eGUIDE//

Health and Social Care (Single and Double Award)
Unit AS 2: Communication in Health, Social Care and Early Years Settings

Introduction

In this unit you will learn about the importance of good communication in health, social care or early years settings. Communication is a key part of all relationships, and the ability to communicate well with people is essential in the caring professions. You will also learn about the wide range of factors that support effective communication and the barriers to communication that service users may experience and how these may be overcome. You will develop an understanding of the importance of communication when working in teams and evaluate your own communication skills by carrying out an interaction.

Communication in health, social care and early years settings

Staff in health, social care and early years settings communicate with a wide variety of people, for example teachers in a nursery school communicate with service users, colleagues, parents/carers, family members, visitors to the school and perhaps other professionals such as a social worker or school nurse.

Activity

Identify the people staff may communicate with in the table below.

Communication in Health, Social Care and Early Years Settings	
Staff	**People they may communicate with**
A nurse in a hospital	
A support worker in a supported living scheme	
A care assistant in a nursing home	
The manager of a nursery	
A GP in a health centre	
A social worker	

Types of communication

Communication in health, social care and early years settings may be complex. Staff need to be aware that each individuals have their own ways of understanding what is said. Effective communication means more than just passing on information; it means involving the other person or persons whom staff are communicating with and making sure they understand. This enables trust to be built with service users, families and colleagues. Communication with service users may be difficult for a range of reasons, such as hearing or sight impairments, learning disabilities, dementia or loss of speech due to a stroke. In this unit you will develop knowledge and understanding of the following types of communication used in health social care and early years settings:

- Verbal
- Non –verbal
- Written
- Electronic.

Verbal communication

This involves using the voice and is a very important form of communication in health, social care and early years settings. Verbal communication is used in conversations with service users, for example a care assistant in a care home asking an elderly resident if he would like to take part in a gardening activity, or a GP asking a patient to explain her symptoms, or a playgroup worker asking a child if he enjoyed playing in the water. Other examples of the use of verbal communication include telephone conversations, for example a nurse answering the telephone to a family member who is enquiring about the condition of a relative who is in hospital. Case conferences, multi-disciplinary team meetings and handovers at the end of shifts in hospitals and care homes depend on verbal communication to ensure information is passed on accurately.

Verbal communication is used to

- obtain information from colleagues, individuals, parents, carers, children and young people,
- respond to questions
- contribute to team meetings
- give feedback and report observations about individuals
- provide support to colleagues, individuals, parents, carers children and young people
- deal with problems and complaints.

Non-verbal communication

This involves the use of body language to communicate and convey messages to others and includes, for example, the use of facial expressions, eye contact, body movement, posture, gestures and proximity. Non-verbal communication can be positive (for example the gesture of a nurse putting her hand on the arm of a patient can convey support), however sometimes non-verbal communication can inhibit interactions in health, social care and early years settings (for example a child in a nursery may not engage in a conversation with an assistant who uses a sharp tone of voice).

Activity

Watch the You Tube video at the link below and make brief notes on the various examples of non-verbal communication and the messages they could convey to service users. www.youtube.com/watch?v=vpPX70V_zIY

Written communication

The written word is a widely used form of communication and in health, social care and early years settings examples include the use of accident forms in a nursery to record minor injuries to the children, letters sent out by hospitals to inform patients of appointments, menus showing the choice of lunch options for service users in a day centre and care plans for residents in a care home.

Accuracy of the written word is essential and when writing down information staff should ensure the information is legible, accurate and clear. This prevents, for example, service users being given the wrong treatment, which could have fatal results.

Follow this link to read about the importance of legible handwriting when prescribing and administering drug treatments

www.nursingtimes.net/roles/nurse-educators/preventing-and-reporting-drug-administration-errors/203718.fullarticle

Watch the You Tube video which highlights the importance of written communication when administering drugs in a health care setting on

www.youtube.com/watch?v=OrZ-HCIVXSw

Activities

(i)   Identify at least ten other examples of written communication that may be used in health, social care and early years settings.

(ii) Visit a health, social care or early years setting and identify examples of written communication.
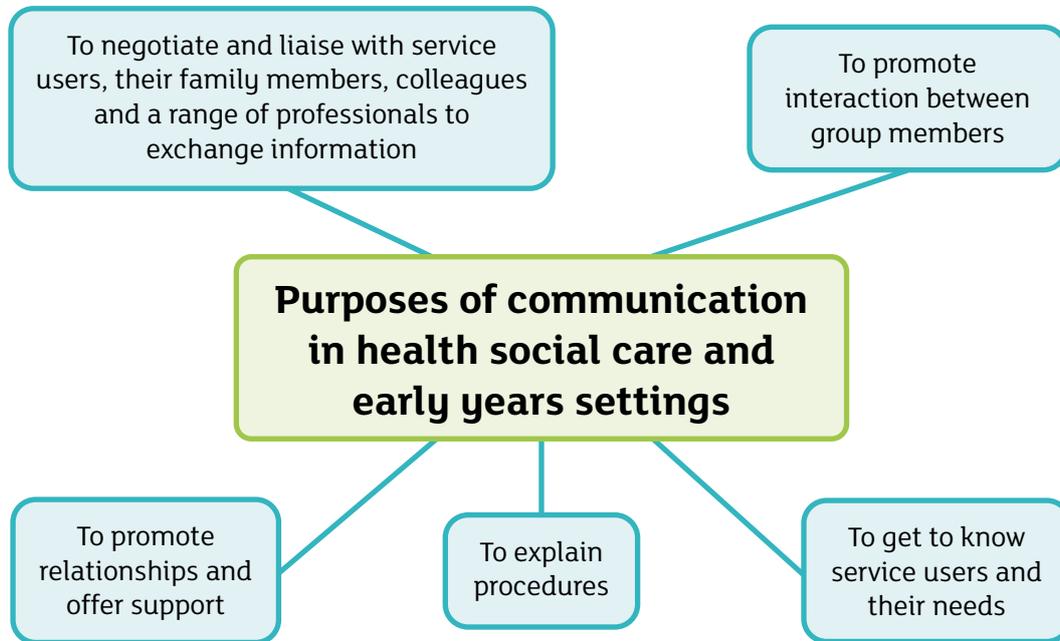
Electronic communication

The use of electronic communication or information and communication technology (ICT) has significantly changed the way in which health and social care and early years settings operate. Organisations can access and share vast amounts of information because of the ease of communication and improved access to information electronically.

