Introduction to communication in health, social care or children’s and young people’s settings (SHC 21)

Assessment of this unit

This unit introduces you to the central importance of communication in health and social care work. It focuses on the reasons why people communicate in health or social care settings, the methods they use and the importance of ensuring that communication in care settings is effective. You will need to:

▶ understand why communication is important in the work setting
▶ be able to meet the communication and language needs, wishes and preferences of individuals
▶ be able to reduce barriers to communication
▶ be able to apply principles and practices relating to confidentiality at work.

The assessment of this unit is partly knowledge-based (things you need to know about) and partly competence-based (things you need to do in the real work environment). To successfully complete this unit, you will need to produce evidence of both your knowledge and your competence. The charts opposite outline what you need to know and do to meet each of the assessment criteria for the unit.

Your tutor or assessor will help you to prepare for your assessment and the tasks suggested in the chapter that follows will help you to create the evidence that you need.

AC What you need to know

1.1 Identify the different reasons people communicate
1.2 Explain how effective communication affects all aspects of your work
1.3 Explain why it is important to observe an individual’s reactions when communicating with them

AC What you need to do

2.1 Show how to find out an individual’s communication and language needs, wishes and preferences
2.2 Demonstrate communication methods that meet an individual’s communication needs, wishes and preferences
2.3 Show how and when to seek advice about communication
3.1 Identify different barriers to effective communication
3.2 Demonstrate ways to reduce barriers to effective communication
3.3 Demonstrate ways to check that that communication has been understood
3.4 Identify sources of information and support or services to enable more effective communication
4.1 Explain the term ‘confidentiality’
4.2 Demonstrate confidentiality in day-to-day communication in line with agreed ways of working
4.3 Describe situations where information normally considered to be confidential may need to be passed on
4.4 Explain how and when to seek advice about confidentiality

Assessment criteria 2.1, 2.2, 2.3, 3.2, 3.3 and 4.2 must be assessed in a real work environment.
Understanding why communication is important in the work setting

Effective communication is needed to motivate people and build relationships in health and social care settings

What is ‘communication’?
People who work in health and social care settings need to develop effective communication skills in order to make and maintain relationships. Health and social care practitioners communicate with adults for a number of different reasons. This unit will help you appreciate the importance of this aspect of your own work. You must understand:

- what communication involves
- the different reasons for communication
- the way communication affects how practitioners work.

Communication is about making contact with others and being understood. When communicating, people send and receive messages. We all communicate continuously by sending messages. Figure 1.1 describes how this happens through a communication cycle.

The communication cycle is a way of showing that communication involves a two-way process of sending and receiving messages. These messages can be:

- **verbal**, using spoken or written words
- **non-verbal**, using body language such as gestures, eye-contact and touch.

**Key terms**

- **Verbal**: forms of communication that use (spoken or written) words
- **Non-verbal**: ways of communicating without using words (for example, through body language)

**Your assessment criteria:**

1.1 Identify different reasons why people communicate

**Discuss**

Why do you think communication is an important part of care practice? Share some ideas with your work or class colleagues, noting the different ways people communicate in their work roles.

**Figure 1.1 The communication cycle**

People who work in health and social care settings may communicate with the people they are caring for, with relatives and visitors, with colleagues and with practitioners from other care agencies, and for a variety of different reasons.

**Reflect**

Think about a recent conversation that you had with a service user or colleague. Can you see how it followed the communication cycle?

**Case study**

Charlie is 32 years of age. He has very limited speech due to a brain injury he sustained in a motorcycle accident. He now lives in supported accommodation. Charlie enjoys helping out in the kitchen when Clare, his support worker, is making a meal. When she says “Can I get some fruit for you, Charlie?”, he puts his thumb up, makes a noise in the back of his throat and smiles at her. Clare responds by passing him a bowl of fruit, saying “Okay, help yourself this time, Charlie”.

1. How does Charlie’s support worker communicate with him in this example?
2. How does Charlie communicate non-verbally with Clare in response to her question?
3. Describe how a cycle of communication occurs in this example.
Why do people communicate in work settings?

A lot of communication happens in health and social care settings: many different kinds of conversations occur, as well as a variety of meetings, activity and treatment sessions and consultations with medical and other practitioners that also involve communication. A closer look at these activities will show you that service users, practitioners and other adults interact and communicate with each other for a variety of different reasons in your workplace (see Figure 1.2).

Making relationships

People communicate to make new relationships. In health and social care settings these relationships may be with service users, visitors or colleagues. Positive verbal and non-verbal communication skills, such as being friendly, smiling and shaking hands when greeting the person, are needed to make a good first impression in a relationship.

Developing relationships

Health and social care practitioners develop relationships with service users, their relatives or carers and colleagues, by maintaining a friendly, supportive approach, and by being interested in what other people are doing and feeling. This enables service users to feel comfortable and secure, and that they can trust and rely on professionals.

