Unit 1
Developing effective Communication

Learning outcomes
After completing this unit you should:
1. Understand effective communication and interpersonal interaction in health and social care
2. Understand factors that influence communication and interpersonal interaction in health and social care environments
3. Understand ways to overcome barriers in a health and social care environment
4. Be able to communicate and interact effectively in a health or care environment.
Why do we communicate:

- To make relationships
- To maintain those relationships
- To develop and maintain our self concept
- To pass information
- To meet our needs
- To work effectively
- For our happiness
Effective communication

- Effective communication in care settings helps both care workers and people who use care services to form good relationships and to work well together.

  People communicate most effectively when they:
  - feel relaxed
  - are able to empathise with the other person
  - experience warmth and genuineness in the relationship.

- Effective communication also requires the care worker to develop and use a range of skills, abilities and communication techniques.
Effective communication

Figure 1.5 Effective communication results from...
# The benefits of effective communication

**Figure 1.7 Benefits of effective communication**

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<tr>
<th>For care workers</th>
<th>For people who use services</th>
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<tr>
<td>1. Effective communication helps carers to give and receive information that is relevant to an individual’s care and wellbeing.</td>
<td>1. Effective communication enables a person to feel secure and respected as an individual at a time when they may be physically and emotionally vulnerable.</td>
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<td>2. Effective communication enables care practitioners to express trust, acceptance, understanding and support.</td>
<td>2. Co-operation, involvement and partnership in a care relationship requires open and supportive communication.</td>
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<td>3. Effective communication allows a care practitioner to identify and meet the individual needs of each person.</td>
<td>3. Effective communication empowers individuals by allowing them to express their needs, worries and wishes.</td>
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<td>4. Effective communication enables a care practitioner to identify and support an individual’s abilities and reduces dependency.</td>
<td>4. People who use services need to maintain their sense of identity while receiving care. This can only be achieved if they have opportunities to express themselves and to be understood by their carers.</td>
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Contexts of communication

One-to-one communication

- When you start a conversation with someone you don’t know well, you should always try to create the right kind of feeling.
- It is important to create a positive emotional atmosphere before you go on to discuss complicated issues or give people information.
- The other person needs to feel relaxed and happy to talk to you.
- Very often people will start with a greeting such as ‘Good morning’.
- You can help other people to relax by showing that you are friendly and relaxed.
Once you have created a good feeling, you can move on to the business - the things you want to talk about.

When it is time to finish the conversation, you want to leave the other person with the right kind of emotions so you might say something like ‘See you soon’ to show that you value them.

Formal conversations often follow a three-stage model, with an emotional ‘warmup stage’ at the beginning, a ‘business’ or ‘exchange of information’ stage in the middle, and a ‘winding down stage’ at the end.
Group conversation

- Taking part in a group discussion involves the same issues as one-to-one communication as well as some additional issues.
- How does it feel to be in the group?
- Group discussion only works well if people want to be involved.
- Sometimes people feel threatened if they have to speak within a formal group of people, or they might stay quiet because they are worried about other people’s reactions.
- It is important that the group has the right emotional atmosphere.
- People in groups often use humour or other friendly ways of behaving to create the right group feeling, which encourages people to talk.
- Creating the right group atmosphere involves ‘maintaining’ the group so this aspect of group communication is often called group maintenance.
Group Leaders

- Some groups, such as team meetings or classroom discussions, have a leader or chairperson.

- Having a leader is very useful because the leader can encourage people to express their ideas and help them to take turns when talking.

- Group leaders often encourage people to focus on a particular task within a group.
Formal group conversations

- Have you prepared what you are going to say?
- When talking in a formal group you will need to think through your points before sharing them with the whole group.
- Because of this extra preparation, talking to a group can feel very different from talking in a one to one situation.
Group communication

- Are you good at taking turns?
- Group communication fails if everybody speaks at the same time.
- It is harder to work out who should be speaking in a group discussion than in a one-to-one conversation.
- The skill of taking turns involves identifying the following pattern.
- When a person is about to finish speaking they usually signal this by lowering their voice tone, slowing their pace of talking and looking around at other people in the group.
- The next person to talk knows that it is their turn by watching the eyes of other group members.
- If people fail to notice these patterns then too many people may try to speak at the same time.
- If everybody is talking then nobody is listening!
Group communication

- Can everybody see each other clearly?
- If people sit in a circle then everyone can see everyone else’s face.
- This is very important because positive group feeling and successful turn-taking often depend on people being able to understand the messages in other people’s faces.
- If people sit behind each other or in rows, then some of the group cannot see others’ faces.
- Bad seating or standing positions can make group communication harder.
Informal communication

- We often use informal communication when we know people well - for example, with friends and family.
- Some friends or family members may use terms that other people would not understand.
- Local groups from particular places might also have their own ways of speaking.
- For example, some people in southern England might say things like ‘Hiya, mate. How’s it goin’?’ If you belong to this group, you will appreciate this as a warm, friendly greeting.
- But different groups of people use different informal language so it can sometimes be hard to understand the informal communication of people from different social groups.
Formal communication

- Formal communication
- Health and social care work often involves formal communication.
- For example, if you went to a local authority social services reception desk you might expect to be greeted with the phrase ‘Good morning. How can I help you?’
- This formal communication is understood by a wide range of people.
- Formal communication also shows respect for others.
- The degree of formality or informality is called the language ‘register’.
Imagine going to the reception desk and being greeted with the phrase ‘What you after then?’

Some people might actually prefer such an informal greeting.

It might put them at ease, making them feel that the other person is like them. But in many situations, such informal language could make people feel that they are not being respected.

Being ‘after something’ could be a ‘put down’; you might assume that you are being seen as a scrounger.

So it is often risky to use informal language unless you are sure that other people expect you to do so.

If you are treated informally, you may interpret this as not being treated seriously, or ‘not being respected’.

So is there a correct way to speak to people when you first introduce yourself?

After all, if you are too formal you may come across as pretentious or ‘posh’.

Usually care workers will adjust the way they speak in order to communicate respect for different ‘speech communities’.
Communication between colleagues

- Family and friends know you well and will usually understand you, even if you communicate poorly or very informally. Communicating with people at work is different because:
  - It is important that care workers communicate respect for each other.
  - Colleagues who do not show respect for each other may fail to show respect to the people who use care services.
  - You may often have to greet colleagues by asking if they are well and spend time on ‘warm-up talk’ in order to show that you value them.
  - You will need to demonstrate that you are a good listener and can remember details of conversations with your colleagues.
  - Colleagues have to develop trust in each other. It is important to demonstrate that you respect the confidentiality of conversation with colleagues.
  - Work settings may have their own social expectations about the correct way to communicate thoughts and feelings. These may differ from social expectations when communicating with your friends and family.

Although communication between colleagues may often be informal it is important that care workers use skilled communication in order to develop respect and trust.
Communication between professionals

- Communication between professional people and people using services
- Professional people, such as doctors and nurses, often work within their own specialised language community.
- A language community is a community of people that has developed its own special words, phrases, social expectations and ways of interacting that set it apart from other groups of people.
- Professionals are usually well aware of the need to translate technical language into everyday language when they work with people from other professions or people who use services.
- It is important that professionals check that they are not being misunderstood.
Communication with professionals

- When people who use services communicate with professionals there is always a risk of misunderstanding between people from different language communities.
- It is important that people check that they are being understood correctly.
- Professional health and social care staff need to check their understanding of issues with people who are communicating with them.
Multi Agency

- Multi-agency working
- Health and social care professionals often have to communicate with colleagues who work for different organisations.
- For example, a home care organiser might have to communicate not only with people who use services and care workers but also with community nurses, GPs’ surgeries, hospital services, occupational therapists, voluntary groups, day care groups and many other organisations.
- It is important not to assume that people from different agencies will understand the same terminology.
- Formal communication may help to convey respect and avoid misunderstandings when interacting with unfamiliar professionals in other agencies.
Multi-professional working

- Professionals from different backgrounds often have to work together in order to assess and meet the needs of people who use services.
- Multi-professional working happens when many different professionals work together.
- Communication will often need to be formal and carefully planned in order to avoid barriers to understanding.
# Degrees of formality

**Table 1.1: Degrees of formality in different contexts**

<table>
<thead>
<tr>
<th>Context</th>
<th>Degree of formality</th>
<th>Key issues</th>
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<tbody>
<tr>
<td>Between colleagues</td>
<td>Often informal.</td>
<td>Must demonstrate respect for each other.</td>
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<tr>
<td>Between professionals and people using services</td>
<td>Usually informal.</td>
<td>Professionals must adapt their language (not use technical terms or jargon) in order to be understood.</td>
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<tr>
<td>With professionals</td>
<td>People using services may communicate informally. Professionals may respond formally.</td>
<td>Professionals must take responsibility for checking their understanding.</td>
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<tr>
<td>Multi-agency working</td>
<td>Usually formal – unless workers know each other well.</td>
<td>Important not to make assumptions or use technical terminology.</td>
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<tr>
<td>Multi-professional working</td>
<td>Usually formal – may need formal planning to produce ‘agendas’ for business.</td>
<td>Different professional people must be careful to check that they are understood.</td>
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Forms of communication

- Communication between people enables us to exchange ideas and information but it involves much more than simply passing on information to others.
- Communication helps people to feel safe, to form relationships and to develop self-esteem.
- Poor communication can make an individual feel vulnerable, worthless or emotionally threatened.
- There are many different types of communication.
Types of communication

One-to-one spoken communication between individuals

Music and drama have been called the language of emotion. Mime and drama provide powerful ways of communicating

Spoken (oral) communication within groups of people

Unspoken communication using facial expressions

Written communication

The use of signed (visual) languages

Text messaging using mobile phones

Artwork, paintings, photographs, sculptures, architecture, ornaments and other objects communicate messages and emotions

Communication using information technology, e.g. emails and other technological aids to communication

Braille communication using raised marks on paper that can be touched

Fig 1.3: Forms of communication
Different localities, ethnic groups, professions and work cultures all have their own special words, phrases and speech patterns. These localities and groups may be referred to as different speech communities.

Some people may feel threatened or excluded by the kind of language they encounter in these speech communities.

However, just using formal language will not solve this problem.

The technical terminology used by care workers (often called jargon) can also create barriers for people who are not a part of that ‘speech community’.

When people from different geographical areas use different words and pronounce words differently they are often using a different dialect.

Some social groups use slang - non-standard words that are understood by other members of a speech community but which cannot usually be found in a dictionary.
Key terms

**Jargon** – Words used by a particular profession or group that are hard for others to understand.

**Dialect** – Words and their pronunciation, which are specific to a geographical community. For example, people who live in the north west of England might use a different dialect from Londoners.

**Slang** – Informal words and phrases that are not usually found in standard dictionaries but which are used within specific social groups and communities.
Non verbal communication

- Within a few seconds of meeting an individual you will usually be able to tell what they are feeling.
- You will know whether the person is tired, happy, angry, sad, frightened - even before they say anything.
- You can usually guess what a person feels by studying their non-verbal communication.
- Non-verbal means ‘without words’, so non-verbal communication refers to the messages that we send without using words.
- We send these messages using our eyes, the tone of our voice, our facial expression, our hands and arms, gestures with our hands and arms, the angle of our head, the way we sit or stand (known as body posture) and the tension in our muscles.
First language

- The author and psychologist Steven Pinker (1994) estimated that there may be about 600 languages in the world that are spoken by more than 100,000 people.
- There are many more minority languages.
- Some people grow up in multilingual communities, where they learn several languages from birth. But many people in the UK have grown up using only one language to think and communicate.
- People who learn a second language later in life often find that they cannot communicate their thoughts as effectively as they might have done using their first language.
- The first language that people have learned to think in usually becomes their preferred language.
Posture

- The way you sit or stand can send messages.
- Sitting with crossed arms can mean ‘I’m not taking any notice’.
- Leaning back can send the message that you are relaxed or bored.
- Leaning forward can show interest or intense involvement.

![Image of two people sitting with different postures](image)

*Fig 1.4: You can see that person 2 is rejecting what person 1 is communicating.*
The way you move

- As well as posture, your body movements will communicate messages.
- For example, the way you walk, move your head, sit, cross your legs and so on will send messages about whether you are tired, happy, sad, or bored.

Facing people

- The way in which you face other people can also communicate emotional messages.
- Standing or sitting face-to-face may send a message that you are being formal or angry.
- A slight angle can create a more relaxed and friendly feeling.
Gestures

- Gestures are hand and arm movements that can help us to understand what a person is saying.

- Some gestures carry a common meaning in most communities in the UK.

Fig 1.6: Common gestures for ‘good’ and ‘perfect’
Facial expression

- Your face often indicates your emotional state. When a person is sad they may signal this emotion by looking down - there may be tension in their face and their mouth will be closed.
- The muscles in the person’s shoulders are likely to be relaxed but their face and neck may show tension.
- A happy person will have ‘wide eyes’ that make contact with you - and they will probably smile.
- When people are excited they move their arms and hands to signal this.
- We can guess another person’s feelings and thoughts by looking at their eyes, using eye-to-eye contact.
- Our eyes get wider when we are excited, attracted to, or interested in someone else.
- A fixed stare may send the message that someone is angry.
- In European culture, looking away is often interpreted as being bored or not interested.
Touching another person can send messages of care, affection, power over them or sexual interest.

The social setting and a person’s body language will usually help you to understand what their touch might mean.

But touch can easily be misinterpreted. You might try to comfort someone by holding their hand but they may interpret this touch as an attempt to dominate.

Sometimes it can be a good idea to ask if you may touch, or gesture in a way that allows another person to refuse your touch, before proceeding.

People may also look at, or feel, the degree of muscle tension that you show when you communicate with them.

The tension in your feet, hands and fingers can tell others how relaxed or tense you are.