ICT makes it much easier for health, social care and early years settings to distribute information to staff via text, e-mail and on the internet/intranet. For example in a nursery the principal can send all staff an e mail requesting them to attend a staff meeting and personal details of all the pupils can be recorded on a database. A health centre may use the computer to send information about a service user to a consultant and the results of blood tests may be returned to a GP in the same way. Multidisciplinary team meetings can be conducted via video conferencing.

Purposes of communication

Communication in health, social care and early years settings has many purposes as illustrated in the diagram below.

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┌─────────────────────────────┐          ┌──────────────────┐
│ To negotiate and liaise     │          │ To promote       │
│ with service users, their   │          │ interaction      │
│ family members, colleagues  │          │ between group    │
│ and a range of professionals│          │ members          │
│ to exchange information     │          └──────────────────┘
└─────────────────────────────┘

            ┌──────────────────────────────────┐
            │ Purposes of communication        │
            │ in health social care and        │
            │ early years settings             │
            └──────────────────────────────────┘

┌──────────────┐     ┌──────────────┐     ┌──────────────────┐
│ To promote   │     │ To explain   │     │ To get to know   │
│ relationships│     │ procedures   │     │ service users    │
│ and offer    │     └──────────────┘     │ and their needs  │
│ support      │                          └──────────────────┘
└──────────────┘
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To promote relationships and offer support

Service users in health and social care settings are often anxious, worried and vulnerable, perhaps due to being ill. Service users in early years settings are young, may also be ill and may experience difficulties settling in new surroundings without their parent or guardian. It is essential that staff use their communication skills to build relationships based on trust with these service users to enable them to feel supported, respected and valued. The relationships between staff and service users, and also between colleagues, have a significant impact on the ability to provide effective care and support. Respect for each other can be developed through communication. Getting to know people by talking and listening to them will enable staff to develop an understanding and awareness which will lead to stronger relationships in the longer term.

To get to know service users and their needs

Another main purpose of communication is to enable staff to get to know service users and their needs. One of the most effective ways staff can do this is by talking with the service users and actively listening to what they have to say. When staff know the service user well and have a sound knowledge of their needs they should be able to provide quality care, meeting the individual needs of the service user.

To promote interaction between group members

Staff can use their communication skills to promote interaction between group members, for example by encouraging a shy service user to become involved and make a contribution to activities and discussions. When service users feel part of a group and that their contribution is valued it creates a sense of purpose and belonging, raising confidence and self-esteem.

To negotiate and liaise with service users, their family members, colleagues and a range of professionals

Staff in health, social care and early years settings use communication to negotiate and liaise with service users. This enables service users to feel that they are consulted, informed and that their opinion is sought and valued in decisions relating to their care. Service users will have a sense of empowerment. Liaising and negotiating with family members is also very important especially if the service user is young, ill or vulnerable. Effective communication will help ensure that family members are kept informed and that, if relevant, their opinions are sought. This in turn helps to ensure that service users get the appropriate care and support. It is essential that staff communicate with colleagues and other professionals to help ensure service users' needs are met. This may involve referring a service user to another professional to enable appropriate care to be given or action taken to protect a service user, for example a GP referring a service user with a mental health problem to a psychiatrist or the manager of a nursery referring a child to social services in the case of suspected abuse.

To explain procedures

Communication is used to explain procedures, which helps reduce fear, worry and anxiety for service users and their families. This is especially important when service users are feeling apprehensive or worried, for example when going for surgery, undergoing tests or facing a new situation, such as starting school or moving to a supported living scheme. For example, a service user with a learning disability will feel less anxious if his support worker explains clearly in terms that he can understand what will happen when he goes to the dentist for a check-up.

To exchange information

Exchanging information is important in health, social care and early years settings. Staff need to develop their understanding of the service users' needs so that they can provide the support they require and thus achieve good quality service provision. If the information exchanged is inaccurate, mistakes can be made. For example, a GP could prescribe the wrong medication if he or she did not have access to information about a patient's allergy. If information is not exchanged properly, service users may not feel supported and staff will not be able to carry out their job roles as effectively as they should. Staff in health, social care and early years settings exchange a great deal of information and may need to communicate with service users for a number of reasons; for example to find out about the activities they would like to access, or the medication they have been prescribed, or to ask for their opinions about the service provision available and to encourage them to make choices according to their needs and preferences.

Activities

(i) Complete the table below to show the purposes of communication in a range of health, social care and early years settings.

Example of communication	Purposes
A social worker discusses respite care with a young person with a learning disability and her parents	
A primary one teacher sends a letter home to parents / carers about a trip to the beach	
A dental nurse asks a service user enrolling in the practice for their name address and other details	
The hand over between nurses at the end of a shift in a hospital ward	
A counsellor listens to a service user about how they feel following the death of their partner	
A nurse discusses with a young patient what will happen when he takes a blood sample	
A support worker chairs a meeting with service users in a day centre to find out what activities they would like to take part in	

(ii) Watch Casualty or Holby City and list the types and purposes of communication used.

(iii) The next time you visit a health centre, dental surgery, hospital or any health, social care or early years setting, observe the different types of communication and their purposes (look at the notice boards for example).

Portfolio Tip

Be well prepared for your visits or placement in your chosen health, social care or early years setting. Decide on the two different types of communication you will focus on in your work and make detailed notes on what you observe or are told about. You may find it useful to keep a diary or log book to record the examples and purposes.