Obtaining and sharing information

Health and social care practitioners may need to obtain and share information about service users with colleagues and other professionals to ensure the team is fully informed. A practitioner may also need to communicate with a service user or a family member about the care and support they receive, or about the kinds of services and facilities that are available in a care setting.

Expressing thoughts and ideas

A health or social care practitioner may need to share their thoughts about care issues or about aspects of practice with colleagues. Effective communication skills are also needed to encourage service users to talk about what they are feeling, to say what they think or to express their needs, wishes or preferences.

Giving and receiving support

Users of health and social care services and their relatives often seek reassurance from practitioners as a way of developing their self-confidence. In response, practitioners use praise and touch, and give time and attention as a way of rewarding a person’s efforts and achievements and to reassure them. Some care settings also use support groups, staff meetings and appraisals as ways of providing practitioners with support and reassurance about their work performance.

Expressing feelings, wishes, needs and preferences

Health and social care practitioners need to find ways of encouraging service users to express their feelings and to talk about how they wish to be treated, as well as to say what they like and dislike. People will communicate in this way if they trust, and have a secure relationship with, a practitioner.

Your assessment criteria:

1.1 Identify different reasons why people communicate

Key terms

Interact: relate to another person

Knowledge Assessment Task

You will communicate with service users, visitors, colleagues and other professionals, in the setting where you work or are on placement, in a number of different ways and for a variety of different reasons. Complete a summary sheet like the one below to show that you can identify the different reasons why people communicate.

<table>
<thead>
<tr>
<th>Who took part in this example of communication?</th>
<th>What happened? Describe the communication you observed.</th>
<th>What were the reasons for this episode of communication?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reflect

Think about a day at work. Why did you need to communicate with others? Reflect on the different reasons for your communication.
How does effective communication impact on your work?

Effective communication is a central part of the work that happens in care settings. You will need to develop a range of communication skills and be able to use them effectively to carry out the various aspects of your work role. You will need to be able to communicate effectively with service users, their relatives and your colleagues, as well as colleagues from other agencies.

Figure 1.3 identifies a variety of people with whom you may need to communicate in your care setting. Knowing about the communication cycle and being able to send and receive messages appropriately is the key to communicating well. In general, you will use communication effectively as part of your work role if you:

▶ get the other person’s attention before you begin talking to them
▶ speak clearly and directly so that you get your message across
▶ adapt the way you talk so that the child or adult you are talking to is able to understand you
▶ use empathy to try and understand the other person’s point of view or the way they might be affected by what you are saying to them
▶ listen carefully to what the child or adult says to you
▶ use your own non-verbal communication skills effectively
▶ summarise what the other person has said as a way of checking and confirming your understanding of that they mean.

Your communication skills will develop and become more effective as you gain experience in your work role, and learn by observing more experienced colleagues. Learning from others, seeking advice and using support are all part of this process.

Effective communication with service users

People who work in health or social care settings are expected to be able to communicate effectively with the adults who receive care in the setting. This is not always easy or straightforward. Communication with the people with whom you work is more likely to be effective if you:

▶ get the individual’s attention before you start talking, making eye contact at the person’s own level
▶ use simple language, short sentences and a friendly tone of voice
▶ give the person time to understand what you are saying and enough time to respond to you
▶ are patient and attentive when an individual is talking to you, give them time to express themselves and don’t rush them or interrupt to speed things up
▶ listen carefully and use simple questions to clarify what the person is telling you if you are not sure that you fully understand their communication
▶ are aware of your own body language and also take note of what the other person’s body language is communicating to you
▶ use your facial expression in an active, positive way to support what you are saying and as a way of responding to what the person says to you
▶ use pictures, colourful posters or displays to express ideas or to communicate information in easy to understand ways. This might involve having information leaflets translated into other languages.
▶ summarise what the other person has said as a way of checking and confirming your understanding of that they mean.

Being respectful, consistent in your approach, and patient in the way you listen and respond to people in your work setting, will encourage them to trust and communicate with you.
INTRODUCTION TO COMMUNICATION IN HEALTH, SOCIAL CARE OR CHILDREN’S AND YOUNG PEOPLE’S SETTINGS

CHAPTER 1 (SHC 21)

Understanding why communication is important in the work setting

**Effective communication with relatives and visitors**

Health and social care service users and their relatives need to be able to trust you and have confidence in your ability to support and care for them. Communication with relatives and visitors is more likely to be effective if you:

▶ establish a good rapport with each individual
▶ show people respect by using their preferred names (e.g. ‘Mrs Griffiths’ not ‘Jenny’, if preferred) and recognise that they should always be consulted about anything that affects their care
▶ speak directly and clearly, using positive body language and good eye contact
▶ give each individual enough time to understand what you are saying and listen carefully to what they say to you
▶ respond quickly and in an appropriate way to an individual’s communication by phone, email or in person
▶ respect confidentiality by communicating personal, sensitive or private information about individuals in an appropriate, private area of the care setting
▶ adapt your communication skills to meet the needs of people who have hearing or visual impairments or whose first language is not English.

