Outlining a range of theories and models to enable people with cognitive impairments to access information

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Key structural drivers

- English law - Equality Act (2010)

- Concept of 'Reasonable Adjustments' - Michel report (2008)

- English Law - Mental Capacity Act (2005)

- NHS England (2015) Information Standard - litigation

Accessible Information Standard

NHS England 2015

- **Identify**
- Flagging
- Recording
- Sharing
- Meeting the needs

Competency Model - Introduction

Based on *Light* (1989) and *Light + McNaughton* (2014) –

Expressive competence model -

Pivotal idea:

'communication competence' = grey
pending demands

**intervention may determine functional competence /
success = demands versus competencies**

Information Competency Model

Linguistic

Literacy

Access - Operational /Sensory

Cognitive - Reasoning/ Memory

Personal

Build profile of strengths and needs and use for decision making and planning

Language

- **Receptive vocabulary**
- **Grammar**:
  - Negation
  - Pronouns
  - Tenses
  - Quantity/time
- **Auditory memory**
- **Processing time**
- **Bilingual**

Literacy

- **Read words accurately**
- **Assign meaning**
- **Functional speed**
- **Motivation to read**
- **Ability to locate specifics when needed – which page? where on page?**

Key

Profiles language versus literacy – difference?
If language stronger than literacy – non-literacy approach
If easier to access 'words' – more focus on meaning
What easiest for person?

Operational competency

Does the person have the skills to:

- **Access** information when needed independently
- **Physical skills** to turn pages, turn on device
- **Sensory skills** to see and hear materials
- **Organisational skills**: locate specific information - access menus / content / find page
- **Own** necessary hardware and software
- **Experience** to make it work and **confidence**

Personal

- Motivation to engage in process
- Previous experience of information access
- Expectation of understanding
- Preferred learning styles
- Support structures – Information Guardians
- Circumstances – socio-economic

Cognitive skills

1 – **Reasoning**:

- Taking new information in board and changing your view – link with existing information for task

- Applying this information – decision making

- Problem solving, inference, deduction

- Recognising when information applicable

2 – **Memory**

- **short term –** understand language at time

- **medium term –** retain and make sense now/later

- **long term –** recall specifics at key time

Differentiate: lack of 'understanding' / forgetting from informed non-compliance

Levels of Processing Model

From Waight + Oldreive 2011

Echolalia – *repeat/read no linguistic understanding*

Sentence Grammar – *process key words and simple grammar not link new to old information – likely reduced amounts of information. Small chunks best*

Rigid Reasoning – *predictable responses and thought processes – hard to be flexible – learning needs to be scaffolded and probably repeated on each occasion.*

Flexible reasoning – *takes on board new information can make abstract judgements*

Practical implications of models

'Information': - are education materials enough?
- What information demands are there?
- Is the information content rich, new ideas?
- 'All-in-one' versus 'stepwise' provision
- 'Information targets' – Rigid reasoners.
- Does it tell patient's story? – key for connect

Education / support:
- What is 'education'
- Who 'educate' – person versus others (family etc) – ethics?
- Drop ins and distance learning - what forms support take?
- Regular repetition of information versus single?
- Role plays? Train others to scaffold learning
- When provide support?
- Indirect education – work on pre-requisite skills (IT access)

The Information Challenge – 'The what'

