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## 2 Unit 2: Communication in Care Settings [AS level, mandatory, internally assessed]

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### 2.1 ABOUT THIS UNIT

*This AS level unit is mandatory and is internally assessed.*

In this unit you will investigate the different types of communication skills used in care settings and their purpose. This will include oral, non-verbal, written, computerised and any special methods used in the care settings. You will also find out how effective communication values individuals and promotes health and well-being.

You will have the opportunity to learn and practise communication skills with service users and/or care workers.

This unit links with the following units: Unit 1: *Promoting quality care*, Unit 5: *Caring for people with additional needs*, Unit 6: *Working in early-years care*, Unit 11: *Understanding human behaviour*, Unit 13: *Child development*, and Unit 14: *Mental health issues*.

This unit is assessed through your portfolio work. The mark on that assessment will be your mark for the unit. You will produce a report based on the different communication skills used in **one** health or social care or early years setting. Your evidence will include:

- an understanding of the different types of communication used in care settings and the factors that support and inhibit communication, giving examples;
- an explanation of how care workers use **four** different communication skills in the care setting to value service users, giving examples;
- relevant research and analysis of **two** theories that provide guidance about the effects of communication on service users and/or care workers;
- the production of records to show the effectiveness of your communication skills in an interaction with an individual service user/care worker *or* a small group of service users/care workers, evaluating your own performance and making recommendations for improvements.

### 2.2 WHAT YOU NEED TO LEARN

You need to learn about:

- types of communication;
- factors that support and inhibit communication;
- communication skills;
- theories relating to communication;
- interaction with the service user(s)/care worker(s).

## 2.2.1 Types of Communication

You need to recognise the different types of communication used in care settings and their purposes, to include:

- oral communication, e.g. to give information, to obtain information, to exchange ideas;
- written communication, e.g. personal history, monitoring service users' health, menus, care plans;
- computerised communication, e.g. e-mails, Internet information, networking;
- special methods, e.g. sign language, Makaton, Braille.

## 2.2.2 Factors that Support and Inhibit Communication

You need to understand how the application of care values by care workers when communicating with service users can be supportive, to include:

- promoting equality and diversity;
- maintaining confidentiality;
- promoting individual rights and beliefs.

You need to be aware of factors that can support or inhibit communication, to include:

- positioning, e.g. space, height;
- emotional, e.g. fear, happiness, self-esteem, trust, empathy, responsiveness, attentiveness, respect;
- environmental conditions, e.g. space, noise, lighting, ventilation;
- special needs, e.g. using appropriate vocabulary, sign language.

You also need to understand the importance of the content that is being communicated.

You need to understand that confidentiality is a key value in health and social care and that you might be faced by confidentiality dilemmas. You need to know what to do if you have been given information that you feel you should share.

## 2.2.3 Communication Skills

People working in health and social care need to communicate with other professionals, service users and their relatives. They may take part in one-to-one and group interactions.

Some of these interactions will be informal and others will be formal. You need to consider different types of interaction, their purposes, the people involved and how to build a professional relationship with service users.

A range of skills will be used when communicating with others and these influence the effectiveness of the communication, to include:

- tone;
- pace;
- eye contact;
- body language;
- clarifying;
- summarising;
- paraphrasing;
- empathising.

You need to understand how each of these skills may affect interaction and how you can minimise communication barriers and help value people as individuals.

## **2.2.4 Theories Relating to Communication**

You need to understand how theory can be used as a strategy to enhance, and prevent barriers to, communication, to include theories relating to:

- group structures;
- the communication cycle;
- the structure of interactions, e.g. introduction, main content, reflecting and winding down;
- SOLER (in relation to listening skills);
- theories of formation, e.g. Tuckman, Burnard, Thompson, Bales.

## **2.2.5 Interaction with the Service User(s)/Care Worker(s)**

You need to include records of your interaction with the service user(s)/care worker(s) that show how you planned and conducted the interaction, the aims and objectives for the interaction, and the skills you used.

