CHAPTER 2
Promoting communication in health and social care

The Social Care Institute for Excellence states that good communication skills are the starting point for all the other skills that health and social care workers need. The other skills that you will need in order to work in health and social care cannot be developed unless you have good skills in communication. Many people think that communication skills are 'natural' – that people are either good communicators or not. However, communication skills can be learnt. It is certainly the case that communicating where there are challenges can be learnt.

This chapter ensures that you understand and learn how to communicate effectively and overcome any barriers that you might face.

Links to other chapters

Communication is important for all aspects of effective work in health and social care. In particular, this chapter should be read with reference to chapters 1, 3, 5, 7 and 14.

UNDERSTANDING THE IMPORTANCE OF COMMUNICATION

In order to understand the importance of communication at work, you need to understand:

- what we mean by communication
- how people communicate
- why people communicate
- the way that communication impacts on your work.

WHAT IS COMMUNICATION?

On the face of it this might seem a very basic question, but there is a lot more to communication than you might first think.

Communication is a two-way process which is affected by the environment in which the communication takes place. It is never straightforward – it is never about one individual, but always about relationships, environments and understanding the specific needs of the individuals you work with.

Communication is about making sure that our needs are recognised or our wishes known by another being. It is about one living person interacting with another in any way, and about the other person listening, understanding and communicating back.

Every living organism communicates – communication is not something which only human beings can do. In the animal world, communication between creatures is essential for meeting basic needs for safety, food, company and warmth. Animals communicate via the sounds they make, their movements, the warning signals they give, and their posture. It is thought that even some plants communicate by releasing chemicals to warn their neighbours of risks in the area. Humans communicate on more complex levels partly because we have such a wide range of methods of communication to use.

Even newborn babies can communicate effectively because:

- their needs are unmet (hunger, warmth, comfort, affection, nappy needing changing)
- they want to be stimulated
- of fear or loneliness.

Many new parents will tell you that they quickly learn the difference in the way a baby cries – understanding the difference between a baby who is hungry or who wants attention.

COMMUNICATION AS A TWO-WAY PROCESS

Perhaps the most important aspect of communication is that it is a two-way process. It is about both giving and receiving a message. If you are alone, there is no one to see you, no one to hear you and your communication is not being picked up by anyone. Effectively there is no communication!

Receiving a message → Communication → Giving a message

Communication, as we will see in other parts of this chapter, is as much about the listening and receiving of information from the other person, as it is about whatever we are trying to communicate to them. In order to relate to other people as individuals, we need to be considerate around their communication styles, preferences and needs, and to ensure that our own communication enables the other person to relate to us. *All* relationships are built on mutual, two-way communication.

Communication is:

- about understanding other people's needs and wishes

- about letting people know that you have heard and understood them

- about being honest and open about what you can and cannot do to meet those needs and wishes

- on its most basic level, about getting on with people – ie treating them with respect as individuals and as equals.

This is why good communication at work builds effective relationships with colleagues and service users, and why barriers to communication have to be overcome to aid effective mutual understanding.

KEY POINT

Communication is a two-way process. It is about giving a message and receiving a message.

WHY DO PEOPLE COMMUNICATE?

There are four main reasons people communicate:

Instrumental communication

We communicate in order to:

- ask for something
- choose something
- refuse something
- tell someone what we need or want.

Informative communication

We communicate in order to:

- obtain information
- to describe something.
- give another person information

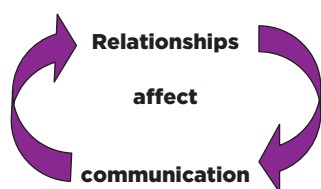**Expressive communication**

We communicate in order to:

- express our thoughts or feelings
- shares ideas.

Social communication

We communicate in order to:

- attract attention
- maintain relationships.
- build relationships

COMMUNICATION AND RELATIONSHIPS

Relationships affect communication

Communication and relationships are very closely linked. The way in which we communicate with others will be affected by the relationship we have with them. In much the same way, the quality of communication has an effect on relationships. For example, when people don't communicate effectively their relationship suffers. The links between communication and relationships should never be underestimated by health and social care professionals.

In health and social care settings, communication occurs:

- between individual workers and individual users of services
- between individual workers and groups of service users
- within groups of service users
- between team members
- within staff groups
- between staff members and managers

- between staff members, managers and partner agencies
- between service users and their carers, family and friends
- between staff and service users' carers, family and friends.

REFLECT

Think about how the various ways in which you communicate at work affect your working relationships. You may have heard service users described as 'unable to communicate'. Given the complexity of communication, how is this so?

Communication is two way. If workers are failing to understand what a person is communicating, the problem is with the worker, not the service user. The view taken should be more along the lines of 'the person working with this service user can't understand their communication'.

MESSAGES FROM RESEARCH

Poor communication in health and social care

The Social Care Institute for Excellence highlights the extensive research demonstrating poor practice in communication in health and social care:

Care staff are regularly observed to use patronising styles of speech that feature exaggerated tones, inappropriate use of 'we' and 'our' instead of 'you' and 'your' and unsuitable endearments such as 'dear'. This way of talking is sometimes referred to as 'elderspeak'.

Other examples drawn from research observing health and social care staff in residential settings include making critical comments about residents within their hearing or carrying on conversations from which residents are excluded. This seems to stem from a mistaken belief that if residents' verbal communication skills have been affected, then they won't understand what is being said about them. The research indicates that even where residents' understanding is limited, they are likely to realise that something negative is being said by picking up on non-verbal signs such as facial expression.

A wide range of research indicates that where health and social care staff are reminded of the importance of respectful communication, this has an impact on their practice. Where the communication of care staff is improved through training and reflective practice this has a very significant impact on the outcomes for service users.

(Moriarty et al 2010)

UNDERSTANDING HOW PEOPLE COMMUNICATE

In order to meet the requirements of this chapter it is vital that you understand the different ways in which people communicate.

People communicate in a variety of ways, such as:

- touch
- gestures
- speech
- drawing
- facial expression
- sign language
- style of dress
- body movements and posture
- writing
- telephone
- electronically (eg text messaging and email).

All the different types of communication can be categorised into three main areas:

- verbal communication
- non-verbal communication
- written communication.

VERBAL COMMUNICATION

When thinking about verbal communication, people tend to focus on the words they use. However, research indicates that the words we use are less important than other aspects of communication in conveying or understanding our needs. Only a small proportion of communication is conveyed in the words we use with more being communicated by the tone, volume and pitch of the voice, and even more being communicated in the form of body language.

Therefore, in using verbal communication you not only need to think about using words that treat people with respect and using words that people can understand, but you also need to think about the following areas:

Speed

The speed at which someone talks is very significant. It might indicate someone's emotional state – for example, fast speech is associated with anger or excitement while slow speech can be associated with tiredness or a low mood. The speed at which someone speaks can be interpreted in a range of ways – for example, slow speech can be interpreted as showing a lack of interest.

Tone

People are often not aware of the tone of their own voice. However, it is important for health and social care staff to develop this awareness as tone of voice has such a significant impact on communication.

Volume

How loud or softly we speak has a very significant impact on communication. For example, loud speech can indicate anger or aggression and yet many health and social care staff raise the volume of their voice when talking to service users.

Register

The 'register' of speech refers to how formal or informal it is. You will be aware that people often change the formality of their speech depending on their situation.

