**Communication**

**Learning outcomes**

1. Understand the importance of effective communication   
at work

2. Understand how to meet the communication and language needs, wishes and preferences of individuals

3. Understand how to promote effective communication

4. Understand the principles and practices relating   
to confidentiality

5. Use appropriate verbal and non-verbal   
communication

6 Support the use of appropriate   
communication aids/ technologies

**Communication:** To listen carefully but also be able to speak and act in a way that the person can understand.

**The importance of communication**

Good communication develops your knowledge and understanding about individuals and the part played by other workers. It helps to ensure that each person’s views are valued and taken into account

**Care:** having someone’s best interests at heart and doing what you can to maintain or improve their wellbeing.

**Compassion:** being able to feel for someone, to understand them and their situation.

**Competence:** to understand what someone needs and have the knowledge and skills to provide it.

**Communication:** to listen carefully but also be able to speak and act in a way that the person can understand.

**Courage:** not to have fear to try out new things or to say if you are concerned about anything.

**Commitment:** dedication to providing care and support but also understanding the responsibility you have as a health and social care worker.

**Types of communication**

**Written communication**

Written communication is a method of communication that is used to send messages, keep records and provide information that is permanent

**Verbal communication**

Communication using spoken words, like tone, pitch, volume and the words that you use can affect meaning

Differences in how you speak, including the tone, pitch and volume of your voice could change how your messages are taken in. Try to avoid using jargon or abbreviations and complicated words and terminology. Make sure you always speak in a respectful way, adjusting your speech to suit the individual.

**Body language**

Non-verbal communication where facial expressions, gestures, body positioning and movements can give clues about our attitude and how we feel.

Each of these will communicate information about an individual or a worker often without them realising it. The way that we stand, sit or hold our arms when we are talking will provide others with clues about our feelings, attitude and emotions.

**Gestures**

Hand or arm movements that emphasise what is being said or used as an alternative to speaking

**Eye contact**

Good eye contact shows that a person is listening. Maintaining good eye contact is an important way for a health and social care worker to show that they are engaged and listening.

**Sign language**

A way of communicating which uses hand shapes and movements to get the message across. This is a recognised language throughout the world. British Sign Language (BSL) is used by individuals in this country and there are variations of sign language in different regions.

**Makaton**

A form of language that uses signs and symbols to convey meaning. It is often used with those who have learning and physical disabilities, or hearing impairment.

**Braille**

A code of raised dots read by touch. For people who are visually impaired or who are blind, the system supports reading and writing.

**Communication and relationships**

Relationships are based on trust and understanding

**Good communication**

* Understanding individuals’ needs
* Effective team working
* Clarity
* Trust

**Poor communication**

* Misunderstanding individuals’ needs
* Ineffective team working
* Confusion
* Distrust

Successful two-way communication is crucial in identifying the care and support needs of individuals as well as to work effectively with carers and other workers who are part of the team providing care.

If the information shared is inaccurate, unclear or misleading mistakes can be made.

The caregiver should be sure to notice non-verbal communication which may indicate when an individual is confused or may be becoming angry, upset, stressed or anxious. This can enable health and social care worker/s to ask the following questions:

* Do I need to change the type of communication I am using to help the individual understand?
* Do I need to be aware of how the conversation is affecting them?
* Is there something that the individual is not communicating to me that may help?

**Communication needs and preferences**

Individuals’ communication needs may be unique and talking may not be the best method of communication for all individuals

Other methods include:

**Touch** is used to communicate with people who are deaf and visually impaired. Health and social care workers sign information onto the individual’s hands as a way of passing on information.

**Technological aids** such as hearing aids, hearing loops, text phones, text messaging and magnifiers to communicate with those whose ability to communicate is impaired.

**Word or symbol boards** may be used to support speech. The listener is able to associate the picture or word with the verbal communication in order to understand what is being said.

**Speech synthesisers** replace speech either by producing a visual display of written text or synthesised speech. Voice recognition software can be purchased for any computer to translate speech to written text.

**Barriers to communication**

**A barrier is anything that can get in the way of communication**

1. Attitude
2. Poor or negative body language
3. Limited use of technology
4. Lack of privacy
5. Culture
6. Body positioning
7. Stereotyping
8. Environmental factors
9. Emotions
10. Sensory impairments
11. Language
12. Physical
13. Not enough time
14. Substance misuse

**Attitude:** When a health and social care worker is abrupt due to time limits, not having enough resources or their mood, the person they are speaking to may feel intimidated or frustrated and not want to communicate. Allow enough time for each meeting and never let a bad mood affect the standard of care and support provided.

