link.

If you do not have access to the Internet contact the Victorian Deaf Society.

Other useful web sites are:

- Australian Hearing (www.hearing.com.au)

You may wish to refer to this web site for general information on hearing loss, including causes of hearing loss.

- Better Health Channel (www.betterhealth.vic.gov.au)

You can access an alphabetical list of the articles on the Better Health Channel by clicking on these links:

[A to M Topics](#)

[N to Z Topics](#)

If any of these links do not work go directly to the website and use the search facility.

- Better Hearing Australia (www.betterhearing.org.au)

Communicating with a Person with a Speech Impediment

Resource Material

The resource material for this segment is:

- Activity 8: Do and Don't Checklist for Communicating with a Person with a Speech Impediment, incorporating
 - OHT 2.31

Background Material

This aim of this segment is to provide an overview and give helpful tips on communicating with a person with a speech impediment. It is at an introductory level and is not a comprehensive review.

Therefore, if you would like more specialist training or further information then please refer to the Resource Directory listing on Communication Difficulties for details on these key organisations:

- Brain Foundation Victoria
- Scope Victoria, Communication Resource Centre

Introduction

People with a speech impediment can understand you. Their speech impediment is due to damage to the part of the brain that controls speech and/or muscle movement. A person with cerebral palsy may speak slowly and slur their words but they understand you and can respond to you given time and patience. A person with Parkinson's may slur their words because they have decreased control of their tongue, which is critical to forming sounds.

Speech impediments range from a lisp or stutter to severe impediments that require the use of an augmentative or alternative system, like a communication board, to assist with communication. Augmentative and alternative communication can be either aided or unaided.

An unaided communication system does not require aids or equipment but relies on the use of body language, facial expressions or signs. A hand gesture, like a thumbs up or a thumbs down, and formal sign languages, like AUSLAN, are examples of unaided systems.

An aided communication system involves the use of an aid or equipment. The aid may be simple, line drawings that can be shown to the person. Compic and PECS (Picture Exchange Communication System) are commonly used examples. Communication devices come in a variety of shapes and sizes. Some of the devices are quite visual (keyboards with different symbols on the keys), while other devices can be quite small. There are a vast number of systems available from robotic speech synthesizers to communication boards. Communication boards can involve general communication expressions to more specific topics including food preference, emotional moods and needs.

Communicating with a Person with a Speech Impediment



In Activity 8 (Do and Don't Checklist for Communicating with a Person with a Speech Impediment) the volunteers use the feedback from the simulation activity to develop a Do and Don't checklist for communicating with a person with a speech impediment.



Part of Activity 8 is to compare the suggestions made by the volunteers with OHT 2.31, which lists guidelines for communicating with a person with a speech impediment. The handout provided for this segment replicates these guidelines but includes examples.

It is recommended that you keep notes on any suggestions made by the volunteers that are NOT included on the OHT and the handout so that you can update both to better suit your needs.

It is rewarding for the volunteers to have their input recognised and added to organisational training material.

Helpful Tips for Communicating with a Person with a Speech Impediment

These guidelines may be helpful when communicating with a person with speech impediment.



OHT 2.31

- Be patient and give the person time
- Do not finish the person's sentences for them and do not answer for them
- Avoid speaking too slowly or too simply unless you know the person has a limited vocabulary
- Do not raise your voice unless you know the person has a hearing impairment
- Try to eliminate background or other noise
- Listen attentively
- Encourage the person to speak and do not correct them
- Ask the person how they say yes or no
 - There are many methods of saying yes and no including verbal, looking left and right, blinking, pointing to 'yes' and 'no' symbols, signing 'yes' and 'no'*
- Ask short questions that need yes or no answers
- Do not pretend to understand what the person is saying if you do not
- Watch the person's face, reaction and body language as these may help you understand
- Ask the person to repeat their message again if you do not understand
- Repeat back to the person what you have understood
- If the person uses a communication device make yourself familiar with its basic functioning

Handouts

The handout provided for this segment is:

- Helpful Tips for Communicating with a Person with a Speech Impediment



You should check that the information on this handout is relevant to your organisation.

References

The primary source for this segment is:

- Department of Human Services & Bendigo Regional Institute of TAFE (1996). *Home and Community Care Personal Care Training Package*. Melbourne: Bendigo Regional Institute of TAFE.

Communicating with a Person with Dementia

Resource Material

The relevant resource material for this segment is:

- OHT 2.32
- OHT 2.33
- OHT 2.34: Commons Symptoms of Dementia
- OHT 2.35
- OHT 2.36: Last In – First Out
- OHT 2.37
- OHT 2.38: What are Our Procedures?

Background Material

This aim of this segment is to provide an overview of dementia and give helpful tips on communicating with a person with dementia. It is at an introductory level and is not a comprehensive review.

The segment does not cover dealing with any challenging behaviours that may be exhibited by people with dementia. It is recommended you seek expert advice and training on dealing with challenging behaviours for specific disabilities and/or specific clients.

Therefore, if you would like more specialist training or further information on dementia then please refer to the Resource Directory listing on Dementia for details on these key organisations:

- Alzheimer's Association Victoria
- Parkinson's Victoria

Introduction

According to the Alzheimer's Association Victoria, dementia is the term used to describe the symptoms of a large group of illnesses, which cause a progressive decline in a person's mental functioning. It is a broad term that describes a loss of memory, intellect, social skills and normal emotional reaction.

There are different forms of dementia and each has its own causes. Some of the most common forms of dementia are:

Alzheimer's Disease

Alzheimer's disease is the most common form of dementia and accounts for between 50% and 70% of all cases. It is a progressive, degenerative disease that attacks the brain. In its early phases, the symptoms can be subtle such as memory loss and vagueness, taking longer to do routine tasks, or losing the point of a conversation. As the disease progresses, the changes will become more dramatic until, in the last stages, the people cannot care for themselves.

Vascular Dementia

Vascular Dementia (previously known as multi-infarct dementia) is the second most common cause of dementia. Vascular Dementia is associated with problems in the circulation of blood to the brain causing a deterioration of mental abilities as a result of multiple strokes, or infarcts, in the brain. A stroke refers to the death of a piece of brain tissue supplied by a blood vessel or blood vessels where it's blood supply is blocked or interrupted. These strokes may cause damage to specific areas of the brain responsible for speech or language as well as producing generalised symptoms of dementia. As a result, Vascular Dementia may appear similar to Alzheimer's disease.

A mixture of Alzheimer's disease and Vascular Dementia is a common cause of dementia, and it can sometimes be difficult to separate the two.

