Health and social care professionals need good communication skills to develop positive relationships and share information with people using services. They also need to be able to communicate well with people’s families and/or carers and their own colleagues and other professionals. It is important therefore, if you are considering a career in health and social care, to gain the knowledge, understanding and practical skills needed to develop effective interpersonal skills.

There are several different forms of communication used in a health and social care environment. This unit looks at verbal and non-verbal communication methods. You will gain an understanding of the communication cycle, looking at how to make sure that communication is effective and messages understood at each stage. You will also learn to recognise a range of factors which may create barriers to communication. You will then consider ways in which these barriers may be overcome, including the use of alternative forms of communication.

You will be given the opportunity to observe and discuss communication methods used by professionals – skills which you will practise and refine. You will then demonstrate your communication skills in both one-to-one and group situations.

This unit has links with Unit 2 (Individual needs in health and social care), Unit 5 (Vocational experience) and Unit 6 (Cultural diversity) as it will develop your understanding of ways to adapt your communication to meet the individual needs of people using health or care services. These include cultural differences.

**Learning outcomes**

After completing this unit you should:
1. know different forms of communication
2. understand barriers to effective communication
3. be able to communicate effectively.
Assessment and grading criteria
This table shows you what you must do in order to achieve a pass, merit or distinction grade, and where you can find activities in this book to help you.

<table>
<thead>
<tr>
<th>To achieve a pass grade the evidence must show that you are able to:</th>
<th>To achieve a merit grade the evidence must show that, in addition to the pass criteria, you are able to:</th>
<th>To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, you are able to:</th>
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<tbody>
<tr>
<td><strong>P1</strong> Identify different forms of communication [IE2, IE4, TW1, SM3]</td>
<td><strong>M1</strong> Describe different forms of communication Assessment activity 1.1, page 7 Assessment activity 1.4, page 22</td>
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<tr>
<td><strong>P2</strong> Explain barriers to effective communication within a health and social care environment [IE2, CT1, IE4, SM3]</td>
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<tr>
<td><strong>P3</strong> Take part in an effective one-to-one interaction [IE4, CT5, RL1, TW3, SM3]</td>
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<td>Assessment activity 1.2, page 9</td>
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<tr>
<td><strong>P4</strong> Take part in an effective group interaction [CT5, RL1, TW3, SM3]</td>
<td><strong>M2</strong> Discuss the barriers to effective communication in your two interactions Assessment activity 1.2, page 9 Assessment activity 1.3, page 16 Assessment activity 1.4, page 22</td>
<td><strong>D1</strong> Assess the strengths and weaknesses of your two interactions Assessment activity 1.3, page 16 Assessment activity 1.4, page 22</td>
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<tr>
<td>Assessment activity 1.4, page 22</td>
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**How you will be assessed**

The unit will be assessed by a series of internally assessed tasks. You will be expected to show an understanding of communication skills in the context of health and social care sectors. The tasks will be based on a scenario where you work in a local health or social care organisation. For example, your manager is concerned that learners on work experience placements from local schools and colleges do not have sufficient experience in using effective communication skills within a care environment. She asks you to produce training materials that can be used during the work experience induction session.

Your assessment could be in the form of:

- a written observation log based in health or social care settings
- training materials, such as leaflets and PowerPoint® presentations
- a training DVD demonstrating good practice in one-to-one and group interaction.

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**Laura, 16-year-old would-be nursery nurse**

I really enjoyed this unit because it taught me some very useful facts about communication. When I went on placement to a nursery I knew to crouch down at the level of the children so I could look directly at them and not tower over them and frighten them. I also spoke quietly but clearly, so they could understand me and not feel intimidated. This meant they quickly accepted me. I also learnt to speak to physically disabled people directly, instead of to the person pushing their wheelchair. Lots of people do this and it makes the person feel unvalued and as though they are thought of as stupid when all that is different about them is that part of their body doesn’t work very well.

I also enjoyed making observations of people communicating. It was actually really easy to see whether someone was doing it effectively or not. The use of body language was also very interesting and I have learned how to present myself more positively, which will be useful in everything I do, including job interviews in the future.

**Over to you!**

- What do you think you will need to do to get the most out of working in a group to carry out the required interactions for assessment?
- How can you make sure you communicate with others of all ages and abilities effectively?
1. Know different forms of communication

In this topic you will learn about why we communicate, why good communication skills are so important within a health and social care environment and the different contexts for communication. We communicate with others all the time, wherever we may be, often without even realising it and sometimes without intending to. This topic and the following topic will help you explore different forms of communication.

Interpersonal skills are those skills that enable us to interact with another person, allowing us to communicate successfully with them. Good communication skills are vital for those working in health and social care as they help them to:

- develop positive relationships with people using services and their families and friends, so they can understand and meet their needs
- develop positive relationships with work colleagues and other professionals
- share information with people using the services, by providing and receiving information
- report on the work they do with people.