NON-VERBAL COMMUNICATION

Non-verbal communication (also referred to as body language) refers to the messages given out by body actions and movements rather than words. Body language is an important part of the communication process. As the saying goes, 'actions speak louder than words'. Usually verbal and non-verbal communications are in agreement (eg someone saying 'I'm happy' and smiling) but at times they may contradict each other (eg someone saying 'I'm happy' while they look positively sad).

There are some key guidelines in terms of body language. When considering body language (and communication as a whole) try to remember the three Rs: Communication should always be:

- respectful
- receptive
- relaxed.

The table on the next page gives some guidelines on this.

Respectful, relaxed, receptive ✔	Disrespectful, tense, not receptive ✗
Resting and/or still hands	Fidgeting and/or clenched hands
Relaxed face	Creased brow, a drawn mouth
Relaxed shoulders	Raised and tense shoulders
Posture is upright, able to breathe easily	Strained or hunched
Slow and deep breathing	Rapid and/or shallow breathing
General position comfortable and easy to retain when either sitting or standing	Requires lots of fidgeting and movement to remain comfortable
Mouth visible	Mouth covered up or chewing finger nails
Feet and legs still and comfortable	Feet and legs fidgeting or tapping
Appear interested in what is being said	Doodle, sigh, look away, look at the watch, etc.

These descriptions can also act as indicators of how someone is feeling. Sensitive observation provides insight into how the exchange is progressing. This is an important point because communication depends upon responding to the verbal and non-verbal messages provided by others within the exchange. Therefore, if a person's body language becomes tense, the situation may be causing anxiety.

REFLECT

Spend some time observing people. You can do this anywhere – at work, at home, when you are out and about. Does a person's body language (non-verbal communication) always match what they are saying (their verbal communication)?

THE USE OF TOUCH IN COMMUNICATION

Touch is a very powerful form of non-verbal communication. Think about the way that you might experience touch yourself – when someone you know well touches you, you might feel comforted and safe, but when someone you don't know touches you, you might feel vulnerable and threatened.

When used appropriately, touch can be a very positive form of communication in that it can:

- provide comfort and reassurance when someone is distressed, making them feel safe and secure

- show respect

- calm someone who is agitated.

However, when used indiscriminately, touch can:

- invade privacy, making people feel vulnerable

- embarrass people

- undermine trust

- be seen as harassment.

So, this is a sensitive area. The best approach is to keep touch to a minimum, because it can easily be experienced as threatening, inappropriate or uncomfortable, especially for a service user who may already be feeling vulnerable. If a health and social care worker needs to touch someone as part of the care process, they should explain what they are doing and always ask permission. Failure to ask permission and obtain consent is an intrusion on that person and an abuse of power.

BEHAVIOUR AS A METHOD OF COMMUNICATION

Everything we do is communicating something. We even communicate in some way in our sleep – when you are asleep you are communicating that you are tired or that you are bored! Very often people behave in certain ways to communicate something to another person. It is important that when you see someone behaving in a certain way you ask yourself, 'What are they trying to communicate to me?' Recognising that all behaviour is a form of communication is a starting point for this chapter.

ALTERNATIVE METHODS OF COMMUNICATION

Where people experience barriers to the more common forms of communication they may use alternative methods of communication (sometimes referred to as **augmentative and alternative communication**). This might include communication methods as follows.

Key term

Augmentative and alternative communication (AAC) is a term which is used to describe a range of techniques which health and social care workers and other professionals use in order to aid communication and support people to understand. AAC can be pictorial (eg using photographs and symbols to mark out what will be happening and in what order), or it can be where sign and gesture are used in order to communicate certain words or ideas.

Objects of reference

Using an object or a picture to indicate what someone wants. They could pick up a cup to indicate that he or she would like a hot drink or could use a picture or symbol to indicate this. A particular object or picture may have a specific meaning for that individual which may not be immediately apparent, which is where observations, together with feedback from others, will be especially helpful.

Touch

Perhaps using a tap on the arm to obtain your attention or guiding you to indicate what the person requires. In this way, someone might guide you to a room where they want to be or show you something of interest.

Behaviour, gestures and movement

These can be used by many people as a communication method. Behaviour that may be labelled as challenging or difficult may in fact be much more about a person communicating some aspect of their needs.

Sounds

If people have relatively few or no words, they may use other sounds to indicate what they want. The meaning of some sounds may well be obvious, such as laughter or shouts of joy or pleasure. As with the use of objects of reference and touch, the association made with some sounds will be specific to that individual.

Smell

Where other senses are impaired, the sense of smell may take on added significance and some people may, for example, sniff different types of foods and toiletries to make their choice.

Drawing

Some people may prefer you to make a drawing to indicate what choices are available or what may be taking place. Symbols are often used in communicating with people to help understanding.

Writing

Some people may prefer to write rather than to speak. This may be the case if someone's speech is temporarily impaired due to illness or it may help them to clarify what they mean.

KEY POINT

The three Vs of communication
There are 3 Vs involved in the giving and receiving of a message:
Visual cues – body language such as eye contact.
Vocal cues – the tone and pitch of the voice.
Verbal cues – the choice of language.

REFLECT

Over the next few days think about the variety of different communication methods you use. If you were not able to speak, what other methods might you be able to use to communicate your wishes and needs?

MEETING PEOPLE'S COMMUNICATION AND LANGUAGE NEEDS, WISHES AND PREFERENCES

Every individual, whether they use or work in health and social care or not, has their own preferred methods, tools and means of communication. Within health and social care, it is our role to know about the needs and preferences of the people we are there to support. You therefore need to be competent at establishing *how* each individual communicates, and *what* they want to communicate about their needs and wishes.

Some of this is like a detective task, as you cannot assume that every individual communicates in the same way, as even when people have similar issues, they may communicate differently and want different things.

HOW DO YOU ESTABLISH A PERSON'S COMMUNICATION NEEDS, WISHES AND PREFERENCES?

Ask them. If they are not able to tell you then:

- Ask someone who knows them well, possibly a family member or another professional.

- Read their notes.

- Try different methods of communication and review what response you get.

When a health and social care worker meets a new service user, some documentation about this person should be shared – this might be assessment documentation or a care plan. This paperwork should provide information about how the person communicates. Occasionally, there may even be an assessment report by a communication therapist (sometimes referred to as a speech and language therapist).

Someone's communication needs are a key element of their care and support needs, and their preferred communication and any specific communication needs should be recorded in their care plan. As with any aspect of care planning, the process should begin with an initial or baseline assessment. Planning should then take place to find the best way to support the person's needs and help them to develop or maintain their skills if possible. The plan should be implemented and monitored to see what changes may be taking place. Periodically communication needs should be reviewed, as with any other aspect of someone's support needs, and they should be reassessed as necessary. A review may need to consider advice from relatives of the person or from a specialist, such as a communication therapist.

Even if all this information is carefully recorded, it is no use unless staff who are supporting individuals are aware of it and have had the necessary training to put it into practice. Information about someone's communication needs should be clearly and simply recorded and the record should be easily accessible by those workers who need to access it. It needs to be accessible in two respects:

- The information needs to be recorded in an uncomplicated format which is easy for the worker to grasp, perhaps on a profile card rather than having to wade through pages of care notes.

- A copy of the record itself should be with the worker rather than put away on a shelf in the manager's office. This is particularly important where staff are working alone, eg away from their practice or organisation, as is the case with domiciliary care services.