Parkinson's Disease

Parkinson's disease is a progressive disorder of the central nervous system, characterised by tremors, stiffness in limbs and joints, speech impediments and difficulty in initiating physical movements. Late in the course of the disease, some people may develop dementia. Drugs may improve the physical symptoms, but they can have side effects, which may include hallucinations, delusions and temporary worsening of confusion and abnormal movements.

Some Symptoms of Dementia



OHT 2.32

"You wake up in a room which you don't recognise. You see hands on the counterpane which are wrinkled and blotchy, not at all like your hands which are young and firm. But they are hands which seem to be attached to your arms. It's very puzzling. Someone comes into the room with a cup of tea. She says, 'Good morning Mother. It's Wednesday. Your day for the Day Centre'. You've only got one daughter, and you know that she is only 17 so who's this woman of 50 plus calling you mother? And what's A Day Centre?"



OHT 2.33

You drink your tea puzzling. Somehow the cup doesn't seem to work properly and you spill tea down your nightdress. You don't want her to see how clumsy you are so you pull the covers up around you.

'None of that', she says, 'it's time to get dressed'. She's going to try and dress you. Ridiculous. You're quite capable of dressing yourself. But when you do try, it all seems much more difficult than you thought. What have they done with your clothes? Does this – what's it called – this clothing thing go on before this clothing thing or after that"

(Source: *Open Learning Programme, Carers Resource Pack* (July 1994). Alzheimer's Disease Society, London, p.19, cited in *Personal Care Workers Training Manual*, Department of Human Services)

The early symptoms of dementia are subtle and vary for each person. Although the symptoms vary between people, they gradually get worse.



Common symptoms include:

- memory problems
- language and speech difficulties
- confusion, getting lost
- personality changes and behaviour changes
- apathy and withdrawal
- loss of ability to do familiar tasks

Memory loss is one of the main symptoms of dementia. People with dementia experience a progressive deterioration that impacts on many aspects of their daily lives.



Dementia is not a normal part of ageing and the memory loss associated with dementia is different to the memory loss experienced as we age. This table provides a useful comparison and is shown on the OHT.

	<i>Person with Dementia</i>	<i>Older Person</i>
<i>Events</i>	May forget part or all of an event	Memory may some times be vague
<i>Words or names for things or objects</i>	Progressively forgets	Sometimes may forget Words or names are on the tip of the tongue
<i>Written and verbal directions</i>	Increasingly unable to follow	Able to follow
<i>Stories on TV, or in movies or book</i>	Progressively loses ability to follow	Able to follow
<i>Stored knowledge</i>	Over time loses known information such as historical or political information	Although recall may be slower, information is essentially retained
<i>Everyday skills such as dressing and cooking</i>	Progressively loses capacity to perform tasks	Retains ability, unless physically impaired

(Source: [Introductory Information Booklet](#), Alzheimer's Association Victoria Website)



For people with dementia, it is helpful to remember Last In – First Out. In other words, what is learnt most recently is most easily forgotten. Words said a few minutes ago and events of a week ago are soon forgotten, whereas incidents from 20 years ago are remembered with great clarity.

As well, many of the skills that people acquire are lost sequentially with dementia. Think of an infant developing the skills to feed, walk, talk, dress and use the toilet. In the later stages of dementia, there is a regression as the person with dementia loses these skills in reverse order. Think of a child's development to help with understanding what is happening.

It is important never to patronise or treat the person as a child. Certain skills may become child like but other aspects of the person are adult and so the person should be treated like an adult.

(Source: Professor Henry Broadaty, University of New South Wales and Meredith Graham, Occupational Therapist, cited in Dementia Management Principles, Alzheimer's Association NSW.)

Communicating with and Assisting a Person with Dementia

If any of the volunteers have experience working with people with dementia, you can ask them for their input. Otherwise, present the OHT on hints for communicating with people with dementia and work through each point.

As the disease progresses, people with dementia find it more and more difficult to express themselves clearly to others, and to understand what others say.

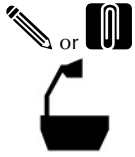
Helpful Tips for Communicating with a Person with Dementia

These guidelines may be helpful when communicating with a person with dementia.



OHT 2.37

- Remain calm and speak in a gentle manner
- Keep sentences short and simple
- Focus on one idea at a time
 - Say: "Would you like a drink?" then "A cup of tea?", then "A glass of juice?"*
 - Not: "Would you like a cup of tea or coffee or a glass of juice, and what would like on your sandwich?"*
- Break down an instruction into simple activities
 - "John, give me your bag please"*
 - "Now, put your seatbelt on please"*
- Talk about specific events the person may remember or everyday topics like the weather
- Allow time for the person to process and interpret what you have said
- Speak slowly and clearly but do not raise your voice
- Use orienting names whenever you can such as "your son Jack"
- Listen for and recognise the person's feelings and emotions
- Never discuss the person in front of other people regardless of what you think they can understand
- Avoid competing noises like the car radio
- Make eye contact with the person
 - Whilst this may not be possible in the vehicle, make eye contact when you can*
- Use humour and laughter to communicate but be careful to maintain respect in your encounter
- Point or demonstrate if necessary to help the person understand what you are saying
- Ask questions that require only a 'yes' or 'no' response
- Try to be tactful if the person asks the same questions over and over, or tells the same story repeatedly



OHT 2.38

If your organisation regularly transports people with dementia and you have specific procedures in place, please use the blank OHT supplied to present this information to the volunteers.

Alternatively, assist the volunteers to develop a Do and Don't Checklist that is consistent with organisational policies and procedures to ensure passengers with dementia are transported in a safe manner.

The checklist should incorporate:

- communicating with carers
- making changes to schedules, like not altering drop off locations
- drop off procedures such as never leaving a person with dementia at home alone
- strategies to minimise confusion, such as maintaining routines

Handouts

The handout provided for this segment is:

- Helpful Tips for Communicating with a Person with Dementia



You should check that the information on this handout is relevant to your organisation.

References

The primary sources of this information for this segment were:

- Alzheimer's Association Victoria (www.alzvic.asn.au)
- Alzheimer's Australia NSW (www.alznsw.asn.au)

Alzheimer's Association Victoria has a 28-page booklet on Alzheimer's disease, which can be downloaded from their web site. As well you can access a series of Help Sheets that are also available as PDF documents.

This link will take to Helpful Information and from there you will need to follow the links.

[Helpful Information](#)

For the Help Sheets click on the Help Sheets link.

You can access the introductory booklet by clicking on this link:

[Introductory Information Booklet](#)

The Alzheimer's Australia NSW web site has a series of Help Notes on their web site. A subject index of the available Help Notes can be accessed by clicking on this link:

[Subject Index of Help Notes](#)

There are a number of Help Notes on managing behaviour problems, including:

[Communication in Dementia](#)

[Difficult Behaviours in Dementia](#)

[Repetitive Behaviours in Dementia](#)

[Wandering in Dementia](#)

Another useful site for general information on Dementia is the Better Health Channel website (www.betterhealth.vic.gov.au).