Contexts

One-to-one communication

One-to-one means one person communicating with another person with no other people joining in. If you walk into a one-to-one job interview, the interviewer may say something like, ‘Good morning, my name is … Please take a seat. Did you find us all right?’ This is to make you feel relaxed and less nervous so you feel more confident and do your best. If you walked in and they immediately said, ‘Sit down. Tell me why you want this job’, you would be sitting down and starting to answer questions instantly so would be very on edge. It is the same in any conversation; it is important to create the right feeling by being

Activity: Group discussion

Sit in a circle in a group. Discuss the statement ‘TV programmes such as Casualty or Holby City create the wrong impression of working life in a large hospital.’ One person starts the discussion holding a ball or bean bag. When they have made their point they throw the ball to someone else in the group and that person responds to what they have said. The ball has to go to each person in the group before anyone who has already spoken can speak again. When the discussion has finished discuss the following points in your group:

1. Did everyone join in properly? If not, why not?
2. Did sitting in a circle help? How?
3. How could you tell that someone was about to finish talking?
4. Did you find the ball made the task easier or harder? Why?
friendly and showing interest in and respect for the other person. The conversation needs a start, e.g. ‘Hi’, a middle, when you both discuss what you need to talk about, and an ending, e.g. ‘See you later.’

**Group communication**

Group communication is harder because it only works properly if everyone is able to be involved. In most groups there are people who speak a lot and others who speak rarely, if at all, because they feel uncomfortable speaking in front of a group of people or they are just not interested. Groups work best if there is a team leader who encourages everyone to have a say in turn, rather than everyone trying to speak at once.

**Formal and informal communication**

**Formal** communication tends to start with a greeting such as ‘Good afternoon. How are you feeling today?’ It can be used to show respect for others. Formal conversation is often used when a professional person, such as a health or social care worker, speaks to someone using a service. It is clear, correct and avoids misunderstanding. Communication with a manager is usually formal. A manager is usually more distant from those they manage so that if they need to, for example, issue a formal warning to someone, it is less awkward for both parties than if they are friends.

**Informal** communication (often used between people who know each other well, like friends and family) is more likely to start with ‘Hi, how are you?’ and allows for more variety according to the area someone lives in. For example, in some places it is common for people to call other people ‘Love’ even if they have only just met them. People usually communicate more informally with friends, including those they work closely with on a day-to-day basis.

**Key terms**

- **Formal** – the use of conventional language
- **Informal** – the use of more casual language

**Just checking**

1. What are three features of one-to-one communication?
2. What are three things that help group communication?
3. What is the difference between informal and formal communication? Which would you use with (i) a friend (ii) someone you have not met before but are trying to help in your job as a doctor’s receptionist (iii) your manager (iv) a service user?
Forms of communication

This topic looks at different forms of communication. There are three main forms of communication, verbal, non-verbal and the written word. We can also use technology to communicate.

Verbal communication

Verbal communication uses words to present ideas, thoughts and feelings. Good verbal communication is the ability to both explain and present your ideas clearly through the spoken word, and to listen carefully to other people. This will involve using a variety of approaches and styles appropriate to the audience you are addressing. You will explore this further on page 13 and page 21.

Non-verbal communication

This refers to the messages we send out to express ideas and opinions without talking. This might be through the use of body language, facial expressions, gestures, tone of voice, touch or contact, signs, symbols, pictures, objects and other visual aids. It is very important to be able to recognise what a person’s body language is saying, especially when as a health or social care worker you are dealing with someone who is in pain, worried or upset. You must also be able to understand the messages you send with your own body when working with other people.

Activity: Showing emotions

1. Draw a set of cartoon faces that show the following emotions: (i) worried (ii) bored (iii) surprised, (iv) sad (v) aggressive.

2. Cut pictures out of magazines with people showing different emotions. Put them into groups according to the emotion and then test your work with a friend to see if they can work out which emotion is being portrayed by each.

Body language – The way we sit or stand, which is called posture, can send messages. Slouching on a chair can show a lack of interest in what is going on and folded arms can suggest that you are feeling negative or defensive about a person or situation. Even the way we move can give out messages, e.g. shaking your head while someone else is talking might indicate that you disagree with them or waving your arms around can indicate you are excited.

Facial expression – We can often tell what someone is feeling by their eyes. Our eyes become wider when we are excited or happy, attracted to, or interested in someone. A smile shows we are happy and a frown shows we are annoyed.
**Touch or contact** – Touching another person can send messages of care, affection, power or sexual interest. It is important to think about the setting you are in and what you are trying to convey before touching a person in a health and social care environment. An arm around a child who is upset about something in hospital or a nursery can go a long way to making them feel better but a teenager might feel intimidated by such contact from an older person.

**Signs, symbols and pictures** – There are certain common signs or gestures that most people automatically recognise. For example, a wave of the hand can mean hello or goodbye and a thumbs up can mean that all is well. Pictures of all forms and objects also communicate messages; an X-ray and a model of a knee joint can more easily communicate to someone needing a knee replacement exactly what is involved.

**Written communication**

This is central to the work of any person providing a service in a health and social care environment when keeping records and in writing reports. Different types of communication need different styles of writing but all require literacy skills. A more formal style of writing is needed when recording information about a patient. It would be unacceptable to use text message abbreviations, such as ‘l8er’. You will explore this further on page 20.

**Technological aids**

Technology is moving so quickly now that we have many electronic aids to help us communicate. For example, mobile phones can be used to make calls but we can also use them to send text messages and emails; and we have computers on which we can record, store and communicate information very quickly and efficiently over long distances. Some aids can turn small movements into written word and then into speech, such as the voice box most famously used by the scientist, Professor Stephen Hawking.

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**Assessment activity 1.1**

Imagine you are working in a health centre on a work placement and you have been asked to produce some clear and easily understood information on a poster to help people who need technological aids understand how they work and how they can help them. Research a range of technological aids to communication and produce a poster showing how your favourite works. Include a diagram.