People will trust and respect you if you adopt a consistent, professional and respectful approach when you communicate with them. They need to be confident that you value them as a person and that you are able to communicate with them about their particular needs, wishes and preferences relating to care.

**Effective communication with colleagues**

Effective communication with colleagues is an essential part of your work role in a team-working environment. Communication with colleagues is more likely to be effective if you:

▶ establish an appropriate work-related rapport with each of your colleagues
▶ show that you respect your colleagues’ skills, abilities and professional approach towards their work role
▶ talk to your colleagues clearly and directly, using positive body language and giving them enough time to absorb what you are saying
▶ always listen to your colleagues’ point of view, making sure you are polite and constructive where you disagree
▶ check that colleagues understand what you are trying to communicate when you are passing on important information
▶ clarify any points or ask questions where you don’t fully understand what you have been told or are being asked to do
▶ demonstrate that you understand and respect confidentiality and the feelings of your colleagues by communicating about sensitive, personal or private issues in an appropriate private place
▶ ask someone to check any emails, letters or notes that you write on behalf of the care setting to ensure your language and presentation are appropriate and professional.

Effective communication with work colleagues is based on establishing a friendly but professional working relationship where you can give and receive support. Communication with colleagues should revolve around your shared goal of promoting the health and wellbeing of the people you provide care and support for.

**Key terms**

**Confidentiality:** ensuring information is only accessible to people who are authorised to know about it

**Your assessment criteria:**

1.2 Explain how effective communication affects all aspects of your own work

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**Knowledge Assessment Task 1.2**

You will need to communicate with service users and colleagues on a one-to-one basis and in groups as part of your health or social care work role. You should understand and be able to explain how effective communication affects all aspects of your work. Complete a table like the one below to explain how effective communication with others affects aspects of your work role.

<table>
<thead>
<tr>
<th>Focus of communication</th>
<th>Identify a reason why you need to communicate</th>
<th>Explain how effective communication affects your work role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with service users</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication with service users, visitors or relatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication with colleagues</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Why is it important to observe feedback?

Effective communication is a two-way process: when you are listening you are not just waiting for your turn to speak! To be an effective communicator, you have to notice how other people respond to your communication. People react non-verbally both to the way that you are communicating with them and to the content of your communication (see Figure 1.4). So, being able to read non-verbal feedback is very important. Indeed, this may be the only kind of response you receive from some people who are not confident enough or who are too unwell to speak to you. Observing feedback is a way of assessing:

▶ whether the person has understood your communication
▶ the person’s feelings about what you said to them
▶ the effectiveness of your method of communication
▶ the appropriateness of the language you used.

Bear in mind that an individual’s cultural background, disabilities, health status, religious beliefs, stage of development and personality may affect the way they react to you and use non-verbal methods of feedback.

Your assessment criteria:

1.3 Explain why it is important to observe an individual’s reaction when communicating with them.

Knowledge Assessment Task

As a health or social care practitioner you need to develop the ability to observe the reactions of others to your communication in one-to-one and group situations. These reactions may be expressed verbally (what the other person says in reply) or non-verbally (through their body language). Complete a table like the one below to explain why it is important to observe an individual’s verbal and non-verbal reactions when you are communicating with them.

<table>
<thead>
<tr>
<th>Focus of observation</th>
<th>What should you observe?</th>
<th>Why is it important to observe this?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-verbal response</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reflect

How do you make use of touch and eye contact when you communicate with service users? Think about what you do and what the purpose of this is.

Reflect

How are these two men communicating non-verbally? What do you think each person’s body language is ‘saying’?

Figure 1.4 Non-verbal forms of communication feedback
**INTRODUCTION TO COMMUNICATION IN HEALTH, SOCIAL CARE OR CHILDREN’S AND YOUNG PEOPLE’S SETTINGS**

**CHAPTER 1 (SHC 21)**

**Meeting communication and language needs, wishes and preferences**

**How can you find out about individual’s communication and language needs and preferences?**

Effective communication happens when the right method is used to send a message, so it can be received and understood. Health and social care practitioners need to know about a range of communication methods. They should also be skilled at identifying the communication and language needs, wishes and preferences of the people with whom they work and interact.

