

The CARE CERTIFICATE

Communication

- What you need to know

Standard

6

The importance of effective communication



Good **communication** develops your knowledge and understanding about individuals and the part played by other workers so that the best care and support possible can be provided. It helps build working relationships where each person's views are valued and taken into account.

6Cs

Communication

Communication is an essential part of a caring relationship and helps to encourage trusting relationships with other workers and families as well as the individuals you care for.

Types of communication

Talking is often seen as the most common method or type of communication but most communication is silent. Gestures, tone of voice, grins, grimaces, shrugs, nods, moving away or closer, crossing arms and legs all tell us far more than words. Learning to take account of these reactions is all part of developing your communication skills to achieve the best outcomes for individuals. Communication can be harder when we can't see these signs such as when we use the phone, texts or email.



Different people have different ways of communicating that work best for them. Some of the different types of communication are:

- **Verbal communication** - Differences in how you speak, including the tone, pitch, speed 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.
- **Sign language** - 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** - This is a form of language that uses a large collection of signs and symbols. It is often used with those who have learning and physical disabilities, or hearing impairment.
- **Braille** - Is a code of raised dots that are 'read' using touch. For people who are visually impaired or who are blind, the system supports reading and writing.
- **Body language** – This is a type of nonverbal communication. There are many different aspects of body language, including gestures, facial expressions, eye contact, body positioning and body movements. Each of these will communicate information about an individual or a worker often without them realising it.
- **Gestures** – These are hand or arm movements that emphasise what is being said or used as an alternative to speaking.
- **Facial expressions** – These support what is being said by showing reactions or feelings. They can give you valuable clues that you can use to check out a person's feelings.
- **Eye contact** - Maintaining good eye contact is an important way for a worker to show that they are engaged and listening.
- **Position** - 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.
- **Written communication** - This method is used to send messages, keep records, or provide evidence.



Communication with other workers and individuals

Workers will develop many different relationships. Some will be **formal** and others more **informal**. Successful two-way communication is crucial in both cases. A relationship based on trust and understanding from the beginning will provide the basis for good care and support whether short or long-term.

Poor communication can quickly lead to confusion and distress. The process of exchanging information through communication is not always straightforward. If the information shared is inaccurate or misleading, mistakes can be made which can result in poor care.



Formal

Formal communication is likely to be used in the working environment, particularly between you and other workers.

Informal

Informal communication is likely to be used with friends and family, using familiar words or slang. You should always use the communication method that is appropriate for the person and situation.



You should watch for clues from any individual that come from unspoken messages. These non-verbal ways of communicating come from body language, position, facial expressions or gestures. For example, when asking someone if they are in pain, they may say 'no' but a wrinkled brow, uncomfortable facial expression or body movement may say otherwise. As an observant worker you will be able to notice when an individual is becoming confused, angry, upset, stressed or anxious without them telling you. You can then take action to help stop this from happening or help them express their feelings in the best way for them.

By noticing an individual's reactions you can ask yourself 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?

Recognising the unspoken messages can help you to ask good questions and develop supportive relationships. It improves trust as the individual can see that you are interested in them and trying to understand and meet their needs.

Communication and language needs, wishes and preferences

To find out what an individual needs or wants, so your work can be centred on them as a person, you have to connect with them. So that means that you must understand their communication needs right from the outset.

People's unique communication needs vary depending on their ability, disability, illness or condition, as well as on their personal preferences. If you can't find out from talking and listening how a person needs to communicate, you will need to use other methods of communication to help them get information across to you in a way that works best for them. The individual's family, friends or carer might be able to share experience of which communication methods work best—but sometimes part of the problem is that they don't communicate well with the person being supported, so don't rely on this method alone.

Communicating by touch or physical contact

The individual's preferences are particularly important in relation to using touch as part of non-verbal communication. Touching a person might be done as a form of communication, for example shaking hands or kissing. But other types of touch will almost certainly also communicate something to them, for example what they experience from the ways that they are physically helped to stand or sit or turn over in bed, and particularly their experience of being touched in the course of intimate personal care such as washing.

In all cases, how you touch anyone must be decided thoughtfully and in a person-centred way. So your use of touch may well be different from one person to the next, and will be something that you will need to talk about with each person whom you are helping so that you know their particular preferences. This is also a key area to talk about with your manager and work colleagues, especially if you are supporting anyone who cannot clearly communicate their own preferences to you.

On the whole, any form of touch must be consented to by both people. But sometimes it may be necessary to touch someone when they do not want to be touched, for example if they need to be physically restrained for their own or someone else's safety. You must talk with your manager about what are the agreed ways of working in your workplace so you know what to do if this happens.

Remember too that the use of touch must be within the rules for infection control in your workplace.

See also Care Certificate standards 7 (Privacy and dignity) and 15 (Infection prevention and control).

Some specialist methods of communication

Touch is used in particular ways to communicate with people who are deaf and visually impaired. Workers sign information onto the individual's hands as a way of passing on information.

For those whose communication skills may be limited, technological aids can be used. Hearing aids, hearing loops, text phones, text messaging on mobile phones and magnifiers are all forms of technological communication devices.

Some individuals may use **word or symbol boards** to support their speech and/or their understanding. This helps the listener by associating a picture or printed word with the verbal communication in order to be able to understand what is being said.