**Grading tips**

To achieve **P1** you need to clearly identify different forms of communication. To achieve **M1** you will need to work more independently and clearly explain and describe different forms of communication.

**Key term**

**Literacy skills** – the ability to be able to present the written word clearly and correctly and to be able to read the written word accurately.

**PLTS**

This involves researching facts and generating ideas, so helping you to be an independent enquirer and a creative thinker.

**Just checking**

1. Explain what is meant by verbal communication.
2. Give three examples of types of non-verbal communication.
3. Describe three examples when signs, symbols and pictures are useful forms of communication.
2. Understand barriers to communication

In this topic you will start to learn about barriers to effective communication, but in order to understand these you first need to understand the different elements that make up communication. This is called the communication cycle and is fundamental to our everyday lives.

This topic and the following four will help you to understand barriers to effective communication.

The communication cycle

In order to communicate you have to go through a process with another person. This process is called the communication cycle because the process goes round in a circle, as shown in figure 1.4.

- **Ideas occur** – you think of something you want to communicate. Communication always has a purpose. It might be to pass on information or an idea, or to persuade someone to do something, or to entertain or inspire.

- **Message coded** – you think about how you are going to say what you are thinking and decide in what form the communication will be, for example, spoken word or sign language. You put it into this form in your head.

- **Message sent** – you send the message, for example speak or sign what you want to communicate.

- **Message received** – the other person senses that you have sent a message by, for example, hearing your words or seeing your signs.

- **Message decoded** – the other person has to interpret what you have communicated; this is known as decoding.

- **Message understood** – if you have communicated clearly and the other person has concentrated, and there are no barriers to communication, the other person understands your ideas. They show this by giving you feedback, i.e. by sending you a message back.
These stages of the communication cycle are shown as a list of bullet points rather than numbered because this process is repeated backwards and forwards as long as the conversation goes on. The sender of the message becomes the receiver of a message sent back, the receiver becomes the sender and so on. Each person continues the conversation because they have to check that they have understood what the other person meant. They do this by listening to what the person says and asking questions about it or putting it in their own words and repeating them back, so reflecting what has been said. A conversation can also be called an interaction.

**Things that can go wrong**

The person who has the first idea may not make the meaning clear and might assume that the other person is ready and willing to listen to them when they are not. They might also assume that the other person has heard what they said properly and has not been distracted by something else they are interested in. They might have used terms and language that the other person is unfamiliar with or might have started half way through a story assuming that they already knew the beginning. This can lead to the other person making assumptions as to what they meant, jumping to conclusions and so leading them to talk at cross purposes.

---

**Assessment activity 1.2**

Imagine that you are working for a telephone helpline in the area of health and social care. Examples of these are NHS Direct or Childline. You are going to plan and carry out a one-to-one conversation on an issue of your choosing, and identify the communication skills you have used. It might be that a member of the public is ringing up to ask for advice during a flu epidemic. You can carry out your plan with a partner by giving them a script you have written and telling them which part they are reading. You will record the conversation and you will be assessed on the recording made and your written script.

You need to think about your tone of voice and using the communication cycle properly. Remember, this conversation is taking place on a phone so you cannot see each other.

**Grading tips**

At pass level you will need to give basic information and use listening skills to answer questions, using appropriate language. This will help you achieve P3. At merit level, you will need to plan the conversation independently with little guidance and give a realistic assessment of your own verbal skills during the conversation, suggesting ways you could improve next time.

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**Key terms**

- **Interaction** – when someone or something has an effect on another
- **Appropriate** – suitable or fitting for a particular purpose

---

**Just checking**

1. What are the six stages of the communication cycle?
2. How can someone check that they have understood something that has been said to them?
3. Describe three ways in which things can go wrong in the communication cycle.
Factors that affect communication

Some things stop communication being as effective as it could be. People who work in a health or social care environment need to understand the barriers so they can overcome them. In this topic you will learn about some of these barriers.

Figure 1.5: How would being isolated affect how well you communicate?

It is very important to be able to communicate effectively in a health or social care setting. A service user will not be able to take part in a discussion about their care or planning their future if they do not understand what is being said. Equally, the person providing the service cannot help if they cannot find a way to understand what the service user is trying to ask for.

There are many factors that affect communication. They are:

- **Sensory deprivation** – when someone cannot receive or pass on information because they have an impairment to one or more of their senses, most commonly a visual or a hearing disability.

- **Foreign language** – when someone speaks a different language or uses sign language, they may not be able to make any sense of information they are being given by someone trying to help them if that person does not speak their language.

- **Jargon** – when a service provider uses technical language the service user may not understand. For example, the doctor may say that a patient needs bloods and an MRI scan. That can sound very frightening to someone who has been rushed into hospital. It is better if the doctor explains that they need to take some blood to do some simple tests and then explains what a MRI scan is. Understanding the facts can make something seem less scary.

- **Slang** – when a service user uses language that not everyone uses, such as saying they have a problem with their waterworks. This can mean their plumbing system but also means a problem going to the toilet. Sometimes it may be appropriate to use slang with your peers but in normal working with colleagues or service users you should avoid using any language that can be misunderstood or misinterpreted or that might cause offence.