You can access an alphabetical list of the articles on the Better Health Channel by clicking on these links:

[A to M Topics](#)

[N to Z Topics](#)

If any of these links do not work go directly to the website and use the search facility.

Module 2. Understanding and Communicating with Your Passengers

Resource Material

Introduction

This section contains the following resource material for Module 2. Understanding and Communicating with Your Passengers:

- Activities
- Activity Appendices
- Overhead Transparency Masters
- Handouts

Activity 1: The Age Line

Aim

The aim of this activity is to raise the volunteer's awareness of attitudes to ageing and the values that underpin common stereotypes of older people.

Timing for the Activity



20 minutes

The estimated time for this activity is 20 minutes.

It is recommended that you do not reduce the time for this activity as it is important for the volunteers to have time to reflect on their own thoughts and attitudes.

Facilitating the Activity



Explain to the volunteers that their task is to physically place themselves in the line ranging from the youngest to the oldest.

Designate a starting point (Youngest) and indicate that people are to arrange themselves in a line to the right of this point.

Instruct the volunteers that they are not allowed to ask each other questions to help with this task. For example, they cannot ask for age, date of birth, date of finishing school, age of children, etc. Each person has to make their own decision about where they feel they should be in the line.

Allow a few minutes for the line to form.



Start the discussion by asking people why they placed themselves where did on the line.

Write the key point of each person's response on the whiteboard or on butcher's paper. For example, if someone responds with "because I looked like the oldest", you might write physical appearance.



Mix the volunteers up into small groups of 3 or 4.

Give each group a copy of this grid.

Young	Old	Disability
Positive	Positive	Positive
Negative	Negative	Negative

There is a copy of the grid in the Activity Appendices in the Resource Material section of this Module.

Ask the groups to consider each of the key points recorded and allocate it into one or more of the squares on the grid.

Ask the group to add other words they think the community commonly associate with Young and Old and Disability.

Facilitate a discussion using these questions to prompt the group

Are the positive words for each group accurate?

How do the positive words compare?

Are there more for any particular group? Why?

What influences the positive attitudes?

How do the negative words compare?

Are there more for any particular group? Why?

Are the negative words for each group accurate?

What influences the negative attitudes?

Do our attitudes influence the way we treat people?

Activity 2: Simulations

Aim

The aim of this activity is to raise the volunteer's awareness of the difficulties older people and people with a disability may encounter in their daily lives.

Timing for the Activity



20 minutes

The estimated time for this activity is 20 minutes.

You could reduce the time taken for this activity by doing only one of the group simulations and/or each person in each pair doing either of the individual tasks.

Facilitating the Activity



Divide the volunteers into small pairs.

Explain to the volunteers that they are to:

- role-play an interaction between a person with a disability and other characters, or
- perform certain tasks individually.

Some of the volunteers will be given a simulation card explaining their character and role. A copy of the simulation cards is included in the Activity Appendices for this Module.

If you would prefer you could verbally brief the characters in each group rather than give the characters the cards to read.

These are the numbers of people you will need for each simulation or task:

- Person with a visual impairment: 1 person
- Person who has had a stroke: 1 person
- Person with a speech impediment: 2 people (Person and shopkeeper)
- Person who uses a wheelchair for mobility: 3 or more people (Person, companion and shopkeeper)
- Older person: 3 people (Person, carer and doctor)

Simulation: Person with a visual impairment

Equipment needed: Phone books, glasses covered with masking tape to block peripheral vision.

Scenario/Task: Ask the person to locate their own phone number in the phone book and the phone number for another person who you have picked at random.

Simulation: Person who has had a stroke

Equipment needed: Bread, margarine, knives, plate and food for sandwich like tomato, cheese, honey or can of tuna; bandage or scarf.

Scenario/Task: Tie the person's most used hand to their belt or a chair so that they do not have the use of their dominant hand. Then ask them to make and cut two sandwiches with different fillings using only their other hand.

Simulation: Person with a speech impediment

Equipment needed: Large, soft lollies like marshmallows, pen and paper

Scenario: The volunteer roleplaying the person with a speech impediment writes out 10 items they would purchase from a supermarket, not allowing the other person to see their list. They then place a number of marshmallows in their mouth and tell the other person their list. The other person is to write down the list.

Simulation: Older person

Characters: Older person, carer (son, daughter or spouse), doctor

Scenario: The older person and their carer visit the doctor for a medical appointment as the older person has been feeling nauseous and has had some diarrhea.

Doctor: The 'doctor' should basically address the majority of their comments to the carer rather than to the older person. They should greet both and open with a comment like "What can I do for you today?" The 'doctor' should then direct a lot of questions to the carer or if they ask the older person a question they should then check the answer with the carer. For example, "How long have you had the diarrhea?" and then ask the carer or ask the older person the question but then look to the carer to confirm their response. The type of question the 'doctor' can ask the carer directly would be "Has he/she taken anything for it?"

The 'doctor' should not be too obvious in their questioning style

Simulation: Person who uses a wheelchair for mobility

Characters: Person who uses a wheelchair for mobility, carer, shopkeeper and one other customer

Scenario: The person in the wheelchair is in the shop to do their shopping. The person has prepared a shopping list and is capable of, and wishes to do the task independently.

Shopkeeper: The shopkeeper should speak to the person via their carer. Even when the person responds directly to the shopkeeper, the shopkeeper should reply to the carer. From time to time, the shopkeeper should also try to take the shopping list from the person so they can do the shopping instead. At some point the shopkeeper should have a conversation with the companion about how difficult the person is being.

Carer: The carer should relay messages from the shopkeeper to the person rather than asking the shopkeeper to speak to the person in the wheelchair directly. The carer, like the shopkeeper, should keep trying to help by taking the list or by getting items and putting them in the basket.

Other Customer: When the person in the wheelchair reaches the cash register, the volunteer roleplaying the other customer should be rude and outspoken about the time it is taking and complain about having to wait in line. The customer should not be too aggressive but may like to suggest to the companion that they should be 'helping not standing around', which will be just the cue the companion needs to 'help'.

Ask the volunteers to work in pairs, circulating between the simulations involving only one or two people.

For the simulations involving more than two characters, select the volunteers for each of the parts. While the volunteers are doing the other simulations, brief the selected volunteers either verbally or by giving each one the appropriate simulation card.

Once everyone has had a turn at least two of the other simulations, do the simulation involving the older person and the person in a wheelchair in front of the group.



Commence the feedback discussion about the simulations with the volunteers who acted as the older person and the person in the wheelchair.