Health and social care settings are used by people from a diverse range of backgrounds who will want to communicate in different ways. Finding out about each individual’s language needs, wishes and preferences is an important part of your role. You can do this by:

- asking people whether they or their relatives have particular language or communication needs
- reading reports and notes about service users that provide information on speech and language issues, learning difficulties, disabilities (e.g. hearing or visual impairment) or physical conditions (e.g. stroke, cleft palate) that may affect their ability to communicate
- being aware that an individual’s culture, ethnicity and nationality may affect their language preferences and needs
- observing the people who use your setting to see how they use their communication and language skills
- asking your supervisor/mentor, senior staff and specialist professionals such as speech and language therapists, occupational therapists and social workers for information, advice and support about how best to communicate with adults who have special communication needs.

**Your assessment criteria:**

2.1 Find out an individual’s communication and language needs, wishes and preferences

**Figure 1.5 Adapting to meet special communication needs**

<table>
<thead>
<tr>
<th>Hearing impaired people</th>
<th>Visually impaired people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make sure that your face can be seen clearly.</td>
<td>Speak in the same way as you would to a sighted person – not louder or more slowly!</td>
</tr>
<tr>
<td>Face the light and the person you are speaking to at all times.</td>
<td>Say who you are in your greeting as your voice won’t necessarily be recognised even if you have met the person before.</td>
</tr>
<tr>
<td>Speak clearly and slowly – repeat and rephrase if necessary.</td>
<td>Always introduce other people who are with you and explain what is going on if a visually impaired adult joins you in a group.</td>
</tr>
<tr>
<td>Minimise background noise.</td>
<td>Let the visually impaired person know when you are about to do something that is likely to affect communication (such as leave the room or move away).</td>
</tr>
<tr>
<td>Use your eyes, facial expressions and gestures to communicate, where appropriate.</td>
<td>End conversations clearly and let the person know that you are leaving – do not just walk away.</td>
</tr>
<tr>
<td>Do not be tempted to shout into a person’s ear or hearing aid.</td>
<td>Ask the person if they need any particular help – to sit down or to move about, for example – but do not assume that this is always necessary or wanted.</td>
</tr>
</tbody>
</table>

**Case study**

Danielle, a 27-year-old learning disabled woman, was admitted to a hospital medical ward for observation during the night. On admission, Danielle was confused and disorientated following a series of epileptic seizures. Since waking early this morning Danielle has been concerned about her money and her coat. She thinks that the care staff have forgotten to give these things back to her and she is becoming increasingly upset about this. Danielle has taken to sitting on a chair outside of the ward office and is trying to get the attention of the ward manager, who is inside, as well as that of people who pass by.

1. How would you go about identifying Danielle’s communication needs in this situation?
2. What factors might be affecting Danielle’s ability to communicate effectively with members of staff?
3. Suggest two things that you would do to adapt to Danielle’s communication needs in this situation.
How can you use verbal and non-verbal communication?

Health and social care practitioners use two main types of communication as part of their work roles. These are verbal and non-verbal communication. Verbal communication is based on the use of words. Health and social care practitioners need effective verbal skills to:

- obtain information from colleagues, service users and others who use the setting
- respond to questions
- contribute to team meetings
- give feedback and report observations about service users
- provide support to service users, relatives and colleagues
- deal with problems and complaints
- write notes and reports

Non-verbal communication occurs when a person uses their body, behaviour and appearance to communicate with others. For example, an individual’s body language may tell a health or social care practitioner that they are uncomfortable or need to go to the toilet even when they say they’re okay. Important forms of non-verbal communication are outlined in Figure 1.7.

Investigate

Use the internet to locate websites relating to the communication needs of people who are hearing impaired or visually impaired. Find out how people with these problems overcome their communication difficulties.

Investigate

Observe the way service users, visitors or your colleagues use their bodies to communicate during a group activity in your workplace. Try to work out what different people are saying non-verbally.

Your assessment criteria:

2.2 Demonstrate communication methods that meet an individual’s communication needs, wishes and preferences.

Figure 1.7 Forms of non-verbal communication

<table>
<thead>
<tr>
<th>Non-verbal communication</th>
<th>What does it involve?</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye contact</td>
<td>Looking another person directly in the eyes</td>
<td>Short or broken eye contact can express nervousness, shyness or mistrust. Long unbroken eye contact can express interest, attraction or hostility.</td>
</tr>
<tr>
<td>Touch</td>
<td>Physically touching or holding a person</td>
<td>Holding someone’s hand Placing a hand on a person’s arm or shoulder to reassure them</td>
</tr>
<tr>
<td>Physical gestures</td>
<td>Deliberate movements of the hands to express meaning</td>
<td>Thumbs-up gesture to show agreement or pleasure Shaking a fist to show anger or aggression</td>
</tr>
<tr>
<td>Body language</td>
<td>Movements of the face that express a person’s feelings</td>
<td>Smiling Frowning</td>
</tr>
<tr>
<td>Proximity</td>
<td>The physical closeness between people during interactions</td>
<td>Being very close may be reassuring and may be seen as accepting the person. It might also make the person feel uncomfortable and threatened. People need less personal space (increased proximity) when they have a close, trusting relationship.</td>
</tr>
</tbody>
</table>

Figure 1.8 Communicating non-verbally
How can you choose the right communication method?