Key terms

- **Deprivation** – a lack of something
- **Impairment** – a disability
- **Jargon** – technical words used by a professional person as a short way of saying things that are hard for others to understand
- **Slang** – the use of informal words and expressions that are not considered standard in the speaker’s dialect or language

My life

Read all about it

Look at the newspaper article. What short term and long term effects do you think this will have on Abigail and how she communicates with other people?

CELLAR VICTIM RELEASED

Abigail Smith, 25, was today found alive in the dimly lit cellar she has been imprisoned in by her husband, Sam, 45, for 9 years. Sources say he was jealous of other men speaking to his wife so he kept her away from all other human contact.
• **Dialect** – when people use different words for everyday objects or feelings depending on the area of a country they come from. In some areas of England people say ‘innit’ instead of ‘isn’t it’ or ‘summat’ instead of ‘something.’ It may cause confusion if someone says, ‘A’ve got a pain in me heed’ instead of, ‘I’ve got a headache’.

• **Acronyms** – when words are shortened to initials. There are lots of acronyms in health and social care and they can be very confusing. Sometimes people don’t realise that not everyone knows what they mean and mistakes can be made or people can just feel left out if these terms are not familiar to them. A health care professional might say, “he has those tablets TDS” (which means three times a day). Or someone might say “you need to go to the CAB” (which means Citizen’s Advice Bureau). This also relates to jargon.

• **Cultural differences** – when the same thing means different things in two cultures, communication can be difficult. For example, it is seen as polite and respectful to make eye contact when speaking to someone in Western culture but in other cultures, for example in East Asia, it can be seen as rude and defiant. You will learn more about this in Unit 6 Cultural diversity in health and social care.

• **Distress** – when someone is distressed, they might find it hard to communicate. They may not listen properly and so misinterpret or not understand what is being said. They might also be tearful or have difficulty speaking. See also emotional difficulties.

• **Emotional difficulties** – we all have emotional difficulties at times and become upset. You might have split up with your boyfriend or girlfriend or had an argument with someone or you may have had some bad news. The effect can be to not hear or understand what people are saying to you. This can lead to misunderstandings.

• **Health issues** – when you are feeling ill, you may not be able to communicate as effectively as when you are feeling well. This can affect your colleagues and service users. Similarly, people who are being cared for in hospital because of an illness may not be able to communicate in their normal way. Some long-term (chronic) illnesses such as Parkinson’s disease or Multiple Sclerosis also affect an individual’s ability to communicate and you need to be aware of this if you are working with these people. See also distress and disability.

• **Environmental problems** – when communication is affected by the environment that people find themselves in. For example, someone who does not see very well will struggle to read written information in a dimly lit room. A person who is in a wheelchair may find it impossible to communicate with the receptionist at the dentist’s if the desk is too high and above the wheelchair user’s head.

• **Misinterpretation of message** – when someone reads a person’s body language wrongly. For example, someone with their arms folded and tapping their feet might be impatiently waiting for someone else who is late but you might look at them and assume they are cross with you. This can put you off asking for help.

---

**Activity: Factors affecting communication**

1. In pairs, choose two of the factors opposite and discuss the ways these could cause problems in a health and social care setting.

2. Four other factors that affect communication are differing humour, sarcasm, inappropriate behaviour and aggression. Think of an example where each of these could lead to a breakdown in communication at the reception desk of an optician.

---

**Just checking**

1. Why is it important for people who work in health and social care to understand barriers to communication?

2. Explain how cultural differences can affect communication.

3. How might emotional issues affect communication between a service user and a service provider?
More barriers to communication and ways to overcome them

One of the barriers to communication is aggression. In this topic you will learn the difference between being aggressive and being assertive, and how to be assertive. You will also learn some verbal skills to use to check the understanding part of the communication cycle.

**Aggression**

Aggression is behaviour that is unpleasant, frightening or intimidating. It takes a variety of forms and can be physical, mental or verbal. It can cause physical pain or emotional harm to those it is directed at. It is caused by a range of factors, such as substance misuse, mental health, a personality problem, fear or an attempt to dominate someone else. People who are aggressive towards other people are often bullies.

Aggression is a form of communication in that it communicates a person’s state of mind, such as annoyance. It is also a barrier to communication. Aggression is often emotion that is out of control and it can be destructive. When someone shouts at someone else, the other person can be afraid and will either shout back or shut the aggressive person out. If someone working in a health or social care environment is annoyed, frustrated or irritated (breathes quickly, shouts, has a clenched jaw and/or rigid body language) the person they are providing a service for may feel dominated, threatened and unable to respond. This will lead to a poorer service being offered due to the breakdown in effective communication.

**Assertion**

Assertion is the skill of being calm and firm but not aggressive in the way you communicate with others. It helps you to communicate your needs, feelings and thoughts in a clear confident way while taking into account the feelings of others and respecting their right to an opinion as well.

**How to be assertive**

You need to plan what you are going to say. Be polite, state the nature of the problem, how it affects you, how you feel about it and what you want to happen. Make it clear that you see the other person’s point of view and be prepared to compromise if it leads to what you want. Control your emotions, such as anger or tearfulness and be calm and authoritative in your interactions with others. You need to be clear and prepared to defend your position and be able to say no. This won’t cause offence if it is said firmly and calmly. Use questions such as, ‘How can we solve this problem?’ Use the ‘broken record’ technique where you just keep repeating your statement softly, calmly and persistently. At the same time, use body language that shows you are relaxed, e.g. make firm, direct eye contact with relaxed facial features and use open hand gestures.