If someone is very tense their shoulders might stiffen, their face muscles might tighten and they might sit or stand rigidly.
Silence

- One definition of friends is ‘people who can sit together and feel comfortable in silence’.
- Sometimes a pause in conversation can make people feel embarrassed – it looks as if you weren’t listening or you weren’t interested.
- Sometimes a silent pause can mean ‘let’s think’ or ‘I need time to think’.
- Silent pauses can be OK, as long as non-verbal messages that show respect and interest are given.
- Silence doesn’t always stop the conversation.
Voice tone

- When you speak to other people, your tone of voice is important.
- If you talk quickly in a loud voice with a fixed tone, people may think you are angry.
- A calm, slow voice with a varying tone may send a message of being friendly.
Proximity

- The space between people can sometimes show how friendly or ‘intimate’ the conversation is.
- Different cultures have different customs regarding the space between people when they are talking.
- In Britain there are expectations or ‘norms’ as to how close you should be when you talk to others.
- When talking to strangers we usually keep ‘an arm’s length’ apart.
- The ritual of shaking hands indicates that you have been introduced - you may come closer.
- When you are friendly with someone you may accept them being closer to you.
Proximity

- Relatives and partners might not be restricted at all in how close they can come.
- Proximity is a very important issue in health and care work.
- Many people have a sense of personal space.
- A care worker who assumes it is fine to enter the personal space of a person who uses services, without asking or explaining why, may be seen as dominating or aggressive.

**Face the other person**
- Squarely
- Adopt an open posture
- Lean towards the other person
- Maintain eye contact
- Try to be relaxed while paying attention

**Figure 1.6 SOLER behaviours**
Fig 1.8: There are different expectations about personal space
<table>
<thead>
<tr>
<th>Non-verbal communication</th>
<th>What does it involve?</th>
<th>Examples</th>
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| Facial expression        | Movements of the face that express a person’s feelings | • Smiling  
• Frowning                                                               |
| Touch or contact         | Physically touching or holding a person  | • Holding someone’s hand  
• Placing a hand on a person’s arm or shoulder to reassure them               |
| Gestures                 | Deliberate movements of the hands to express meaning | • Thumbs-up gesture to show agreement or pleasure  
• Shaking a fist to show anger or aggression                                  |
| Proximity                | The physical closeness between people during interactions | • Being physically close to someone may be reassuring and may be seen as accepting the person.  
• On the other hand, it might make the person feel uncomfortable and threatened.  
• People need less personal space when they have a close, trusting relationship. |
| Eye contact              | Looking another person directly in the eyes | • Short or broken eye contact can express nervousness, shyness or mistrust.  
• Long unbroken eye contact can express interest, attraction or hostility.     |
Reflective listener

- We can often understand other people’s emotions just by watching their non-verbal communication.
- However, we can’t always understand someone’s thoughts without good listening skills.
- Listening skills involve hearing another person’s words, then thinking about what their words mean, then thinking about how to reply to the other person.
- Sometimes this process is called ‘active listening’ and sometimes ‘reflective listening.’
- The word ‘reflective’ is used because the person’s conversation is reflected back (like the reflection in a mirror) in order to check understanding.
- As well as remembering what a person says, good listeners will make sure that their non-verbal behaviour shows interest.
Reflective listening

Skilled listening involves:

- looking interested and communicating that you are ready to listen
- hearing what is said to you
- remembering what was said to you, together with non-verbal messages
- checking your understanding with the person who was speaking to you.
Reflective listening

- We can learn about people who are different from us by checking our understanding of what we have heard.

- Checking understanding can involve listening to what the other person says and then asking questions.

- Reflection may also involve putting what a person has just said into our own words (paraphrasing) and saying it back to them, to check that we have understood what they were saying.

- When we listen to complicated details of other people’s lives, we often begin to form mental pictures based on what they tell us.

- The skill of listening involves checking these mental pictures.

- Good listening involves thinking about what we hear while we are listening and checking our understanding as the conversation goes along - we reflect on the other person’s ideas.
Good listening

- Good listening can feel like really hard work.
- Instead of just being around when people speak, we have to build an understanding of the people we communicate with.

**Fig 1.9:** Why is it important to see our understanding reflected back to us?
Communication and Language needs

- Spoken and written English are not the preferred system of communication for everyone.
- The first (or main) language of many Deaf people may be a signed language.
- People who are registered blind may use Braille, as opposed to written text, in order to read information.

- British Sign Language
- British Sign Language is a language in its own right - not simply a signed version of spoken English.
- The British Deaf Association explains that British Sign Language is the first or preferred language of many Deaf people in the United Kingdom.
Communication and Language needs

British Sign Language

- The British Deaf Association also explains that BSL was recognised as an official British language in 2003 and the Association campaigns for the right of Deaf people to be educated in BSL and to access information and services through BSL.

- Many Deaf people argue that the Deaf community should be identified as ‘culturally Deaf’ by using a capital ‘D’ for Deaf.

- This emphasises that ‘Deaf’ people use another language system, as opposed to ‘Deaf’ people who are perceived to be impaired.
Communication and language needs

Makaton

- Makaton is a system for developing language that uses speech, signs and symbols to help people with learning difficulties to communicate and to develop their language skills.
- People who communicate using Makaton may speak a word and perform a sign using hands and body language.
- There is a large range of symbols to help people with learning difficulties to recognise an idea or to communicate with others.
Communication and language needs

Braille

- Braille (a system of raised marks that can be felt with the fingers) provides a means of written communication, based on the sense of touch, for people who have limited vision.
- The communication system known as Braille was first published by Louis Braille, a blind 20-year-old, in 1829.
- This system is now widely used, for reading and writing, by people who cannot see written script.
- Modern computer software can translate written material into Braille, which can be printed out using special printers.

The Braille Alphabet

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Communication and language needs

Use of signs and symbols

- Gestures made with hands or arms, written symbols or diagrams (such as traffic signs) all communicate messages to people.
Written communication

- There is a Chinese saying that ‘the faintest ink is stronger than the strongest memory’!
- Written records are essential for communicating formal information that needs to be reviewed at a future date.
- When people remember conversations they have had, they will probably miss out or change some details.
- Written statements are much more permanent and, if they are accurate when they are written, they may be useful later on.
Communication and language needs

Pictures and objects of reference

- Paintings, photographs, sculptures, architecture, ornaments and other household objects can communicate messages and emotions to people.
- People often take photographs or buy souvenirs to remind them of happy experiences and emotions.
- Sometimes an object - such as a cuddly toy - can symbolise important personal issues and provide a source of meaning and comfort for an individual.
- Objects can sometimes be used to communicate with people who do not use much signed or spoken language. A child or adult with a learning disability might understand that a cup stands for ‘would you like a drink’.
- An object like a spoon tied to a card might communicate that it is time for dinner when the spoon is presented.
- A person without language might use a patch of cloth to communicate that they wish to sit in a favourite chair covered in that type of cloth.
- Sometimes a person might learn a symbol, perhaps a symbol like a horseshoe that can be used to label possessions or identify his or her room.
Communication and language needs

Technological aids to communication

- Information technology offers a wide range of facilities to help with communication.
- It is possible to provide enlarged visual displays or voice description for people with visual impairment.
- Electronic aids - such as the minicom for people with a hearing disability or voice typing for people with dyslexia - can turn speech into writing.
- Some electronic communication systems can be activated by air pressure, so that a person can communicate via an oral tube connected to computerised equipment.
- At a simpler level, aids such as flash cards or picture books can also improve communication with people who do not use a spoken or signed language.
- Text messaging, using a mobile phone, provides an effective way of staying in touch for many people. For people with a hearing disability, text messaging may provide a major form of communication.
Communication and language needs

Human aids to communication

- Many people have specific communication needs.
- It may be important to employ an interpreter if a person uses a different language such as BSL.
- Some carers learn to use communication systems, such as Makaton, in order to help them communicate with people.
- If you are communicating with a person with a hearing impairment you should make sure that the person can see your face clearly so that they can see your expressions and the way your lips move.
- Sometimes people use clues from facial expression and lip movement to interpret what you might be saying.
- It is also important to speak in a clear, normal voice. If you raise your voice, your face and lips will become distorted. A person with a hearing impairment may realise that you are shouting and may assume that you are angry.
Communication and language needs

Variation between cultures

- Skilled carers use a range of conversational techniques when working with others.
- These include being sensitive to variations in culture.
- Culture means the history, customs and ways of behaving that people learn as they grow up.
- People from different regions of Britain use different expressions.
- Non-verbal signs vary from culture to culture.
- White middle-class people often expect people to ‘look them in the eye’ while talking.
- If a person looks down or away a lot, they think it is a sign that the person may be dishonest, or perhaps sad or depressed.
- In some other cultures - for example, among some black communities - looking down or away when talking is a sign of respect.
Let’s get started on Task sheet 1!

You will need to complete P1 and D1 in the next 2 lessons.

We will then look at P2 and M1
P2
- Theories of communication
Theories of communication

The communication cycle  (Argyle, 1972)

- Effective communication involves a two-way process in which each person tries to understand the viewpoint of the other person.
- Communication is a cycle because when two people communicate they need to check that their ideas have been understood.
- Good communication involves the process of checking understanding, using reflective or active listening.
- Michael Argyle (1972) argued that interpersonal communication was a skill that could be learned and developed in much the same way as learning to drive a car.
- Argyle emphasised the importance of feedback in skilled activities.
- When you drive a car you have to change your behaviour depending on what is happening on the road.
- Driving involves a constant cycle of watching what is happening, working out how to respond, making responses and then repeating this cycle until you reach your destination.
The Communication Cycle  (Argyle, 1972)

- According to Argyle, skilled interpersonal interaction (social skills) involves a cycle in which you have to translate or ‘decode’ what other people are communicating and constantly adapt your own behaviour in order to communicate effectively.

- Verbal and non-verbal communication is not always straightforward.

- The communication cycle involves a kind of code that has to be translated.

- You have to work out what another person’s behaviour really means.

**Key term**

**Communication cycle** – Most important communication in care work involves a cycle of building understanding using an active process of reflecting on, and checking out, what the other person is trying to communicate.
The Communication Cycle  (Argyle, 1972)

One way of looking at this cycle might be:

1 An idea occurs:
   - You have an idea that you want to communicate.

2 Message coded:
   - You think through how you are going to say what you are thinking.
   - You put your thoughts into language or into some other code such as sign language.

3 Message sent:
   - You speak, or perhaps you sign or write, or send your message in some other way.

4 Message received:
   - The other person has to sense your message - they hear your words or see your symbols.

5 Message decoded:
   - The other person has to interpret or ‘decode’ your message (i.e. what you have said).
   - This is not always easy, as the other person will make assumptions about your words and body language.

6 Message understood:
   - If all goes well then your ideas will be understood but this does not always happen first time!

Fig 1.11: What are the stages in the communication cycle?
Tuckman’s Stages of Group Interaction (1965)

Tuckman’s stages of group interaction

- Communication in groups can also be influenced by the degree to which people feel they belong together.
- When people first meet in a group they often go through a process of group formation.
- Many groups may experience some sort of struggle before people unite and communicate effectively.
- One of the best known theorists to explain group formation stages is Tuckman (1965).
- Tuckman suggested that most groups go through a process involving four stages.
- These are:
  1. forming
  2. storming
  3. norming
  4. performing.
Tuckman’s Stages of Group Interaction (1965)

- The first stage (forming) refers to people meeting for the first time and sharing information.

- The second stage (storming) involves tension, struggle and sometimes arguments about the way the group might function.

- The third stage (norming) sees the group coming together and consciously or unconsciously agreeing on their group values.

- Once they have established common expectations and values, the group will reach the fourth stage of being an effectively performing group.
S.O.L.E.R

By Will Styles
S.O.L.E.R

The SOLER theory was developed by Edgar Egan, the acronym stands for:

• Squarely
• Open body shape
• Lean
• Eye Contact
• Relax
Body orientation is very important in conveying the way you’re feeling in the situation, for example if you’re facing away from someone then it would show that you’re disinterested, however if you’re facing directly at someone it would show them that you’re paying attention.
An open posture is generally seen as non-defensive and quite calm and relaxed, however crossed arms or legs might show that you do not feel involved with the individual.

In a healthcare setting, it is good to have an open posture to show that you’re interacting with them well and that you’re paying attention.
If you’re leaning forward when speaking to someone, it indicates that you’re interested in what they have to say, however if you’re leaning back it may show that you aren’t paying attention, but at the same time it could also show that you are very relaxed with talking to them.
Eye contact is very important when communicating. If you’re maintaining lots of eye contact then it shows the other person that you’re interested in what they’re saying and that you’re paying attention, however if you do not make any eye contact it would give off the impression that you don’t really care about what they’re saying and suggest that maybe you’re disinterested.
To be relaxed in a health and social care setting is very good in conveying how you’re feeling. If a nurse can tell that their patient is uptight and worked up about something then she would be able to tell there was something bothering them. The nurse could detect it through body movements, muscle tension and facial expressions. If someone is relaxed then it can show the other person that you feel comfortable discussing things and it will make for a better working environment.
In a health and social care environment, a doctor would perhaps need to know SOLER to know how to approach someone with bad news.

If the doctor had to tell a patient that they had a terminal illness for example, the doctor would have to take into consideration how to sit and face the patient to show them you’re focussed on them, they would also have to have an open posture to show the patient that you’re being friendly and personal towards them, the doctor would need to lean forwards on your chair to again show that you’re focussed, maintain a good level of eye contact with the patient to show them respect and interest. At the same time as this the doctor must also stay relaxed in order not to worry the patient as it may cause them to be upset when he gives them the bad news.
Help with M1

1 case study for theory 1 - approx. ½ page
Then new paragraph - was it a negative example or positive example - why

1 case study for theory 2 - approx. ½ page
Then new paragraph - was it a negative example or positive example - why

Look at exemplar work to give you an idea
I have m1 case study examples to help
Let’s get started on the second half of Task sheet 1!
You will have the next 3 lessons to complete P2 and M1.
You will then submit LO1 in full!
P3
- Understand **factors** that influence communication and interpersonal interaction in health and social care environments
Factors that influence communication

**Figure 1.3** Factors affecting communication
Environmental factors

- Setting
- Noise
- Seating
- Lighting
- Space
- Time

Research More factors by looking at the spider diagram to assist with subheadings - you could also use the following subheadings.........
More factors (positive and negative)

- Language needs/ preferences
- Sensory impairment
- Disability
- Personality
- Self - esteem
- Anxiety
- Depression
- Aggression
- Submissiveness
- Assumptions
- Value and belief systems
- Jargon
- Cultural variations (refer to D1 - use that info!)
- Use of abuse and power
- Effect of alcohol/ drugs
Environmental - setting

- When communicating with someone about an issue that has occurred, it is important to make sure that the setting is suitable.