Factors that support effective communication

Effective communication means more than just passing on information; it means staff involving or engaging with service users with whom they are interacting and making sure they understand. Staff need to share their views and ultimately build trust with the service users they are working with.
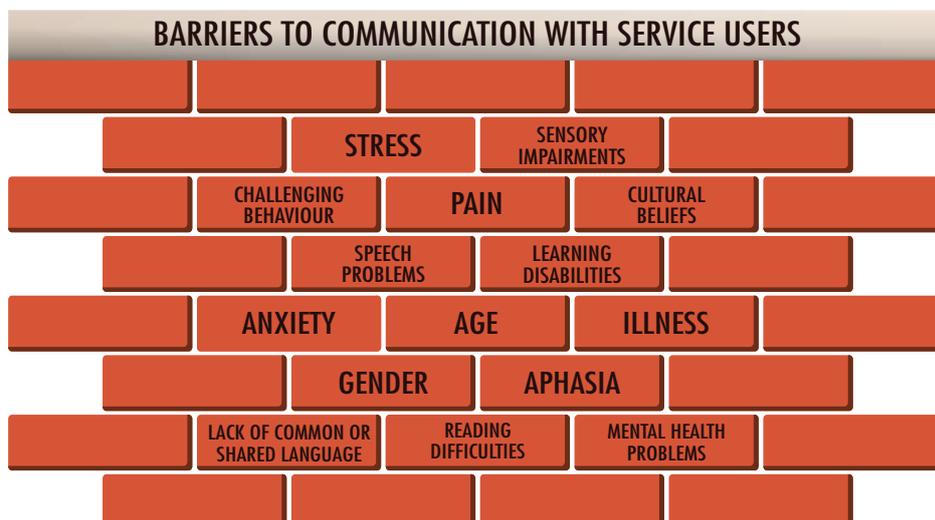
Communication has to be a two-way process where each person is attempting to understand and interpret, or make sense of what the other person is saying. A wide range of factors support effective communication and information on these is included in the Fact File produced by CCEA. www.rewardinglearning.org.uk/common/includes/microsite_doc_link.aspx?docid=18894-1

Portfolio Tip

Familiarise yourself with all the factors that support effective communication before you visit your chosen setting. Be aware of the four headings they fall under (confidentiality, physical factors including the physical environment, emotional factors and practitioners' skills). You need to include examples relevant to all four factors. Take notes on the factors that you observe in the setting to enable you to complete a detailed description when completing your portfolio.

Recognising and overcoming barriers to communication with service users

When communication is effective it builds trusting relationships and helps ensure that information is passed on and understood, but unfortunately this is not always the case. At times it may be difficult to communicate effectively with service users. Service users may experience barriers to communication which can lead to misunderstanding and frustration. Barriers to communication are issues that interfere with a person's ability to send, receive or understand a message.

BARRIERS TO COMMUNICATION WITH SERVICE USERS

STRESS — SENSORY IMPAIRMENTS — CHALLENGING BEHAVIOUR — PAIN — CULTURAL BELIEFS — SPEECH PROBLEMS — LEARNING DISABILITIES — ANXIETY — AGE — ILLNESS — GENDER — APHASIA — LACK OF COMMON OR SHARED LANGUAGE — READING DIFFICULTIES — MENTAL HEALTH PROBLEMS

Watch the slideshow on www.slideshare.net/kieranavey/barriers-to-communication-15568334 which identifies a range of communication barriers.

Sensory impairments

Service users with sensory impairments, such as hearing loss, may experience barriers when using health, social care and early years services. Consider the barriers a service user with a hearing impairment may experience when using their GP services. The first may be making the appointment, as this is usually done by telephone. Having successfully made the appointment the next barriers may be faced in the waiting room which may be noisy and the service user may have difficulty hearing the receptionist and may feel embarrassed if they speak too loudly.

The GP may have an accent which is difficult to understand and may spend a considerable amount of time looking at the computer screen.

Read Scott's story: Accessing healthcare with a hearing loss on
www.youtube.com/watch?v=6o7DMRSJUXA
and hearing loss in the classroom on
www.youtube.com/watch?v=ln8NHzVfJkQ

A visual impairment may reduce a service user's ability to see faces, written signs and leaflets. Visit www.caregiver.com/articles/general/vision_loss_affects_communication.htm and read about how visual impairment may affect a person's ability to communicate. The clip on www.youtube.com/watch?v=14rKBHl5Ntg 'What is Visual Impairment?' explains different types of visual impairment and the impact they may have on individuals.

Learning disabilities

A learning disability reduces an individual's ability to understand new or complex information and to learn new skills. Service users with learning disabilities may experience significant barriers to communication. These depend on the severity of the learning disability; for example, some service users with profound learning disabilities may be unable to speak whilst others may simply experience some problems reading. Some service users may experience aphasia (a language disorder caused by damage to the brain) which affects their ability to use and understand language effectively. Read more about aphasia on www.nhs.uk/Conditions/Aphasia/Pages/Introduction.aspx

Activity

(i) Using the link below, read the section 'Try to Imagine' and then take part in a class discussion describing how you would feel in that situation.
www.mencap.org.uk/learning-disability-explained/communicating-people-learning-disability

(ii) Use the link below to watch the video 'If You Listen, You Will Hear Us', which shows the communication difficulties experienced by service users with profound learning disabilities. www.youtube.com/watch?v=Hp4PW17U_h8

Illness and pain

Illness or conditions such as stroke, Huntington's disease, cerebral palsy, motor neurone disease or dementia may affect a service user's ability to communicate. Communication problems are common after a stroke and the service user may experience difficulties speaking, writing, reading and understanding what other people are saying. A service user with Huntington's disease may have slurred speech, may talk too fast or too slow and have poor voice quality. Children with cerebral palsy may experience difficulty understanding the spoken word and their speech may be very difficult to understand due to poor control of the tongue, vocal chords and breathing. Difficulty in speaking clearly may be an early symptom of motor neurone disease and some service users with the condition may lose their speech as the disease progresses. Service users with dementia will experience difficulties with language although the extent of this is determined by the type of dementia the individual has and the stage of their disease. A common problem is that the service user can't find the right words and, as the condition progresses, the service user may be unable to communicate through language.

Service users who are experiencing pain, especially severe pain, may find talking difficult and may be tired, irritable and prone to mood swings. They may also become withdrawn and unwilling or unable to talk about how they are feeling. All these factors can make communication very difficult.

Activities

Visit the website below and complete the twenty minute course from Communication Matters including the quizzes.
www.aacelearning.org.uk/

Access the websites below and take part in a class discussion on the barriers to communication that service users may experience. Role plays may also be useful in highlighting the communication difficulties faced by these service users.

Communication problems after a stroke
www.stroke.org.uk/what-stroke/common-problems-after-stroke/communication-problems

Communicating with a person with dementia
www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=130

How cerebral palsy affects people
www.cerebralpalsy.org.au/what-is-cerebral-palsy/how-cerebral-palsy-affects-people/

Communicating with a person with MND
www.mndassociation.org/forprofessionals/careworkers/communicating-with-a-person-with-mnd/

Mental health problems, anxiety and stress

Service users who are experiencing mental health problems such as depression may be highly sensitive and have feelings of low self-worth and guilt. In addition they may also experience disturbed sleep, low energy and poor concentration. These factors can create a barrier to communication.