REFLECT

How do you establish the communication and language needs of the service users you work with?

PERSONAL COMMUNICATION PASSPORTS

Developed in the 1990s by Sally Millar, a specialist speech and language therapist at the Communication Aids for Language and Learning (CALL) Centre, personal communication passports are a person-centred and practical way of supporting people who cannot easily speak for themselves. Passports aim to:

- present someone positively as an individual, not as a set of 'problems' or disabilities

- provide a place for someone's own views and preferences to be recorded and drawn to the attention of others

- describe someone's most effective means of communication

- draw together information from past and present, and from different contexts, to help staff and conversation partners understand someone and have successful interactions

- reflect a 'flavour' of someone's unique character.

Some organisations have developed and adapted this approach and refer to the system as individual communication profiles or something similar.

PROMOTING EFFECTIVE COMMUNICATION

Since communication is about both the giving and receiving of messages, promoting effective communication requires you to consider both the way you give a message and the way that you receive a message.

Since the cycle of communication involves …

Giving a message

Receiving a message

Giving a message – encouraging another message

Receiving a message

… there are various factors to consider when promoting communication.

Allow sufficient time

Can you draw on a wide range of communication methods? Are they appropriate for the service user?

Factors to consider when promoting effective communication

Make sure the environment is appropriate

Think about non-verbal communication – including eye contact and the use of touch

Think about proximity/ body space

Can you demonstrate active listening?

All of these factors are covered in this chapter. You should reflect on how you consider these factors in promoting communication.
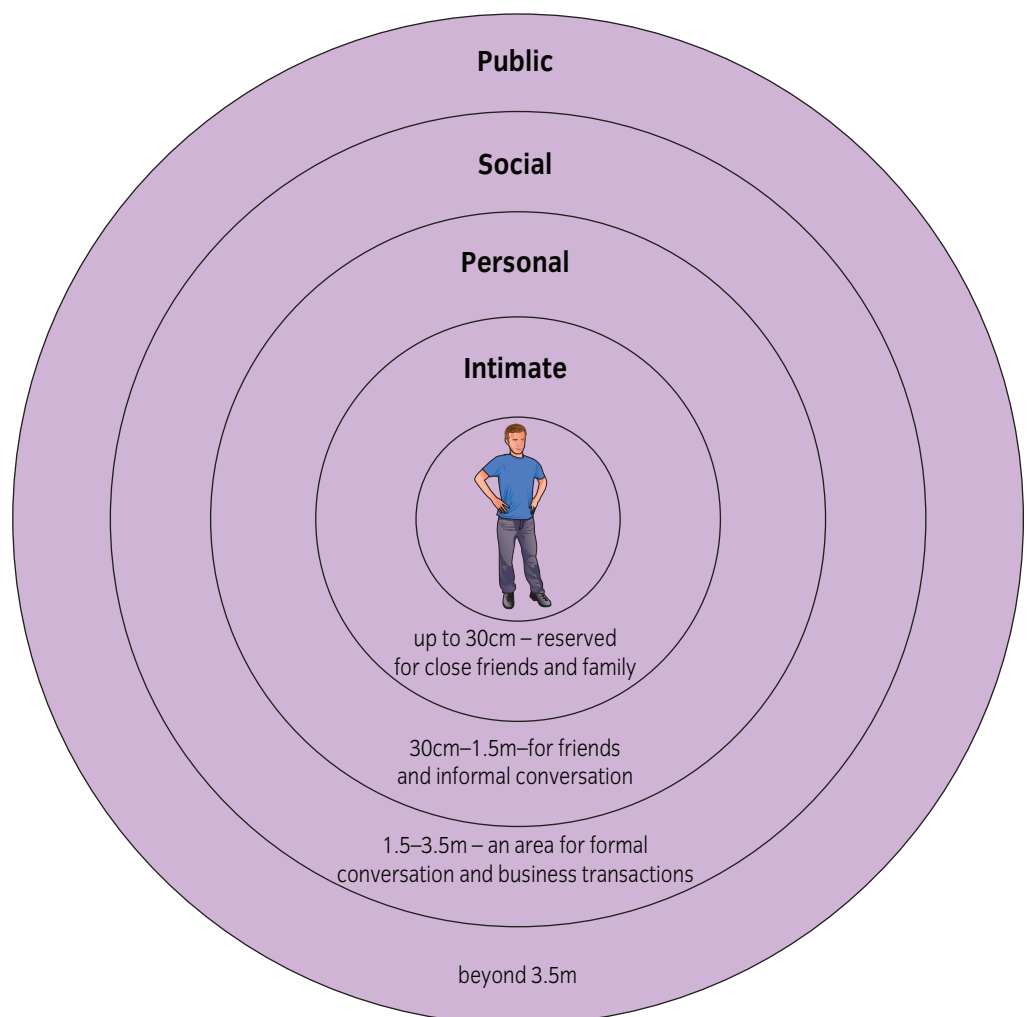
ENVIRONMENT

The environment can have a significant impact on communication. For example, if an environment is busy and noisy this can create barriers to effective communication.

Think about the way that you position the chairs in your own home so that people can face each other to facilitate communication between you – this demonstrates how much of an impact the environment has on communication.

PROXIMITY/PERSONAL SPACE

The physical distance you keep between yourself and others during social situations is your personal space. Everyone's personal space varies as it is based on gender, culture and personality differences.

In academic terms personal space and its impact on communication is referred to as 'proxemics'. The study of proxemics identifies that there are four levels of personal space:

Public

Social

Personal

Intimate

up to 30cm – reserved
for close friends and family

30cm–1.5m–for friends
and informal conversation

1.5–3.5m – an area for formal
conversation and business transactions

beyond 3.5m

Research demonstrates that people from different cultures have different personal space levels.

There are times when in health and social care these 'usual' areas of personal space are changed – for example, when you need to provide personal care for an individual. You need to think carefully about personal space issues and always check out a person's willingness for you to enter their personal space. You also need to respect the fact that people's preferences around this change over time, evolve (eg as they begin to trust you), and are likely to be specific to how someone is feeling and what they are experiencing that day.

BEING A 'GOOD LISTENER'

Effective communication is not just about giving a message. A good communicator employs active listening skills. **Active listening** is of key importance in helping people feel valued and ensuring that their preferences and choices are recognised. Although some people are naturally good and attentive listeners, along with other aspects of communication, active listening is a skill that can always be further developed.

ALLOW SUFFICIENT TIME

Giving the other person the space and opportunity to talk is of great importance. Some people with learning disabilities, dementia or mental health problems may find it takes them a while to process information and frame their thoughts. People may have reduced energy levels due to illness or for other reasons. Giving an immediate response can be difficult and people may find it stressful to feel under pressure to communicate quickly. Health and social care workers need to allow sufficient time for people to communicate. Workers should listen attentively to anything someone says, but avoid feeling the need to fill silences as it may be sufficient just to be there with the person. Wherever possible, workers need to be led by the individual and to proceed at his or her pace.

USE 'ENCOURAGERS'

Giving encouragement to the person who is talking, perhaps by nodding or indicating in some other way that you are listening.

KEY POINT

There is an Ancient Greek saying: 'We have two ears and one mouth so that we can listen twice as much as we speak.'

Key term

Active listening is about really listening to what a person is saying and showing them that you are listening to them.