**Limited use of technology:** When the technological aids known to be the best way for someone to communicate are not available. Find alternative ways to support communication and raise the issue with a manager or supervisor if necessary.

**Body positioning:** Sitting too close could be intimidating and would make an individual feel uncomfortable. Sitting too far away could show lack of interest or concern. Respect the individual’s personal space but ensure that you are close enough for them to see and hear you.

**Emotions:** When someone is depressed, angry or upset their emotions may affect their ability to think and communicate in a sensible way. Consider whether there would be a better time to communicate or leave information in a different format to consider when they are less upset.

**Physical:** When someone has physical conditions that create communication difficulties, for example, being breathless, not having any teeth or being in pain. Ensure that they are receiving the care and support they need to alleviate pain and manage their condition, communicate in ways that enable them to express themselves, allow plenty of time for the person to communicate, find out if they feel better at a particular time of day.

**Not enough time:** Not giving individuals time to say what they want to may make them feel rushed and reluctant to express their true wishes. Allow plenty of time. If you run out of time it is better to arrange another meeting than to rush.

**Poor or negative body language:** Crossed arms or legs, poor facial expressions, poor body positioning, constant fidgeting or looking at a watch or mobile phone can all make someone less likely to communicate.

**Lack of privacy:** Think carefully about where and when private and confidential conversations should take place. Find a private location to discuss issues which are personal or sensitive. Remember, speaking quietly can be a barrier for individuals with impaired hearing.

**Stereotyping:** Generalisations about a group of people that are wrong and misleading. An example would be that ‘all older people are hard of hearing’. Work in ways that meet the communication needs of the individual- their care plan will tell you the most effective ways of communicating with them.

**Sensory impairments**: Health and social care workers should think about whether the individual can see and hear them when they are communicating. Not being able to see or hear the person speaking can be a barrier to effective communication. When you are communicating with individuals who have impaired hearing, make sure the individual can see your face, speak clearly and think about providing written information to help them understand. Consider using large text documents for individuals with impaired vision.

**Language:** This could mean the style of language that the health and social care worker chooses (for example technical terminology and jargon) or could refer to the health and social care worker and individual having different preferred languages. Avoid using jargon. Consider interpreters and translators.

**Environmental factors:** Noise can make it difficult to hear what the other person is saying. Lighting can mean that a person can not see the communicator’s face which can affect lip-reading and mean that they are not able to read facial expressions. Ensure the light is not behind you when talking to a person. Move to a quieter area.

**Substance misuse:** Substance misuse can affect a person’s ability to understand and to retain information. Provide information which can be accessed when the person is not affected by substances. Reschedule the meeting when a person is less affected by the substances.

**Checking understanding**

* You can check that you have understood what you have been told by summarising the conversation
* You can check that the individual has understood what you have said by asking questions

**Summarise:** This means to think about the main points of the conversation or communication and shorten or simplify them in order to repeat them back to the individual. This will help to check your and their understanding.

to check understanding should generally require the individual to give a detailed response, rather than ‘yes’ or ‘no’. E.g. ‘Okay, tell me what you understand about what we’ve just discussed’.

Questions that can be answered with ‘yes’ or ‘no’ can be more suitable in some situations.

**Information and support**

Sources of information include:

* Specialist charities and associations
* Websites and online forums
* Local services or groups
* Your manager or supervisor (iCare Life)

Sources of support include:

* Befrienders, advocates and mentors (iCare Life)
* Speech and language therapists
* Interpreters and translators
* Clinical psychologists
* Counsellors

**Confidentiality**

Personal and sensitive information must be treated confidentially

**Examples should include:**

* Sharing relevant information with other workers who ‘need to know’
* Storing information securely; filing cabinets and cupboards should be kept locked and electronic files should be password protected.
* Information should not usually be disclosed without the person’s informed consent.
* Private and sensitive information about individuals should not be discussed where others can overhear.

**Additional Examples of when information can be shared without consent:**

* A person is likely to harm themselves
* A person has been, or is likely to be, involved in a serious crime
* A person is likely to harm others
* Your safety is placed at risk
* A child or vulnerable adult has suffered, or is at risk of suffering, significant harm.

**Communication in practice**

You should always try to match your method of communication to the individual’s needs and be aware of confidentiality

Communication can be:

* Face-to-face
* By telephone or text
* By email, internet or social networks
* By written reports or letters