To be an effective communicator in your work setting, you need to be able to use methods of communication that meet each individual’s needs, wishes and preferences. Your goal is always to ensure that the messages you send can be received and understood. To achieve this you may sometimes need to change or adapt the form of communication you are using. Figure 1.9 identifies some of the issues you might consider when thinking about the best way to communicate with others.

Your assessment criteria:

1.2 Demonstrate communication methods that meet an individual’s communication needs, wishes and preferences.

Figure 1.9 Thinking about communication methods

<table>
<thead>
<tr>
<th>Method</th>
<th>When might you use it?</th>
<th>Issues to consider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talking face-to-face</td>
<td>- Asking or answering questions</td>
<td>- Does the individual understand English?</td>
</tr>
<tr>
<td></td>
<td>- Providing information or feedback</td>
<td>- Is my choice of words appropriate to the person’s language ability?</td>
</tr>
<tr>
<td></td>
<td>- Receiving information or feedback</td>
<td>- Does the person have any hearing impairment?</td>
</tr>
<tr>
<td></td>
<td>- Making and maintaining work relationships</td>
<td>- Will the person need support from an interpreter or signer?</td>
</tr>
<tr>
<td></td>
<td>- Providing support for service users, relatives or colleagues</td>
<td>- Have I chosen an appropriate place to talk with the person?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Are there any cultural, religious or gender issues that might affect my communication with the other person?</td>
</tr>
<tr>
<td>Talking on the telephone</td>
<td>- Asking or answering questions</td>
<td>- Does the other person have any hearing impairment?</td>
</tr>
<tr>
<td></td>
<td>- Providing information or feedback</td>
<td>- Are the other person’s English language skills good enough for a telephone conversation?</td>
</tr>
<tr>
<td></td>
<td>- Receiving information or feedback</td>
<td>- What is the best time to call the person?</td>
</tr>
<tr>
<td></td>
<td>- Ordering resources</td>
<td>- Would it be appropriate (and avoid breaches of confidentiality) to leave a message for them?</td>
</tr>
<tr>
<td></td>
<td>- Arranging meetings</td>
<td></td>
</tr>
<tr>
<td>Writing</td>
<td>- Writing letters, notes or notices for service users to read</td>
<td>- Is the language I’m using appropriate, clear and direct?</td>
</tr>
<tr>
<td></td>
<td>- Writing letters, reports, memos or minutes of meetings for colleagues or other professionals to read</td>
<td>- Will the person be able to read and understand what I’ve written?</td>
</tr>
<tr>
<td></td>
<td>- Writing notices, displays or signs for relatives, visitors or colleagues to read</td>
<td>- Does the intended reader have dyslexia, learning difficulties or problems with reading?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- How will I make sure the person actually receives or sees what I’m writing?</td>
</tr>
</tbody>
</table>

Health and social care practitioners who use their communication skills effectively are able to think about the different ways in which they might communicate with each individual. The key is to choose the method of communication that is most suited to the situation.

Health and social care practitioners increasingly use a variety of communication devices and methods, including mobile phones, and other new media.
Meeting communication and language needs, wishes and preferences

When should you seek advice about communication?

There may be situations in which you feel unsure about how you should communicate with a service user or another person in your work setting. Perhaps you will be aware that you are struggling to communicate effectively with somebody. In situations like these, you should seek advice and obtain support. You can do this by:

- talking to your supervisor, mentor or line manager about the difficulty – ask for their advice about how to deal with the problem
- talking to communication or language support specialists (teachers, psychologists or speech and language therapists) who work at or spend time in your work setting.

Your assessment criteria:

2.3 Show how and when to seek advice about communication

Practical Assessment Task

Your first meeting with a service user or one of their relatives is an ideal opportunity to find out about the individual’s communication and language needs, wishes and preferences. To complete this assessment task you need to demonstrate that you are able to do this competently. You will need to produce evidence based on your practice at work which demonstrates that:

- you can find out about an individual’s communication and language needs, wishes and preferences
- you can use communication methods (verbal and non-verbal) that meet the individual’s communication needs, wishes and preferences
- you know how and when to seek advice about communication.

Your evidence must be based on your practice in a real work environment and must be witnessed by, or be in a format acceptable to, your assessor.

Figure 1.10 When to seek advice about communication

A range of specialist communication support and assistance is available for people who have sensory impairments
Overcoming barriers to communication

What barriers can reduce the effectiveness of communication?