When planning your interaction you need to prepare for several stages, for example:

- introduction;
- main content;
- discussion;
- reflection and winding up.

You also need to define clearly the purpose of the interaction, for example:

- giving information;
- obtaining information;
- exchanging ideas and opinions.

You need to evaluate the effectiveness of the interaction from the perspective of the service user(s)/care worker(s), your own perspective and the perspective of others, e.g. your teacher and/or your peers.

Your evaluation needs to include:

- reflecting – thinking back;
- analysing – considering each part in detail;
- drawing conclusions – making decisions about effectiveness, from your own viewpoint and/or from the viewpoint of others, e.g. the service user(s)/care worker(s), your teacher, your peers;
- planning for improvement – could your skills have been improved? Could factors that influenced the interaction have been better managed?

## 2.3 ASSESSMENT EVIDENCE GRID

Unit 2: Communication in care settings				
What you need to do:				
<p><b>You need to produce</b> a report based on the different communication skills used in <b>one</b> health or social care or early-years setting <b>[50 marks]</b>. Your evidence needs to include:</p> <p><b>AO1:</b> an understanding of the different types of communication used in care settings and the factors that support and inhibit communication, giving examples <b>[15]</b>;  <b>AO2:</b> an explanation of how care workers use <b>four</b> different communication skills in the care setting to value service users, giving examples <b>[15]</b>;  <b>AO3:</b> relevant research and analysis of <b>two</b> theories that provide guidance about the effects of communication on service users and/or care workers <b>[10]</b>;  <b>AO4:</b> the production of records to show the effectiveness of your communication skills in an interaction with an individual service user/care worker <i>or</i> a small group of service users/care workers, evaluating your own performance and making recommendations for improvements <b>[10]</b>.</p>				
How you will be assessed:				
Assessment Objective	Mark Band 1	Mark Band 2	Mark Band 3	Mark Awarded
<b>AO1</b>	You produce a basic description of the different types of communication used in care settings and the factors that support and inhibit communication, giving examples; <b>[0 1 2 3 4 5]</b>	you show a sound level of understanding of the different types of communication used in care settings and the factors that support and inhibit communication, giving examples; <b>[6 7 8 9 10]</b>	you show a comprehensive understanding of the different types of communication used in care settings and the factors that support and inhibit communication, giving examples. <b>[11 12 13 14 15]</b>	<b>/15</b>
<b>AO2</b>	You explain, with guidance, how care workers use <b>four</b> different communication skills in the care setting to show how they value service users as individuals, giving examples; you write in a manner which is adequate to convey meaning, although it will be expressed in a non-specialist manner; <b>[0 1 2 3 4 5]</b>	you give a detailed description of how care workers apply <b>four</b> different communication skills in the care setting to show how they value service users as individuals, giving examples; you write in a manner which conveys meaning, using specialist vocabulary with few errors/inaccuracies; <b>[6 7 8 9 10]</b>	you produce, accurately and independently, an in-depth analysis of how care workers apply <b>four</b> different communication skills in the care setting, showing a high level of understanding when explaining how they value service users as individuals, giving examples; you write in a manner which conveys appropriate meaning, using specialist vocabulary with accuracy – there will be no errors/inaccuracies. <b>[11 12 13 14 15]</b>	<b>/15</b>
<b>AO3</b>	You collect information from limited sources to analyse, at a basic level, how <b>two</b> theories provide guidance about the effects of communication on the service users and/or care workers; <b>[0 1 2 3 4]</b>	you undertake research using a range of sources, to analyse how <b>two</b> theories provide guidance about the effects of communication on the service users and/or care workers; <b>[5 6 7]</b>	you undertake research using a range of appropriate sources to give a comprehensive analysis showing how <b>two</b> theories provide guidance about the effects of communication on the service users and/or care workers. <b>[8 9 10]</b>	<b>/10</b>
<b>AO4</b>	You produce records of an interaction with a service user/care worker <i>or</i> a small group of service users/care workers, including a basic evaluation of your own performance and giving an outline of improvements; <b>[0 1 2 3 4]</b>	you produce records of an interaction with a service user/care worker <i>or</i> a small group of service users/care workers, including a detailed evaluation of your own performance and making realistic recommendations for improvements; <b>[5 6 7]</b>	you produce records showing your effectiveness in the interaction with a service user/care worker <i>or</i> a small group of service users/care workers and an in-depth evaluation of your own performance, making realistic and informed recommendations for improvement. <b>[8 9 10]</b>	<b>/10</b>
<b>Total mark awarded:</b>				<b>/50</b>