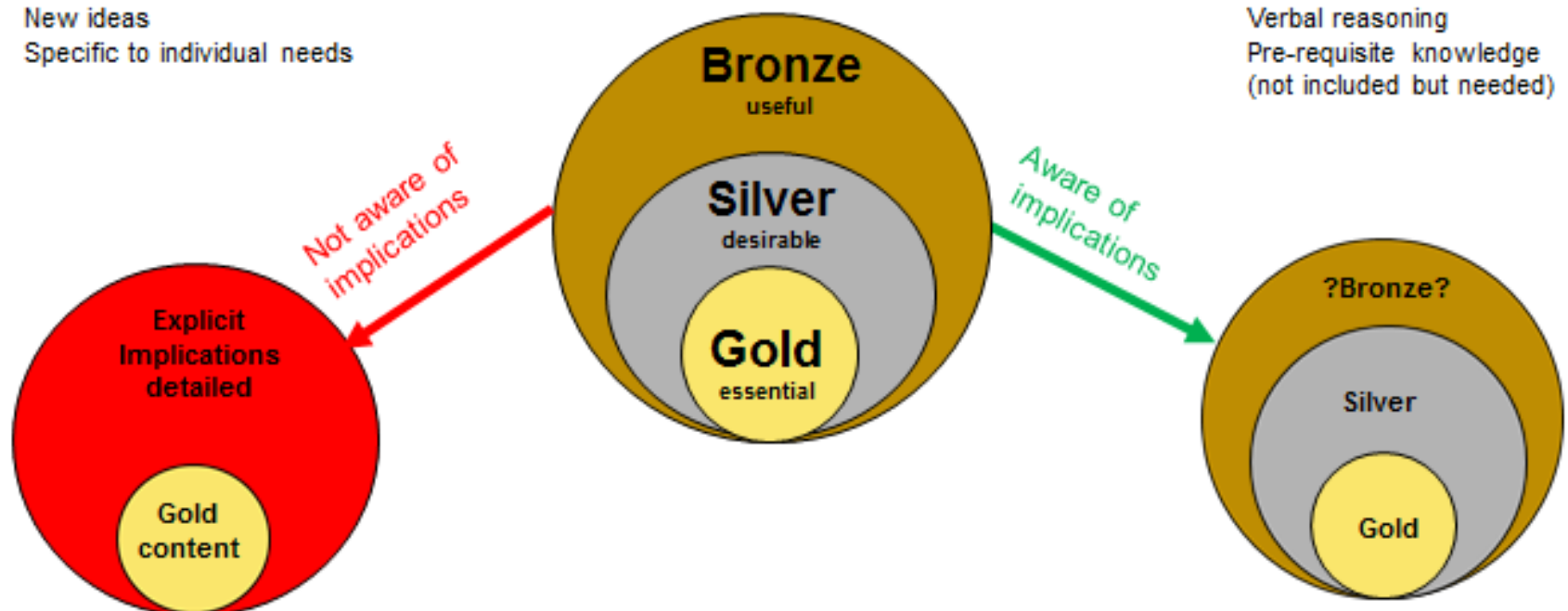## Balance new details (content) with meaning (implications)

Content

New words:
New vocabulary
Define 'jargon'
New story
New ideas
Specific to individual needs

Set individual priorities/targets- content and/or its implications

Implications

What it means:
Problem solving
Life experience?
Decision making
Verbal reasoning
Pre-requisite knowledge
(not included but needed)

Bronze
useful

Silver
desirable

Gold
essential

Not aware of implications

Aware of implications

Explicit Implications detailed

Gold content

?Bronze?

Silver

Gold

Less content - more support for the explicit implications of the most essential new information - gold

More content – low support for implications – include silver / bronze

Skills profiles

What skills / needs to we need to support? Examples – could be one/all:

- Symbolic needs – cannot 'read' materials as presented
- Language needs – too much / jargon
- Ownership – not relate to person
- Decision making – need process scaffolded
- Memory – can answer at time – not use when needed – forgotten

Support / strategies we offer may need to vary. What specific skills/needs are we supporting?

Is this enough…………!

Are we rational? Do we consider information? Is there a reasoned process?

Pill & Stott (1990) – action result of…….

Thought plus
- Habit
- Impulse
- Social influences
- Lack of forethought

Life events key and health information may have limited impact….

Pre-requisites for change model

Naidoo & Willis 2009

- The change must be self-initiated

- The behaviour must become salient

- The salience of the behaviour must appear over a period of time

- The behaviour not part of individual coping strategies

- Life not problematic or uncertain

- Social support is available

Questions – how?

- to show improved outcomes and savings
- to change staff / organisational attitudes
- to avoid 'box ticking' interventions
- to ensure consistency across organisation(s)
- to gather and store, share information needed
- to record interventions and outcomes
- to meet individual needs when identified
- to work with people not at them

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