Ask questions like these to generate discussion

How did you feel?

What did you find the most difficult?

Why do you think other people treated you the way they did?

Then broaden the discussion to involve the other characters and the other simulations.

What was difficult about the task?

What did you find frustrating?

What barriers prevented you from doing what you wanted to do?

If it is not mentioned by the volunteers, point out that some of the barriers were caused by other people's attitudes to older people and people with a disability, eg. people wanting to 'help' when help is not required.

Keep the feedback from this activity to use as the basis for Activities 6, 7 and 8.

De-brief Pose this question to the volunteers so they can demonstrate their learning from this activity

How will you use this experience in your volunteer role?

Activity 3: The Communication Process

Aim

The aim of this activity is to demonstrate to the volunteers the importance of active listening.

Timing for the Activity



15 minutes

The estimated time for this activity is 15 minutes.

Facilitating the Activity



Divide the volunteers into pairs and then divide the pairs in two groups.

With one group, each pair is to arrange their seats as if they are the driver and a passenger in the back seat in a vehicle. Have the passenger sit directly behind the driver.

Instruct the pair to have a conversation for a few minutes about general day-to-day topics like the weather. After, a few minutes swap roles and continue the conversation for another couple of minutes.

Then, each pair is to discuss what they think helped their communication and what hindered it.

With the other group, the pairs are to sit facing each other. Give one person in each pair the roleplay card for Inattentive Listener from the Activity Appendices in the Resource Material section of this Module. The person given the card is the listener and the other person is the speaker.

Instruct the pair to have a conversation for a few minutes about general day-to-day topics like the weather.

During the conversation, the listener should look away, act distracted and not encourage the conversation in any way. After a few minutes, they should swap roles. This time give the listener the Attentive Listener roleplay card from the Activity Appendices in the Resource Material section of this Module. The listener should listen and participate in the conversation as they normally would.

Then, each pair is to discuss what they think helped their communication and what hindered it.



Ask the volunteers for their input on what helped the communication and what hindered it, paying particular attention to any differences raised by the pairs.



Compare the feedback from the volunteers to the OHT.

What Hinders?	What Helps?
<ul style="list-style-type: none">• Not speaking clearly• Not listening• Words saying one things, body language another• Making assumptions• Not checking accuracy of hearing• Using jargon and shorthand• Not reinforcing message• Not giving feedback	<ul style="list-style-type: none">• Listening• Paying attention• Clarifying your understanding• Giving feedback• Speaking clearly• Being aware of own and others values, attitudes, biases and expectations

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De-brief Pose this question to the volunteers so they can demonstrate their learning

How can they use this information on communication in their volunteer role?

Activity 4: Is Being Assertive Important?

Aim

The aim of this activity is for the volunteers to recognise the range of situations in which being assertive would be of benefit to them in their volunteer role.

Timing for the Activity



5 minutes

The estimated time for this activity is 5 minutes.

Facilitating the Activity



Ask the volunteers this questions:

When might it be helpful to you in your volunteer role to be assertive in your communication with other people? Why is being assertive important?



Discuss the volunteer's feedback.

Activity 5: "I" Statement

Aim

The aim of this activity is to provide the volunteers with practice in using "I" statements.

Timing for the Activity



15 minutes

The estimated time for this activity is 15 minutes.

Facilitating the Activity



Ask the volunteers for situations/scenarios when they were or would like to have been assertive.

List their responses on the whiteboard or butcher's paper.



Divide the volunteers into pairs and ask them to select a situation/scenario.

Have each person either record their "I" statements for the situation/scenario chosen or have them roleplay their responses.

For the pairs that choose to write down their "I" statements have them compare their responses.

For the other pairs ask them to discuss how effective they thought the use of "I" statements was in the scenario.

De-brief Pose this question to the volunteers so they can demonstrate their learning:

How might "I" statements be useful to you in your volunteer role?

Activity 6: Do and Don't Checklist for Communicating with and Assisting a Person with a Visual Impairment

Aim

The aim of this activity is to provide the volunteers with practical strategies to use when communicating with and assisting a person with a visual impairment.

Timing for the Activity



10 minutes

The estimated time for this activity is 10 minutes.

If you wish to adjust the time for this activity, you could simply present the OHT/distribute the handout.

Another alternative is to work through the handout rather than develop the Do and Don't checklist.

Facilitating the Activity



Re-present the feedback from Activity 2 and Activity 3.



Ask the volunteers for their input to create a Do and Don't Checklist for communicating with a person with a visual impairment.



Demonstrate to the volunteers the correct technique for guiding a person with a visual impairment.



Divide the volunteers into pairs. In each pair, one person should be blindfolded or have to wear the glasses used in the simulations and the other should act as a guide.

Have the pairs spend a view minutes practising the techniques and then swap roles. This part of the activity should be done in a safe area outside, or inside in a clear space. If inside clear furniture away so that people do not bump into it and injure themselves. If outside, do not practise on uneven surfaces or near traffic.

Warn the volunteers to be careful.



Ask the volunteers for their input to create a Do and Don't Checklist for assisting a person with a visual impairment.



OHT
2.28 & 2.29

Compare the Do and Don't lists prepared by the volunteers with the OHT

- Use the name of the person who is vision impaired
- Touch them on the hand or shoulder so they know you are speaking to them
- Always introduce yourself, your organisation and anyone else who may be with you
- Stand where you can be seen or let the person know where you are
- Speak clearly and distinctly to the person
- Speak directly to the person and not to their carer or other companion
- Relax and speak naturally
- Explain what you are doing
- Be specific and descriptive in your communication
- Tell the person who is vision impaired when you are leaving, and if appropriate where and why you are leaving
- Remember that gestures and facial expressions may not be seen
- Nodding or waving may not be seen

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OHT 2.28

- Always ask if the person needs help and how you can assist them
- If the person would like you to guide, offer your arm and lead the way
- Asking how and what the person can see could be helpful
- Talk to the person about what is happening
- Be specific with directions
- Describe the way ahead and look up as well as down
- Warn the person of any possible dangers
- Never leave a person alone in the middle of the room
- Do not move furniture or objects without telling the person
- If the person wishes to sit, guide them to the chair and place their hand on the back or arm of the chair. Tell them the direction the chair is facing
- Leave doors open or closed, never ajar
- Never distract or feed a guide dog when it is working

Module 2: Understanding and Communicating with Your Passengers

OHT 2.29



Keep notes on any suggestions made by the volunteers that are included on the handout so that you can update the handout to better suit your needs. It is rewarding for the volunteers to have their input recognised and added to organisational training material.

Activity 7: Do and Don't Checklist for Communicating with a Person with a Hearing Impairment

Aim

The aim of this activity is to provide the volunteers with practical strategies to use when communicating with a person with a hearing impairment.