Anxiety also has the potential to create a barrier to communication. Communicating with a service user who is experiencing anxiety can be difficult for a number of reasons. The service user maybe so anxious (experiencing anxious thoughts or sensations) that they experience tongue stumbling when their automatic body movements become less automatic, as their brain is not focusing on the action. In other instances the service user may experience distracted thinking where they are unable to hold a conversation or they may experience problems listening and are unable to understand what the other person is saying.

Stress describes the feelings that an individual experiences when the demands made on them are greater than their ability to cope. Service users who are stressed may have difficulty communicating as they may be irritable, withdrawn, have low self-esteem, lack concentration and feel fearful.

Activity

Take part in a class discussion on the barriers to communication service users with mental health problems may experience.

Lack of a common or shared language

We live in a multicultural country with an increasing mix of different ethnic groups and range of languages spoken, so English may be a second language or may not be spoken or understood at all by some service users. Communication in written and spoken English may not be easy or even possible to understand for these service users. Service users from different cultural groups may interpret non-verbal behaviour in different ways, sometimes not understanding messages.

Jargon, slang and use of acronyms only make sense to people with specialist knowledge or who use the terms on a regular basis. Someone who doesn't have this knowledge won't understand the message. Staff may use jargon and acronyms appropriately to communicate with each other, but they need to be aware of who is listening and who needs to understand the information. It may confuse service users.

Many people speak English using a dialect, or phrases and expressions specific to their own area, for example people from different parts often the country often pronounce words in different ways or use words and phrases that people from a different area would not know. Staff need to be careful that a service user who isn't from the same area as them may not understand a local dialect.

Activity

(i) Read the following articles, which highlight the difficulties experienced by service users who do not have English as their first language when receiving health services.
www.bbc.co.uk/news/health-10951417
www.dailymail.co.uk/news/article-2123044/The-doctor-nurses-putting-lives-risk-speak-English.html

(ii) Imagine you are four years old and have just arrived in Northern Ireland from Syria with your parents and older sister. None of your family speaks English. You will be starting nursery school in the next few weeks. In a group, discuss the communication difficulties you may experience.

(iii) Imagine you are an elderly service user in a care home and you are feeling very dizzy and have a pain in your left arm. You have called for assistance and the nurse who responds is from the Philippines and has an accent you find difficult to understand. You have a strong local accent and she doesn't seem to understand you well either. In a group, discuss how you might communicate your symptoms to the nurse. Would you feel safe and confident that you would get the care required?.

Differences in age, gender and cultural beliefs.

Differences in age can become a barrier to communication. Some older service users may feel intimidated by technology and the ways it has changed communication, for example emailing or texting. Prejudices against age may also inhibit communication, for example staff assuming that older services users may not understand or need information on their condition. Visual and hearing impairments are common in older people and this can cause communication difficulties. Many conditions associated with old age, such as dementia or stroke, can create barriers to communication (some of these have been discussed in a previous section). Lack of confidence by older service users may be a barrier to communication as they may be reluctant to engage in conversations, ask for further information or join in group activities.

Some children in early years settings may also experience communication difficulties. Young children may have difficulty understanding the meanings of some words. This can mean they have difficulty understanding games and tasks and following instructions. They may experience difficulty with pronouncing words and with sentence structure and also may find it difficult to express themselves clearly when taking part in activities. A number of children experience difficulty making particular sounds in words and as a result what they say may not be easy to understand. This can result in the child being reluctant to speak to avoid the embarrassment of others not understanding what they are trying to say. Children usually have a much smaller vocabulary than adults, so it is important for staff in early years settings to use simple words and phrases. In addition children can be frightened by adults who do not appear friendly or who use a harsh or sharp tone of voice, and this can result in a barrier to communication in early years settings. Further detail is available on
www.talkingpoint.org.uk/parents/speech-and-language/some-children-struggle

Research has shown that men and women tend to have different styles of communication and this can become a barrier especially in health, social care or early years settings where service users may be anxious, insecure, worried and vulnerable. The communication style of women can be considered as being more emotional, as women tend to focus on feelings and building relationships, whereas men tend to focus on power and status. An example is in problem solving situations where women tend to show concern and empathy while men tend to take a more direct and straightforward approach.

Different cultures interpret body language and non-verbal communication in different ways and this can cause a barrier to communication between staff and service users.

Eye contact, posture, gestures and facial expressions can be interpreted differently by service users from different cultures. For example, an early years worker may pat a child's head as a friendly or affectionate gesture in a nursery. This would be acceptable in our culture but if the child was Asian this could be offensive and inappropriate as Asians believe the head to be a sacred part of the body. In some cultures maintaining eye contact when speaking to a person is considered as being rude whilst in others not maintaining eye contact is considered to be disrespectful.
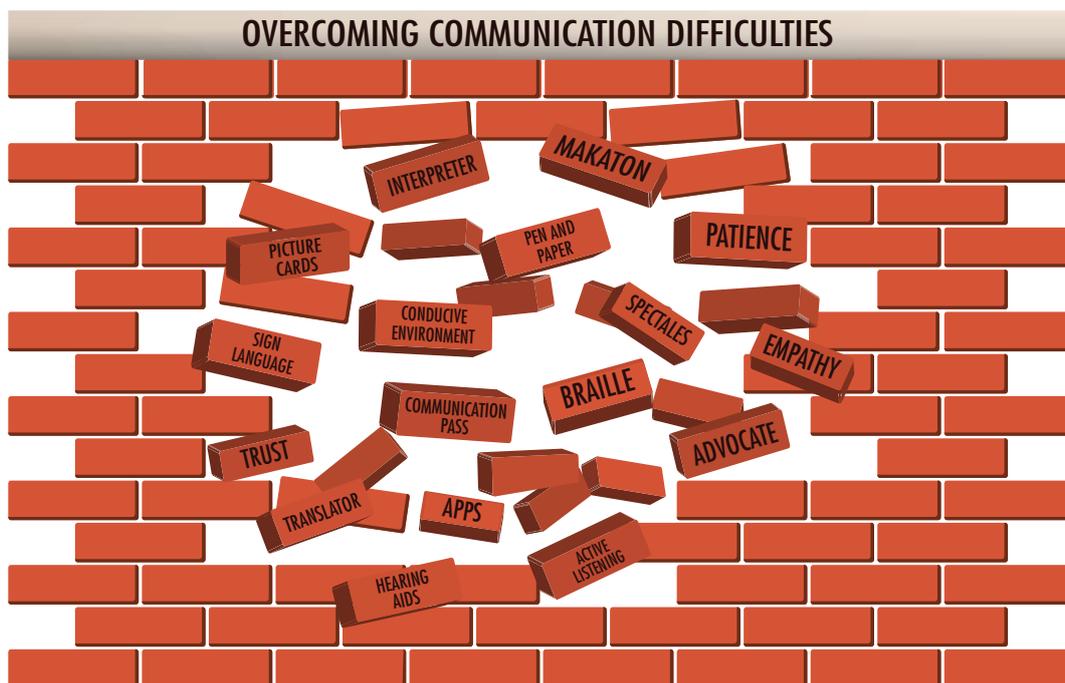
Activity

Carry out research into cultural differences in non-verbal communication and share your findings with the class.