- You should choose somewhere private such as an office or a quiet area where it is highly unlikely that anyone will interrupt.

- An example of this could be; a primary school teacher asking a parent of a child to come in to talk about their child’s behaviour, he kicks and punches people.

- You should call the parent instead of asking them face to face as you do not know who is listening if you ask them in a public place.

- If they took it badly it would be better to use a method that would only involve you and them.

- Once you have contacted them about coming in to talk to you, it is important to find a private area to confront them about the issue.

- If the primary school is a busy place, it would be a wise idea to tell all of the other members of staff not to enter that particular room because interruptions can cause distractions.
Environmental - noise

- Noise is also an important factor that needs to be avoided.
- If it is too noisy then important things will be missed and the problem might not necessarily be able to be solved.
- Distractions are immediately created when there is lots of noise; this might leave you unable to get your message across to them or they might hear something completely wrong and get the wrong message.
- This could cause the service user to make the wrong decision so it is really important that noise is kept to a minimum as much as possible.
- Also, if the room is far too quiet, then the service user might be reluctant to share things with you because they are unaware of the other people around and could think that they are listening to what they are saying too.
- An example of this in a primary school could be; If the parent of the child that kicks and punches people has other children that she has to care for all day, and has no other option but to bring them with her, then you should find a member of staff that isn’t needed in their classroom, to look after the children in a completely different room, that is far away from the room that they are having the meeting in, whilst the meeting is being held so that there is no noise that can distract the parent or the teacher.
- This will give the parent a little break from her children too; this can mean a lot to a busy mother.
Environmental - seating and positioning

Seating and positioning should also be carefully thought about before the meeting takes place. If you are sharing some important information with someone, for example, giving them results from an MRI scan, then it might be necessary to have a table with the consultant seated on one side and the patient on the other.

This would create a more formal situation, and reduces the chance of an emotional reaction and might help the patient to stay relaxed. If it is a counselling session you should sit next to each other so that a more informal atmosphere is created.

This would make it easier to form a relationship with the service user, and it would leave them feeling like they can trust you and tell you things that they might not tell anyone else.

An example of choosing the correct seating for the meeting could be; if the person you are talking with is having a tough time, for example, the loss of a close family or friend, then it might be a good idea to sit side by side so that you are able to comfort them.

If it is a hard situation it would come across as rude if you were sat quite far away from them as it implies that you don’t care too much about what they are talking to you about. You should choose your positioning carefully too.

If you are sat completely upright and looking down on the service user then it could come across as intimidating and they might not feel happy about communicating with them.

You should sit back and relax, but not too much as it could imply that you aren’t really bothered about it but have been told you should talk to the service user about the issue.

Sit in a position that shows that you care, but don’t want to force anything on to them as they could have a lot of other things on their shoulders, depending on the situation they are in.
Environmental - lighting

If the room that you have a meeting in is too light then it can be intimidating, but having it in a room that isn’t light enough could cause problems to occur.

If you are talking with someone that has a sight impairment and you ask them to read something, but the room is too dark, then they would struggle with it and a barrier would be created.

They might not like to ask someone else to turn the lighting up, as they might be embarrassed by it or they might think it is rude.

If someone is having a counselling session and a bright light it shining on them then they probably won’t want to talk about their needs and the things that are worrying them.

The light needs to be bright enough so that you can see one another, this will make it easier for the person you are talking with to understand what you are saying to them.
Space should also be thought about carefully before building a conversation with someone.

The amount of space required depends on what the situation is, if it is a more formal situation then it is better to have a bigger distance between you, whereas if it is a more informal situation then it is nicer to be a bit closer together.

If someone, for example, a dietician, wants to give their patient some information then it would be a good idea to sit next to each other, possibly around a table so that they can spread out leaflets in front of the patient.

This would make the patient feel like they are at the same level as the dietician, which would make them feel more comfortable.

Also, if you are in a nursery and you are communicating with a small child, it would be important to go down to their level so that they don’t feel threatened or intimidated.
Allowing sufficient time is very important.

You need to give the service user time to get ready for the meeting, depending what the situation is. If it is a counselling session they would need to prepare themselves to make sure they are willing to talk about the problem.

You don’t want to rush them into it as it could make them feel like they are being forced into something they aren’t necessarily happy with.

If you arrange a day to meet with someone it is important to be prompt and ready so you don’t leave them on their own thinking about what they might be told, they would become very anxious and unhappy about the whole situation.

Making time for the service user is really important because it makes them feel better about everything and they would be happier to talk with you about the issue. Sometimes in doctors surgeries they get extremely busy.

This means that they occasionally have to rush some patient’s appointments which will make them feel frustrated.
Environmental - Allowing sufficient time

- If you have somewhere to be after a meeting with someone, it is important to make sure you use the time wisely so that you don’t miss out on anything essential.

- You need to make sure you allow enough time to listen to them so that you can try and help the situation get better.

- Also, it is not just about using the time carefully, you should also make sure there will be no distractions and interruptions; this involves turning all phones off and making sure that everyone else in the building is aware that the meeting is taking place so that they do not enter the room and cause interruption.

- An example of allowing sufficient time could be; a nursery worker calling a parent to come in and talk about their child, they would give them a call and ask them to come in when they are ready, when the meeting day comes you would be there waiting for them and ready to talk about the problem.

- They would spend as much time as they need with them, but if they are running out of time on that particular day, then they might ask them to come back and discuss it further another time.

- This gives the impression that they care about the service user and wants to make it the best experience as they can.
Other factors

Other Factors:

There are lots of other factors that can cause barriers when communicating with other people, for example:

- language needs,
- sensory impairments,
- disabilities,
- self-esteem and depression
- and the effects of alcohol and drugs on people.

It is important the care workers do all that they can to help prevent these barriers.
Other factors: language needs

Language needs:

- If you are communicating with someone with language needs it is important to make an effort with them so that they get all the information that they need.
- If someone goes to see a doctor, and they speak a different language to the doctor they are seeing, issues will occur.
- The doctor will most likely try their very best to communicate with them, but if they can’t understand what they are saying they might have to get a translator in so that they can find out what is wrong with them, so that they can give them all the help that they need.
- It is very important that a doctor does everything they can for the patient although they don’t speak their language.
- Many people have a preferred first language, at the majority of times it is really obvious what their first language is, this can help communication be more successful.
- Some people also have different levels of formality, depending on the context of the situation. This can have a positive or a negative impact on communication because some people can find it difficult to understand people with high formality.
- Obvious differences can create lots of barriers to understanding one another. An example of language needs causing a barrier to communication would be; if someone that speaks a different language joins an English primary school and they don’t speak fluent English.
- Issues will occur because there will be no way that they can communicate with them. It would lead to having to get a translator in to work with the child.
Other factors: cultural variations

- **Cultural variations** also cause some problems when communicating with one another.
- If service users are from other cultures or have different beliefs, these should be acknowledged.
- Women from certain cultures don’t like to be seen by a male because it is seen as wrong and disrespectful to them in their cultures.
- Also, some people don’t like to be seen unless they can have an older member of their family with them.
- These beliefs should be met so that no one feels upset or hurt. In the Western Europe culture because it is considered to be desirable and acceptable to make eye contact with one another, but in many African cultures it is seen to be rude and totally unacceptable.
- Gestures can offend certain cultures too; there are different meanings for them all over the world. Care workers need to know about the different cultures that they are likely to meet in the course of their work. This would help to prevent any problems that could occur.
- These considerations may not at first seem to be directly linked to communicating with service users. They do have an impact on who we communicate and with whom.
- An example of this in a care setting could be; a family from an African culture have moved in to the area, they have a small child who is going to join the local primary school.
- The teachers and other members of staff need to make sure that they do everything they can to ensure he has an enjoyable time at the school.
- They need to make sure everyone knows that they shouldn’t make eye contact with him as it will upset him. Also, they need to tell everyone to be careful with the gestures they make so that he doesn’t get hurt by those either.
Other factors: Disabilities

- **Disabilities** can sometimes stop patients visiting certain places.
- Some places were built many years ago, which means that they don’t have all the facilities that they should have to cater for people in wheelchairs.
- This means that they might not always be able to see the people they want to see, causing them to have to travel a lot further to see someone else, which can also be difficult.
- If they can’t access important places things begin to get difficult because their communication with people will disappear.
- If worst comes to worst, doctors will have to travel to patients to give them all the help they need. If someone has a disability such as Cerebral Palsy, they won’t be able to speak to you properly.
- This could mean that you need to get someone else in to help you communicate with them, you could also find out how they communicate with other people and bring in any aids that you might need in order to have a good conversation with them, for example; a note pad so that they can write down any ideas they have or anything they want to tell you.
Other factors: Disabilities

- If you were working in a health, social care or early year’s service it would be very important to increase your knowledge of disabilities so that if you have to work with someone that had a disability you would understand their situation and be able to help them as much as possible.
- There are lots of different methods that you can use to get across to people with disabilities; you could use pictures and signs as well as clear and simple speech.
- You need to make sure that you are calm and patient, if you speak quickly and loudly, you could come across as violent and aggressive.
- Using advocates can also help; these are independent people that can spend a lot of time building an understanding of the needs of specific individuals to assist with communication work.
- Care workers should always be aware that some of the people they work with could be dealing with a ‘hidden’ disability and may be in pain.
- The disability or pain could affect any communication between the care worker and service user. Managing pain can take a lot of energy and can cause service users to be worried and emotionally upset. Care workers need to observe and ask appropriate questions if they suspect that a service use does have a disability.
Other factors: sensory impairments

- **Sensory impairments** can cause problems when communicating with someone too.
- If someone can’t see or hear you then your conversation will quickly become really difficult.
- If a nursery nurse has to look after a deaf child she would have to learn sign language, and when she is communicating with them she would have to make sure that she sits directly in front of them so that they can see her lips moving because this can help them understand someone better.
- If she uses the communication skills then she will be able to get her messages across well and they will form a good, strong relationship with each other. If the person you are communicating with is blind, things will also become hard.
- For the majority of blind people, they prefer to use Braille or Makaton because they would have used it since day one.
- This can be difficult because not everyone knows how to use these methods of communication.
- This could mean that professionally trained people will be employed to help to work with patients that can’t see or hear so that they can be treated the same as everyone else that uses the service.
Other factors: sensory impairments

- They need to feel that they are being treated with respect and that the doctor is caring for them just as much as he would if they didn’t have any sensory impairment.
- They need to have a sense of trust between them so that they are happy to talk to each other about anything that could be important and confidential.
- Children in primary schools are taught Makaton from a young age; this could help them in the future if anything happens to them or if they end up working with someone that is deaf.
- When communicating with patients who have special needs it is important to face them so that they can see you facial expression and lips if they have a hearing problem, it is important that you speak clearly and slow your words down depending on who you are talking to, make sure you do not speak too fast if the person is elderly or speaks a different language to you.
- You should always use language that is appropriate to the user, so for example; you shouldn’t use slang around an elderly person, and you shouldn’t use jargon when talking to patients.
- Also, you should pause to allow the person to tell you what they want to tell you, this will make them feel better about communicating with you because they will know that you are open to listen to them. If it is necessary, use hearing aids or glasses.
Other factors: self esteem and depression

- Another barrier that could prevent communication could be **self-esteem and depression**.

- Sometimes carers feel upset and stressed when working with certain people, this is because it can be hard to get used to someone’s background, some may be worse than others.

- Listening to peoples frightening and depressing stories can be very hard for people to do, this causes communication to fail.

- Carers sometimes stop listening in order to avoid painful emotions but if this happens too much issues will occur because there will be nothing they can do to help them if they haven’t heard the story.

- If someone’s self-esteem is really low, it can be hard to build an understanding of them and establish a ‘caring presence’ because they might not want to talk about everything that has happened to them as it might bring back bad memories.

- Depression and anxiety also create barriers that are difficult to overcome. You have to be very careful about what you say to them because if one thing upsets them it can push them over the edge and cause things like self-harm, and sometimes things that are even worse; such as suicide.
Other factors: self esteem and depression

- People that suffer with depression get random negative thoughts and feelings that just come to them, these thoughts and feelings can be very difficult for carers to understand.

- It may feel like there is an emotional barrier to positive things to people that are suffering with depression, for example; a young adult called Joe has just lost his job due to being late for work nearly every day and always having something that distracts him from doing things at work, such as texting his friends all day.

- His boss was getting fed up of him so told him to leave. Joe relied on his pay from this job to keep him going every day.

- A year after he lost his job, he still hasn’t managed to find one due to having a bad reputation at his previous work placement.

- This has left him with a low self-esteem and depression. He goes to see a carer on a regular basis but she can’t seem to do anything to help him.

- Joe doesn’t like talking about what has happened to him so his carer doesn’t know what she can do to help other than talk to him and try and persuade him to share his worries......
She talks to him about positive things such as his memories with his friends and his family, and how successful he used to be when he tried to work really hard.

Joe doesn’t listen to her because talking about old memories upsets him even more. He carries on refusing to tell her anything.

After a long time of seeing his carer regularly, Joe starts to listen to his carer and his level of self-esteem starts to increase and he begins to feel a lot better about himself.

His carer now feels positive about herself; she has the feeling of success, as well as feeling happy that Joe now feels good about himself.