There are several techniques that can help workers to be active listeners. While they might seem obvious, they are effective. In busy working environments they can easily be forgotten.

DON'T JUDGE AND DON'T ASSUME WHAT SOMEONE IS SAYING

Acknowledging what the other person has said without appearing to judge them is very important as is avoiding assumptions. If you are finding it difficult to understand what someone is saying, ask him or her to repeat themselves rather than pretend that you have understood.

USE SPECIFIC SKILLS SUCH AS REFLECTING AND PARAPHRASING

Reflecting is a skill drawn from counselling. It involves the listener repeating back what the person has said in their own words – this shows that you have listened and heard what they have said. This can also give someone the opportunity to check whether what the health and social care worker has heard is really what they meant, for them to take stock and then develop their line of thought further.

Paraphrasing is where the listener repeats back what they think they have heard using their own words – effectively summarising what they have heard.

THE SOLER MODEL OF COMMUNICATION

Developed by Gerard Egan and based on approaches used in counselling, the SOLER model of communication shows how active listening can be demonstrated to others:

Sit squarely in relation to the person – this demonstrates that you are ready to listen.

Open position – open body language indicates more attentive listening – this means not folding your arms, etc.

Lean slightly towards the person to whom you are listening – this indicates that you are interested in what the other person has to say.

Eye contact – maintain good eye contact.

Relax – it is important to sit still without fidgeting as this can distract the other person.

WHAT SHOULD I BE *LISTENING TO*?

On the face of it this seems a strange question: 'I should be listening to what the person is saying'. However, as we have covered, communication is about far more than words so we need to *listen to* far more than words. To listen effectively we need to listen to what a person is saying as well as:

- *How the person is speaking.* You can tell a great deal from the way someone speaks. For example, if someone is speaking quickly they may be excited or anxious, and if someone is using a monotonous tone they may be feeling low. It is important of course not to make assumptions. Always check out your views, eg by saying 'it sounds as though you are happy/sad, etc about that?' By making the statement a question it is likely that the person will let you know how they feel.

- *A person's body language.* Observe the whole person, but be aware that body language is culturally specific. In some cultures avoiding eye contact can be seen as ignorant while in others making eye contact can be seen as offensive. However, it is probably safe to assume that if someone is smiling they are happy, and so on.

- *A person's behaviour.* Some behaviours such as crying and aggression can communicate a great deal. However you need to listen to the 'whole person' to be clear exactly what the behaviour is communicating. For example, people can cry tears of either joy or sadness.

The following poem written by an adult with learning disabilities demonstrates the way that listening is an active process:

> To work with me,
>
> You have to listen to me
>
> And you can't just listen with your ears.
>
> Because it will go to your head too fast.
>
> You have to listen with your whole body.
>
> If you listen slow,
>
> Some of what I say
>
> Will enter your heart.

ENCOURAGING FURTHER COMMUNICATION

Active listening and employing skills such as using encouragers, reflecting and paraphrasing are likely to encourage people to communicate further and are therefore key skills in promoting effective communication.

Asking questions skilfully can also encourage further communication.

Questions are a vital part of the process of communication. While we all ask questions at different times, sometimes to be effective as a health and social care worker, people need to learn about different questioning techniques.

TYPES OF QUESTIONS

There are three main types of questions:

Question type	Example
Open	'What's your favourite drink?'
Closed	'Is tea your favourite drink?
Leading	'Tea is your favourite drink, isn't it?'

Open questions

Open questions generally start with the following:

- Why?
- Where?
- When?
- How?
- What?
- Which?
- Who?

Open questions:

- ask the speaker to think about their answer and give more information
- demonstrate an interest in a person because the questioner has effectively said 'Tell me more. I'm interested.'
- encourage people to think about the answer they are giving and the answer often gives a range of information to the questioner, allowing the conversation to develop further.

Closed questions

Closed questions are those that can only be answered by a 'yes' or 'no'. Closed questions:

- allow for limited responses
- are not helpful in gaining further information since the response is limited

- can be useful to gain very specific and basic information where the speaker regularly goes off the subject

- can be used to end a conversation.

Leading questions

This type of question gives the person being asked a clear indication about the expected answer. This can be done through the words that are used in the question or by the tone of voice in which the question is asked.

On the whole, leading questions should be avoided. However, it can occasionally be useful to ask some leading questions perhaps where a person lacks confidence in communication. A leading question can give the person a clue about how to respond – this can give the person initial confidence and if the leading question is followed up by an open question then this can lead to some useful communication.

CASE STUDY

Jon is a senior support worker with a reablement team. He is attending a review of Mr Wilder's needs. Jon has been working with Mr Wilder for over six weeks and his involvement is about to cease. The review is considering Mr Wilder's future needs. A social worker is chairing the review. The social worker asks Mr Wilder, 'Do you wash yourself in the morning by yourself?', to which Mr Wilder replies 'No'. She then goes on to ask other similarly closed questions to which Mr Wilder can only answer 'yes' or 'no'. Jon feels that the people at the review are not getting the full picture of Mr Wilder's needs. So he asks follow-up open questions such as 'How do you wash in the morning?' – these questions lead to much more useful information about Mr Wilder's needs.

- What might have been the result for Mr Wilder if Jon had not stepped in and asked more open questions?

USING A RANGE OF COMMUNICATION METHODS AND STYLES TO MEET INDIVIDUAL NEEDS

It is important for workers to be aware of the best way to communicate with individual users of health and social care services and to pay careful attention to such matters as the environment in which they are talking to the person. Even if someone normally communicates well using words, workers should bear in mind when and where they are speaking. Someone may be reserved by nature or, as is the case with many older people, may not want to 'be any trouble'. Some people, often those who have lived in institutional settings for some time, may be eager to please staff members and may communicate what they think staff want to hear rather than what they really think.

The type of questions to consider are:

- Is the person comfortable and relaxed enough to be able to respond well?

- Are there any distractions? Someone with a hearing loss may well find it difficult to distinguish what you are saying against background noise.

- If someone has a hearing loss, ensure that you are sitting opposite each other and that the light is good enough for you to be able to see each other's faces, particularly if the other person lip-reads. If the person has a hearing aid, ask them to ensure that it is switched on and operating correctly.

- Can you speak in a place where you are unlikely to be disturbed?

- Is the timing right for that person? If an individual has had a serious illness, or is on certain kinds of medication, he or she may be more alert at certain times of the day and may be more inclined to speak at those times.

- If someone has a hearing or speech disability, can he or she use or understand sign language and are you able to use this?

- Does the person respond well to pictures or symbols that you can use to communicate with them?

- Is the person happy to continue a discussion or do you need to consider changing the topic or ending a conversation? It is fine to do either and to return to discussing something on another occasion if this is appropriate to someone's needs.

Once you have established the answers to these questions you should be able to make use of a range of the communication methods covered in this chapter. Remember the wide range of communication methods you can use as shown on the next page:

Communication methods

- Make good eye contact
- Listen actively
- Think about your non-verbal communication
- Put thought into the words you use and the way you communicate verbally
- Use gestures
- Observe the way a person is behaving
- Use augmentative and alternative communication where this will be useful

REFLECT

Consider an occasion in your work when you have adapted your communication style for an individual. What worked well, what worked less well, and why? How did you adapt your communication style and modify your communication according to the person's reactions?