Challenging behaviour

Challenging behaviour can put a service user's safety at risk and prevent them from taking part in social, educational and leisure activities. Examples of challenging behaviour include destructive behaviour such as throwing items or breaking furniture, hurting others, self-injury, eating inedible objects, spitting, repetitive rocking and stripping off. Service users who have learning disabilities or dementia often display challenging behaviour as they experience communication problems, which can lead to frustration. There are many potential reasons for challenging behaviour for example, it can be a response to a very noisy environment, a sign of abuse, distress, pain, discomfort and the behaviour is a means of communication about any of these. Further information is available on www.challengingbehaviour.org.uk/information/information.html.

Overcoming communication difficulties

Difficulties in communication with service users can be overcome in various ways. As a result, good relationships can be formed with service users and their families and information can be exchanged.

OVERCOMING COMMUNICATION DIFFICULTIES

MAKATON · INTERPRETER · PEN AND PAPER · PATIENCE · PICTURE CARDS · CONDUCIVE ENVIRONMENT · SPECTALES · EMPATHY · SIGN LANGUAGE · COMMUNICATION PASS · BRAILLE · ADVOCATE · TRUST · TRANSLATOR · APPS · ACTIVE LISTENING · HEARING AIDS

Using special equipment and resources

A wide range of communication aids are available to help service users overcome communication difficulties. A communication aid can be anything that makes communicating quicker and easier for service users and can be something as simple as pen and paper or picture cards or more complex electronic devices. Special equipment and resources are particularly useful in helping service users whose speech is difficult to understand or who have no speech at all to communicate.

Apps - It seems like there is an 'app' ,that is an application or computer programme, for everything. Tablets and smartphones are easily accessible, and service users may be able to learn how to use them extremely quickly. This makes them even more helpful when used with service users with sensory issues.

For example, there are apps with high auditory and visual stimulation that support language and communication development. There are also apps for sound sensitivity that help to calm and can provide a soothing soundtrack to any activity.

A range of devices exist to help service users of all ages to 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. It is important to give the service user using a communication device enough time to use it properly.

Augmentative and alternative communication (AAC) includes all forms of communication, other than oral speech, used to enable service users to express thoughts, needs, wants, and ideas. Unaided systems, like signing and gestures, do not require special materials or equipment. Aided systems use picture charts, books and special computers.

Service users with severe speech or language problems rely on AAC to supplement existing speech or replace speech that is not functional. Special augmentative aids, such as picture and symbol communication boards and electronic devices, are available to help service users express themselves. This may increase social interaction, school performance, and feelings of self-worth.

Watch Stephen Hawking – How is he talking on
www.youtube.com/watch?v=UErbwiJH1dI
and My Talk Computer aided communication for special needs on
www.youtube.com/watch?v=KOb2mjhSYwE
which shows how computer assisted technology can help overcome communication difficulties.

Activities

(i) Visit www.stroke.org.uk/sites/default/files/Communication%20aids%20&%20computer%20therapy.pdf and prepare a list of communication aids which may help a service user recovering from a stroke to communicate more effectively.

(ii) Access www.communicationmatters.org.uk/page/what-is-aac and make notes on the range of communication aids available. Read and discuss the case stories on www.aacknowledge.org.uk/book/case-stories.

(iii) Service users who experience complex communication difficulties and may be unable to speak for themselves may have a communication passport

which contains key information about them. Draw up a communication passport for yourself by accessing www.communicationmatters.org.uk/page/communication-passports.

(iv) Read the booklet 'Other Ways of Speaking' on www.thecommunicationtrust.org.uk/media/3414/other_ways_of_speaking_final.pdf; it focuses on supporting service users in early years settings who have no speech or whose speech is difficult to understand. Take part in a class discussion on the personal stories in the booklet.

Using specialist language

Many service users use specialist language to communicate effectively. One important type is sign language which uses hand movements, gestures, facial expressions and body language to communicate. British Sign Language (BSL) is a form used by service users in the United Kingdom who are deaf or have a hearing impairment.
Visit www.signcommunity.org.uk/ to find out more information on sign language.

Activity

Learn some basic sign language by watching Learn BSL The Easy Way on www.youtube.com/watch?v=aVLUP1a1wX4.

Makaton is another form of specialist language which uses signs and symbols to help service users to communicate. The signs and symbols are used with speech. Makaton is used by over 100,000 children and adults. Further detail is available on www.makaton.org/aboutMakaton/.

Activity

(i) Watch the following You Tube videos, Learn Makaton Signing – Top 10 signs for nurses on www.youtube.com/watch?v=7RAm9OsL1g4 and Simple Makaton Signs on www.youtube.com/watch?v=pPiSCpyrWa0. Learn some of the basic signs and use them to communicate with friends, family and classmates.

(ii) Access www.bbc.co.uk/cbeebies/grownups/makaton and read how Makaton is used by Mr. Tumble in the CBeebies show ' Something Special'.

Braille is used by service users who are blind or visually impaired. Braille uses raised dots to represent the letters of the alphabet and it is used by blind service users to read and write. These raised dots are felt with the finger tips. Each braille "cell" is made up of six dots with each letter having a different pattern.
Visit www.rnib.org.uk/sites/default/files/ks1_braille_alphabet.pdf to see patterns which form letters and some short common words

Activity

Over the next week look around your home and when out and about keep your eyes open for the use of braille. Take part in a class discussion on your findings.

Using a translator or interpreter

Interpreters can help service users for whom English is not their preferred or first language. In the past interpreters may have been family members of the service user in question, but this is now discouraged as much as possible for confidentiality reasons. For example, a mother whose daughter is interpreting for her may not want her daughter to know that she has cancer.