This is an example of someone that has the emotional barrier that prevents them from feeling positive about themselves.

The carer tried to steer the conversation round to positive memories.

After time this worked, but this isn’t the case for everyone that suffers with depression as their situation could be worse than others.
Other factors: Alcohol and drugs

- **Alcohol and drugs** have a big effect on communication, it happens on a regular basis to lots of different people.
- Accidents happen when people are high on drugs or really drunk.
- **For example;** if someone goes to an Accident and Emergency Departments at a hospital to be treated. Doctors need to find out what drugs they have taken or how much alcohol they have consumed, but they can’t always get through to them.
- They then resort to the people that they are with, but they don’t always know either.
- The situation then becomes difficult because they can’t treat them unless they know what they have consumed.
- If the doctor can see obvious cuts on the patient’s body, it is important that they try and find out how it happened, to treat the patient’s wounds, they would also need to find out if they are allergic to anything because they can’t give them anything without their consent, but this is almost impossible when they are drunk or high on drugs.
Other factors: Alcohol and drugs

- People don’t think before they speak when they are drunk or have taken drugs, so they could tell the doctors something completely wrong.
- This could cause the doctor to give them something inappropriate, which could produce even more problems.
- People that are addicted to drugs or alcohol concentrate more on wanting to take their substance more than anything else.
- They can become very angry if they are asked about the drug they take, and they can be very secretive about it.
- Sometimes they can be depressed and anxious, and occasionally show signs of other health issues.
- When the patient behaves in a bad way towards the people that are trying to help them, it may leave them feeling frustrated and hurt because they have spent a lot of time on trying to help them, but have obviously failed.
- This could leave them feeling unsure about how they can help the patient.
- They could also be afraid that the person is beyond help, and they might be worried about the patient’s family and friends.
Other factors: Personality

- **Personality** is also an important factor when communicating with someone.
- People’s personalities vary, some people are loud and like to share things with others, whereas some people are quiet and hardly speak to anyone at all.
- If you talk to someone who isn’t very talkative, it can sometimes be quite difficult to get information out of them.
- If you are talking to someone who is very loud and talks a lot you can sometimes get too much information out of them, they are a lot more comfortable with sharing things with other people, but they don’t always know when to stop.
- Certain people can get annoyed and frustrated with people that talk a bit too much. If someone is having a hard time at home with family and friends, their personality could be affected because they could be upset or depressed, which would cause communication with other people to go downhill.
Other factors: Personality

- **For example:** in a primary school you get children who like to talk a lot, they like to get involved with everything, and you also get children that sit to one side and don’t talk to anyone and shut themselves out of activities.

- If a child constantly pushes themselves away from everyone else and doesn’t get involved in anything at all, then the teachers and teaching assistants should work with this child to slowly get them joining in with everyone else.

- There could be a reason behind why they aren’t joining in, there could be things going on at home that could be affecting them badly, their parents might be arguing a lot which would upset them.

- It might cause them to be scared of communicating with other people because they are frightened that it might happen to them.

- Sometimes arguments at home can affect children’s school life positively because they get to talk and interact with other people, they might not get this opportunity at home.

- If a child is confident and joins in with everything, then the teachers and teaching assistants will be able to communicate with them perfectly.
EXTRA INFO ON FACTORS AFFECTING COMMUNICATION
Environmental Factors that influence communication

- Environmental factors that influence communication
- It is very hard to hear what someone is saying if there is a lot of background noise.
- It is also very difficult to make sense of other people’s facial expressions if you can’t see their faces properly due to poor lighting.
- Rooms with awkward seating positions might mean that a group of people cannot see each other comfortably.
- People sometimes feel uncomfortable if they are trying to communicate with a person who is too close or at a distance.
- A room that is too hot, stuffy or cold may inhibit communication if it makes people feel tired or stressed.
Environmental Factors that influence communication

- The environment also plays an important role in the effectiveness of communication aids.
- For instance, hearing aids will amplify background noise as well as the voice of the speaker.
- A noisy environment may therefore be difficult and unpleasant for someone who is using a hearing aid.
- Good lighting will be critical for someone who supports their understanding of speech with lip reading.
- Time limits on how long you can use a room can also interfere with communication.
Task sheet 2

LO2

Let’s get started on Task sheet 2

You will cover P2 in this task.
LO3 - Understand ways to overcome barriers

P4: Explain strategies used in health and social care environments to overcome barriers to effective communication and interpersonal interactions.

- Staff training
- Assessment of people’s needs
- Using a preferred method of communication
- Promoting rights
- Confidentiality
- Defusing aggression
- Assertiveness
- Appropriate verbal/non verbal communication
- Building relationships
- Environment
Staff training

- The use of staff training in the health and social care environment can be very important in making barriers to communication successful.

- For example, the staff must be trained to defuse aggression, stay calm, have a good sense of confidentiality and treat people equally in order for communication to stay effective.

- For example, if a young child was being aggressive towards a care worker, the barrier to good communication would be that the child is extremely distressed and is getting worked up.

- The worker would need to remain calm and not react aggressively towards the child otherwise it would cause a complete breakdown in communication, the worker would have to understand that first of all they must find out what the problem is and take the child somewhere quiet to discuss this.

- They should then position themselves by the child’s side on their level so that the child feels more relaxed and they should begin to calm down.

- The carer must also speak in a very calming tone of voice in order to make the child feel more comfortable so that they can find out what the problem is and manage the situation correctly. This behaviour makes for good communication and makes things a lot easier when trying to find out information.
Assessment of people’s needs

- Assessing people’s needs is a very important skill required in the health and social care industry.
- If you don’t assess people’s needs correctly and misinterpret them then it could cause someone to be upset and break down the communication.
- Assessing people’s needs is very important when dealing with someone who is blind, deaf or with learning disabilities.
- Their needs would be different to someone without these issues and it could perhaps cause problems if their needs are not taken into consideration.
Using a preferred method of communication

- It is important to find out what someone’s preferred method of communication is especially important when communicating with someone who doesn’t speak the same language as you, someone who is deaf or maybe someone who has learning difficulties.

- When communicating with someone who doesn’t speak your language, it is very important to find out how they would prefer to communicate due to the fact that they obviously wouldn’t be able to verbally communicate.

- They may prefer to use symbols or object reference to overcome this barrier.

- The same is for someone with learning disabilities, they may prefer to use hand signals and object reference due to the fact that they aren’t able to communicate verbally.

- Also someone who is deaf may want to either use Makaton, hand gestures or lip read and if it isn’t distinguished which one the person would want to use then communication would be completely ineffective, therefore it is very important to find out which methods of communication different people like to use to communicate.
Promoting rights

- In the health and social care industry, rights are very important and must be obeyed no matter what; to name a few, everyone has the right to free basic healthcare under the NHS, the right to be educated and you have the right to choose whether to be operated on if your heart stops.

- This would be very important due to the fact that it could cause extreme breakdowns in communication as you could potentially be risking someone’s life.

- Privacy is also a right that must be obeyed in the healthcare industry, and it is very important that you keep someone’s information strictly confidential, and if this does not happen then it could completely destroy the communication that the two people have.
Confidentiality

- It is very important to keep someone’s information confidential in the health care and could have extreme repercussions if this is betrayed, and it would completely demolish the communication.

- For example, if a young teenager had got pregnant and went to visit her doctor about it, the girl has a right to keep it a secret from her parents and the doctor must obey this as it would cause the girl to become extremely upset if this was not the case.

- If the doctor told the parents that she was pregnant, it would cause a breakdown in communication which would leave a bad impression with the girl.

- Despite the fact that the parents may want to know that their child is pregnant under age, the doctor does not have to tell them and can keep it between them and the girl if she wants that to be the case.
Defusing aggression

- In health and social care and early years settings, it is very important to be able to defuse aggression, otherwise it could have very negative repercussions and lead to staff being hurt, resulting in a complete breakdown in communication.

- If a child starts to become aggressive towards a worker, the carer must be able to defuse the aggression as soon as possible before things get out of hand.

- The carer would have to take the child somewhere quiet so that they could find out what was wrong with the child and communicate with them effectively to find a solution.

- If this was not done and the child was embarrassed in front of his classmates, he would become unresponsive and the carer wouldn’t be able to find a solution to the problem and the communication wouldn’t be effective.
It’s important to show a sense of assertiveness, especially in early year’s settings, however if you become too assertive then it may cause the other person to become scared and not want to communicate with you.

If a child had been misbehaving in class, the teacher would first of all make sure the child was sitting down, and then the teacher would stand up above him to show a sense of authority over the child, and this would then perhaps make the child realise that they were in the wrong.

Once the child had realised this, the teacher would perhaps sit down next to the child and sort it out in a more calming tone and get down to his level so that the communication was effective and they could overcome the barrier of the child being uncooperative.
Appropriate verbal/non verbal communication

- Appropriate verbal and non verbal communication is very important that it is used as it will create a more relaxed environment and help when it comes to communicating effectively.

- Little things such as making eye contact, smiling, showing a relaxed posture, nodding your head slightly and giving feedback such as “I see” or “I agree”.

- Along with hand gestures, this will all make the other person feel more comfortable and relaxed and therefore they would perhaps feel as if they are able to talk about a lot more with you.

- Consequently, this would create a better sense of communication and make the person open up.
In health and social care and early year’s settings, it is very important to be able to create a relationship and a bond between a worker and a patient, resident or pupil, and this would perhaps make the communication more effective as they feel more relaxed when they’re around you.

For example, when you’re speaking to someone, you may want to ask them “How was your day?” and just make them feel as if they’re more of a friend, then when they leave, you may want to say “Okay have a nice day!”, it makes the person feel more valued and helps to create a bond between the two people.

This makes for better communication as they would feel a lot more relaxed than if you had just gone straight to the point.

Showing someone that they’re valued in the health and social care industry can go a long way and make them feel very important.
Environment

- The correct environment is very important to create a sense of effective communication.
- If someone was sat in a small, dimly lit room, it would make the person perhaps feel very uncomfortable and not willing to communicate to their full extent.
- However, if they were sat in a well lit room with a lot of space around them, they would feel more comfortable and perhaps feel more relaxed when it comes to communication, therefore it would be a lot more effective than if the environment was not correct for the setting.
- It would be also very important to reduce the background noise, for example if an elderly person was talking to their GP and all they could hear was drilling and road-works going on outside, it may distract the person and make them not able to communicate entirely effectively.
Case Study 1: Amy - Residential Care

Amy is a care worker who is trying to deal with an elderly man who is clearly angry and distressed about something. Amy and the resident are sitting at opposite ends of the table, and Amy is speaking in her normal tone of voice and is letting the man’s distress have the same effect on her, which is proving to be completely ineffective and isn’t making him feel any better as there’s an extremely tense atmosphere.

This case study is not a good example of effective communication because of the barriers that are in the way.

These barriers are:

- the elderly man is very angry and therefore unwilling to cooperate
- the staff member (Amy) is not trained correctly to deal with such a situation as this (not using the correct tone of voice or assessing his needs)
- and the positioning of Amy and the resident
- all of which are vital to get right in order to communicate effectively.

Barriers explained…….
Case Study 1: Amy - Residential Care

- In order for effective communication to have taken place, there are several changes that need to take place. For example, Amy needs to **defuse the aggression** within the resident in order for him to calm down and become more cooperative.

- Amy would have to use the correct tone of voice as well, at the moment she is using her normal tone of voice, however in order to create a more relaxed environment she would need to use a calm and soothing **tone of voice** to help the **aggression to be defused**.

- By not using the correct tone of voice, Amy is not assessing the man’s needs that are to find out what the problem is, and this won’t be helped by using the wrong tone of voice and not establishing a sense of **trust**.

- This would be done by first of all remaining very calm and believing that she’s got the situation under control, because if she feels as if she’s lost control, Amy may feel the need to retaliate and ‘fight back’ which would result in a complete breakdown in communication.

- Amy would also need to be very sensitive about any misinterpretations and **misunderstandings** that could occur when trying to solve the situation, otherwise it could cause the elderly resident to become even more upset and get even angrier than he already was.
Case Study 1: Amy - Residential Care

- Amy must also try to establish a sense of trust between her and the resident, this would be done by making them feel valued and important without agreeing to everything they say, this would perhaps make the elderly man feel respected and trusted and make him more willing to cooperate.

- Amy must try to avoid any spark that could cause an explosion of anger, and once all of this is achieved in the situation, the sense of aggression would hopefully die down and then they would be one step closer to effective communication.

- Finally, the last barrier to effective communication is that the positioning of one another is completely wrong.

- In order for a more relaxed environment, Amy would need to perhaps sit down next to the resident so that she would be on the same level as him, and this would give a more personal touch in order to defuse the aggression and make the resident a little less tense.

- Sitting opposite the resident will only make him feel as if he’s being interrogated or questioned which would make him very uncomfortable and possibly even more angry which would make effective communication less likely.
Case Study 2: John - Day care centre

John is an elderly man who lives by himself. He is partially deaf and for the first time is attending a day care centre to make some more friends and interact with people; however he is finding it quite hard to take part in the activities due to the fact that he can’t hear very well.

Barriers

The main barrier is the fact that John is partially deaf, therefore finds it very hard to hear the speakers and the people around him.

This means that he can’t communicate effectively because he may not understand them.

John isn’t used to interacting with other people, therefore he may feel uncomfortable with people surrounding him and won’t necessarily want to communicate to his full extent.
Case Study 2: John - Day care centre

- To overcome the barrier of John being unable to take part in the activities, the speaker may have to ask John if he would like to sit at the front where he can hear, and whatever he says must be respected and they must not force him to sit at the front if he does not wish to otherwise it may embarrass him and make him feel uncomfortable.

- The speaker may also want to use a microphone so that John can understand fully what they're saying, then once they've finished talking, the speaker should approach John to make sure he's understood what they're going to be doing.