## **2.4 GUIDANCE FOR TEACHERS**

### **2.4.1 Guidance on Delivery**

#### **Teaching strategies**

This practical unit gives candidates the opportunity to develop and practise important communication skills. It introduces them to the theoretical concepts behind communication, such as imbalance of power, service-user empowerment and learned helplessness.

#### **Types of communication**

Candidates need to have an overview of the different types of communication used in care settings. Candidates also need to recognise the purposes of the different types of communication, e.g. results of SATs kept electronically to inform teachers, parents and government departments of a child's progress. Examples of written, oral, electronic and special methods of communication should be given in context.

Information could be obtained from visiting a care setting or from inviting a member of a care setting to the centre to discuss the different types of communication methods used. Tables could be used to provide the information, but for each table some conclusions should be drawn.

#### **Factors that support and inhibit communication**

When looking at factors that enhance communication, candidates find it relatively easy to identify certain factors such as body language and trust. However, they also need to recognise why content, empathy, responsiveness, attentiveness and respect are so important. Whilst not turning candidates into counsellors, many of the skills in this unit – prompts, reflection, empathy, open-ended questions – can be developed in a counselling-type training format. Others, like assertiveness, can be developed by role-play. When developing their assertiveness skills, candidates need to distinguish between being assertive and being aggressive.

Candidates need to understand the principles of the legislation in this unit and the effects of its application. They are not required to have a detailed knowledge of the individual pieces of legislation. They need to understand that confidentiality is a key value in health and social care. Candidates also need to be aware that they might be faced by confidentiality dilemmas. They should understand what they have to do if they have been given information that they feel they should share. Especially if they feel that it might directly benefit or protect the service user.

Candidates need to undertake exercises to help them understand the limitations of confidentiality. These exercises need to be based on:

- how much information they can share;
- what a care worker should do if someone confides in them and they feel they should pass on that information;
- when it is acceptable to break a confidence.

They need to be aware when making difficult decisions that the relationship they have is based on trust.

Candidates need to be aware of disabilities and differences and how they affect communication. This is so that they can accommodate these when interacting. It is not necessary to teach sign language, but candidates need to be familiar with ways of improving communication with service users who are impaired.

### **Communication skills**

It is important that candidates understand what constitutes effective and poor communication. They need to understand how communication can be used to break down barriers, and also how, if used incorrectly, it can create barriers.

Considering what makes ineffectual communication could be a starting point on which to build. Candidates may be able to identify times when someone did not listen to them, looked through them or patronised them. Considering how they felt when they were treated this way may bring the topic closer to their experience. Considering their own experiences gives candidates an insight into being on the receiving end of poor practice. It also helps them to see how self-esteem is inextricably linked with good communication practices.

### **Theories relating to communication**

Theory can help to reinforce, and give reasons, why certain actions are important when communicating with others. Candidates do not need to have an in-depth knowledge of theorists, but should have an overview of their views and opinions. Paired or group secondary research could be used as a method of gathering information about different theories relating to and underpinning communication. Groups could give presentations to enable them to share the information collected. Theorists can include any of those included in Sub-section 2.2 4 (Theories relating to communication), or additional theorists if so desired.

It is not necessary to study counselling or psychological models for this unit, but it may be useful to utilise some of the more commonly used concepts. For example, the *person-centred model* outlines important personal attributes such as respect and being genuine, as well as appropriate empathy.

### **Interaction with the service user(s)/care worker(s)**

The interaction can be carried out on a one-to-one basis or with a small group of service users/care workers. It should be noted that early-years is up to the age of **eight** and that teachers of children over the age of eight are not 'care workers'.