Timing for the Activity



10 minutes

The estimated time for this activity is 10 minutes.

If you wish to adjust the time for this activity, you could simply present the OHT/distribute the handout.

Another alternative is to work through the handout rather than develop the Do and Don't checklist.

Facilitating the Activity



Re-present the feedback from Activity 2 and Activity 3.



Ask the volunteers for their input to create a Do and Don't Checklist for assisting a person with a hearing impairment.



OHT 2.30

Compare the Do and Don't lists prepared by the volunteers with the OHT.

- Before you speak, get the person's attention so they can look at you and concentrate on your voice
- Face the person and speak so that your voice is directed towards the person
- Stand closer to the person when speaking to decrease background noise
- Turn the car radio off to reduce background noise
- Do not stand with your back to a light source as it puts your face in shadow
- Speak slowly and clearly and do not cover your mouth or chew whilst speaking to the person
- Speak loudly if necessary
- Relax and speak naturally
- Actively involve the person in conversations
- Do not talk to the person while you are walking away or are behind their back
- Use open-ended questions to gauge if you are being understood
- Re-phrase your words if you are not being understood
- If all else fails, try writing down what you are trying to say
- If communicating with a person who can lip read, control the conversation so that only one person speaks at a time
- Speak directly to a deaf person and not to their companion or sign language interpreter

Module 2: Understanding and Communicating with Your Passengers

OHT 2.30



Keep notes on any suggestions made by the volunteers that are NOT included on the handout so that you can update the handout to better suit your needs. It is rewarding for the volunteers to have their input recognised and added to organisational training material.

Activity 8: Do and Don't Checklist for Communicating with a Person with a Speech Impediment

Aim

The aim of this activity is to provide the volunteers with practical strategies to use when communicating with a person with a speech impediment.

Timing for the Activity



10 minutes

The estimated time for this activity is 10 minutes.

If you wish to adjust the time for this activity, you could simply present the OHT/distribute the handout.

Another alternative is to work through the handout rather than develop the Do and Don't checklist.

Facilitating the Activity



Re-present the feedback from Activity 2 and Activity 3.



Ask the volunteers for their input to create a Do and Don't Checklist for assisting a person with a speech impediment.



OHT 2.31

Compare the Do and Don't lists prepared by the volunteers with the OHT.

- Be patient and give the person time
- Do not finish the person's sentences for them and do not answer for them
- Avoid speaking too slowly or too simply unless you know the person has a limited vocabulary
- Do not raise your voice unless you know the person has a hearing impairment
- Try to eliminate background or other noise
- Listen attentively
- Encourage the person to speak and do not correct them
- Ask the person how they say yes or no
- Ask short questions that need yes or no answers
- Do not pretend to understand what the person is saying if you do not
- Watch the person's face, reaction and body language as these may help you understand
- Ask the person to repeat their message again if you do not understand
- Repeat back to the person what you have understood
- If the person uses a communication device make yourself familiar with its basic functioning

Module 2: Understanding and Communicating with Your Passengers

OHT 2.31



Keep notes on any suggestions made by the volunteers that are NOT included on the handout so that you can update the handout to better suit your needs. It is rewarding for the volunteers to have their input recognised and added to organisational training material.

Activity 1: The Age Line

Disability	Old	Young
Positive	Positive	Positive
Negative	Negative	Negative

Activity 2: Simulations

Person with a visual impairment

Equipment needed: Phone books, glasses covered with masking tape to block peripheral vision.

Scenario/Task: Ask the person to locate their own phone number in the phone book and the phone number for another person who you have picked at random.



Person who has had a stroke

Equipment needed: Bread, margarine, knives, plate and food for sandwich like tomato, cheese, honey or can of tuna; bandage or scarf.

Scenario/Task: Tie the person's most used hand to their belt or a chair so that they do not have the use of their dominant hand. Then ask them to make and cut two sandwiches with different fillings using only their other hand.



Older person

Characters: Older person, carer (son, daughter or spouse), doctor

Scenario: The older person and their carer visit the doctor for a medical appointment as the older person has been feeling nauseous and has had some diarrhoea.

Doctor: The 'doctor' should basically address the majority of their comments to the carer rather than to the older person. They should greet both and open with a comment like "What can I do for you today?" The 'doctor' should then direct a lot of questions to the carer or if they ask the older person a question they should then check the answer with the carer. For example, "How long have you had the diarrhoea?" and then ask the carer or ask the older person the question but then look to the carer to confirm their response. The type of question the 'doctor' can ask the carer directly would be "Has he/she taken anything for it?"

The 'doctor' should not be too obvious in their questioning style

Activity 2: Simulations (cont)

Person who uses a wheelchair for mobility

Characters: Person who uses a wheelchair for mobility, carer, shopkeeper and one other customer

Scenario: The person in the wheelchair is in the shop to do their shopping. The person has prepared a shopping list and is capable of, and wishes to do the task independently.

Shopkeeper: The shopkeeper should speak to the person via their carer. Even when the person responds directly to the shopkeeper, the shopkeeper should reply to the carer. From time to time, the shopkeeper should also try to take the shopping list from the person so they can do the shopping instead. At some point the shopkeeper should have a conversation with the companion about how difficult the person is being.

Carer: The carer should relay messages from the shopkeeper to the person rather than asking the shopkeeper to speak to the person in the wheelchair directly. The carer, like the shopkeeper, should keep trying to help by taking the list or by getting items and putting them in the basket.

Other Customer: When the person in the wheelchair reaches the cash register, the volunteer roleplaying the other customer should be rude and outspoken about the time it is taking and complain about having to wait in line. The customer should not be too aggressive but may like to suggest to the companion that they should be 'helping not standing around', which will be just the cue the companion needs to 'help'.

Activity 3: The Communication Process

Inattentive Listener

For this activity you are to act as an Inattentive Listener.

You should look away, act distracted and not encourage the conversation in any way, eg. do not nod or use verbal encouragement like 'go on'.



Attentive Listener

For this part of the activity you should listen and participate in the conversation as you normally would, eg. look at the person, nod your head to encourage the conversation and use verbal encouragement like go on, uh-huh or OK.

Using Positive Language

Whilst it can be helpful for us to have some insight into the way in which a disability can impact on an individual, we should not focus on the person's disability but on their ability. We should acknowledge the individual as a human being and always refer to the person first and not their disability.