IDENTIFYING APPROPRIATE AND EFFECTIVE COMMUNICATION

APPLICATION OF SKILLS

Mrs Akabogu has dementia. Communication can be problematic because she is experiencing intermittent memory loss.

- How would you identify the most appropriate methods of communication to use with Mrs Akabogu?
- What methods do you think you might be able to use to maximise communication with Mrs Akabogu?

Mr Thompson has a hearing impairment. He does have a hearing aid, but doesn't always use it.

- Why might Mr Thompson not always use his hearing aid?
- How might you get over this?
- How would you investigate the best way to communicate with Mr Thompson?

RECOGNISING THE BARRIERS TO EFFECTIVE COMMUNICATION

The barriers to effective communication come down to two areas – problems relating to the message being given and/or problems relating to the message being received.

Problems with the message being given

Problems with the message being given can include:

- It may be difficult to understand because of jargon.
- It might contain too much information.
- It might be distorted by perhaps being passed through too many people.
- Verbal and non-verbal messages may not agree.
- The message might be given inappropriately, eg aggressively.
- There might be cultural differences between the person giving the message and the person receiving the message.

Problems with the message being received

These can be varied, but basically all will fall into the following categories:

- environmental barriers
- 'clinical' barriers
- emotional barriers
- attitudinal barriers
- bureaucratic barriers.

Environmental barriers

The environment we are in can affect communication both in terms of being able to pass on a message or being able to receive a message. For example:

- In noisy surroundings, people may not be able to hear what is being said, or even be able to formulate a message to pass on ('It's so noisy I can't even think!').
- Poor lighting could be a barrier, particularly when individuals use lip-reading and also if facial expressions cannot be seen properly.
- In environments that are not private, people may not raise certain issues that they see as very personal.
- If people are not comfortable (eg if they are too hot or too cold) this will affect the quality of communication taking place.

- The formality of the environment needs to be matched to the communication method. For example, a person may feel inhibited in communicating informally in a very formal environment. The furniture could be rearranged, where possible, to suit the situation.

There are a range of environmental barriers to communication and these will vary widely in terms of the environment in which health and social care workers operate.

Many health and social care staff have little, if any, influence over the environment in which they communicate, eg where a worker goes into a service user's own home. Others, however, can have control over environmental factors.

REFLECT

- What environmental barriers do you face in terms of communication?
- How much control over these barriers do you have in your work role?

'Clinical' barriers

According to the Royal College for Speech and Language Therapists, there are a range of clinical barriers to effective communication, such as:

- genetic or medical conditions
- trauma
- mental health problems
- learning difficulties or disabilities
- speech (clarity, stammering, etc)
- voice (lack of voice, low volume or hypernasality – this is where the speech sound is made primarily through someone's nose)
- fluency (processing the delivery and receipt of language)
- use of different languages, or of specific accents, dialects or jargons within a language
- psychologically based communication disorders
- social skills
- problem-solving skills
- literacy issues or dyslexia.

When considering specific clinical issues and the barriers that can be created, it is vital that staff do not 'blame' the individual for the communication barrier, but that they look at how the barriers can be overcome.

Working in a holistic way, recognising the individual needs of service users means that any specific 'barriers' should be addressed – but always remember that it is *not* the service user that is the barrier. Any difficulties faced in terms of communication can be as much about the staff member having a limited understanding and having a very rigid approach to communication.

Emotional barriers

A range of emotions can affect communication. Examples include:

- *Embarrassment*. If someone is embarrassed about an issue they may avoid discussing it.

- *Stress/distress*. It can be hard to communicate if you are feeling stressed or distressed.

- *Anxiety*. If people are particularly anxious they may find communication difficult. Having to communicate certain issues can create anxiety in itself.

- *Shock/anger.* People can be shocked or angry about what they are hearing. This may result in a person not listening effectively.

Other feelings that can have a signficant effect on communication are:

- fear

- powerlessness

- nervousness

- lack of confidence

- lack of self-esteem.

Attitudinal barriers

Where people have negative attitudes towards the person/people wih whom they are communicating, it is likely that the quality of communication will suffer. For example, prejudice, lack of respect and arrogance will create barriers to good communication. The barriers created by such attitudes are often referred to by staff in terms of service users (eg 'He's got a real attitude problem in terms of authority figures'). However, it is important to recognise that attitudinal barriers often lie with staff.

Addressing barriers created by attitudes can involve a range of approaches.

Health and social care workers need to take a whole system view of communication.

- What is the communication ethos, atmosphere or culture of the service?

- How do individual staff members reinforce that ethos or cut across it by their own style?

CASE STUDY

Muriel is a 92-year-old woman. She is admitted to a residential service. The home manager welcomes Muriel and introduces her to a care assistant to complete the admission process. The care assistant is friendly and welcoming. She sits Muriel in a vacant seat by the television in the main lounge and organises a cup of tea.

The care assistant notices that Muriel looks uncomfortable and keeps crossing and uncrossing her legs. She enquires whether Muriel needs the toilet. Muriel does not reply so the care assistant repeats the question, needing to raise her voice loudly because of the noise of the television. Muriel reacts badly to this, she shouts at the care assistant, accusing her of asking rude questions in public and treating her like a child.

At the end of the shift, the care notes are completed as follows:

Muriel was admitted today at 2.00pm. She is a highly sensitive woman, who is having difficulty in settling. Muriel likes to sit by the television. Muriel is deaf and can be aggressive. Please treat with caution.

- What difficulties in communication was Muriel experiencing?
- What could be done to address these difficulties?
- Within your own setting, what are the arrangements for supporting a person on their first visit?
- Are there any places that allow for privacy and exchange of confidential or sensitive information?
- If there are no places that allow for privacy, how could you discuss this matter in your team or with your manager?

Comments

- Muriel cannot hear what is being said to her. This could have been because of a hearing impairment or because she was placed by the television. The care assistant placed Muriel in that position because of the availability of the chair, rather than by first taking account of any need that Muriel may have. This is a typical example of an institutional bad habit.
- The care assistant was sensitive enough to recognise that Muriel may need the toilet, yet had become indifferent as to how personal a subject this is (a further example of an institutional bad habit).
- If at all possible, try to identify ways to make exchanges as private as possible. For example, by writing questions down.
- The case notes raise many questions about assumption and judgement, which could negatively influence workers on subsequent shifts.

MISUNDERSTANDINGS IN COMMUNICATION

People from different backgrounds will use and interpret communication methods in different ways. The term 'different backgrounds' does not just refer to people's race, ethnicity or culture. We all have a background of some form, which includes:

- where we grew up

- where we live now (consider the diversity of the UK in terms of culture, urban and rural areas, communities, financial wealth, etc)

- how our values were formed in childhood

- our current life circumstances and recent events in our own lives

- our language preferences, phrasing, understanding of some terms, use of jargon, etc

- our hearing or our interpretation of the tone of the person communicating with us

- our interpretation of another person's body language and non-verbal communication, which can also relate to our own background and prior experiences

- our age – think about the difference in the language that older people and younger people use.

Some of this is about 'culture' and some is more broadly about each person's background and prior experience and understanding of specific communication methods. Some examples of how communication methods may be interpreted differently include:

- differences between signs in British Sign Language, American Sign Language and Makaton

- different views on what non-verbal signals mean

- different interpretations of pictorial images (eg a symbol on a chart may mean different things to different individuals, and this can be influenced by the way in which different settings use certain symbols and systems)

- differences in terms of dialect/accent and what certain phrases mean to different people.