Despite your best efforts, you may sometimes find that you are unable to communicate effectively with another person in your work setting. There are a number of possible reasons why this might happen. Knowing about different barriers to effective communication will enable you to avoid potential difficulties and adapt your communication approach where this is necessary. Barriers to communication are things that interfere with a person’s ability to send, receive or understand a message. These may include the following:

- **Environmental factors** – noise impairs listening and concentration. Poor lighting can prevent a person from noticing non-verbal communication and could reduce a hearing impaired person’s ability to lip read. Environments that are too hot or cold cause discomfort and those that lack privacy discourage people from expressing their feelings and problems.
- **Developmental stage** – a person’s developmental stage could limit their ability to communicate and may be a barrier to effective communication if you don’t take this into account when choosing your words or way of talking to them. Don’t use long sentences, complex words or unusual phrases with young children, for example.
- **Sensory deprivation and disability** – visual impairment may reduce a person’s ability to see faces or read written signs and leaflets. Hearing impairment may limit conversation. Conditions such as cerebral palsy, stroke, cleft palate, Down’s syndrome and autism tend to limit a person’s ability to communicate verbally and non-verbally; difficulties interpreting non-verbal communication are typical of autism.
- **Language and cultural differences** – the UK is a multicultural country with a mix of different ethnic groups and language communities. English may be a second or even third language for some children and adults, and may not be spoken or understood at all by others. Communication in written and spoken English may not be easy or even possible for people in this situation. Similarly, people from different cultural groups may interpret non-verbal behaviour in different ways, misunderstanding messages.
- **Jargon, slang and use of acronyms** – these forms of language only make sense to people with specialist knowledge. A person who doesn’t have this specialist knowledge won’t understand the message. Practitioners working in children and young people settings sometimes use jargon and acronyms to communicate quickly with each other. Teenagers sometimes use forms of slang to communicate with each other in ways their parents and teachers don’t understand.
- **Dialect** – people who speak English using a regional dialect (for example Glagwegian or Liverpudlian) pronounce words in different ways. They may also use some words that are specific to the local area. A child or adult who isn’t from the same area may not understand a local dialect.
- **Distress, emotional difficulties and health problems** – some conditions, depression and stroke for example, may affect an individual’s ability to send and receive messages effectively. Illness and injuries can also cause people to withdraw from communication situations. Similarly, when a person is angry, aggressive or upset they may find it difficult to communicate; their own communication may be misunderstood by others.

**Key terms**

- **Jargon**: technical language that is understood by people in particular industry or area of work
- **Slang**: an informal type of language that is used by a particular group of people
- **Acronym**: an abbreviation that stands for a longer phrase, such as ‘NHS’ for National Health Service
- **Dialect**: a localised version of a language

**Your assessment criteria:**

3.1 Identify barriers to effective communication

Figure 1.11 Examples of barriers to communication

- **Cultural differences**
- **Language differences**
- **Use of jargon/slang**
- **Visual impairment**
- **Hearing impairment**
- **Learning disability/autism**
- **Speech impairment**
- **Emotional distress**
- **Developmental stage**
- **Heat (too hot/cold)**

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**Reflect**

- Can you think of any slang terms that are used by people in your local area or jargon used in your workplace? Do you think that adults or other young people from a different area would know what these terms mean?

- Can you think of any times or circumstances where your ability to communicate has been affected because you were upset or unwell? Did other people recognise this and adapt their communication approach in any way?
Overcoming barriers to communication

How can you overcome communication barriers?

Barriers to communication can often be overcome, or at least reduced, by making changes to the environment, adapting your approach or by using support services that help people to overcome communication difficulties.

Adapting the environment

Environmental changes might include:
- replacing poor lighting with brighter lighting
- reducing background noise or creating some quiet areas away from noisy activity
- putting up multilingual posters and displaying signs clearly
- fitting electronic devices such as induction loop systems for hearing impaired people.

Adapting your approach to communication

In order to improve communication, health and social care practitioners can adapt their approach by:
- making sure they can be seen clearly, facing both the light and the person to whom they are talking
- making sure their mouth is visible when speaking
- minimising background noise
- using eyes, facial expressions and gestures to communicate where necessary and appropriate.

Timing

Speaking clearly and slowly and repeating and, if necessary, rephrasing what you say can make communication more effective with some service users, their relatives and colleagues. Speaking a little more slowly can help where a person has a hearing or visual impairment, a learning disability, or is anxious or confused. The pace of communication may need to be slower to give the person time to understand what is being said to them. It is also important to allow time for the person to respond. This can mean tolerating silences whilst the person thinks and works out how to reply.

Using support services and specialist devices

Health and social care practitioners should understand the language needs and communication preferences of the children and adults with whom they work. If a child or adult has difficulty communicating in English, or has sensory impairments or disabilities that affect their communication skills, specialist communication support may be needed. Learning a few words of another person’s language or developing some basic sign language skills can really help a practitioner to establish a positive, supportive relationship with a service user, their relatives or with colleagues.