Candidates may wish to produce a transcript of their interaction. They could use the transcript to analyse the skills and factors used when carrying out their evaluation.

Many centres have nurseries or luncheon clubs attached to their premises, in which candidates may already be gaining useful practical experience as part of their course. Others may consider inviting a service user/care worker into the centre for a coffee morning or an activities afternoon. Such events can be used for the interaction. Alternatively, simulation is permissible. It will, however, be important that the person taking the part of the service user/care worker is correctly prepared.

The quality of interaction is measured by how effectively the candidate uses their communication skills and how well care values are applied. It is therefore important that candidates are aware that these skills and the application of these values are important in any interaction. A range of skills should be incorporated within the interaction. Candidates need to clearly define whether the interaction is to give information, to obtain information, to exchange ideas and opinions, or a combination of these. For example, the interaction could be carried out while being involved in an activity where information is both given and received. Another example would be finding out what type of food a service user likes in order to develop menus for a week. The interaction could be simulated if assessment in the workplace is not possible.

There are several stages in the process of evaluating (see Sub-section 2.2.5). If peer evaluation is used, candidates must provide feedback in a sensitive and constructive manner.

Candidates may wish to video the interaction. If they do, they need to make sure that they have permission from the service user/care worker. Video is often useful in contributing to the evaluation as it can be used to examine the skills and factors that contributed to the interaction.

### **2.4.2 Guidance on Assessment**

It needs to be stressed that you determine only the *mark* for a candidate's portfolio evidence and not the *grade* which will be determined by OCR.

Regular, early and constructive feedback to candidates on their performance is essential and crucial. Help with planning and structuring their portfolio work in a logical manner throughout the course will lead to better understanding of their work and is likely to achieve higher marks.

Giving candidates deadlines for the completion of various sections of their work, and encouraging them to adhere to them, is also essential if candidates are not going to rush to complete and possibly finish up with marks below their potential.



You need to mark each portfolio according to the assessment objectives and content requirements in the *Assessment Evidence Grid* within each portfolio unit (Section 2.3)

The information on this *grid* will eventually be transferred onto a *Unit Recording Sheet* to be attached to the front of each candidate's piece of work at the point when the work is submitted for moderation. A *Coursework Administration Pack* will be supplied, containing all relevant *Unit Recording Sheets*. Where marking for this unit has been carried out by more than **one** teacher in a centre, there must be a process of internal standardisation carried out to ensure that there is a consistent application of the criteria as laid down in the *Assessment Evidence Grids*.

Each row in the *grid* comprises a strand showing the development of an assessment objective, each row corresponding to an assessment objective descriptor in the banner (the top section of the *grid*).

The maximum mark for each strand is shown in the far right hand column of the *grid* and this maximum mark is further broken down into a number of mark bands across each row with a range of descriptors.

You use your professional judgement to determine which descriptor in a strand best suits the individual candidate's work and from the range of marks available within that particular mark band, you circle the mark that best fits the work. You then record this mark in the column headed *Mark*.

You need to use the full range of marks available to you. You need to award full marks in any strand for work which fully meets the criteria. This is work which is the best one could expect from candidates working at AS level.

However, for strands which include a quantified element, e.g. **two** care workers or **four** therapies, and where a candidate's evidence includes less than the number specified, or includes the correct number but at varying levels of quality, you will use your professional judgement to allocate an appropriate mark. It is the *quality* of the evidence that is paramount rather than the *quantity*, although, in such circumstances, candidates will be unable to access the highest mark band for that strand.

Only **one** mark per strand/row will be entered. The final mark for the candidate is out of a total of **50** and is found by totalling the marks for each strand.

The further guidance below amplifies the criteria in the *Assessment Evidence Grid* and will help you to determine the appropriate mark to be awarded for each strand.