We should be conscious of the labels we use and not lump people together as groups. Examples are the disabled, the mentally retarded, the handicapped, the oldies, and the geriatrics. People are often referred to by the name of their condition or disability, focusing attention on the condition or disability and not on the person, for example, an Old-Timer, an epileptic, a deaf person, a spastic. Similarly, we should not use labels that refer to a person's age, religion, cultural background or ethnicity. **Every person is an individual with his/her own personality, talents, abilities and maybe disability.**

Although people should not be categorised by their disability, there are times when it is necessary to use specific terminology that relates to the disability. When you need to describe a person's condition, use the correct term. Someone is not mentally retarded; they are a person with an intellectual disability. A person is not an epileptic, nor do they suffer from epilepsy rather they are a person who has epilepsy. A person is not senile; they have Alzheimer's or dementia.

People should not be labelled as 'victims' or 'sufferers' and we should avoid terms such as 'invalid', 'confined', 'afflicted' or 'decrepit'. The use of such language indicates dependency and defeat.

Negative labels:

- detract from people having a positive image and self-esteem;
- are derogatory, demeaning and patronising, for example 'dumb', 'cripple', 'crazy';
- continue to promote negative attitudes of helplessness and dependency; and,
- reinforce the negative stereotypes that exist in the community.

Remember, negative stereotypes can influence the way in which we view people and, in turn, the way in which we treat people. People with a mental illness are not 'crazy', or evil or a threat to the comfort and safety of others. Older people are not a burden, either on society or on their families.

These guidelines can help us to use more positive language:

- × **DO NOT** lump people into groups
- × **DO NOT** describe people by the disability they have
- × **DO NOT** use derogatory terms
- × **DO NOT** label people as victims or sufferers
- × **DO NOT** judge a person's abilities by their disability
- × **DO NOT** promote negative images of older people or people with a disability
- ✓ **DO** always refer to the person first and not their disability
- ✓ **DO** value every person for their unique personality, talents and abilities
- ✓ **DO** be sensitive to the impact labels can have on self-image and self-esteem
- ✓ **DO** your part to promote positive images of older people and people with disabilities
- ✓ **DO** use correct terminology if you have to describe a person's disability

You can be more positive in your language if you:

Say: 'People with a disability'

Not: The disabled or the handicapped

Say: 'A senior person' or 'an older person'

Not: A geriatric, an older, an old dear

Say: 'A person with' or 'a person who has'

Not: The disabled or the handicapped

Say: 'A person with a hearing impairment'

Not: Deaf and dumb

Say: 'A person with a visual impairment'

Not: Blind

Say: 'A person with Alzheimer's' or 'A person with dementia'

Not: Old Timer's

Listening, Assertiveness and Negotiation

Active Listening

Effective communicators are good listeners.

Being an active listener involves using:

- attending skills
- verbal listening skills

Attending skills are everything we do to show we are listening and paying attention to the other person.

Attending skills include:

- **Using minimal encouragers**
Vocal responses (and actions) that show you are paying attention and that encourage the speaker to continue

Uh-huh, mmm, Oh? OK?
Nodding your head

- **Prompting**
A word or phrase to encourage the speaker to continue or elaborate

Speaker: "I don't like wearing a seatbelt because of my shoulder"
Listener: "Your shoulder?"

- **Using non-verbal communication**
Posture and body language that shows you are attending

Facing the other person, open posture, leaning forward, maintaining eye contact and being relaxed. Maintaining eye contact means that you do not let your eyes wander around room, not looking at the person but you should avoid staring.

Verbal listening skills are:

- **Clarifying**
Using a question to check your understanding

Do you mean ...?
Are you saying that ...?

- **Paraphrasing**
Repeating back in your own words what the speaker said

Speaker: "Next week the group is going on an outing to Geelong and we are going to a pub for lunch and do some sightseeing. Everyone is allowed to bring someone with them so Mary will be coming with me next week"
You Say: "So you and Mary are going on an outing and you will both need transport next week?"

- **Summarising**

Condensing the important pieces of information

Speaker: “Our first passenger was not ready when we arrived to pick her up so we went to the next pick up and then we went back to our first pick up. We had to wait for another passenger as well then on our way to the Club we were stopped for a breathalyser. Plus the traffic was bad. The bus taking everyone on the outing was already there when we got there so everyone had to rush”.

You Say: “It has been a hectic morning for you with passengers not being ready and delays”.

- **Reflecting**

Restating the content and the feelings behind what was said

Speaker: “Every time I ask him to help out he says he will but then he never does”

You Say: “So his being unreliable disappoints you?”

Being Assertive

In your role, you may:

- have to assert your rights;
- need to say ‘no’ if asked to do something unreasonable or something you are not comfortable with;
- have to refuse unreasonable requests; or,
- have to negotiate with passengers, the Coordinator and even other volunteers.

All of us need to be able to assert our rights and negotiate successful outcomes, whilst respecting the rights of others. If the rights of both parties are respected it is a win-win situation. However, if the rights of one party infringe on the rights of the other party, it is a win-lose situation.

Assertion = We Matter

Aggression = I Matter

Non-Assertion = You Matter

Assertion

Being assertive is understanding and exercising your rights, expressing them clearly and directly, while being aware of and respecting the rights of others¹

People with an assertive approach tend to focus on the solution rather than the problem and so are able to negotiate an outcome that suits both parties.

Non-Assertion

People who are passive in their approach tend to say ‘yes’ rather than ‘no’ even when ‘no’ is their honest response. Passive people give into the rights of other people rather than stand up for themselves. So they can become frustrated and resentful whilst appearing to be happy and accommodating.

¹ Volunteering Victoria (2000). *An Introduction to Volunteering in HACCC Funded Services*. Melbourne: Volunteering Victoria, Module 7.

Aggression

Aggression is standing up for your own rights in a way that always violates the rights of other people and is usually inappropriate, for example by using sarcastic remarks.

Aggressive people insist that their feelings and needs take precedence over other people's. They tend to blame others for problems instead of offering solutions.

Using "I" Statements

There are many ways to be assertive. "I" statements are a helpful tool to use when dealing with unreasonable requests and behaviour you find upsetting.

This is an example of an "I" statement:

"When you speak about other volunteers behind their backs, I think it is gossiping and it upsets me. I would prefer it if you did not talk about other volunteers like that".

"I" Statements:

- are a statement about a specific behaviour or situation;
- include a non-judgemental description about the specific behaviour or situation,
- clearly state the effect of the specific behaviour or situation on you and your resulting feelings; and,
- offer an alternative or preferred action.

In our daily lives conflict is unavoidable and is a normal part of life. Each person deals with conflict differently.

The key rules or steps in conflict resolution are:

- **Respect**
"Treat the other person with respect"
- **Understand**
"Listen until you experience the other side"
- **Assert**
"State your own views, needs and feelings without violating the rights of the other person"

At each step, use these actions to move towards a resolution or an agreed position:

- **Respect**
 - Apply attending skills to show you are paying attention to and listening to the other person
 - Avoid communication barriers
 - Use "I" statements
- **Understand**
 - Use reflecting listening
 - Focus on the other person's feelings
 - Try to understand their feelings

Understanding is different from agreement. You can understand another person's perspective without agreeing with it.