The Belfast Trust provides a Regional Interpreting Service for all health and social care organisations throughout Northern Ireland. The service provides interpreters 24/7 and has 316 interpreters registered in 36 different languages. Early years settings may also use interpreters, for example at parent consultation meetings, to help ensure that information regarding progress and that any issues affecting the service user (child) are communicated accurately.

Interpreters communicate the meaning of one spoken language to another, while translators change written material from one language to another.

There are drawbacks to using translators and interpreters, as it may sometimes be difficult to grasp the exact meaning of a message or to express the meaning in the other language. Where an interpreter is used, it is important for staff to remember to communicate with the service user rather than the interpreter, to ensure that the service user is empowered and feels valued.

Using advocates

An advocate is a person who tries to understand the needs and preferences of a service user and then speaks on his or her behalf. Advocates are often needed when a service user has a disability which makes it difficult for them to speak for themselves. The advocate should try and get to know the service user and develop an understanding of their culture and background, so that they can represent them accurately. The advocate should understand the service user's needs and communicate these to practitioners or professionals involved with them. The advocate may be a family member, carer or a representative from a voluntary organisation.

Visit www.mencap.org.uk/advice-and-support/services-you-can-count/advocacy to find out about the advocacy service provided by Mencap for service users with learning disabilities.

Creating a conducive environment

The environment should have appropriate noise levels to allow for effective communication. This may involve staff moving to a quieter room or reducing background noise by closing doors and windows or turning down the volume on the television. Quiet background music may encourage interaction between staff and service users. The level of lighting should be suitable for the type of interaction taking place. If the communication is focused on recording information from a service user then the lighting should be bright enough to ensure accuracy. The lighting should also be bright enough to enable service users who may have a visual disability to lip read and see facial expressions. On other occasions dim lighting may promote relaxation and encourage communication, for example during counselling or therapy sessions. The environment should be well ventilated and neither too hot nor too cold. This will help prevent loss of interest and promote concentration. Seating should be comfortable and arranged to ensure eye contact can be made and that staff and service users can hear and see one another. Spacing should be considered carefully so

that service users are comfortable and do not feel inhibited by being too close to each other or to members of staff.

Considering individuals' needs

Staff in health, social care and early years settings need to be aware of the needs of service users. They can do this by maintaining eye contact with the service user and listening carefully to what they have to say without interrupting or rushing the conversation.

It is important for staff to find out each service user's preferred method of communication. For example some service users may prefer to communicate verbally on a one to one basis whereas others may feel more comfortable in a small group situation. In some cases the service user's key worker or advocate may communicate on their behalf. Service users with a hearing impairment may prefer to show pictures or write words and it is essential that staff check hearing aids are working. Service users with visual impairments may require spectacles and other aids and staff need to make sure that these are available.

Building trust and empathy

Barriers to communication can be overcome when staff build trusting relationships with service users. When this is the case communication is more likely to be open and honest and the service user may be more likely to ask questions and engage fully in conversations. Good working relationships should be based on trust and one very important aspect of building a trusting relationship is maintaining confidentiality.

When staff show empathy with service users barriers to communication can be overcome. Empathy is staff imagining themselves in the service user's position. When staff show empathy they are able to put themselves in the same position as the service user. They are able to see things from the service user's point of view and have an understanding of how they are feeling. This encourages communication as the service user feels that staff understand how he or she is feeling and as a result communication is open and honest. This is why many support groups/voluntary organisations provide valuable support to service users experiencing difficulties – the support is offered by individuals who have been in the same position and therefore can show empathy.

Examples include Aware Defeat Depression whose Chief Executive has first-hand knowledge of the impact of depression on people's lives and Cruse where many of the volunteers have experienced bereavement.

Activity

Divide into groups of three and role-play the following scenarios in front of your health and social care class. In each scenario you need a service user and two members of staff, one who shows empathy and one who does not. Following the role-playing, take part in a class discussion on the impact of empathy on communication.

Scenario 1

It is Jamie's first day at nursery and he has been very upset and is concerned that his mother will not come back to collect him.

Scenario 2

Molly, aged 64, has been admitted to hospital for tests and is very worried about the results.

Scenario 3

John aged 84, is no longer able to live on his own and has had to move into a care home. He is very concerned that he will lose his independence. He is also upset as he was unable to bring his dog with him.

Scenario 4

Kate, a mother, of three young children has just been told that she requires surgery which will involve a lengthy stay in hospital.

Portfolio advice

Make sure you are familiar with and understand all the potential barriers to communication before you visit the chosen setting. The barriers listed in the specification are examples and you may observe others. Note carefully how the communication difficulties are overcome in the setting.

The importance of communication when working in teams

Effective communication is very important when working in a team in a health, social care or early years setting as when teams communicate effectively service users' needs are more likely to be met resulting in better quality care. Care and support is less likely to be duplicated and information can be passed on more easily between team members.

Communication in teams is usually about sharing information but very often it is also about developing relationships between people. Bales (1970) put forward a theory of task and maintenance activity within teams. Teams in health, social care and early years settings have to transmit a high volume of information and this is often carried out in a group situation. Bales referred to this as a group task. Bales believed that team members also need to feel respected and have a sense of belonging. He referred to this as group maintenance. Both are essential for effective team communication.

Some health, social care and early years settings have a small team, for example a privately owned nursery may have quite a small team of eleven or twelve staff made up of a manager and nursery assistants. Communication within a team of this size is usually quite straightforward as the staff may have developed good working relationships and information can be shared easily. Other settings, for example a large hospital such as Altnagelvin or The Royal Victoria Hospital have a staff of three or four thousand. Within these settings there are many different teams such as catering, nursing, maintenance, occupational therapy, domestic services, social workers and multidisciplinary.

Effective communication within such a large setting is vital to ensure the delivery of quality care and it may be challenging due to the large number of staff, the size of the site and the number of different teams. When teams fail to communicate effectively the consequences can be serious as highlighted in recent media reports on the number of children who have died in Birmingham as a result of child abuse. In all cases a lack of communication between social workers and other health professionals was a major contributing factor.