Where there are cultural differences between people, communication can be adversely affected. For example:

- Assumptions may be made, which can effectively prevent open communication.

- There may be differences in language, the use of words, accent, dialect etc.

- Non-verbal communication can be culturally specific (eg people from some cultures may like or dislike different uses of touch such as handshakes, and people have different tolerances around their personal space).

- Interpreters may need to be used which will clearly have an effect on communication (see below).

Don't forget that 'culture' covers a range of areas and could include generational differences as well as differences between people's backgrounds.

For more detail around what culture means and around the impact of stereotyping of cultures, see Chapter 3 on equality.

STRATEGIES TO CLARIFY MISUNDERSTANDINGS

Use of interpreters and translation services is considered below in more detail, but is the obvious strategy to use if language difference is the reason why a misunderstanding has occurred.

Other strategies to clarify misunderstandings should include:

- Check with someone that they have understood your communication before you finish discussing anything important with them. Getting someone to confirm their understanding is helpful for both them and for you as a worker.

- If someone's behaviour is displaying signals that they have not understood, eg signs of distress, fidgeting, expressions to show they feel annoyed, etc, then you can verbalise their non-verbal signs. For example, you could say, 'I see you are not looking happy about that. Can I check how you understood what I just said or how you feel about it?'.

- Consider using other tools in order to assist communication (see below). Email and text can be particularly challenging in terms of our common inability to interpret the tone. When this happens, it is often worth speaking to the other person (ideally face to face) to sort out any misunderstandings. It is also useful to consider reading an email or text through before you click send, especially if the content is potentially challenging to the reader. If there has been a genuine misunderstanding, acknowledge it, apologise and learn how to avoid this in future from the person and from others around them.
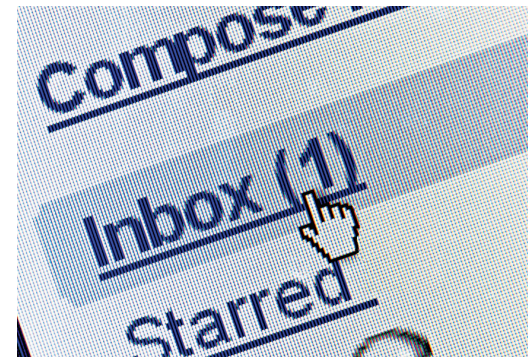
Consider occasions when other people have found you difficult to understand. What factors influenced this – was it your accent, words used, dialect, tone, non-verbal communication, or factors concerning the other person's needs being unmet? How could or did you adapt your own communication in order to clarify misunderstandings?

CASE STUDY

Taju is a senior support worker with a mental health charity. Taju is working with Ben, who has bipolar disorder. Taju and Ben have been working together around Ben's financial entitlements and access to work. Taju has tried to explain the recent changes in the benefits system and has offered to take Ben to the Citizens Advice Bureau (CAB) so that he can get more specialist advice on what he is entitled to. They have spent almost an hour looking at Ben's application forms and talking through the options. Previously, Ben has been anxious about this issue as he has been really struggling with his money and has been threatened with eviction by the housing association from which he rents his home.

Ben stands up during this meeting and starts to pace around the room. Taju asks Ben what is the matter and how he feels about them arranging a joint visit to CAB. Ben becomes angry with Taju quite quickly and shouts at him, saying 'What's the point? They don't listen and neither do you.'

- Why might Ben be feeling annoyed?
- How could Taju respond to Ben?
- How can Taju support Ben and move forwards?
- What strategies could Taju use to clarify any misunderstandings?

OVERCOMING BARRIERS TO EFFECTIVE COMMUNICATION

Communication is always individual. However, there are some basic guidelines in terms of overcoming the barriers to communicating with different groups of people which can be helpful for everyone to know. Although the following guidelines make reference to specific needs

and certain conditions, good practice in communication is generic and the guidelines may provide pointers that are relevant to other service users, whatever their individual needs.

SIGNING SYSTEMS

The most well-known formal signing systems are British Sign Language (BSL), generally used by people who are deaf, and Makaton, generally used by people with learning disabilities. Many people develop their own signing systems built on gestures.

COMMUNICATION AIDS

Technology has enabled an increasing number of electronic and digital aids to communication that can help people who have difficulty speaking. Many of these devices enable messages to be recorded and stored and played at the touch of a button. The devices range in sophistication and price. Information, advice and guidance on choosing the most suitable devices is available from speech and language therapists to whom a referral can be made within the NHS.

SYMBOLS AND OBJECTS OF REFERENCE

Objects of reference can be used to help communication, eg showing someone a swimming costume when they are about to go swimming. For people with a visual impairment, objects of reference with a definite texture which can be held and felt can be useful. Objects that someone is familiar with should be used over a period of time so that the individual comes to associate the object with the message being conveyed.

Visual symbols and photographs can also be very helpful in promoting effective communication.

HEARING AIDS

Hearing aids make sounds louder and can make a big difference to the quality of life of people with hearing loss. They can be obtained free from NHS audiology departments or privately. Hearing aids can be in either analogue or digital formats. Digital aids are now increasingly available on the NHS and can be tailored to meet someone's own hearing needs and to suit different environments including those where there is more background noise.

OVERCOMING BARRIERS LINKED TO CHANGES IN PEOPLE'S NEEDS

It is important for workers not to become complacent once they have established effective communication with a service user – it is quite possible that their communication needs will change over time. For example, a health and social care worker could be supporting someone with dementia whose ability to communicate changes over time. The worker and the whole care team therefore need to be able to adjust and develop their approach.

OVERCOMING BARRIERS AROUND COMMUNICATING WITH PEOPLE FROM A DIFFERENT CULTURAL BACKGROUND

Communication techniques should be flexible in order to respect different cultural needs. The following guide provides key suggestions in communicating with people who are from a different cultural background from your own:

- There is no 'standard' form of address (eg 'Mr', 'Mrs' or use of first name). It is individual choice how different people would like to be referred to. The best way is to ask people what they would prefer to be called.

- The term 'Christian name' should not be used, as people may not be Christians. Use 'first name' or 'forename' instead.

- The use of tactile introductions, such as shaking hands, may be unacceptable in some cultures.

- Confirm with the individual that they are comfortable with your way of communication.

- Respect differences. You need to understand that diversity may affect a whole host of things including accent, dialect, slang and non-verbal communication. Find out as much as you can about the person's background and the effects this may have on communication.

OVERCOMING BARRIERS IN COMMUNICATING WITH PEOPLE WHOSE FIRST LANGUAGE IS NOT ENGLISH

Where a person is not fluent in English, health and social care workers will need to adapt their communication. The following pointers may be helpful:

- Speak clearly but not too loudly.

- Pace your communication well. If you speak too quickly people may not understand, but if you speak too slowly this can be patronising and it can be difficult to understand the whole sentence.

- Use clear language. When someone is from a different cultural background from your own they may not be familiar with idioms or culturally specific sayings (eg 'I've got a frog in my throat', 'it's raining cats and dogs', etc).

- Use pictures and symbols.

- Pronounce names correctly.

- Check and rephrase as you go along.

- Provide written information in the person's home language to back up other communication.