- **Assert**
 - Be brief
 - Choose your words carefully
 - Be accurate
 - Be genuine

Helpful Tips for Communicating with a Person with a Visual Impairment

These guidelines are helpful when communicating with a person with a visual impairment.

- Use the name of the person who is vision impaired
- Touch them on the hand or shoulder so they know you are speaking to them
- Always introduce yourself, your organisation and anyone else who may be with you

“Gino, my name is Ryan and I am from Community Transport Inc. I will be driving you to your social group today”

- Stand where you can be seen or let the person know where you are
- Speak clearly and distinctly to the person

You do not need to raise your voice unless the person also has a hearing impairment

- Speak directly to the person and not to their carer or other companion
- Relax and speak naturally

Don't worry about using words like 'look' and 'see'. People with visual impairments use those words too.

- Explain what you are doing

*“Joan, are you sitting comfortably? I am going to do up your seatbelt now”
“Joan, I am just putting your bags in the boot of the car”*

- Be specific and descriptive in your communication

“Jonah, there are ham sandwiches, fruit cake and scones with cream and jam, would you like any?”

- Tell the person who is vision impaired when you are leaving, and if appropriate where and why you are leaving

“Gino, I am just going to take Maria to her front door. I will back in a minute”

- Remember that gestures and facial expressions may not be seen
- Nodding or waving may not be seen

Helpful Tips for Assisting a Person with a Visual Impairment

These guidelines are helpful when offering and providing assistance to a person with a visual impairment.

- Always ask if the person needs help and how you can assist them

Use positive language like "Would you like help with ... " rather than "Can't you do ..."

- If the person would like you to guide, offer your arm and lead the way
- Asking how and what the person can see could be helpful

Very few people who are vision impaired are totally blind

- Talk to the person about what is happening

- Be specific with directions

Use left and right, up and down etc. but do not point or use general references like over there

- Describe the way ahead and look up as well as down

Watch for overhanging tree branches, rubbish bins, car mirrors, reversing cars

- Warn the person of any possible dangers

Point out wet floor, uneven surfaces or other obstacles like chairs and gutters

- Never leave a person alone in the middle of the room

Make sure the person has contact with furniture, a wall or handrail

- Do not move furniture or objects without telling the person

- If the person wishes to sit, guide them to the chair and place their hand on the back or arm of the chair. Tell them the direction the chair is facing

- Leave doors open or closed, never ajar

- Never distract or feed a guide dog when it is working

Helpful Tips for Communicating with a Person with a Hearing Impairment

These guidelines may be helpful when communicating with a person with a hearing impairment.

- Before you speak, get the person's attention so they can look at you and concentrate on your voice

Saying their name, touching their arm or waving is acceptable

- Face the person and speak so that your voice is directed towards the person

Do not raise or lower your head as it reduces the volume of your voice

- Stand closer to the person when speaking to decrease background noise

Be conscious of the person's personal space though and do not stand too close

- Turn the car radio off to reduce background noise

- Do not stand with your back to a light source as it puts your face in shadow

- Speak slowly and clearly and do not cover your mouth or chew whilst speaking to the person

Try not to speak too slowly as it can appear to be patronising

- Speak loudly if necessary

Do not shout though as shouting just distorts sounds and is irritating if the person uses a hearing aid

- Relax and speak naturally

- Actively involve the person in conversations

- Do not talk to the person while you are walking away or are behind their back

- Use open-ended questions to gauge if you are being understood

- Re-phrase your words if you are not being understood

- If all else fails, try writing down what you are trying to say

- If communicating with a person who can lip read, control the conversation so that only one person speaks at a time

- Speak directly to a deaf person and not to their companion or sign language interpreter

Helpful Tips for Communicating with a Person with a Speech Impediment

These guidelines may be helpful when communicating with a person with speech impediment.

- Be patient and give the person time
- Do not finish the person's sentences for them and do not answer for them
- Avoid speaking too slowly or too simply unless you know the person has a limited vocabulary
- Do not raise your voice unless you know the person has a hearing impairment
- Try to eliminate background or other noise
- Listen attentively
- Encourage the person to speak and do not correct them
- Ask the person how they say yes or no

There are many methods of saying yes and no including verbal, looking left and right, blinking, pointing to 'yes' and 'no' symbols, signing 'yes' and 'no'

- Ask short questions that need yes or no answers
- Do not pretend to understand what the person is saying if you do not
- Watch the person's face, reaction and body language as these may help you understand
- Ask the person to repeat their message again if you do not understand
- Repeat back to the person what you have understood
- If the person uses a communication device make yourself familiar with its basic functioning

Helpful Tips for Communicating with a Person with Dementia

The early symptoms of dementia are subtle and vary for each person. Although the symptoms vary between people, they gradually get worse. Common symptoms include:

- memory problems
- language and speech difficulties
- confusion, getting lost
- personality changes and behaviour changes
- apathy and withdrawal
- loss of ability to do familiar tasks

Memory loss is one of the main symptoms of dementia. People with dementia experience a progressive deterioration that impacts on many aspects of their daily lives.

Dementia is not a normal part of ageing and the memory loss associated with dementia is different to the memory loss experienced as we age.

	<i>Person with Dementia</i>	<i>Older Person</i>
<i>Events</i>	May forget part or all of an event	Memory may some times be vague
<i>Words or names for things or objects</i>	Progressively forgets	Sometimes may forget Words or names are on the tip of the tongue
<i>Written and verbal directions</i>	Increasingly unable to follow	Able to follow
<i>Stories on TV, or in movies or book</i>	Progressively loses ability to follow	Able to follow
<i>Stored knowledge</i>	Over time loses known information such as historical or political information	Although recall may be slower, information is essentially retained
<i>Everyday skills such as dressing and cooking</i>	Progressively loses capacity to perform tasks	Retains ability, unless physically impaired

(Source: [Introduction Information, Alzheimer's Association Victoria](#))

For people with dementia, it is helpful to remember Last In – First Out. In other words, what is learnt most recently is most easily forgotten. Words said a few minutes ago and events of a week ago are soon forgotten, whereas incidents from 20 years ago are remembered with great clarity.

As well, many of the skills that people acquire are lost sequentially with dementia. Think of an infant developing the skills to feed, walk, talk, use the toilet and dress. In the later stages of dementia, there is a regression as the person with dementia loses these skills in reverse order. Think of a child's development to help with understanding what is happening.