Activity

(i) Read the following articles and take part in a class discussion focusing on how ineffective team communication contributed to the outcomes.
www.mirror.co.uk/news/uk-news/four-more-baby-ps-boys-5207193
www.dailymail.co.uk/news/article-1376321/25-abused-children-die-noses-social-workers.html
www.bbc.co.uk/news/uk-england-birmingham-10770907

(ii) Carry out individual research on other cases where ineffective team communication resulted in serious consequences for service users in health, social care or early years settings. Discuss your findings with the class.

How team members may communicate

A team is a group of individuals who work together for a common purpose. In the case of health, social care and early years settings they work together to provide quality care to service users in a safe environment. Each member of the team has a role and a range of responsibilities. There is usually a team leader who co-ordinates the work of the team. Teams often meet regularly to discuss problems, share information and make decisions, however they may communicate in a range of ways as illustrated in the diagram below.

Face-to-face formal or informal meetings

Staff meetings

Phone conversations

Focus groups

Email and intranet

Noticeboards

Team briefing

Letters

Memos

How teams may communicate

Rotas

Briefing

Newsletters

Reports

Minutes of meetings

Handover meeting

Service user notes / records
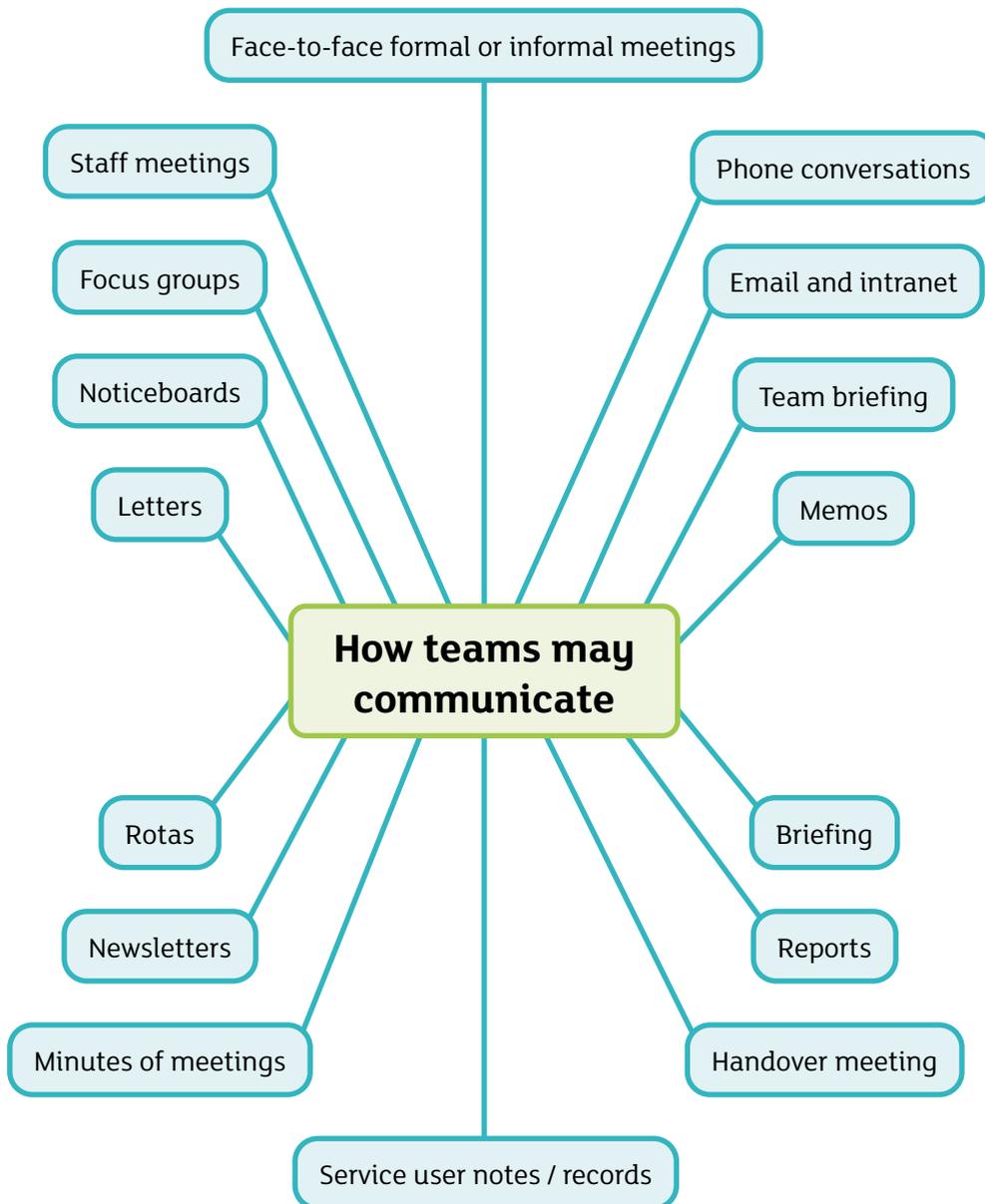
Most teams communicate in several ways. One important way the nursing team in a hospital communicates is through the handover at the end of each shift. According to Lamond (2000) this is the communication that occurs between two shifts of nurses (the nurses who are finishing their shift and the nurses who are starting their shift). It usually takes place in an office on the ward to maintain confidentiality and the purpose of this is to share information about patients. This handover, which is usually a verbal report, can occur two to three times a day and can last around thirty minutes. Watch the You Tube clip showing a shift handover between nurses on

www.youtube.com/watch?v=y9aqHmBkVcs.

Another way the nursing team communicates is through a patient's care plan. This is a written document which includes details of the patient's condition, plan of care and treatment. This is may be updated several times during the day especially if the patient is very ill. The video clip on www.youtube.com/watch?v=07Z4ywfmLg8 outlines the process of drawing up a care plan. These are just two examples of how the nursing team may communicate. Look at the previous illustration above and identify other ways they may communicate.

One way a team of support workers in a day centre for service users with learning disabilities may communicate is through a team briefing taken by the centre manager every morning before the service users arrive. This may also be followed by a debriefing with the team after the service users have left to find out, for example, if activities worked well and if there were any problems, issues or suggestions. Another way the team may communicate is through rotas. This may be drawn up by the activities co-ordinator and provides details of the activities available for a particular day and the support worker responsible for organising the activity. This may be displayed on a noticeboard and each support worker may also be e mailed a copy. From the previous illustration identify other ways in which the team of support workers may communicate. Teams in health, social care and early years settings communicate in a wide range of ways. Complete the activities below to develop your knowledge of team communication.