- Get a trained interpreter to help if possible (and do not use family, friends or especially children to enable this as this can be inappropriate).

OVERCOMING ATTITUDINAL BARRIERS

As professionals, we need to be very aware of our own attitudes when working with people whose first language is not English.

Always be aware of the dangers of:

- *Assuming.* People assume all sorts of things which clearly affect communication. For example, you may have assumed that in discussing people whose first language is not English we are talking about people whose first language is a foreign language. What about deaf people who use British Sign Language? English is not their first language.

- *'Dumping' responsibility.* In some health and social care services where one member of staff speaks the same language as a service user then it is sometimes thought to be best for that staff member to work with the service user which implies that other staff members don't need to think about their communication. The case study below gives an outline of such a situation.

KEY POINT

If you ASSUME you make an ASS out of U and ME.

CASE STUDY

Dee is a senior care assistant in a day service for older people. Eva Wengierska is Polish and speaks very little English. She attends the day service where Dee works. At the service a member of staff (Piotre) can speak fluent Polish. The manager and other staff think it best that Piotre communicates with Eva. Piotre and Eva have a good relationship so things work well, that is until Piotre finds another job. Eva is completely lost!
No one else at the service has taken the time to develop their communication skills to be able to communicate effectively with Eva.

- What are the issues here?

- How might Dee have anticipated that there could be problems with this approach?

- What could Dee do now?

REFLECT

- What do you see as the main barriers to effective communication in your work practice?

- How can you overcome these in order to communicate with service users effectively?

- How do you support other staff and relevant people to understand and overcome the potential barriers?

ADDITIONAL SUPPORT AND SERVICES TO ENABLE INDIVIDUALS TO COMMUNICATE EFFECTIVELY

It may be important to access specific additional support or services in order to enable individual service users to communicate effectively. These could include:

- accessing additional support from others who know the person well already

- interpreting or translation services

- advocacy services

- speech and language therapy assessments, services and resources

- occupational therapy assessments and services.

USING INTERPRETERS

People who do not speak English as a first language may need the support of an interpreter. In certain circumstances, family or friends can act as interpreters. However, there are important disadvantages to this, such as:

- Individuals receiving care may not want members of their family or community to know personal details and information.

- Individuals may feel disempowered and they may feel that their control and choice may be adversely affected. This can be a particular issue if the family member or friend is seen to overpower the individual, or if there are concerns that they may not truly represent the individual's views and choices.

- Interpreting is a task that requires great skills in remaining objective and translating information in a completely neutral manner. Professional interpreters will be trained to do this.

- In rare circumstances, family or friends may be actually perpetrating abuse against the person receiving care.

When you work with interpreters, communication is clearly affected because instead of being a two-way communication process it becomes a three-way process. Therefore, perhaps the most important thing for a health and social care worker to consider when working with an interpreter is to ensure that they still create a relationship with the service user. Health and social care workers will also need to think about their relationship with the interpreter. They will need to be clear with the interpreter about each of their roles and to negotiate expectations of working together to facilitate effective communication with the service user.

Many people believe that their communication skills will not be used when working with an interpreter, because communication will be managed by the interpreter. However, professional skills will be more vital than ever. For example:

- Health and social care workers will need to maintain good eye contact with both the service user and the interpreter.

- Listening skills will be very important. The health and social care worker will need to listen to what the interpreter is saying, as well as attending to the non-verbal communication of the interpreter and the service user.

Using an interpreter adds another layer to listening.

COMMUNICATION TECHNOLOGY

Some issues around access to mobile phones and the internet are discussed in Chapter 5 on safeguarding. Communication aids and adaptations are considered in more detail in Chapter 14 on specific communication needs. However, it is also worth referencing here the fact that text, email, mobile phones and new technologies add a rapidly evolving layer into the means and methods by which we can communicate with users of services, and also how they engage with others in society.

ADVOCACY

In the context of health and social care, the word 'advocacy' means 'speaking for or on behalf of'. There are several different kinds of advocacy:

- *Self-advocacy* is about people speaking up for themselves. A commitment to self-advocacy entails enabling and empowering people to act on their own behalf.

- In *peer advocacy* the advocate shares a similar perspective to the individual. For example, when a person with learning disabilities supports another person with learning disabilities to get their views across.

- In *citizen advocacy* a volunteer is recruited to work with someone and build a strong relationship with them over time so that they can help them to put their views across.

- *Independent advocacy* is where either a citizen (volunteer) or a paid employee of an advocacy service takes on the role of the advocate for the individual.

The role of an advocate is one which takes skill to exercise and is different from that of a health and social care worker. Advocates can help in situations where:

- it is difficult for others to understand someone's means of communicating

- the individual is not happy with the service he or she is receiving and wishes to complain

- where supporters such as family, friends, paid carers or health and social care professionals disagree about how to support the person or with the individual's point of view

- when a significant change has taken place in relation to the individual – this may be in relation to someone's health or well-being or a major life change.

An advocate will initially work with someone to understand the way they communicate and to find out what is important to them so that they can represent them in a variety of situations. They will usually go to a meeting alongside the person they are supporting and must always be clear about representing their point of view even if the advocate believes that this may not be in the person's interests. The aim of the advocate is to empower the individual by making sure that their views and interests are heard. The advocate will try to obtain permission from the person to represent their views and to contact others who may be able to help.

Non-instructed advocacy

This is employed when someone is unable to put their views across, perhaps because of profound disability or very advanced dementia and where they lack the capacity or ability to make decisions. Just as with the various forms of instructed advocacy, the advocate will work hard to form a strong relationship with the person, to learn about their preferences and to do their best to represent their interests. See also Chapters 4 and 19 which cover your duty of care around the Mental Capacity Act which are relevant in relation to non-instructed advocacy.

REFLECT

What services do you use to promote effective communication?

RESEARCH

Look into some of the technological developments and adaptations that are now available to support people's communication.

- How would you enable people to access assessments in order to obtain such tools?

- Which agencies and professionals would you need to work with in order to enable people to get the right tools and support to communicate?

Jane is a senior support worker in a day service for people with learning disabilities. She has received a new referral about Jason. Jason has a severe learning disability and uses a wheelchair. He has previously accessed a very large service for young adults with learning difficulties. This service is about to close and so a referral has been made to the service where Jane works. In preparing to meet Jason, Jane reads the referral and Jason's case notes. She discovers that Jason has a communciation aid (a small keypad with about a dozen pictures loaded). When Jason presses one of the pictures, a computerised voice states which picture has been pressed. Extensive work by a speech and language therapist has concluded that this is the most effective way of Jason communicating. The pictures had been chosen to facilitate choices, so that when staff asked Jason a question he could indicate his choice using the pictures.

When Jason arrives to visit the service he is accompanied by a member of staff from the unit which is closing. Jane can't see the communication aid and so asks the staff member where it is. Jane is told that it is normally in Jason's rucksack, on the back of his wheelchair – and it is. When Jane gets it out and positions it so that Jason can use it, she finds that the aid isn't working.

The staff member tells her that it broke some time ago, adding 'It was so much trouble for just some minor communication that we left it. We muddle along pretty well without it.'

- What are the issues here?
- What should Jane do?

THE PRINCIPLES AND PRACTICE OF CONFIDENTIALITY

Health and social care workers must have an understanding of confidentiality and be able to implement this in their practice. This requires knowledge of what confidentiality entails and what dilemmas it might create.