- This would make John feel respected and valued as a part of their community and would make for better communication. To overcome the other barrier of John not being used to human interaction, the carer would perhaps pair John up with somebody for the day so that he had someone to talk to and spend time with someone, and this is a good example of building relationships with someone.

- If John didn't want to do this then they would have to respect it but they would however need to get John involved somehow, for example the carers may start to make eye contact with John and smile at him to make him feel welcomed, before asking “Would you like to come over with the rest of us?” in a calm and relaxing tone of voice to make him feel more comfortable with the situation.

- Once John was more comfortable, he may wish to take part in activities and interact with the other people in activities, and this consequently would make John communicate more effectively due to the fact that he feels more relaxed with the people around him and as if they've correctly assessed his needs.
Case Study 3: Adriana - Nursery

- Adriana is a 3 year old Latvian girl who attends an English nursery. She speaks very little English and her parents likewise. The carers feel as if they need to get Adriana involved with the other children but are struggling to come up with ideas. Her parents also don't feel as if they're involved with the nursery and find it difficult to communicate with the workers.

- Clearly the main barriers they are facing in this situation are:
  - First of all, the little girl hardly speaks any English which proves to be a large problem when she's surrounded by English children therefore she would find it very hard to communicate with them due to the fact that they have a different language. Also, the alphabet is slightly different and they're just at the stage where they're learning the alphabet therefore the child may become confused.
  - The second barrier is that her parents don't really speak English either, therefore they cannot help her when it comes to learning English and would only really help her with the Polish language which doesn't help either the child or the parents to communicate with anybody very effectively.
Case Study 3: Adriana - Nursery

- In order to overcome these barriers, it is important that a series of steps must be taken for the communication to be fully effective.

- For example, it is very important that Adriana is fully integrated with the rest of the students, and I believe that this should be done by teaching the English alphabet and making sure that Adriana understands it as well as the other children, and they must find out what her preferred method of communication may be.

- To communicate with her, the main method that they might want to use is object reference, such as simple words like “teddy bear” or “apple”, so that she begins to get a basic understanding of the English language so that Adriana could perhaps communicate with the rest of the children a bit better than she did before.

- To make the parents feel more involved with the school, they could perhaps put the Latvian alphabet on the wall so that the children could look at it, and this would make the parents feel valued and please them to know that the nursery was taking into consideration the multiculturalism and the parent’s needs, and it would also help Adriana to learn both languages at the same time which makes it easier for her to communicate to her parents as well.

- Another way they could make the parents feel involved in the community is by perhaps hiring a member of staff that speaks both Latvian and English so that they could easily talk without having to use a translator or write everything down if they wished to communicate, therefore the communication would be much more effective because while the parents are learning a basic understanding of English, they are still able to find out information about their child because someone can translate for them.
Case Study 4: Beth - School Setting

- Beth is the mother of one of the children who attends the school, suffers from cerebral palsy and has to rely on her wheelchair to move around everywhere. Beth also finds it hard to speak a lot of the time and can’t always get her words out which makes her very frustrated. She is coming into the school at the end of the week to look around due to the fact that she is considering changing schools for her daughter, but she is worried about the fact that not all of the school will be accessible to her.

- There are two main barriers to effective communication that Beth and the school would be faced with:
  - The main barrier being that she relies on her wheelchair to get everywhere, and therefore stairs would not be appropriate to use under any circumstances.
  - The other barrier is that Beth’s speech may not be fully understandable to the teachers which may cause a great amount of frustration.
Case Study 4: Beth - School Setting

- In order for Beth to feel welcomed into the school, there are a few considerations that the school must take.
- For example, the teachers would perhaps only show Beth around the lower floor of the school if they do not have an elevator to use to take them upstairs.
- Beth would fully understand that if they didn’t have a lift she may only be able to have a look around the first floor classrooms and facilities, however it would make her feel more appreciated if they did have the facilities to cater for her needs.
- If Beth could not get onto the top floor, the head teacher may want to show Beth a layout of the school as a diagram so that she still gets to see what the school is like despite not being able to see it with her own eyes, and again this is a good example of assessing Beth’s needs.
- The school may also want to ask Beth if she’d like to bring her son along for two reasons, one being so that he can look around as well to get a first hand experience of what the school’s like, but also to perhaps translate or interpret what Beth’s trying to say.
- If her son wasn’t there, Beth may not be able to convey her message or question correctly and it may lead to great confusion and start to make Beth frustrated, which would perhaps lead to ineffective communication.
- The teacher would need to be very patient when it comes to Beth’s speech and try their best to listen very carefully and consider what she’s trying to say, therefore they may need to use staff training to teach them how to deal with a situation like this.
Case Study 5: Malik - Care Home/Mobility/Cultural

- Malik is from a different culture and follows that culture’s beliefs. He is a resident at his local care home. He suffers really badly with Parkinson’s disease which means he has difficulty getting around. Some of the care workers show a lack of respect for Malik’s belief and culture in their communication.

Barriers

- .......
Case Study 5: Malik - Care Home/Mobility/Cultural

Barriers

- There is more than one barrier in this case study, the first one being that he is from a different culture, and the second one being that he has Parkinson’s disease.
- The main thing that the care workers need to make sure they do is be careful of their language. If they say “Oh Jesus Christ”, or “Oh God!” when they do something wrong or get angry at something or someone, they could be upsetting Malik.
- Instead of not respecting Malik’s beliefs and culture, the care workers should be there for him and cater for his needs. If he is someone that likes to pray at a certain time, the care workers should let him do this. If he wants to go into a certain room to do this, they should help him get to that room as he might struggle on his own.
- If they refuse to let him pray they will be intruding in his upbringing as a child.
- Not letting him do as he pleases will create even more barriers, and Malik will not enjoy his time at the care home. Parkinson’s disease stops him from doing things by himself.
- He needs help doing lots of things such as getting around the care home, getting dressed if he is having a bad day, cooking his meals, going to the toilet and washing.
- Seeing as some of the care workers don’t respect him he sometimes has to do this by himself and gets upset and angry with himself when he can’t do it. If this happens a lot, then he could start to become depressed.
Case Study 5: Malik - Care Home/Mobility/Cultural

Barriers

- This is when the care workers should step in and help him even more because it isn’t fair that he doesn’t enjoy his time at the care home, he should be treated exactly the same way as everyone else in the care home. If the care workers step in too late and find Malik upset with himself, they should approach him calmly and not intimidate him.

- They need to slowly calm him down and then do what he needs doing. If the care worker was to rush around him, just do his jobs and go again, he would probably feel even worse about himself.

- If Malik gets angry and upset with himself too often, then the care workers should address this and realise that there is a problem going on.

- They need to do something that will prevent him from getting so angry over such little things. They should talk to him about what he struggles with and try to help him overcome it.

- The care workers need to make sure they are looking encouraged because this will show Malik that he is respected. Over time they will begin to trust each other, this will both Malik and his care workers.

- Malik will feel like he can ask the care workers to do things for him confidently and won’t get upset and angry with himself as often as he does.
More info on barriers............

.............
Barriers to communication

- A barrier blocks things and stops them ‘getting through’.
- There are different types of communication barrier that stop communication from being effective.
- Three types are shown below...

<table>
<thead>
<tr>
<th>Type of barrier</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Communication is not received</td>
<td>Not responding to language needs or preferences. Not understanding sensory impairment or disability. Examples: Speaking to a Deaf person who uses a signed language. The sounds are not received. Environmental barriers: Background noise can stop you from hearing a message. You can’t receive full non-verbal communication if you can’t see a person’s face or body.</td>
</tr>
<tr>
<td>2 Communication is received but not understood</td>
<td>A person using slang, jargon or complex technical terminology can be heard, but their message may not be understood.</td>
</tr>
<tr>
<td>3 Understanding is distorted</td>
<td>A wide range of emotional and psychological factors can act as barriers, resulting in distorted understanding of communication.</td>
</tr>
</tbody>
</table>
Barriers to communication

**Key term**

**Communication barrier** – Anything that stops the development of understanding when people interact.

**Fig 1.12**: Consider why barriers can mean that no information is communicated.

**Fig 1.13**: How can psychological factors create communication barriers by distorting perception of a message?
Barriers to communication

Types of communication: difficult, complex or sensitive

- Some communication between people is simply about sharing or ‘transmitting’ information. For example, someone might want to know what number bus to catch, or they might ask for a drink of water.

- Sometimes communication will be complex. For example, a relative may want to know about funding arrangements for care. A communication about funding might involve a great deal of complex information. In this situation it would be important to check what the relative already knew, and whether or not the individual understood the information you were providing.

- A great deal of communication in care work involves building an understanding of another person and providing emotional support. Burnard and Morrison (1997) argue that caring and communicating are inseparably linked.

- Communication that involves emotional issues is often experienced as being difficult or sensitive.
Barriers to communication

Types of communication: difficult, complex or sensitive

- There is no advice or information that is likely to be very useful to a person who is overwhelmed by grief, but many people do want someone to be with them.

- Communication in this difficult or sensitive situation should focus on emotional needs, rather than giving out information.

- Engebretson (2003) uses the idea of a caring presence to explain what is needed in these situations.

- Creating a caring presence is about sharing an understanding of the feelings that other people may be experiencing.

- Sometimes simply being with a person who is lonely, anxious or depressed can provide comfort. If you believe that your carer understands your needs and is concerned about you, then just knowing that they are near you can help you to feel supported.

- Nonverbal communication may sometimes communicate emotions and feelings more effectively than words.
Barriers to communication

Types of communication: difficult, complex or sensitive

**Key term**

*Caring presence* – Being open to the experience of another person through a ‘two-way’ encounter with that person.
Empathy involves a caring attitude where someone can see beyond his or her own assumptions about the world and can imagine the thoughts and feelings of someone else.

A professional care worker who can empathise will be able to imagine the emotions associated with the pain and grief that another person is experiencing.
Most people will have a preferred first language. And this preferred language will sometimes be obvious to you. But language needs go beyond the choice of a preferred language.

Different communities use a given language in different ways.

People use different degrees of formality and informality, depending on the context.

For example, people may use jargon, dialect or slang to communicate effectively with people in their own speech community.

These differences can create barriers to understanding.
Barriers to communication

Sensory impairment and disability

- A sensory impairment means that a person’s senses do not work effectively.
- Impairments create the first kind of communication barrier, where information is not fully received.
- Disability is not the same as impairment.
- Some people experiencing barriers because of their difference may have a communication disability.
- For example, a ‘Deaf’ person, whose preferred language is BSL, experiences no problems communicating with another person who is good at signing with BSL.
- This person may not be able to communicate with people who use spoken English without the aid of an interpreter. However, in this case, the disability is a social issue (to do with needing an interpreter), rather than a sensory impairment issue.
Barriers to communication

Key terms

**Empathy** – The ability to develop a deep level of understanding of another person’s experience.

**Communication disability** – Difference that may create barriers between people with different systems of communication.

**Sensory impairment** – Damage to sense organs such as eyes and ears.
Barriers to communication

Barriers associated with personality, self esteem, anxiety and depression

- Sometimes care workers can create their own barriers because they feel stressed by the emotional needs of the people they work with.
- Listening to others can involve hearing about frightening and depressing situations.
- Carers sometimes stop listening in order to avoid painful emotions.
- Tiredness, lack of time or a desire to avoid emotional stress can create a barrier to providing caring communication.
- Building an understanding of another person and establishing a ‘caring presence’ can be very difficult when their personality or self-esteem needs create a barrier.
- It may feel as if there is an emotional barrier preventing the person from experiencing any positive emotions.
Barriers associated with aggression and submissiveness

- When a person experiences strong emotions or their self-esteem is threatened, that person may become aggressive or withdrawn, creating barriers to communication.
Barriers associated with assumptions

- Building an understanding of other people’s needs takes time and effort.
- Jumping to conclusions and making assumptions can save mental effort and time, but assumptions may cause us to misinterpret what another person is trying to communicate.
- For example, you might believe that you don’t need to listen to a person because you already know what their needs are. But care workers who use the communication cycle are less likely to make assumptions because they check their understanding.
- Assumptions can create a barrier because people stop listening and checking their understanding of other people’s communication.
- Older people are sometimes seen as confused if they do not answer questions quickly, correctly and clearly.
- If care workers do not bother to check their assumptions about people, these assumptions can turn into prejudices.
- And a prejudice or pre-judgement can result in discrimination.
Barriers associated with values and belief systems

- People have different belief systems - about what is important in life and how people should live their lives.
- Values are the principles that we think of as being important or valuable, in terms of how we live our lives.
- When people have different belief systems and values it is easy for them to misinterpret one another’s intentions when attempting to communicate.
- Like assumptions, belief systems and values can therefore create barriers to understanding.
- It is important to try to learn about other people’s beliefs and values in order to make sense of what they are trying to communicate.
Barriers associated with values and belief systems

**Key terms**

**Belief systems** – The assumptions we use to make sense of our lives. Our belief systems often include our values.

**Values** – What we think of as being important or valuable in terms of how we live our lives.
When we refer to a **culture**, we may mean a group of people that have similar **traditions**, **social customs**, values and beliefs.

Cultures provide people with ways of thinking, and ways of seeing, hearing and interpreting the world.
Social class may refer to a social grouping whose members have similar economic, social or cultural characteristics.

As a carer, it is important to recognise that cultures or social groupings different to your own will have their own behaviour patterns.
Barriers to communication

Use and abuse of power

- The General Social Care Council (GSCC) Code of Practice for Social Care Workers (2002) requires all workers to respect individuality and support people who use services to control their own lives.

- However, there is always a danger that, if a care worker is short of time, they will seek to control people who use services.

- It is an abuse of power if care workers deliberately control and manipulate others.

- If you cannot control and make decisions about your own life you may fail to develop, or you might lose your sense of being a worthwhile person. If care workers control and manipulate you, your self-esteem may be damaged.

- Care workers should seek to empower people who use services.

- Empowerment means giving power to others.

- People who use services should be empowered to believe that they can make their own choices and take control of their lives.
In order to empower others, care workers need to understand and value each person’s unique story.