<b>Amplification of Criteria</b>		
<b>AO</b>	<b>Mark Band</b>	<b>Characteristics of the work one may expect to see at this mark band can be summarised as follows:</b>
<b>AO1</b>	<b>1</b>	<p>Candidates will give a basic description of the different types of communication used in care settings – this will include written, oral, computerised and special methods;</p> <p>the description will be general in nature and needs to show how people are valued and supported by the communication skills used;</p> <p>they will give a basic description of how communication can be inhibited by inappropriate or poor communication – examples may be given;</p> <p>the evidence will lack detail about the effects on service users and/or care workers and may contain some omissions and/or inaccuracies;</p>
	<b>2</b>	<p>candidates will give a detailed description of the different types of communication used in care settings – this will include written, oral, computerised and special methods;</p> <p>the description will show how the effectiveness of interactions can be increased and the level of personal value and support improved;</p> <p>they will give a sound description of how communication can be inhibited by inappropriate or poor communication – examples will be given;</p> <p>there will be a few minor omissions with the evidence showing a sound understanding of the effects and support that service users/care workers experience;</p>
	<b>3</b>	<p>candidates will give an in-depth account of the different types of communication used in care settings – this will include written, oral, computerised and special methods;</p> <p>the description will show in detail how the effectiveness of interactions can be increased and the level of personal value and support improved;</p> <p>they will show a high level of understanding of how communication can be inhibited by inappropriate or poor communication – examples will be given;</p> <p>there will be no omissions with the evidence;</p> <p>there will be evidence of synthesis and originality within the work.</p>

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO2	1	<p>Candidates will give a basic description of <b>four</b> communication skills used by care workers in the care setting, including reasons for using each skill;</p> <p>candidates will show how service users are valued and supported by the application of care values and the appropriate use of communication skills – examples will be given;</p> <p>there may be significant omissions;</p> <p>it is expected that candidates in this mark band will require teacher-led guidance;</p> <p>candidates will write in a manner which is adequate to convey meaning, although it will be expressed in a non-specialist manner;</p>
	2	<p>candidates will give a detailed description of <b>four</b> communication skills used by care workers in the care setting, including reasons for using each skill;</p> <p>candidates show a sound level of understanding of how service users are valued and supported by the application of the care values and appropriate use of communication skills – examples will be given;</p> <p>there will be few omissions – it is expected that the candidates in this mark band will complete the work with minimal guidance;</p> <p>candidates will write in a manner which conveys meaning, using specialist vocabulary with few errors/inaccuracies;</p>
	3	<p>candidates give a detailed and comprehensive explanation of <b>four</b> communication skills used by care workers in the care setting – this will include detailed discussion of reasons for using each skill;</p> <p>candidates show a high level of understanding of how service users are valued and supported by the application of the care values and appropriate use of communication skills – a range of examples will be given;</p> <p>there will be evidence of synthesis and originality within the work;</p> <p>there will be no omissions - it is expected that the candidates in this mark band will complete the work accurately and independently;</p> <p>candidates will write in a manner which conveys appropriate meaning, using specialist vocabulary with accuracy – there will be no errors/inaccuracies.</p>
AO3	1	<p>Candidates will demonstrate the ability to collect information from a limited range of sources, e.g. books, for <b>two</b> theorists, and describe at a basic level how theories provide guidance about how to communicate effectively with service users/care workers;</p> <p>they will consider, at a basic level, theorists' views of the effects of communication, both effective and inappropriate, on service users/care workers;</p> <p>candidates will show a limited ability to include relevant and factual information – there will be significant errors/omissions;</p>
	2	<p>candidates will demonstrate the ability to collect information from a range of sources, e.g. books and the Internet, for <b>two</b> theorists;</p> <p>they will describe in detail, showing a sound level of understanding, how the theories provide guidance about how to effectively communicate with service users/care workers;</p> <p>they show a sound level of understanding of theorists' views of the effects of communication, both effective and inappropriate, on service users/care workers;</p> <p>the research will be detailed, showing the use of a range of sources and candidates will include relevant and accurate factual information which has been presented coherently – there will be few, if any, errors/omissions;</p>