WHAT IS CONFIDENTIALITY?

Confidentiality is a very important aspect of practice in health and social care. However, it is often misunderstood in that people think confidentiality is about keeping information secret. Confidentiality is

about preserving information within a service and sharing it only on a need-to-know basis. When someone shares information with you it is confidential. But that doesn't mean it is secret – it means that the information should only be shared with your manager and others responsible for providing care to the service user.

The right to confidentiality is important to all of us, and especially important to individuals accessing health and social care services. This is because highly sensitive and personal information about individuals becomes known to people who hold a position of power over their lives.

Establishing clear boundaries around confidentiality within a service is vital. Confidentiality enables people who receive care services to have a sense of trust in professionals and a sense of control over their lives and the service they receive.

As a worker in health and social care, you will need to be able to:

- explain the idea of confidentiality to people who access the service, relatives, and other professionals

- understand and uphold your own boundaries around confidentiality

- understand, express and adhere to your service or agency's policies and procedures around confidentiality.

Aspects of confidentiality are covered in more detail in Chapter 7 on handling information. The key principles are that, as much as possible (in terms of consent, capacity and safeguarding), people should always know:

- what information you are sharing

- who with

- and why?

MAINTAINING CONFIDENTIALITY IN DAY-TO-DAY COMMUNICATION

Confidentiality needs to be maintained in:

- written communication about people

- storages of written records

- the way buildings and care environments are accessed and organised

- verbal communications within a care team
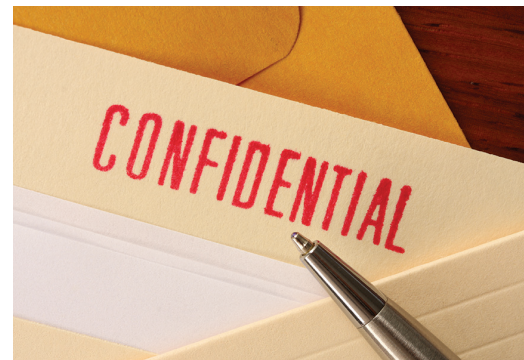
- communication with individual users of services about others who use a service (where services are accessed by groups of people)

- communication by members of that care team with other agencies and professionals, so that nothing is shared that is not pertinent to someone's care plan and that the other agency does not need to know

- communication by workers with family members and other carers

- communication by workers with their own friends and family outside of their work.

In the recent past, confidentiality has, arguably, not been treated seriously enough. At the same time, sometimes workers can lack clarity about what information needs to be passed on and to whom, and what information doesn't need to be shared.

It is important that workers only know information that is relevant to supporting the people with whom they work. Health and social care workers do not have a right to know everything about a person. It is also vital that health and social care workers realise that the information that they receive is given to them because they are professionals or members of a staff team, and that such information must remain confidential within the care team responsible for each individual person.

Where care teams support an individual, it is important that information is shared in order that everyone is working in a consistent way to meet a person's needs. However, when information is shared within one agency or even between agencies, this information remains confidential. The fact that it has been shared does not mean it can be shared further – the obligation to maintain confidentiality is shared just as much as the information itself.

The consequences of not maintaining confidentiality in these day-to-day communications are extremely significant for you as a professional, for your employer, agency or service, and, most importantly, for the dignity and rights of the people who use your service.

Support around these issues is available from a variety of sources, including:

- your manager(s), eg via supervision

- the local authority in the area where you work (and potentially their legal department if relevant and necessary)

- training courses

- regulators and inspection bodies.

RESEARCH

Look at some records in your service (eg care plans, assessments or other documentation).

- How do these records show respect for people's confidentiality?

- Where are they stored?

- Who has access to them?

- If there are records or practices that do not uphold this right, what is your service or agency's policy around this?

INSTILLING CONFIDENTIALITY IN THE SERVICE CULTURE

It is vital for health and social care workers to demonstrate a commitment to confidentiality. This can be done in a range of ways:

- *Be transparent*. Users of services have the right to know that records are kept, that information about their needs is known (and who knows it), and when and why information may need to be shared with other people.

- *Act as role models*. If someone gossips about one member of staff to another, or makes jokes about a service user or their circumstances, then they are showing a lack of respect for the individual and for confidentiality. Health and social care workers should act as role models for effective practice in terms of confidentiality in all of their work.

- *Follow policy*. Services should have an effective confidentiality policy in place which makes the responsibilities of staff clear and which adheres to the Data Protection Act 1998.

- *Take action*. If people breach confidentiality, then you should take appropriate action. If a health and social care worker hears other people effectively 'gossiping' about a service user, eg during a break, then they should challenge this.

- *Ensure the security of information*. Make sure that lockable cabinets are available (and used) for the storage of personal information. For electronic records, services and agencies should have robust systems in place around access to and security of these records (see also Chapter 7 on handling information).

UNDERSTANDING AND WORKING WITH THE DILEMMAS AND TENSIONS CREATED BY CONFIDENTIALITY REQUIREMENTS

There is the potential for significant tension between maintaining confidentiality and disclosing concerns – particularly in relation to safeguarding. This is covered in more depth in Chapter 5. Remember, where there are concerns about a person's safety:

- *Check*. Check out your concerns and maintain your observations, as well as checking with the person (without investigating) how they are feeling.

- *Record*. As always, good practice in recording is part of good practice generally, but this is especially important when recording concerns about someone's well-being.

- *Report*. You cannot keep something to yourself if someone is being harmed by another person. You should always report concerns, first to your managers (according to service policies and procedures), and take action if required even where this may mean there is a tension with the person's wishes in relation to confidentiality.

- *Explain*. If you do need to pass information on to another agency or person, it is important that the person knows:

  - what you are doing

  - why you are doing it

  - what will happen next

  - who else might learn the information that was previously confidential

  - that you are there to support them

  - that they have done the right thing in telling you (in the event of a disclosure of abuse)

  - that they still have rights (eg to access records or to complain).

REFLECT

Recall an occasion where the tension between a person's right to confidentiality and the need to keep them safe or address certain concerns has occurred in your work.

- How did both you and the service user feel about this tension?
- What did you do?

CASE STUDY

Zakiyah is a senior domiciliary care worker. During a team meeting, Catherine, one of the domiciliary care workers in Zakiyah's team, talks about a person she is supporting.

Catherine says that she is worried that a person she works with, Bert, is being 'taken advantage' of by his son. Catherine says that Bert never seems to have any money but she thinks that Bert's son is taking about £100 a week off him. She suspects that Bert's son is a drug user (as she has heard rumours about this in the local community). She asked Bert about this one day and he told her to 'get her nose out of his business'. Jane is really worried she has offended Bert and since lots of her concerns are based on rumours, she is not sure what to do.

- What issues are there around confidentiality here?
- What are some of the dilemmas Catherine is facing?
- What should Zakiyah advise Catherine to do?

Code of Conduct for Healthcare Support Workers and Adult Social Care Workers

The vital importance of effective communication in health and social care is recognised in the Code of Conduct for Healthcare Support Workers and Adult Social Care Workers, which states that you must:

- communicate respectfully with people who use health and social care services and their carers in an open, accurate, effective, straightforward and confidential way

- communicate effectively and consult with your colleagues as appropriate

- recognise both the extent and the limits of your role, knowledge and competence when communicating with people who use health and social care services, carers and colleagues.