A range of electronic devices exist to help people overcome communication difficulties. These include hearing aids, text phones, telephone amplifiers and hearing loops. Electronic devices can be used both to send and receive messages.

Induction loop: a system that boosts sound for hearing aid users

This symbol indicates a communication loop is available for hearing aid users

Key terms

Induction loop

Case study

Mrs O’Sullivan, aged 78, is being admitted to a residential care home for a three-week respite period for the first time. Alex, a support worker, has been given the job of meeting and showing Mrs O’Sullivan around. Alex knows that Mrs O’Sullivan has become deaf because of injuries she received in a car accident.

On arrival Mrs O’Sullivan is accompanied by her daughter and by a social worker. When Alex introduces herself to Mrs O’Sullivan, her daughter answers by saying, ‘You are wasting your time. She doesn’t communicate any more.’

1. Suggest reasons why Mrs O’Sullivan may communicate less than she used to.
2. What could Alex do to maximise communication with Mrs O’Sullivan during her brief visit?
3. What kinds of extra help and support might improve Mrs O’Sullivan’s ability to communicate effectively during her three-week respite break?

Practical Assessment Task

What kinds of barriers to effective communication occur in the health or social care setting where you work or are on placement? Complete the table below by identifying three examples of barriers to effective communication that you are aware of, and then demonstrate ways of overcoming each barrier.

<table>
<thead>
<tr>
<th>Barrier to communication</th>
<th>How does this make communication less effective?</th>
<th>How have you tried to overcome this barrier?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 1</td>
<td></td>
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<tr>
<td>Example 2</td>
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<tr>
<td>Example 3</td>
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</table>

Your evidence for this task must be based on your practice in a real work environment and must be witnessed by, or be in a format acceptable to, your assessor.
How can you check communication is effective?

Effective communication in health and social care settings helps practitioners, service users and others who visit the setting to form good relationships and to work well together. People communicate most effectively when they:

▶ feel relaxed
▶ are able to empathise with others
▶ experience warmth and genuineness in the relationship.

There are a number of ways of checking that your communication is effective. What you need to know is that the ‘messages’ you send are received and understood correctly by the person with whom you are communicating. You can do this by using active listening and clarifying or repeating techniques.

Active listening

Active listening involves paying close attention to what the other person is saying whilst also noticing the non-verbal messages they are communicating. People who are good at active listening also tend to be skilled at using minimal prompts. These are things like nods of the head, ‘Mm’ sounds, and encouraging phrases like ‘Yes, I see’ or ‘Go on’. Skilful use of minimal prompts encourages the person you are communicating with to keep speaking or to say a little more.

Clarifying or repeating

You can ensure that your communication has been understood by clarifying (repeating back, summarising or rephrasing) aspects of what the person has said during the conversation. You could say something like, ‘Can I just check that you meant …?’ or, ‘Do you mean …?’ You should try not to clarify too often in a conversation as this will interrupt the speaker’s flow; it might also make them think you are ‘parroting’, which may appear insincere.

Your assessment criteria:

3.3 Demonstrate ways to check that communication has been understood

3.4 Identify sources of information and support or services to enable more effective communication

Key terms

Empathise: understand another’s feelings

Minimal prompts: unobtrusive sounds and behaviours that encourage the other person to talk

Reflect

Think about your own approach to listening. Are you an active listener or this is something you need to work at?

How can you obtain communication support and assistance?

You should always seek support and assistance if you encounter communication problems with any service users, visitors or colleagues. You may be able to obtain help from:

▶ your supervisor, line manager or mentor
▶ senior and experienced colleagues
▶ a service user’s relatives
▶ specialist practitioners, such as speech and language therapists, psychologists or special needs teachers
▶ interpreting services and organisations which work with recent immigrants and asylum-seeking families where use of English is a barrier to effective communication
▶ specialist organisations which provide support for people who have sensory impairments, disabilities and language problems.

Practical Assessment Task

How do you ensure that your communication with people has been understood? Are you able to use the checking techniques described above?

1. Working with a service user or an adult who attends your workplace, demonstrate that you are able to find ways of checking that your communication with them has been understood.

2. Make notes on the sources of information and support or services that you could use to enable more effective communication with this or another person if the need arose.

Your evidence for this task must be based on your practice in a real work environment and must be witnessed by, or be in a format acceptable to, your assessor.
What is confidentiality?

Confidentiality is not about keeping secrets; it is about protecting an individual’s right to privacy. You may obtain private, personal information from service users, their relatives or from other practitioners as part of your work role. As a health and social care practitioner you have a duty to:

- keep personal information about service users private
- only share information about service users with those who have a right to know or when a person has given their permission to disclose information about them.