**Key terms**

- **Aggression** – behaviour that is unpleasant, frightening or intimidating
- **Assertion** – behaviour that helps you communicate clearly and firmly

---

**My life**

*Spitting out your dummy!*

Think about a situation when you have wanted something and have become cross because you couldn’t have it. Did your anger lead to you getting what you wanted or did it make the situation worse? How could you have acted differently and maybe got what you wanted after all?

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Verbal skills to overcome barriers

When you use your verbal skills effectively, you can help overcome barriers that might be preventing effective communication. Some of the skills you need when communicating verbally, and assertively when need be, with service users are shown in the diagram. They are useful tools in the checking understanding (message understood) part of the communication cycle (pages 8–9).

- Paraphrasing means repeating back something a person has just said in a different way to make sure you have understood the message. For example, someone says, ‘I have been sick since Sunday’ and you respond by saying, ‘You have been unwell for 4 days now then.’

- Closed questions are questions that can be answered with either a single word or short phrase, for example, ‘Do you like sprouts?’ could be answered, ‘No’ or, ‘No, I can’t stand them.’ Closed questions give facts, are easy and quick to answer and keep control of the conversation. They are useful as an opening question, such as ‘Are you feeling better?’, for testing understanding, such as, ‘So you want to go on the pill?’ and for bringing a conversation to an end, such as, ‘So that’s your final decision?’

- Open questions are questions that give a longer answer, for example, ‘Why don’t you like sprouts?’ might be answered by, ‘I haven’t liked the taste or smell of them since I was made to eat them all the time when I was a child…’. Open questions hand control of the conversation to the person you are speaking to. They ask the person to think and reflect, give opinions and feelings. They are useful as a follow-up to a closed question, to find out more, to help someone realise or face their problems and to show concern about them.

- Clarification means to make something clear and understandable. Summarising means to sum up what has been said in a short, clear way. Both of these will be explained in more detail in the topic on active listening (pages 18–19).

Figure 1.6: Verbal skills needed when communicating orally

Activity: Aggressive vs assertive

In small groups agree on two different messages in a health or social care environment and produce a freeze frame to deliver the message to the other groups. Deliver one message in an aggressive way and the other in an assertive way. If you have access to a digital camera you can make a display of all the freeze frames as they are shown.

Did you know?

Aggressive words and behaviour adversely affect the rights and wellbeing of others. Think about that next time you are feeling annoyed with someone, especially someone close to you.

Just checking

1. Why is aggression a barrier to communication?
2. What is the difference between aggression and assertiveness?
3. Describe three techniques that are useful when checking understanding of something that has been said to you.
You previously learned about many different barriers to communication (pages 10–13) and looked at some verbal skills. It is vital to be able to overcome these barriers if people are to receive the care they need. This topic is about how these barriers can be minimised or overcome.

Communication difficulties can isolate a person, making them feel cut off, so it is particularly important in a health or social care environment to overcome these difficulties. Barriers to communication can be minimised in the ways discussed below.

**Adapting the environment**

This can be done in a number of ways, such as improving lighting for those with sight impairments and reducing background noise for those with hearing impairments. Lifts can be installed with a voice giving information such as when the doors are opening and closing and which floor the lift is on for those who can’t see. Ramps can be added, reception desks lowered and signs put lower down on walls, so that people with physical disabilities can access the people and information they need.

**Understanding language needs and preferences**

Service providers need to understand language needs and preferences of the people they are supporting. They may have to re-word messages so that they are in short, clear sentences, and avoid slang, jargon and dialect as much as possible. They explain details to people who cannot see and encourage them to touch things such as their face. They don’t shout at those who cannot hear very well, but use normal, clear speech and make sure their face is visible. They employ a communicator or interpreter for spoken or signed language and show pictures or write messages, depending on what is best for the service user.

---

**I can’t hear you**

Think about times you have been in situations like the one in Figure 1.7 where you have not been able to communicate with another person. How did it make you feel? How did you solve the problem? Discuss this with a partner.

**Figure 1.7:** How do you feel when you can’t hear yourself think?

---

**Case study: Malik**

Malik has not been in the UK long. He gets a job as a porter in a hospital but because his English is not very good he does not always understand what the other staff or patients have asked him to do. This has caused one or two arguments and he has come close to being sacked.

1. Suggest what Malik’s employer can do to resolve this so that Malik can remain a porter.
2. What can Malik do to help himself?
3. How do you think (i) the patients (ii) staff (iii) Malik feels when communication fails like this?
Using individual preferred language
Most leaflets produced by public bodies such as the health service are now written in a variety of languages so that people who do not speak English can still access the information. If there is a member of staff who speaks the preferred language of a service user they will help translate. However, it is always important to ask a service user what their preferred language is for written and verbal communication.

Timing
It is important to pick the right time to communicate important information to a service user. If, for example, a doctor has just told a patient that they have a life threatening illness the patient needs time to take the information in. If the doctor tells them all about the treatment straight away the chances are that the patient will not really hear much of what is said because they are in shock. It may be better to make another appointment for when the patient has processed the information and is receptive to hearing additional information.

Electronic devices
There are many electronic devices that help overcome barriers to communication. These include:

- **mobile phones** – these are generally affordable and available to the population at large, making them more accessible than computers and far more cost-effective. They have many uses in health and social care. For example, they enable emergency response teams to co-ordinate their efforts, allow a surgical team to contact someone awaiting an organ transplant, gather and send information etc. They are especially important in health and social care in developing countries, where people may live several days’ walk from the nearest doctor.