Care workers must support the people they work with, in taking control of important decisions.

Care workers must also carry out their work on the basis that everyone is of equal status.

The care worker does not have higher status than people who use services.

Fig 1.15: How do these non-verbal messages express power and domination?
LO.3 Overcoming barriers to communication

Adapting the environment

Making changes to the physical environment can improve the effectiveness of communication.

Environmental changes might include:

- replacing poor lighting with brighter lighting
- sound-proofing rooms, reducing background noise or creating quiet areas away from noisy activity
- putting up multilingual posters and displaying signs clearly
- fitting electronic devices, such as induction loop systems to help those with hearing difficulties.
LO.3 Overcoming barriers to communication

Adapting the environment

Care workers can make the best of the care environment by:

- making sure they can be seen clearly by the person they are communicating with
- facing both the light and the person at the same time
- making sure their mouth is visible when speaking
- minimising background noise
- using eyes, facial expressions and gestures to communicate where necessary and appropriate.
### Table 1.7: Ideas for reducing barriers to communication where people have a disability

<table>
<thead>
<tr>
<th><strong>Visual disability</strong></th>
<th><strong>Hearing disability</strong></th>
<th><strong>Physical and intellectual disabilities</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Use language to describe things.</td>
<td>Don’t shout. Use normal clear speech and make sure your face is visible for people who can lip-read.</td>
<td>Increase your knowledge of disabilities.</td>
</tr>
<tr>
<td>Assist people to touch things (e.g. they might want to touch your face to recognise you).</td>
<td>Show pictures or write messages.</td>
<td>Use pictures and signs as well as clear, simple speech.</td>
</tr>
<tr>
<td>Explain details that sighted people might take for granted.</td>
<td>Learn to sign (for people who use signed languages).</td>
<td>Be calm and patient.</td>
</tr>
<tr>
<td>Check what people can see (many registered blind people can see shapes, or tell light from dark).</td>
<td>Ask for help from, or employ, a communicator or interpreter for signed languages.</td>
<td>Set up group meetings where people can share interests.</td>
</tr>
<tr>
<td>Check glasses, other aids and equipment.</td>
<td>Check that hearing aids and equipment are working.</td>
<td>Check that people do not become isolated.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use advocates – independent people who can spend time building an understanding of the needs of specific individuals to assist with communication work.</td>
</tr>
</tbody>
</table>
### Overcoming barriers to communication

<table>
<thead>
<tr>
<th>Type of barrier</th>
<th>Possible strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication that involves difficult, complex or sensitive issues</td>
<td>Use listening skills/skilled use of the communication cycle. Develop a ‘caring presence’. Professional workers may develop empathy.</td>
</tr>
<tr>
<td>Unmet language needs or preferences</td>
<td>Assessment of needs. Staff training to enable assessment of need. Use of preferred language. Training to learn to communicate using different languages or systems.</td>
</tr>
<tr>
<td>Sensory impairment</td>
<td>Use human or technological aids to compensate for impairment.</td>
</tr>
<tr>
<td>Disabilities</td>
<td>See Table 1.7 on page 38 for strategies.</td>
</tr>
<tr>
<td>Communication involving personality or self-esteem needs, or anxiety or depression</td>
<td>Use listening skills/skilled use of the communication cycle. Try to make the other person feel valued. Develop a ‘caring presence’. Use open questions, keep the conversation going. Avoid focusing on/discussing emotionally negative issues.</td>
</tr>
<tr>
<td>Aggression/submissiveness</td>
<td>Stay calm, show respect. Use skills associated with assertion and defusing aggression (see pages 30–33).</td>
</tr>
<tr>
<td>Assumptions, values or beliefs</td>
<td>Use listening skills/skilled use of the communication cycle to detect barriers. Use reflective learning skills to question own values, beliefs or assumptions. Staff training to develop reflective learning skills.</td>
</tr>
<tr>
<td>Jargon</td>
<td>Use listening skills/skilled use of the communication cycle to detect barriers. Use appropriate language for other people.</td>
</tr>
<tr>
<td>Cultural variations</td>
<td>Use listening skills/skilled use of the communication cycle to detect barriers and check your understanding. Learn about the cultural variations among people you work with. Staff training to learn about cultural variations. Avoid making assumptions about people who are different. Consider involving advocates who will represent the best interests of others.</td>
</tr>
<tr>
<td>Abuse of power</td>
<td>Try to empower others. Reflect on and question own assumptions. Avoid behaviours aimed at controlling or manipulating other people.</td>
</tr>
<tr>
<td>Alcohol or drugs</td>
<td>Stay calm, show respect. Use appropriate non-verbal behaviour, avoid making demands. Assess risk of assault.</td>
</tr>
</tbody>
</table>
LO.4 - Be able to communicate effectively

<table>
<thead>
<tr>
<th>Table 1.9: Checklist for analysing communication and interpersonal interaction</th>
</tr>
</thead>
</table>
| **One-to-one interaction** | • How did you start and finish your interaction? Did you try to meet the person’s emotional needs?  
  • Could you identify a communication cycle involving feedback on your understanding of the other person’s ideas? |
| **Group interaction** | • Were you able to take effective turns in speaking?  
  • Could you identify group values and/or purposes within the group?  
  • Was there a group leader? How was the interaction managed? |
| **Context** | • Who was involved in the interaction? People who use services? Professionals? Colleagues? What role did you play? |
| **Verbal listening and responding skills** | • How effective was your use of language, pace of speech and level of formality? Was there any use of specialist language? How far did you encourage others to talk? |
| **Non-verbal listening and responding skills** | • How appropriate was your voice tone, posture, facial expression, eye contact and proximity? |
| **Reflective listening skills** | • How did you use reflective listening and the communication cycle? Can you identify examples of clarifying your understanding or repeating important ideas? |
| **Questioning skills** | • Did you keep the conversation going using open questions? Can you identify probes and prompts that you used? |
| **Environment** | • Did the environment create any barriers? Could everybody see and hear each other clearly? |
| **Barriers** | • What barriers did you detect? Were there any barriers to interpreting communication, such as language differences?  
  • Were there any barriers to understanding, such as cultural differences, assumptions values or beliefs? |
| **Difficult situations** | • Did you act in a calm and respectful way? What skills did you use to interact with people with strong emotions? |
| **Defusing anger** | • Were you able to act in an appropriate, calm and respectful way? Were you able to avoid triggering aggression? Were you able to use assertive skills appropriately? |
Let’s get started on Task sheet 3! You will complete P3 in this task.

You will then work independently on Task sheet 4 covering LO4.
L04 - Be able to communicate and interact effectively in a hsc environment

What is communication and why do we use it in health and social care?

Communication is the exchange of ideas between two or more people, whether it is via verbal or non verbal methods. It could be done by speaking to someone face to face or writing someone a letter or email, either can be appropriate depending on the context of the communication.
There are three main stages of communication; **first contact, main content and winding up**.

The **first contact** stage is very important as it helps to give a good impression.

In order to give a good impression, you would need to have an open posture, smile and make good eye contact; this would let the other person know that you’re interested in what they’re saying, it makes the other person feel respected and wanted when conversing with you.

The **main contact** section of your conversation is also very important as it’s used to send and receive ideas as well as obtaining information.

The skills that you would require are to first of all be very confident when speaking to someone by having a relaxed and calm tone of voice, this would make the person feel very welcomed and perhaps make them want to tell you more information.

Another skill that would perhaps come in handy would be to be a reflective listener, so you would give them feedback such as “yeah” and “oh yes?” etc.

It may be appropriate to also “move the conversation on” with phrases such as “I see...” therefore prompting the other person to continue which will boost the conversation.

The final stage of communication is to **wind up communication**.

This is basically signifying that you are ending the conversation, which can be done in various different ways such as saying “Well, it was lovely speaking to you [name], see you soon!”; this would leave a positive impression with the service user and make them more willing to communicate with the other person in the future.

If communication is ended abruptly then it may leave a bad impression and make the person less likely to want to communicate with the other person again.
LO4 - Scenario
P5: One to one

Scenario:

- You are a care worker at an elderly day care centre. You’re talking to an elderly man called Richard about joining the centre, and are trying to give a nice impression of the place. Richard is a very solitary person due to the fact that his wife died a few years ago and he lives on his own, he finds it hard to interact with other people therefore is nervous about joining your day care centre as his daughter has suggested. You just want to have a little chat with him to make him feel welcomed, as well as finding out what his needs are, for example his medical, dietary and mobility needs in order to give Richard the best experience.
The conversation with Richard will be held in the day care centre, probably in an office with a coffee table and comfortable chairs so that Richard has a chance to relax.

This will make Richard feel more comfortable with the discussion and perhaps make him more inclined to discuss certain topics.

The chairs would be next to each other beside the coffee table so that there’s more of personal touch when talking about the day care centre and it would make Richard feel as if he can relax and not be worried about joining the day care centre.

If you were to have this discussion in a professional looking office, it would perhaps make Richard feel more uncomfortable with the situation which may make him feel less welcomed to the day care centre.

You would also make sure that there were no distractions, such as mobile phones or telephones, knocks at the door (put a sign on the door, i.e. do not disturb) and if there were external noises such as road works happening, you would want to hold the meeting somewhere else that is perhaps more suitable for the conversation.

The conversation between you and Richard would be held in mid morning at 10 o’clock on a day when the day care centre isn’t open.

This would give Richard enough time to prepare and get all of his belongings ready for the day.

He would want to come in before everyone else due to the fact that it would make the meeting have more of a personal touch from the conversation and perhaps make it less formal which is exactly what you want as you want the meeting to be as comfortable and relaxed.

If Richard arrives before everyone else then it may make him feel as if he’s being alienated from everyone else, which is partially how he already feels due to the fact that he lives on his own, therefore you want to make him feel as welcomed to the day care centre as possible.
Layout

Chairs

Coffee Table

Plants

Computer

Window
Factors that may inhibit communication

- During this one to one communication, there are several factors that may hinder the effectiveness of your communication and you must be able to know how to overcome each of them.

- For example, Richard may not feel very confident in communication due to the fact that he’s joining a new day care centre and it’s a completely new environment for him, therefore you must be able to make the environment as ‘user friendly’ as possible.

- This would be done by first of all making sure the place was clean and tidy and there wasn’t paperwork all over the place, then perhaps you would make sure the room was warm due to the fact that elderly people tend to get cold fairly easily and if he was cold then it may make him feel uncomfortable and it may hinder the effectiveness of the communication.

- Thirdly you would need to make sure there was a good level of lighting in the room and try to make sure the light was all natural with perhaps one light on if it was dark. Natural light is a lot more friendly and makes someone feel more comfortable, however if the light was completely unnatural then it may make him feel as if he’s being more questioned or interrogated rather than just having a discussion as it would perhaps be too bright for him.
Factors that may inhibit communication

- **The formality** of the discussion may also hinder the communication, and it may make Richard feel as if he’s going for an interview which would consequently make him feel very awkward about it.

- To overcome this, a **non formal environment** must be created, which would mean that instead of showing up in a suit and tie, you would perhaps wear more formal clothes such as a pullover and smart but informal trousers; this would make Richard feel a lot more **comfortable** and make him relax and feel a lot more welcomed.

- The third and final factor that can hinder the communication during this one to one discussion is that Richard’s **thought process may be slower** than yours; therefore you would need to perhaps take things at a **slower pace** and introduce him to things step by step as it would take him longer to take things in.

- You should also talk slightly louder due to the fact that his **hearing** is not be as good as someone else’s because he’s elderly, therefore he might not understand all of what you’re telling him about the day care centre. **Refer to SOLER**
Me: Hi Richard! I’m Will, nice to meet you! How are you today? [Smiling, offering handshake]

Richard: Oh hello! Likewise! I’m okay thanks, a bit nervous but other than that all’s well. Also is it okay if you call me Rick?

Me: Okay good! Yep that’s absolutely fine. Would you like a drink? Perhaps a cup of tea or coffee? [Smiling, gesturing towards kettle]

Richard: Oh no thank you, my hands aren’t as strong as they used to be and I tend to get a bit shaky!

Me: Okay that’s fine, Rick! Would you like to take a seat so I can run you through the different activities? [Gesturing towards seat]

Richard: Ooh yes please, I’m a bit tired, that walk from the car park is quite tiring!

Me: I know, it’s a killer! [Laughing] Right, so how are you feeling about joining our day care centre? [Smiling]

Richard: Well in all honesty I wasn’t too keen on it at first, but after reading about it in one of your leaflets I quite like the look of it! The activities look fun and I’m really looking forward to meeting new people!

Me: Oh good, well I can assure you that you will thoroughly enjoy your time here, our staff are all fully trained so that you feel as comfortable as possible and we’ll try to get you settled in as soon as possible!
Outcome

- I think that overall Richard reacted very positively towards my communication and the skills I used helped to boost the extent of the communication.

- One of the main skills that I used in the first contact stage of the communication is using the correct body language such as smiling and having an open posture, as well as using hand gestures to make him feel more involved with the conversation.

- Smiling helped to make Richard feel more comfortable and helped the communication as he felt as if he could talk to me more due to the fact that I was being more confident towards him.

- I also spoke at an appropriate pace, allowing time for Richard to clarify a piece of information by getting me to repeat it, or just so that he can process what I’m saying easier and take in all of the required information.

- By finding out Richard’s preferences that he prefers to be known as ‘Rick’, I also helped to give the communication a friendlier touch and this also helped to build a relationship with him, which would boost the conversation as he would feel more relaxed around me and in this new environment.

- The only skill that I believe was ineffective in this part of the communication was the fact that I incorrectly assessed Richard’s needs when I offered him a cup of tea or coffee by saying “Would you like a drink?”

- Offering an elderly person a drink is perhaps not appropriate in this situation as it’s typical that they get shaky and may struggle to drink it properly and this made Richard feel awkward when he turned down the offer.