Your workplace will have a confidentiality policy that sets out the rules and procedures on sharing confidential information. You should read this and make sure that you follow it in your practice.

You may be asked to sign a confidentiality agreement as part of your employment contract. Again, you should have a clear understanding of what this means in practice.

How can you demonstrate confidentiality?

There will be many occasions in your day-to-day work when you will need to share information about service users. This information can be shared with your work colleagues without breaching confidentiality because everybody in the team needs to know about each service user. However, you can promote and demonstrate confidentiality by:

- only talking about service users in areas of the setting where you cannot be overheard by non-staff members
- not revealing confidential information about one service user to another who may remember and pass it on
- using service users’ first names or initials only when discussing or writing up your observations about them
- storing written records about service users in locked cupboards or cabinets and making sure you put them back in the correct place after using them
- using a secure password to access computers that contain information about service users
- making sure service users only have access to their own records
- referring service users’ relatives to the service users’ key worker when they request information relating to their relative.

Maintaining confidentiality outside work

You should not talk, gossip or complain about the people you work with when you are at home or when you are socialising with your friends. This is a serious breach of confidentiality and might lead to disciplinary action by your employer.

Key terms

Confidentiality: ensuring information is only accessible to people who are authorised to know about it

Your assessment criteria:

4.1 Explain the term confidentiality
4.2 Demonstrate confidentiality in day-to-day communication, in line with agreed ways of working

Investigate

Obtain a copy of the confidentiality policy of your workplace. Identify the main points and how they affect your work role. What are you expected to do to protect confidentiality in your workplace?

Reflect

Think about the ways in which you demonstrate confidentiality through your care practice. What do you do, or not do, to promote confidentiality at work?

Passwords to gain access to computerised records are an important way of protecting confidentiality

You should always ensure that you can’t be overheard when discussing confidential issues with your colleagues
When should confidential information be passed on?

Disclosure of information to people other than your immediate work colleagues about a service user's background, personal problems, care needs or health issues, normally only happens with the consent of the service user or their next of kin. However, there are exceptions to this rule. For example, confidential information can be passed on if a person requires an assessment or specialist support from a practitioner who is not a member of your work team.

There may also be times when you have to reveal what you have been told, or have seen, to a more senior person at work or to an external organisation. A service user’s, family member’s or colleague’s request that you maintain confidentiality can be overridden if:

- what they say suggests an individual may be at risk of harm
- they reveal information that can be used to protect another person from harm
- a court or a statutory organisation, such as a Mental Health Act tribunal, asks for specific information about a person.

When should you seek advice about confidentiality?

It is best to treat everything you learn about children and their families in your workplace as confidential information; it is advisable to check with your supervisor before you pass on confidential information. Similarly, it is always best to tell your supervisor if you receive any information that concerns you. If someone says they want to tell you something ‘in confidence’, you should say that you may not be able to keep the information to yourself because part of your job involves safeguarding children’s welfare. It is then up to the person to decide whether to tell you.

Case study

Kwame Adams is a social worker in the Care of Older People team. Peter McVey, aged 84, is one of Kwame’s clients. Peter lives in the downstairs part of a terraced house on his own. He has lived in the same house for the past 52 years and is very reluctant to move. Peter has Parkinson’s disease, and has difficulty moving around and meeting his own physical needs. Beatrice, aged 23, is Peter’s niece. She has a key to his home and comes around twice a day to help him get dressed and to prepare food for him. Peter and Beatrice get on very well.

Kwame recently became concerned about the way Beatrice is looking after Peter. He noticed that Peter seems a little anxious when Beatrice comes to the house. He has also noticed that Beatrice is dressing Pete in the same clothes every day. The last time Kwame came to the house Peter complained about being hungry. He said that Beatrice now collects his pension and does his shopping, but that the fridge is always empty. When Kwame asked Peter whether he would like him to speak with Beatrice about the way she is looking after him and the lack of food, Peter said, ‘No, you mustn’t. She might get angry and go away for good’.

1. What is the confidentiality dilemma in this situation?
2. What might be the advantages and disadvantages of Kwame speaking to Beatrice about his situation?
3. What do you think Kwame should do to meet his responsibilities as a social worker?
INTRODUCTION TO COMMUNICATION IN HEALTH, SOCIAL CARE OR CHILDREN’S AND YOUNG PEOPLE’S SETTINGS

CHAPTER 1 (SHC 21)

AC What can you do now? Assessment task

2.1 Show how to find out an individual’s communication and language needs, wishes and preferences Page 21

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4.1 Explain the term ‘confidentiality’ Page 31

4.2 Demonstrate confidentiality in day-to-day communication in line with agreed ways of working Page 31

4.3 Describe situations where information normally considered to be confidential may need to be passed on Page 31

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Are you ready for assessment?

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