It is important never to patronise or treat the person as a child. Certain skills may become child like but other aspects of the person are adult and so the person should be treated like an adult.

(Source: Professor Henry Broadaty, University of New South Wales and Meredith Graham, Occupational Therapist, cited in Dementia Management Principles, Alzheimer's Association NSW.)

Helpful Tips for Communicating with a Person with Dementia

As the disease progresses, people with dementia find it more and more difficult to express themselves clearly to others, and to understand what others say.

These guidelines may be helpful when communicating with a person with dementia.

- Remain calm and speak in a gentle manner
- Keep sentences short and simple
- Focus on one idea at a time

Say: "Would you like a drink?" then "A cup of tea?", then "A glass of juice"

Not: "Would you like a cup of tea or coffee or a glass of juice, and what would like on your sandwich?"

- Break down an instruction into simple activities

"John, give me your bag please"

"Now, put your seatbelt on please"

- Talk about specific events the person may remember or everyday topics like the weather
- Allow time for the person to process and interpret what you have said
- Speak slowly and clearly but do not raise your voice
- Use orienting names whenever you can such as "your son Jack"
- Listen for and recognise the person's feelings and emotions
- Never discuss the person in front of other people regardless of what you think they can understand
- Avoid competing noises like the car radio
- Make eye contact with the person

Whilst this may not be possible in the vehicle, make eye contact when you can

- Use humour and laughter to communicate but be careful to maintain respect in your encounter
- Point or demonstrate if necessary to help the person understand what you are saying
- Ask questions that require only a 'yes' or 'no' response
- Try to be tactful if the person asks the same questions over and over, or tells the same story repeatedly

Module 2. Understanding and Communicating with Your Passengers

Learning Checklist

Learning Outcomes	Learning Checklist	Forms of Evidence	Evidence Demonstrates Competence	
			√Yes	×No
Learning Outcome 1 Demonstrate an awareness of issues related to ageing and disability	<ul style="list-style-type: none"> ▪ Identifies some of the age-related changes older people may experience ▪ Outlines different types of disability ▪ Recognises the importance of the person as an individual ▪ Identifies key factors in treating people in a respectful manner 	<ul style="list-style-type: none"> ▪ Oral questioning ▪ Case studies ▪ Simulations & role plays ▪ Observation 		
Learning Outcome 2 Demonstrate an understanding of using positive language	<ul style="list-style-type: none"> ▪ Identifies negative labels used to describe older people and people with disabilities ▪ Gives examples of more positive terms to describe older people and people with disabilities ▪ Describes guidelines on using more positive language 	<ul style="list-style-type: none"> ▪ Oral questioning ▪ Case studies ▪ Simulations & role plays ▪ Observation 		
Learning Outcome 3 Describe the skills required to be an effective communicator	<ul style="list-style-type: none"> ▪ Identifies factors that hinder communication ▪ Identifies factors that help communication ▪ Describes skills required to be a good listener ▪ Demonstrates active listening skills 	<ul style="list-style-type: none"> ▪ Oral questioning ▪ Case studies ▪ Simulations & role plays ▪ Observation ▪ Practical demonstration 		
Learning Outcome 4 Demonstrate an understanding of assertiveness and negotiation	<ul style="list-style-type: none"> ▪ Describes assertion, aggression and non-assertion ▪ Explains the importance of being assertive ▪ Explains the technique of using 'I' statements ▪ Describes the rules of conflict resolution 	<ul style="list-style-type: none"> ▪ Oral questioning ▪ Case studies ▪ Simulations & role plays ▪ Observation 		

Module 2. Understanding and Communicating with Your Passengers
Learning Checklist

Learning Outcomes	Learning Checklist	Forms of Evidence	Evidence Demonstrates Competence	
			√Yes	×No
<p>Learning Outcome 5 Identify and apply practical strategies to use when communicating with a person with a visual impairment</p>	<ul style="list-style-type: none"> ▪ Describes guidelines for communicating with a person with visual impairment, eg. <ul style="list-style-type: none"> - uses name of person - speaks directly to the person ▪ Demonstrates practical strategies to assist communication 	<ul style="list-style-type: none"> ▪ Oral questioning ▪ Case studies ▪ Simulations & role plays ▪ Observation ▪ Practical demonstration 		
<p>Learning Outcome 6 Demonstrate techniques to guide a person with a visual impairment</p>	<ul style="list-style-type: none"> ▪ Demonstrates techniques to guide a person with a visual impairment, eg. <ul style="list-style-type: none"> - asks person if they need assistance - offers arm - gives directions 	<ul style="list-style-type: none"> ▪ Oral questioning ▪ Observation ▪ Practical demonstration 		
<p>Learning Outcome 8 Identify and apply practical strategies to use when communicating with a person with a hearing impairment</p>	<ul style="list-style-type: none"> ▪ Describes guidelines for communicating with a person with hearing impairment, eg. <ul style="list-style-type: none"> - get person's attention - faces the person ▪ Demonstrates practical strategies to assist communication 	<ul style="list-style-type: none"> ▪ Oral questioning ▪ Case studies ▪ Simulations & role plays ▪ Observation ▪ Practical demonstration 		
<p>Learning Outcome 9 Identify and apply practical strategies to use when communicating with a person with a speech impediment</p>	<ul style="list-style-type: none"> ▪ Describes guidelines for communicating with a person with speech impediment, eg. <ul style="list-style-type: none"> - listens attentively - eliminates background noise ▪ Demonstrates practical strategies to assist communication 	<ul style="list-style-type: none"> ▪ Oral questioning ▪ Case studies ▪ Simulations & role plays ▪ Observation ▪ Practical demonstration 		

Module 2. Understanding and Communicating with Your Passengers
Learning Checklist

Learning Outcomes	Learning Checklist	Forms of Evidence	Evidence Demonstrates Competence	
			√Yes	×No
<p>Learning Outcome 10 Identify common symptoms of dementia</p>	<ul style="list-style-type: none"> ▪ Lists common symptoms of dementia ▪ Recognises key differences between memory loss associated with dementia and ageing ▪ Describes the concept of Last In – First Out in people with dementia 	<ul style="list-style-type: none"> ▪ Oral questioning ▪ Case studies ▪ Simulations & role plays ▪ Observation 		
<p>Learning Outcome 11 Identify and apply practical strategies to use when communicating with a person with dementia</p>	<ul style="list-style-type: none"> ▪ Describes guidelines for communicating with a person with dementia, eg. <ul style="list-style-type: none"> - keeps sentences short and simple - makes eye contact with the person ▪ Demonstrates practical strategies to assist communication 	<ul style="list-style-type: none"> ▪ Oral questioning ▪ Case studies ▪ Simulations & role plays ▪ Observation ▪ Practical demonstration 		