- **telephone amplifiers** – these are devices that amplify, or make louder, the ring tone of a phone so that people who are hard of hearing and maybe use a hearing aid can hear the phone more clearly. They also amplify the volume of the person speaking on the other end by up to 100%. Other devices on telephones include flashing lights so someone who is hard of hearing can see that the phone is ringing.

- **hearing loops** – a hearing loop system helps deaf people who use a hearing aid or loop listener hear sounds more clearly because it reduces or cuts out background noise. At home, for example, you could use a loop to hear sound from your television. You can also set up a loop with a microphone to help you hear conversations in noisy places. In the theatre, a loop can help you hear the show more clearly. A hearing impaired student can wear a loop and the teacher a microphone to help the student hear what the teacher says.

**Just checking**

1. List three different ways of adapting the environment to help overcome barriers to communication.
2. Why is timing important when giving someone information?
3. Describe how an electronic device such as a mobile phone can help overcome barriers to communication.
Sometimes it is not possible to overcome a barrier to communication so an alternative form of communication must be found. In this topic you will learn about alternatives such as sign language, lip reading and Makaton.

**Sign language**

Sign language is a language which instead of using sounds uses visual signs. These are made up of the shapes, positions and movement of the hands, arms or body and facial expressions to express a speaker’s thoughts. Sign language is commonly used in communities which include the friends and families of deaf people as well as people who are deaf or hard of hearing themselves.

**Lip reading**

People with normal hearing subconsciously use information from the lips and face to help understand what is being said. Many people misunderstand deafness, thinking that if someone can’t hear very well they are being rude or stupid, and this can leave a deaf person feeling very isolated, excluded from everyday activities and conversations, frustrated and lacking in confidence. Lip reading is a technique of interpreting the movements of a person’s lips, face and tongue, along with information provided by any remaining hearing. It is used by someone who is deaf or hard of hearing. It is therefore important that you look directly at someone who is lip reading and stand in a well lit area, when speaking.

**Assessment activity 1.3**

Do some research on a British Sign Language (BSL) website, and try to contact a local BSL association, to help you to produce a leaflet to teach basic sign language to a work experience student going to work in a nursery with a child using BSL. In the leaflet explain why it is important to learn the basics even if the student cannot learn any more than that in the time available. Learn some BSL yourself and use it in a role play to show the rest of your tutor group the basics such as hello and goodbye.

**Grading tips**

This assessment activity will help you gain **P1** and **P2** by showing that you can identify a different form of communication to overcome barriers to communication. In the role play you will be able to show basic sign language skills. To achieve **M2** you will have worked more independently and be able to explain why it is important to make the effort to learn the basics in this situation. In order to achieve **D1** standard you will have used a range of primary and secondary sources of information to complete the task and will have been able to give an accurate evaluation of your basic sign language skills.
Makaton
Makaton is a method of communication using **signs** and **symbols** and is often used as a communication process for those with learning difficulties. It was first developed in the UK in the 1970s and is now used in over 40 countries around the world. Unlike BSL, Makaton uses speech as well as actions and symbols. It uses picture cards and ties in facial expressions with the word to make the word more easily recognised by those with learning difficulties.

Braille
The Braille system is a method that is widely used by blind people to read and write. Braille was devised in 1821 by Louis Braille, a Frenchman. Each Braille character is made up of six dot positions, arranged in a rectangle. A dot may be raised at any of the six positions to form sixty-four possible combinations and these raised dots are read by touch.

Technological aids
These have already been mentioned in an earlier topic as a way of overcoming barriers to communication (page 7). They are also alternative forms of communication.

Human aids
Human aids are people who help people communicate with each other. Examples are:

- **Interpreters** – people who communicate a conversation, whether it be spoken or signed, to someone in a different language they will understand. This is not easy because they not only have to interpret the words or signs but also have to find a way of expressing the meaning of the words clearly.
- **Translators** – people who change recorded information, such as the written word, into another language. Again, they have to convey the meaning as well as the words.
- **Signers** – people who can communicate using a sign language.

### Activity: Signs, symbols and advocates

1. Do some research to find out the signs for (i) poison (ii) no entry (iii) no smoking (iv) fire exit (v) wet floor. Find at least five more common signs/symbols that most people will recognise which are used in a health or social care environment of your choosing. Produce an information leaflet for people who are new to the country and have not seen these signs before.

2. Find out what an advocate is then find all the different health and social care services that use advocates and research how they use them.

### Key terms

**Sign** – a posted up notice giving a direction or command

**Symbol** – something such as an object, picture, written word, sound, or particular mark that represents something else

### Just checking

1. What do we mean by the expression ‘alternative forms of communication’?
2. Explain what Makaton is.
3. What is a human aid? Give three examples.
In the next two topics you will start to learn more skills for effective communication. These include active listening, body language, facial expressions and eye contact. You have already looked at some of these at the beginning of this unit.

**Active listening and body language**

Listening to people involves more than just hearing what they say. To listen well you need to be able to hear the words being spoken, thinking about what they mean, then thinking what to say back to the person. You can also show that you are listening and what you think about what is being said by your body language, facial expressions and eye contact. By yawning or looking at your notes when someone is talking you give the impression of being bored by what is being said. By shaking your head and frowning you are showing that you disagree with, or disapprove of, what they are saying.