Activities

Divide into groups and choose a setting.

Tiny Tots Nursery
Tiny Tots Nursery provides care for thirty children and has a staff of fourteen including a manager and thirteen nursery assistants.
Discuss how the manager may communicate with the team.

Silver Woods Care Home
Silver Woods Care Home provides care for thirty six residents who are unable to live independently in their own homes due to dementia, ill health or frailty. The home has a large team of care assistants who work different shifts but there are usually ten care assistants on duty during the day and four at night with a senior care assistant on duty each shift.

Discuss the different ways this team may communicate.

Ward 22

Ward 22 has twelve beds for patients who are recovering from a stroke. The patients are cared for by a multidisciplinary team made up of doctors, nurses, speech and language therapists, occupational therapists, physiotherapists and social workers.

Discuss how this team could communicate to help meet the wide range of needs of these patients.

How effective communication in teams can contribute to quality care

Research on multi-disciplinary team working published in 'Team Working and Effectiveness in Health Care' found that health care teams with clear objectives and high levels of participation provide high quality patient care. Effective communication within the teams also contributed to the introduction of new and improved ways of delivering patient care. An additional finding of the research was that when team members work well together they have low levels of stress. This also helps in the delivery of quality care to patients.

Effective communication can help ensure continuity of care for patients. Continuity of care is about the quality of care over time. It is the process by which the patient and his/her care team are involved in ongoing health care management toward the shared goal of high quality care. With effective communication within the team information will be passed on regularly through team meetings and the service users should receive holistic care, meeting all of their needs. Problems should be identified quickly and dealt with effectively, resulting in quality care, as service users should not "fall through the net.

Effective team communication helps ensure that essential information is shared with those involved in the care of service users. In an early years setting this may be information about a child's underlying medical condition such as asthma, allergies to particular foods, or who has parental responsibility. If this information was not shared with the team it may have serious consequences such as the child not having his inhalers with him on a trip, or having an allergic reaction to food eaten and in serious cases anaphylactic shock. In a nursing home it may be information on the resident's wishes for example not to be resuscitated if he/she has a heart attack

Conflict is unpleasant and can cause problems when it happens within a team. Effective communication within a team can avoid or defuse conflict. One of the most important communication skills is listening. When team members are communicating effectively they will listen carefully to others' opinions and ideas and respect them even if they do not agree with them. When team members respect one another they will not criticise or blame each other but will be able to discuss issues and problems and present solutions and reach agreement.

When team communication skills are strong it increases opportunities to share ideas and best practice. This can create opportunities for staff to develop their knowledge and skills. An example may be in a nursery where a member of the team explains a strategy she used in a previous setting to deal with a child with challenging behaviour. This strategy may then be employed by other members of staff. Effective communication within a team may encourage members to forward ideas and offer opinions which will be discussed in an open, positive and supportive environment and the end result may be better quality care. In this way, personal and professional development can be fostered through effective team communication. Not only will the communication skills of individual members improve but their ability to manage conflict in positive ways will be enhanced.

Activities

(i) Carry out research on other ways effective communication within teams can contribute to quality care and discuss your findings in class.

(ii) Watch some episodes of Holby City and Casualty or 24 Hours in A and E on You Tube and write down how effective communication contributed to quality care in the setting.

Portfolio advice

You may be in a setting which has several teams so chose the team on which you are basing your work carefully. Try to choose a team which plays a key role in the setting to enable you to complete a detailed analysis. Do not expect to be given permission to sit in on a team meeting and remember confidentiality must be maintained. Be familiar with the various ways teams can communicate and it may be of benefit to ask team members how their team communicates.

Critical evaluation of an interaction in the chosen setting

One- to-one and group interactions take place continuously in health, social care and early years settings. To complete this unit you have to engage in either a one-to-one or group interaction and evaluate your communication skills.
In order to carry out this activity effectively the following stages may be considered.

Planning the interaction.

Plan the interaction by considering the activity to be undertake in the chosen setting, for example a discussion with an elderly resident in a care home about their memories of World War 2 or what school was like for them. In an early years setting a suitable activity may be circle time where the children discuss their favourite toy. Ideas should be checked to ensure they are suitable and feedback should be sought. Consider where and when the interaction will take place, seating arrangements, the skills to be evaluated and the methods to be used for evaluation. Self-evaluation and /or the evaluation by others (for example service users, peers or supervisors) may be used and evaluation forms drawn up. Aspects of communication to be evaluated may include posture, gestures, eye contact, angle of head, facial expressions, use of prompts, clarity, pace of conversation and reflection. In a group interaction other aspects such as asking for information, including others and clarifying the discussion may be included.

Engaging in the interaction

This is putting the plan into action and taking part in the interaction. It is important to stress to those who are evaluating the communication skills that they should be honest. Having completed the interaction, it may be a good idea to make notes on how well you think you communicated. Collect the feedback from those who observed the interaction and evaluated your communication skills.

Evaluating the interaction

The evaluation must be honest and suggestions for improvements based on best practice. Background reading is essential. A good starting point is to consider the strengths and weaknesses of the communication skills used in the interaction.

Perhaps the group interaction did not go well as the group appeared to be disjointed and the conversation did not flow. This may be explained by Tuckman's theory of group formation as the group may have been in the forming stage. Tuckman (1965) believed that groups go through four stages before they become effective.

Forming. This is similar to an introductory stage when the group members do not know one another well and they may not have a clear purpose.

Storming. During this stage there may be power struggles and arguments within the group and different individuals may want to be the leader of the group.

Norming. During this stage the group begin to trust one another and develop clear roles. The group develop common beliefs and values. Norms (shared expectations group members have of each other) are formed.

Performing. The group performs effectively as values and norms are shared. Group members have developed a sense of belonging and feel comfortable with each other.

Perhaps in a one-to-one interaction with a service user with dementia active listening skills were identified as an area for improvement. Information provided by the NHS states that this can be improved by using eye contact to look at the person and also by minimising distractions such as the radio with high volume. Repeating back to the service user what was said may also help.

Activity

Watch some episodes of Casualty on You Tube and evaluate the communication skills of staff (in particular those of Doctor Chao) and make suggestions for improvement.

Portfolio advice

It is important to be very well prepared for your interaction and it may be best carried out towards the end of your time in the setting as you will be more relaxed and familiar with the surroundings. You should be honest in your evaluation. It is essential that your suggestions for improvement are based on best practice, so individual research is essential.

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