- Overall, I believe that the communication was fully effective and all the skills I used proved to contribute towards good communication between Richard and me.
Me: Okay Rick do you mind if I take down some brief notes while we’re here so that I don’t forget about anything? [Smiling]

Richard: No that’s fine go ahead!

Me: Good! So, have you got any specific dietary requirements of yours that we need to be made aware of?

Richard: Indeed there are, I can’t have gluten because I’m a celiac but other than that I’ll eat just about anything!

Me: Right that’s absolutely fine, we offer certain gluten free meals here at our day care centre so that won’t be a problem. [Smiling]

Richard: I also have to take my special ‘diabetone’ pills with meals for my blood sugars; I’m type 2 diabetic you see! So if you could just remind me when we eat that’d be great, I usually remember but it’s just that nowadays my memory is like a sieve!

Me: [Laughing] Okay Rick that’s fine, we’ll make sure someone reminds you! Right, so for your meals you can’t have gluten and you’re also diabetic, is that everything?

Richard: Yes that’s all.

Me: Okay great. [Smiling] Are there any mobility issues that prevent you from fully accessing the whole of the day care centre?

Richard: Not really, although I do tend to have a dodgy knee every now and again, but I take painkillers for it so I should be able to easily access all areas!

Me: As long as you can get up and down stairs you’ll be fine! [Smiling]
I believe that Richard responded generally very positively when I was communicating with him, he seemed very pleased and happy to respond when I asked him questions.

There are a few different skills that I used here such as assessing Richard’s needs, clarifying information and using positive body language.

These skills were effective due to the fact that I did achieve what I had intended in finding out what his medical and mobility issues, as well as dietary issues as well.

I managed to find out that Richard needs to take his “diabetone” pills due to his diabetes, and also the fact that he has a bad knee so the staff must be aware of this when he’s trying to move around the day care centre.

The use of assessing Richard’s needs was very effective as I could easily get out of him what his problems are and what needed to be done to overcome these.

By clarifying information by saying “is that everything?” it helped Richard to think about what information he’d given me and this also made sure everything had been mentioned. This also helped out my main aim of finding out what we needed to know about Richard’s wellbeing.

Using positive body language when communicating with Richard was also very important as it helped to make Richard feel reassured and comfortable, this helped to boost the conversation and make Richard feel as if he can talk to me about more of his personal details.

By smiling I also helped to make Richard feel a lot happier about the situation and being placed in this new scenario, this would have made him feel a lot better due to the fact that he is not used to being surrounded by people because he lives on his own.

I don’t believe that any of the skills I used here were ineffective; all of them were very useful and contributed towards making the communication fully effective and successful. However if I were to do it again, I could have added.........
Transcript: Winding up (1-1 Role-play)

Richard: Oh [laughs] jolly good, so is that all for today?

Me: Yep I think that’s everything! Are you happy with everything we’ve talked about or is there anything else? [Smiling and leaning forward slightly on chair]

Richard: Nope I’m very happy; I’ll see you on the next activities day!

Me: Yep, I believe that’s the 3rd November, which is next Monday I do believe! [Smiling and standing up]

Richard: Okay that’s good, thanks for talking me through everything, it’s been nice to talk to someone, I get quite lonely at home so I do miss a bit of human interaction, and I’m really looking forward to joining and meeting new people.

Me: It’s my pleasure, thanks for your time today Rick, and I’ll see you next time! [Shaking hands with Richard]

Richard: Bye bye for now!

Me: Okay bye! Have a nice day! [Smiling]

Richard: You too, goodbye!
Outcome - winding up

- I believe that the winding up section of the conversation was very successful as the conversation came to a natural conclusion.

- I tried to leave on good terms so that Richard was happy with our discussion and what we had talked about. When Richard left, I was smiling at him and he responded by smiling back, which signalled that he was pleased with how the day had gone.

- The skills I used for the winding up section were to first of all use positive body language which included *smiling and using hand gestures* (which comes under body language), *clarifying information* and *empowering* Richard.

- The positive body language side of communicating with Richard proved to be effective as it helped to make him feel happy with everything we’ve discussed and overall he seemed more confident in talking to me.

- By clarifying information, I allowed Richard to have *sufficient time* for thinking about any possible questions or queries that he may ask, therefore it helped him to feel a lot more valued and appreciated.

- I also empowered Richard by saying “Thank you for your time today”, which made him feel as if he was doing us a favour which in turn again makes him feel a lot more valued and pleases him to know that I appreciated his company.

- I also empowered him by smiling frequently, which made him feel pleased and helped him realise that I was also happy with how the meeting had gone.

- I don’t believe that any of the skills I used were ineffective; however I do think that I perhaps could have been slightly less formal with my vocabulary to make Richard feel a lot more comfortable.

- I think that through my vocabulary I made it sound more like a formal meeting than a discussion.

- However, Richard reacted very positively to each of my skills that I used; I could tell this due to the fact that he was smiling a lot and he seemed very open towards me and had very open body language, such as leaning back in his chair and communicating with me on a personal level by telling me about his personal life.
P6: Group Interaction

- This interaction will be in the form of a staff meeting in the ‘main hall’ area of the day care centre, we’re talking about the arrival of Richard and how we’ll manage to settle him in.

- This is a very important meeting as Richard isn’t used to much human interaction, therefore we need to make sure he’s sorted for the day and that he doesn’t get left out or feel lonely.

- The workers have to be made aware of this during the meeting and we need to come up with ideas of how to integrate Richard into the group without creating a disturbance.

- The meeting will be held at 9:30am on the Monday morning which is half an hour before everyone arrives, including Richard for the first time. This is so that everyone is prepared for their arrival and it’s fresh in their minds for when Richard arrives.
P6 Layout - group interaction

Room layout

- Coffee/Tea
- Smart-Board
- Table
- Chairs
- Window
- Plant
Why I chose this P6 layout:

- I have chosen this layout as it is a well lit room with plenty of space for everyone to fit.
- The natural light from the windows will help to create a better atmosphere and perhaps keep people more awake as it’s very early on a Monday morning to be having a serious discussion.
- The plants in two of the corners also help to make the atmosphere more calming and relax people more.
- The room also has a smart board to hand if it needs to be used therefore if they need to display information on there then it is possible.
- The positioning of the table and chairs is also important;
- I chose a round table so that it’s easy to make eye contact with everybody and hear what everyone’s saying easier, and it also helps to reflect upon the fact that everyone’s equal and there isn’t a “head of the table” system in place, therefore I (the leader of the meeting) am not shown as being above anyone else.
Factors that may inhibit communication

- During this group discussion, there are several factors that may inhibit the communication.
  - For example, people may start to become miserable and irritable due to the fact that it’s quite early on a Monday morning and people will be very tired.
  - This may cause people to lose focus or not be fully cooperative which would be a big problem when you’re trying to get everyone to cooperate about the important subject of Richard joining the day care centre, they want to make Richard feel more welcomed and settled in and if people aren’t giving you their full attention then it could cause problems.
  - To overcome this, I will offer the workers a cup of tea or coffee to perhaps wake them up and keep them alert in order for them to take in everything I’m saying.
  - I will also allow 5 minutes for everyone to catch up on their weekend activities before getting onto the main objectives of the meeting and discussing what we’re going to do when Richard arrives.
  - Another factor that may inhibit communication is the fact that two people may disagree when discussing possible actions and this would consequently cause a very awkward and tense atmosphere in the room, and therefore to overcome this I would try and move the conversation topic along slightly and not take either side otherwise it may cause even more upset.
  - I would use a phrase such as “anyway, moving on” or “so what about [subject]?” so that the two conflicting people stop arguing and everyone can now focus on a completely different topic.
  - In order to not take sides I would say “Okay, well we can discuss that later” or “Okay both very good points, but we need to talk about [subject]”, this would show that you aren’t being biased one way or another and make people respect you more which in turn would prevent arguments and fall-outs between employees.

- Noise?
- Lighting - early
- Space? Cramped?
Me: Morning everybody, how are we all doing? [Smiling]

Archie: Yeah I’m good thanks!

Bella: Tired. [Laughs]

Catherine: Mm yeah me too! [Laughs]

David: Absolutely exhausted, what about you?

Me: Yeah I’m good thanks, would any of you like a cup of tea or coffee before we get started? The coffee machine is in the dining area as you already know, so feel free to have a breather and a sit down for a bit before we get down to business! I know it’s a Monday morning and you may not exactly feel your best, but this won’t take long, I promise! [Smiling]

[AFTER 5 MINUTE BREAK]

Me: Right everybody; are we all ready to start? [Smiling]

Everyone: Yeah, yep, mm-hmm, yup!

Me: Okay then! This meeting isn’t anything serious, I just wanted to let you guys know that we have a new attendee coming today, his name’s Richard and he lives on his own so he probably won’t be very confident. I just thought I’d tell you all so that we can sort out how we’re going to deal with it properly!
Outcome - initial contact

- **Skills:** building relationships, offering choice, empowering

During this group discussion there were several skills that I used and I believe that each of them were very successful in making everybody feel comfortable within the meeting.

- The main skills that I used were building relationships, offering the staff an element of choice and also empowering them.

To build relationships with the other employees, I first of all said “Morning everybody, how are we all doing?” to make people feel valued due to the fact that I was being thoughtful and caring about how they were feeling.

The staff generally reacted very positive towards this, despite someone saying that they were “tired”, however it was only light hearted as it was said in a humorous manner and wasn’t serious, therefore I believe that the use of this skill was indeed very effective.

I also offered the staff a choice twice during this opening part of the conversation. I first of all said “would any of you like a cup of tea or coffee before we get started?” to make them feel more comfortable and as if they can relax more, it helps to create a friendlier environment and perhaps make people feel more cooperative when discussing Richard’s introduction to the day care centre.

The staff also reacted very positively to this, and I believe that it helped everyone settle down after their weekend, by getting a hot drink, it would also make them feel more alert therefore involving them more in the discussion.

I believe that this skill was overall very successful as it helped to create a better environment for the discussion and made people feel more relaxed therefore boosting the extent of the communication.

The final skill I used in this communication was the use of empowering the other employees. I did this by saying “Right everybody; are we all ready to start?” therefore giving them the option of whether they are happy to start or not.

This also slightly comes under the skill of offering choice to the people, but either way it makes them feel valued and rolls the choice over to them as opposed to starting immediately without their consent.
Catherine: How old is he?
Me: I’ll have to check his records but I think he’s just turned 71.
Bella: How about any special requirements? Can he get around okay or does he require some assistance when going up and down stairs?
Me: Well he says he’s okay with stairs except for the fact that he sometimes has a bad knee, so we may need someone to just keep an eye on him, any volunteers?
Archie: I’ll do that; I’ll just keep a look out in case he wishes to go upstairs, is there anything else you would like me to do or is that it?
Me: Nope that’s absolutely fine, thanks for that Archie! Now Richard is also a celiac, so he can’t have any gluten, can another one of you just make sure the canteen staff are aware of this?
David: Yeah I’ll do that once we’ve finished if you like?
Me: Okay thanks David, he’s also diabetic so he needs to just cut back on the sugar also, you also need to remind him to take his “Diabetone” pills just in case he forgets, are you okay with that? [Smiling]
David: Yeah that’s fine; I’ll just set a reminder on my phone!
Me: Okay great, one last thing; does anyone know any other residents that we could possibly pair Richard up with so that he doesn’t feel left out? He lives on his own so I think it’d be really great if we could just make him feel more welcomed by introducing him to some of the others!
Catherine: Yeah Albert also used to live on his own so I think it’d be nice to pair him up with Richard so that they sort of have some kind of common ground!
Me: Thanks Catherine, that’s a really good suggestion, could you possibly speak to Albert later to see if he’s okay with that? [Smiling]
Catherine: Of course, I’ll speak to him shortly after he arrives!
Outcome - main contact

- During this communication, there were several different skills that I used, all of which I believe were very effective.

- For example, I first of all offered all of the employees a choice about who was going to do what when dealing with Richard, this made them feel as if they weren't being forced into doing something that they didn't want to do, which would have made them feel appreciated and more involved with the conversation as they're being given a choice.

- An example of this is when I said “any volunteers?”, which gave everyone the choice of doing it and therefore if someone didn’t want to do it then they didn’t have to.

- The workers reacted very positively towards this as you can tell from the fact that there were in fact volunteers, therefore they greatly appreciated the fact that I’d offered everyone the opportunity and not just one person, as the others may have felt left out if this had been the case.

- The second skill I used was the use of empowering the employees which again made them feel valued and feel good about themselves as I’m almost praising them in a sense by saying thank-you and showing a sense of appreciation.

- I also empowered the staff by listening to them carefully which made them feel important and as a very valued part of the team.

- The third skill I used was clarifying information. By doing this and simply checking that everything is okay, it makes people feel valued as a member of the team.

- An example of this is when I said “are you okay with that?”, it gave the staff an option of whether they were up for it, and if they weren’t at any point then they could have said no. The workers reacted very positively to this and they felt overall very pleased that I had been so considerate towards them.
Me: Okay everyone I think that’s about it for today! Has anyone got any other questions or are we happy?

Everyone: [Agrees to conclude]

Me: Good! So just to make sure, Archie you’re keeping an eye out for Richard’s mobility needs, right?

Archie: Yep!

Me: And David, you’re checking on Richard’s dietary needs and also reminding him about his tablets?

David: Yes, I’ve already set a reminder on my phone about his medication so that’s sorted!

Me: And finally Catherine, you’re going to speak to Albert about possibly pairing him up with Richard for the day so that he feels more welcomed?

Catherine: Yeah, they should start arriving soon so I’ll see him in a while!

Me: Okay great. Thanks everyone, I’m glad we’ve managed to get all of this sorted, I really think it’ll help Richard settle down and make him feel better about the new environment! Feel free to go across to the staff room for a bit before everyone starts arriving, I’ll come and check how things are going later but I have no doubts you’ll all do great! Bye everyone!
Outcome - winding up

- In this final part of the communication, I didn't use as many skills, however I think that the ones I did use proved to be very effective.