The process of active listening involves:

- allowing the person talking time to explain and not interrupting
- giving encouragement by smiling, nodding and making encouraging remarks such as, ‘That’s interesting’ and, ‘Really?’
- asking questions for **clarification**, such as, ‘Can you explain that again please?’
- showing **empathy** by making comments such as, ‘That must be making life really hard for you’
- looking interested by maintaining eye contact and not looking at your watch
- not being distracted by anything else, such as an interruption on your mobile – switch it off or say you will ring back
- summarising to check that you have understood the other person. You can do this by saying, ‘So what you mean is ...?’

**Key terms**

- **Clarification** – making something clear and understandable
- **Empathy** – putting yourself in someone else’s shoes by sharing and understanding someone else’s emotions
- **Proximity** – being near or close to someone or something

**My life**

**Listen carefully**

Work with a partner. One of you tells the other something good that has happened to you in the last few years. The other person should listen very carefully. How can you tell the person listening is concentrating?

How can you tell that the people on the right are interested and listening carefully?
Use of appropriate language

How would you feel if your tutor suddenly started using swear words while they were teaching you? Why would you feel like this? You adjust how you speak depending on who you are with and who is listening to you. Things that are said with a group of friends or at a family gathering might not be understood by others because we use different types of language in different situations. People even unconsciously change their use of dialect depending on who they are speaking to. A person’s accent or dialect may become more pronounced when they are speaking to someone from their family or from the area they grew up in.

Tone of voice

If you talk to someone in a loud voice with a fixed tone the person you are speaking to will think you are angry with them. On the other hand, if you speak calmly and quietly with a varying tone the other person will think you are being friendly and kind. So it is important to remember that it is not just what you say, but also the way in which you say it, that matters.

Pace

If you speak really quickly and excitedly, the person listening to you will not be able to hear everything you say. If you keep hesitating or saying ‘um’ or ‘er’ it makes it harder for people to concentrate on what you are saying. If you speak at a steady pace, however, you will be able to deliver your message more clearly and the other person will be able to hear every word you say.

Proximity

The space around a person is called their personal space. In a formal situation, such as a doctor talking to a patient, the doctor does not sit close enough to the patient to invade their personal space. In an informal situation, people who are friends or intimate with each other will often sit closer to each other. People usually sit or stand so they are eye-to-eye if they are in a formal or aggressive situation. Sitting at an angle to each other creates a more relaxed, friendly and less formal feeling.
Skills for effective communication

If you have not heard, or read, and understood a message properly it is impossible to make the best use of the information. This topic looks at the importance of the written word as a form of communication. It also looks at some situations that can arise in a health and social care environment which might lead to communication not being effective.

**Written communication**

Health and social care workers need to be able to communicate well with the written word. This could be by writing something themselves, such as a letter to refer a service user to a different service, a record of a person’s condition and treatment or entitlement to a benefit, or a prescription. This means they need to be able to use different ways of presenting information, such as letters, memos, emails, reports or forms. They need to make their meaning absolutely clear and structure the information well and in an appropriate manner so that mistakes don’t happen. It is also necessary to use grammar, spelling and punctuation correctly and writing should also be legible so that the person the information is intended for can actually read it.

It is also important that the language used is appropriate. You probably use text language every day on your mobile but you know not to use it when writing an essay or report. If you were emailing, or writing a letter to, your brother you might start it with the words ‘Hi bro’ but to someone to apply for a job you would start with either, ‘Dear Sir or Madam’ or, ‘Dear Mr/Mrs …’. Care professionals should also not use lots of technical words, acronyms or jargon if they are writing to someone who will not understand it.

They should read information provided by other care workers thoroughly. They need to be able to identify the main points and be able to find other information from a wide variety of sources. They also need ICT skills to update records and to access information.

**Figure 1.9: What a mess**

Different types of communication will demand different styles of writing. If it is a formal piece of writing to an author, a professional, it can be used in court, for example, it will need the correct terminology. However, informal writing may not. You may not use full sentences to be used unless a longer more formal piece of writing needs it. In a report or a problem at work, the language, style and writing should still continue.
Effective communication

Effective communication, including active listening, can be hard work. People who work in health or social care environments tend to enjoy learning about other people and their lives. Things can go wrong, however, if:

- the context is wrong, e.g. the surroundings are unsuitable due to lack of privacy
- the service provider and service user are mismatched. Sometimes communication breaks down because of factors such as age, education level, gender and ethnic background
- a person withholds information because they fear being judged, for example, they have taken illegal drugs
- a person fears that confidentiality will be broken, even though this should never happen, for example, about their sexual orientation
- the service user thinks that the advice given is too vague and has not asked for clarification
- the subject matter is embarrassing, such as talking about sex or intimate body parts
- a person fears they are going to hear bad news so avoids going to a service provider until it is too late to help.

If health and social care workers do not develop good communication skills, the effectiveness of their work will be reduced and things can go wrong. This will not help service users to feel good about themselves and can lead to worse consequences. Remember, it is important to overcome problems such as those listed above, communicate effectively, including checking understanding, so that you get the best out of your interactions with colleagues and service users.

Activity: Doctor, Doctor

Read the following conversation:

Doctor: What can I do for you today?
Patient: I’ve got a pain.
Doctor: What sort of pain is it and where is it?
Patient: It’s a shooting pain that goes right down my leg.
Doctor: So the pain is in your leg?
Patient: No, it is in my back but sometimes goes right down my leg.
Doctor: So the pain starts in your back and shoots down your leg?
Patient: Yes.