Others may use **speech synthesisers**, which replace speech either by producing a visual display of written text or by producing synthesised speech that expresses the information verbally. Voice recognition software can be purchased for computers (including many tablet 'pad' computers with touch screens) to translate speech to written text or the other way around. Some word-processing programs and apps have this already built in.

When using communication aids always check that they function properly, that they are clean and in good working order. Should you have any worries about communication aids or technology not working properly, or being unclean, report this to a senior member of staff or the individual's carer or family member.

Barriers to effective communication

A barrier is anything that will get in the way of communication. There are a wide range of barriers including:

Attitude – When a 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.

Limited use of technology – When the technological aids known to be the best way for someone to communicate are not available.

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.

Emotions – When someone is depressed, angry, embarrassed or upset their emotions may affect their ability to think and communicate in a sensible way.

Physical – When someone has physical conditions that create communication difficulties, for example, being breathless, not having any teeth or being in pain.

Not enough time – Not giving individuals time to say what they want may make them feel rushed and reluctant to express their true wishes.

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.

Stereotyping – Generalisations about a group of people that are wrong and misleading. An example would be that 'all older people are hard of hearing'.

Other barriers include sensory impairments, culture, language, noise, lighting or substance misuse.

Reducing barriers to communication

As a worker you should do what you can to reduce any barriers to communication. The most effective way to make sure that you are meeting someone's communication needs and providing person-centred care is to know as much as possible as you can about them.

A 'communication passport' might be used by some which provides vital information about their needs, wishes and preferences. This pulls together the information into a format that is easy to read, often with pictures and photographs. Putting something like this together with an individual can be another good way of getting to know them well and understanding their needs. Your organisation might have a suggested format but at a simple level you can put one together with the individual to suit them.

It is important to get regular feedback about your communication style and methods from the people you provide care and support to so that you can continue to improve how you communicate. You could also increase your awareness of different communication needs and methods through taking up learning opportunities. Experience will help you to develop a variety of new methods of communication and selecting the best one in each situation. Be creative. Open body language and a positive, non-judgemental attitude will further help reduce barriers. Your communication skills should be seen as a toolbox, using the right tool for the right job and choosing a different tool if one doesn't work well.

Checking understanding

Checking that communication has been understood is an essential part of the process. A vital skill that checks understanding is **summarising**. A summary should bring together the main points of an exchange of information. This will allow the individual to correct you if necessary. This can help you to check that you have correctly understood. Questions are another way of checking whether a message has been received. Make sure you ask questions in a way that the individual has to provide a detailed response (open questions), rather than asking questions which require only a 'yes' or 'no' reply (closed questions). For example: 'What do you like to do in your spare time?' However, closed questions can be useful in some situations.



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.

Additional information and support

Information and support on particular communications needs can be found from specialist charities and associations, especially those specialising in particular disabilities or medical conditions. Websites can provide material on forums, services or groups in the local area that you could attend or use to find out more.

In addition, some local charities offer specific human aids such as befrienders, advocates or mentors. A befriender could support an individual in overcoming emotional difficulties that are a barrier to their communication. An advocate could communicate on an individual's behalf if their skills are very limited.

A number of additional key experts available to support individuals with their communication needs include speech and language therapists, interpreters, translators, and clinical psychologists or counsellors. Further learning can come from other workers, your manager and a wide range of courses and qualifications.

Confidentiality

Confidentiality is an essential principle in health and social care and forms the basis of all ways of working and codes of practice. The basis of a good working relationship is trust. This is dependent on the individual being confident that personal information about them is treated confidentially. Information about someone must only be shared with others involved in their care and support on a 'need-to-know' basis. Any information should not usually be disclosed without the person's informed consent. The circumstances when information must be shared even if the individual does not give consent are listed later in this section.



Informed consent

To give informed consent the individual must be provided with all of the necessary information in order to make a considered decision. See standard 9 for further information about consent and informed consent.

An individual's right to confidentiality also means that a person's notes or details must always be stored securely, for example in a locked cupboard, and not be left where they can be seen by unauthorised people. Computers or mobile devices such as electronic tablets need to be protected by a password and firewall. When talking about an individual you must ensure no others can overhear you.

It is essential that you obey the laws about confidentiality, particularly:

General Data Protection Regulation 2016 – which place obligations on organisations to process personal data securely. This includes protecting people's privacy, giving individuals the right to consent to data collection and the right to have data removed.

Human Rights Act 1998 – This Act determines a number of basic rights for any citizen of the UK. The important one in this context is the right to respect for private and family life, home and correspondence.

www.legislation.gov.uk/ukpga/1998/42/contents

You must find out from your manager what your workplace's agreed ways of working are for putting these laws and other aspects of confidentiality into practice.

Limits to confidentiality

Whenever possible, individuals should provide their consent for the transfer of information. However, this may not always be possible and there will be occasions when information normally considered confidential needs to be shared. Examples of occasions when confidentiality may have to be broken are:

- 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.

There will be times when you face dilemmas about confidentiality, not knowing what to do or if you should speak to anyone about the information you have. At these times it is important to speak with your manager and follow the agreed ways of working. If your manager is not available, a senior member of staff or other worker should be able to help.

See also Care Certificate standard 14 (Handling information).

Communication in summary

Communication may take place face-to-face, by telephone or text, by email, internet or social networks, by written reports or letters. It requires you to listen or read (and understand) as well as to speak or write. Whether you are communicating face-to-face, on the telephone or in written form, always be respectful, try to match your method of communication to the individual's needs and be aware of confidentiality.