- For example, I used a lot of closed questions so that the workers still had a choice but they were restricted to what their options were.

- This still makes them feel valued however they were limited to the answers they could give which helped me to keep the conversation under control. It also helped me to know what the other people understood about what they had to do with Richard.

- The staff reacted very well to my use of closed questions, as they responded positively with answers such as “Yep!” and “Yeah”, which show that they are happy with what they’ve been assigned to do. Another skill shown in this transcript is that I also summarised, this helped to reassure people that the conversation was coming to a close and it also helped them to get a better understanding of the basics of what they’re going to be doing.

- I did this by saying “Okay everyone I think that’s about it for today!” which signified that I was ending the conversation on a positive.

- The staff also reacted positively to this by concluding as well, they didn’t raise any new points and agreed with me when I was summarising, this showed that the staff were happy with how the discussion had gone and when I asked if anyone had any final questions, they all responded and agreed to conclude the conversation.

- One of the skills I believe I could have added in was to have a slower pace when I was talking. I think that by talking slower, it would have given the staff a chance to take in more of what I was saying as opposed to quickly rushing on to each point.

- This also comes under allowing sufficient time for the staff to respond, I think I should have perhaps allowed a little longer for the staff to discuss who wanted to do what, this way I would have got more people’s opinions and get more of an input to the conversation. However, despite the fact I could have perhaps allowed more time, I overall believe that the skills I did use were very effective and helped to contribute towards a great group communication.
LO4 - M2
Assess your own interpersonal skills
Assessing own communication: Open/Closed questions

Open/Closed questions

- Throughout my communication in the one to one and group communications, I used a lot of open questions due to the fact that I feel as if it's better to give people more of a choice when answering questions.

- I used questions such as “How are you today?” in the one to one communication, which allowed the service user to have a wider response, as opposed to using a closed question such as “are you okay?” which would make him feel less inclined to talk.

- However, in my group discussion, I used a lot of closed questions such as “are you okay with that?” so that I could keep control of the conversation and didn’t allow it to go off topic.

You should be able to add more detail but this just gives you an idea
Assessing own communication: Tone

Tone

- I believe that in my communication, I used a very soft tone when speaking to people, no matter who it is or whether it is a group or one to one discussion.

- This is because of the fact that I believe if I had used a strong and assertive tone of voice when speaking to people, they may feel intimidated and it may hinder the extent of the communication.

- In my one to one interaction, I used a softer, quieter tone of voice due to the fact that I wanted to come across friendlier to the service user and make sure they felt confident when speaking to me.

- However, when I was speaking in the group discussion, I used a louder tone so that I could assert my authority in the communication and show the others that it was me that was in charge of the conversation.
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Assessing own communication: Pace

Pace

- Depending on the context of the conversation, I used different paces.
- For example, during a one to one conversation with an elderly patient, the pace would be different to if I was speaking to someone who was younger.
- For example, when I was speaking to an elderly patient, I used a slower pace when speaking to them due to the fact that it is a lot harder for elderly people to process thoughts and take in information.
- However, when I was speaking to younger adults in the group discussion, I would use a quicker tone of voice because they are able to take in information more efficiently and can process their thoughts a lot better.
- Their language would also be similar to mine therefore they would perhaps have a better understanding of my vocabulary which would be a lot better for the communication.
- Overall I believe that I have been very successful when using different paces due to the fact that I have not had any large misunderstandings or misinterpretations when speaking to people, therefore I believe that I have continued to use the correct pace for the context when speaking to people.
Assessing own communication: Eye contact

Eye Contact

Throughout this Unit, I have learnt about the importance of eye contact when speaking to people and how it can have different effects on those that are from another culture, therefore I now know that I must always take into consideration who I’m talking to and when eye contact may be appropriate.

When speaking in my one to one communication, I used a lot more eye contact due to the fact that I’m more comfortable around them and I know what they are used to, it is also considered polite to maintain a good level of eye contact as well as keeping a good level of confidence, therefore I tried to do it as much as possible when speaking to someone.

I used a lot of eye contact in my group communication, which helped me to build a relationship with the people I was speaking to and it also helped to make them feel a lot more confident.

I think that overall I have been very effective when using eye contact during communication, whether it be on a one to one or a group discussion.
Assessing own communication: Body language

Body Language

- In my one to one discussion, I used a lot of body language which I believe was very effective in making the service user feel more comfortable with communicating with me.

- I smiled when speaking to the service user which made him feel more relaxed and as if I was being a lot friendlier with him, this perhaps made him feel as if he could talk to me with ease; it also would have boosted the conversation and helped me to find out more information from him.

- In my group discussion, I also used a lot of positive body language, and this was done so that I could make the staff feel more relaxed when being spoken to.

- The fact that I used personable body language such as smiling and using hand gestures made the others feel as if they could relax and it perhaps made the discussion more of a friendly conversation as opposed to a meeting.

- I believe that through my use of body language, it helped me to find out more information as it made me come across friendlier and the general tone of the discussion became more relaxed and informal.
Assessing own communication: Summarising

Summarising

- I believe that in my group and one to one communications, I managed to summarise very successfully.

- I ended both of the discussions by thanking them for their time, and I think that this helped me to make the other people/person feel more appreciated and as if they’ve done me a large favour, therefore they feel a lot more valued by speaking to me.

- I think that I summarised very successfully as the staff and the service user seemed very happy when we had finished communicating and there were no other questions when I asked if anyone had any, therefore signifying that the conversation was coming to a close.
Assessing own communication: Paraphrasing

Paraphrasing

- I only really used paraphrasing in the group communication as I believe it helps to reassure everyone on what they're doing and give everyone a better understanding of the conversation.

- An example of paraphrasing in the meeting was “So just to make sure, Archie you're keeping an eye out for Richard's mobility needs, right?”, which just reiterated what Archie was going to be doing with Richard.

- It also helped to remind the others of what he would be doing so that they also had a clear understanding.

- I believe that the use of paraphrasing was very effective in my group discussion as the staff responded with positive answers such as “Yep!” which showed that they were clear on what they were going to be doing.

- I think that I perhaps should have used paraphrasing when I was in the one to one discussion also, due to the fact that I could have misinterpreted the information that Richard had given me, therefore I could have perhaps reassured and just checked with him first to make sure it was correct, however overall I believe that my use of paraphrasing was very successful.
Assessing own communication: Empathising

Empathising

- During my one to one and group interaction, I haven't really empathised a lot, however in the group discussion I did say “I know it’s a Monday morning and you may not exactly feel your best, but this won’t take long”, therefore showing them that I understand if they don’t feel their best.

- This helped me to relate to them on a personal level which consequently helped to boost the conversation.

- The staff generally reacted very positively to this by appreciating the opportunity to go and get a hot drink.

- After this, they seemed a lot livelier and therefore I think the use of empathising with the staff proved to be very effective and useful for the communication.
Assessing own communication: Verbal considerations

Verbal Considerations

- The verbal considerations I took when in my one to one interaction were first of all my use of language.
- For example, I used a lot more formal language due to the fact that this would have been easier for Richard to understand.
- There were no dialect issues when speaking to him therefore this wasn’t a problem; however I had to be very careful when speaking not to use any jargon as it may confuse Richard due to the fact that he is not used to the phrases.
- Similar verbal considerations took place in my group discussion, however I used slightly more informal language to try and set a more relaxed environment when speaking to the staff.
- I also could have used slightly more jargon in the group interaction as the staff are more familiar with the vocabulary and therefore would understand it a lot easier.
Assessing own communication: Non Verbal considerations

Non Verbal Considerations

- There were also non-verbal considerations that I had to take into consideration.
- These included posture, positive facial expressions, touch, silence, proximity, reflective listening and prompting.
- In my one to one interaction, I used a positive posture such as leaning forward on my chair to show that I’m interested. I used positive facial expressions such as smiling at the service user, the only touch I used was to shake hands with Richard when I was saying goodbye to him.
- I also used a good level of proximity to make sure that Richard could hear and understand me, however not too close to make him feel intimidated.
- I used reflective listening such as “yeah” and “mmhmm” which both helped Richard to make it seem like I am very interested in what he’s saying. I didn’t however prompt Richard due to the fact that I didn’t want to make him feel as if he was being rushed.
- In my group discussion, I also used a very positive posture due to the fact that I wanted to make the staff feel as if they were being listened to by leaning forward.
- I also smiled a lot to make the staff feel valued and show that I was listening to them. I didn’t use touch when communicating due to the fact that it was supposed to be a fairly formal meeting and there was no need for me to use touch.
- I used a good level of proximity so that it kept people focused yet didn’t make them feel as if I was belittling them by sitting closer. I used reflective listening quite a lot by saying “yeah and yes”, which made the staff feel, valued and appreciated.
- Similar to my one to one interaction, I didn’t use prompting as I didn’t want to rush them and make them feel as if they had to get it out as soon as possible.
L04: D2

Summarise ways of improving your own communication and interpersonal skills in the future.
Overall I believe that throughout learning about this module, I have gained many different interpersonal skills and learnt how to use each of them appropriately depending on the context and the content of the conversation.

For example, I learnt that in order to maintain a good level of communication, I should use a good level of eye contact, use positive body language whenever possible such as smiling and hand gestures, maintain a good pace when speaking to people, use the correct tone and also empathising with people.

During my communication recently, I have been told that I am very good at making eye contact with the people I am talking to, and I believe this is due to the fact that I learnt how important making eye contact is in creating trust within a conversation and making people feel comfortable when speaking to you.

I also do it a lot more now because it helps to show people that I’m interested in what they’re saying therefore it boosts the extent of the communication and makes it a lot more effective.
D2: Summarise ways of improving your own communication and interpersonal skills in the future

- I also use a lot of body language when speaking to people, especially when it comes to using hand gestures.
- I often smile when speaking to people to give a friendlier touch to the communication and I stand up straight to make me seem more attentive and as if I’m paying attention.
- I have been told that I use hand gestures with almost everything that I say, which is a very positive skill to have as it helps the other person to make me seem engaged in the conversation.
- In the future in job interviews and in the working environment, using good body language is very effective as it helps you to come across as confident and focussed on what the other person is saying, and also to show that you know what you’re talking about by referring to other things with hand gestures.
- I have also learnt that hand gestures can be misinterpreted in different cultures such as the ‘thumbs up’ sign, in the UK and the USA it is a very positive thing and helps to show that you’re happy, however in Australia, it is a very rude gesture resembling similar to what the “middle finger” gesture would mean in western culture, therefore I need to be aware of this in the future when dealing with those from different cultures.
I always try to maintain a good pace when speaking to people, however I think that the pace can vary depending on the context such as the person you’re speaking to. When speaking to elderly relatives, I use a slower pace due to the fact that their brains are unable to process information as quickly as someone who is younger; therefore I have to take this into consideration.

I speak a lot quicker when speaking to my friends due to the fact that they’re used to speaking to me and are familiar with my speaking patterns and jargon that I may use in my language.

Being able to maintain a good pace will help me in the future because once I have a constant rhythm to my speaking it becomes easier for the others to understand and it helps the communication to become more effective.

I have found out that if you speak very quickly, it can make the other person confused and they may not take in all of the information you’re giving them.
D2: Summarise ways of improving your own communication and interpersonal skills in the future

- I have also found out from doing this module that using the correct tone is very important.

- I generally use a very gentle tone when speaking to people, due to the fact that if I am constantly using a harsher tone of voice, it would perhaps make the communication ineffective because the other person would feel as if they’re being belittled and intimidated.

- The only time I would use a more aggressive tone of voice is if I was being assertive towards someone that had been disobedient, therefore I would have to assert my authority and make sure that they know they’re in the wrong.

- This would impact on the future for when I may have to deal with a young child who had been misbehaving and I may have to discipline them.
D2: Summarise ways of improving your own communication and interpersonal skills in the future

- I have found that empathising with people is also a very useful skill to have as it helps you to relate to them on a personal level.
- I usually empathise with people quite a lot as I find it very easy to relate to people when they’re struggling or going through a tough time.
- I believe that this will be very useful in the future when building relationships with people as it would make me come across as very kind and considerate, therefore they would perhaps trust me more and feel as if they can rely on me due to the fact that I am empathising with them.
## Tasks for this Unit

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<th>Learning Outcome - The learner will:</th>
<th>Assessment Criteria - The learner can:</th>
<th>Merit</th>
<th>Distinction</th>
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<tbody>
<tr>
<td>1 Understand effective communication and interpersonal interaction in health and social care</td>
<td>1P Explain the role of effective communication and interpersonal interaction in a health and social care context</td>
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<td>1D Analyse how cultural variations can influence communication</td>
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<tr>
<td>2 Understand factors that influence communication and interpersonal interaction in health and social care environments</td>
<td>2P Discuss theories of communication</td>
<td>1M Assess the usefulness of theories of communication within health and social care environments</td>
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<td>3 Understand ways to overcome barriers in a health and social care environment</td>
<td>3P Explain factors that may influence communication and interpersonal interactions in health and social care environments</td>
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<td>4 Be able to communicate and interact effectively in a health and social care environment</td>
<td>4P Explain strategies used in health and social care environments to overcome barriers to effective communication and interpersonal interactions</td>
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<td>5P Participate in a one-to-one interaction in a health and social care context</td>
<td>2M Assess own communication and interpersonal skills for a one-to-one and group interaction.</td>
<td>2D Summarise ways of improving their own communication and interpersonal skills in future interactions.</td>
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<td></td>
<td>6P Participate in a group interaction in a health and social care context</td>
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*P = Pass, M = Merit, D = Distinction*
Unit 1

Developing effective Communication

Learning outcomes

After completing this unit you should:

1. Understand effective communication and interpersonal interaction in health and social care
2. Understand factors that influence communication and interpersonal interaction in health and social care environments
3. Understand ways to overcome barriers in a health and social care environment
4. Be able to communicate and interact effectively in a health or care environment.