Doctor: I think you have got sciatica. I’ll prescribe you some tablets to take three times a day. Come back and see me in a week if the pain does not improve.

1. Do you think the two people concerned have understood each other?
2. How did the doctor check he had understood the symptoms?
3. Why was it so important that the doctor understood clearly where the pain was and what sort of pain it was?
4. With a partner, role play a conversation between (i) a small child and a nursery nurse (ii) a deaf older person and a care assistant.
When you are thinking about different types of communication, you are being an independent enquirer. When you think back about your interaction you are being a reflective learner.

Functional skills
When you write down what you think about your communication skills you are using English skills in writing.

Assessment activity 1.4

1. Draw a mind map to present all the different forms of communication, the barriers to communication, the ways to overcome these barriers and the alternative methods of communication covered in this unit. Each branch should be in a different colour and the mind map should be clear and have only a few words on each large and smaller branch.

2. Take part in a group conversation using all the skills you have learned in this unit. As a group decide on a topic that interests you all, such as whether mobile phones should be allowed in school or college, and discuss it. The conversation will be recorded so you can all watch it back. You should each be aiming to join in equally, contribute but not aggressively, and be mindful of your verbal and non-verbal communication skills. When you watch it back you need to write down what you honestly thought of how well you used verbal and non-verbal skills to communicate effectively with the rest of the group.

Grading tips
Parts 1 of the activity will help you achieve P1 and P2 by producing a mind map that has the basic facts on it. To achieve M1 and M2 you will need to work independently, using the facts from the book to identify all forms of communication, barriers and ways to overcome them.

In Part 2 of the activity you will need to show the use of appropriate verbal and body language during the group discussion and at merit level give a realistic assessment of your own verbal and non-verbal skills during the group discussion. To achieve D1 you need to have used the communication cycle properly, being able to recognise the various parts of it as shown in the recording of the group discussion. You will also need to evaluate the strengths and weaknesses of the verbal and non-verbal skills you used and suggest ways you could do better in a future group discussion.

Just checking

1. Give five ways of presenting information.
2. How do health and social care workers use the written word?
3. Give three examples of situations where communication can break down and explain why this might happen in these situations.
I am a practice nurse in a busy general practice. I work in a team which includes five doctors, two nurse practitioners, a health care assistant, two receptionists and a pharmacist. I have my own well equipped private room and I do tasks such as taking blood and urine samples and checking blood pressure. I also look after wounds, syringe ears, give immunisations and smear tests and many other similar tasks, as well as providing information.

Another task is to do annual health checks for people who have chronic (long-lasting or recurrent) conditions such as asthma and heart disease. This allows me to monitor the condition and gives the patient a chance to air any anxieties or discuss issues such as medication. I know I make it easier for some people to come and have embarrassing things done that they don’t like asking a male doctor to do and I enjoy the fact that I am helping both the patients and relieving pressure on the doctors. I love my job because I enjoy meeting lots of different people and feeling that I am making a difference to them.

1. What have you learned about in this unit that would help you do a job such as this? Write a list of communication skills that will help Marge make the patients feel relaxed with her.

2. What are the barriers to communication that Marge refers to when she talks about some patients not wanting to see the doctor?

3. How do you think she overcomes these barriers?

4. Imagine you have been to college and have finished your training to be a nurse. Write a letter of application to a general practice for the post of practice nurse. Include the reasons why you think you could do the job, a description of your interpersonal skills and the evidence you have to show you have them. Do not include any practical skills as they will know you have those from your training.
Extension activity: Catching a bus

Sophie is 35 years old. She has been in a psychiatric hospital, after a complete mental breakdown, for fifteen years and is now preparing to live in the community. She has to learn how to catch a bus on her own again. Imagine she is coming to live in the area near your school and has to travel to a local town. You are her new care worker and are going to teach her how to cope with life outside the hospital. Remember that she will not know much about money and has only been on a bus a couple of times in the last two years, always accompanied by a care worker.

1. Sophie is not used to speaking to strangers. Write down what you would say to her.
2. Test out what you have written on another member of your group. Ask them to tell you honestly whether it would make sense if they were not used to catching buses.
3. Imagine how Sophie will be feeling about the experience of learning to travel to a nearby town by bus on her own. What are the barriers to communication for Sophie with (i) you (ii) the bus driver?
4. How can you help Sophie overcome each of these barriers?
5. Produce a reminder card for Sophie to have in her handbag, to refer to if she forgets what you have said to her.
6. How can you prepare her to cope when someone she has not met before sits on the seat next to her and tries to chat to her? To work out how you could do this think about a time when this has happened to you. Talk it over with a partner and role play the situation. Then write a list of practice opening lines to conversations that a stranger might use, such as, ‘It’s lovely weather, isn’t it?’ and then suggest what Sophie should say in response.

Assignment tips

• Whenever you visit any health or social care environment observe the care workers talking to service users. Make notes of three skills used and the effect on the service users.
• Make sure that before you take part in any interactions you plan them carefully. For both your one-to-one and group interaction produce plans that identify:
  ■ the skills you will use
  ■ where the interactions will take place
  ■ any resources you may need, such as a video camera for practising or in role play
  ■ any potential barriers to effective communication.
• Suggest any additional skills or factors that could improve communication if you were to repeat the interactions.