AO	Mark Band	Characteristics of the work one may expect to see at this mark band can be summarised as follows:
AO3	3	<p>candidates will demonstrate the ability to collect information from a range of sources, e.g. books and the Internet, for at least <b>two</b> theorists;</p> <p>they give a comprehensive account showing a high level of understanding of how theories provide guidance about how to effectively communicate with service users/care workers;</p> <p>they show a high level of understanding of theorists' views of the effects of communication, both effective and inappropriate, on service users/care workers;</p> <p>candidates include a range of relevant and accurate factual information which shows evidence of synthesis and originality – there will be no errors/omissions.</p>
AO4	1	<p>Candidates will provide records of <b>one</b> interaction with a service user/care worker <i>or</i> a small group of service users/care workers – these will be supported by records of observation;</p> <p>the information considers, at a basic level, the skills used, the factors that supported and/or inhibited the interaction and information which shows how the care values were applied;</p> <p>candidates produce a basic evaluation of their own performance from the communication with the service user(s)/care worker(s), identifying realistic improvements that could be made – there may be some minor omissions;</p>
	2	<p>candidates will provide detailed records of <b>one</b> interaction with a service user/care worker <i>or</i> a small group of service users/care workers – these will be supported by records of observation;</p> <p>the information considers, in detail, the skills used, the factors that supported and/or inhibited the interaction and information which shows how the care values were applied – there is likely to be an outline transcript of the interaction, giving examples of the points made;</p> <p>candidates produce a detailed evaluation of the interaction with the service user(s)/care worker(s) which shows evidence of reflection, analysis and conclusions – this will consider the interaction from their own and the service user(s)/care worker(s) perspective;</p> <p>candidates will describe realistic improvements that could be made – there will be coherence within the work and few, if any omissions;</p>
	3	<p>candidates will provide detailed records of <b>one</b> interaction with a service user/care worker <i>or</i> a small group of service users/care workers – these will be supported by records of observation;</p> <p>the information considers, in detail, the skills used, the factors that supported and/or inhibited the interaction and information which shows a high level of understanding of how the care values were applied – there is likely to be a full transcript of the interaction, giving examples of the points made;</p> <p>candidates will produce an in-depth evaluation of the interaction with the service user(s)/care worker(s) which shows evidence of reflection, analysis and conclusions – they will consider the interaction from their own and the service user(s)/care worker(s) perspective;</p> <p>candidates will describe realistic improvements that could be made – there will be synthesis and originality within the work and no omissions.</p>

## 2.4.4 Resources

<b>Organisations</b>	<p>Royal National Institute for the Blind (RNIB), 224 Great Portland Street, London, WC1N 6AA</p> <p>Royal National Institute for the Deaf (RNID), 105 Gower Street, London, WC1E 6AH</p> <p>The Council for the Advancement of Communication with Deaf People, Pelaw House, School of Education, University of Durham, DH1 1TA</p>												
<b>Publications</b>	<p>Hayman M 'A protocol for people with hearing impairment', Nursing Times, Oct 28 Volume 94, No 43, 1998.</p> <p>Tuckman B/W 'Developmental sequences in small groups', Psychological Bulletin, (1965), 633-849-9</p>												
<b>Textbooks</b>	<table border="0"> <tr> <td>Bales R/F</td> <td><i>Personality and Interpersonal Behaviour</i>, (1970)</td> <td>Rinhart and Winston New York</td> </tr> <tr> <td>Burnard P</td> <td><i>Communicate!</i> (1992)</td> <td>Edward Arnold</td> </tr> <tr> <td>Tschudin V</td> <td><i>Counselling skills for Nurses</i> (1982)</td> <td>Bailliere and Tindall</td> </tr> <tr> <td>Walsh <i>et al</i></td> <td><i>Advanced Vocational Health and Social Care</i> (2001)</td> <td>Collins 000 329 100 6 London</td> </tr> </table>	Bales R/F	<i>Personality and Interpersonal Behaviour</i> , (1970)	Rinhart and Winston New York	Burnard P	<i>Communicate!</i> (1992)	Edward Arnold	Tschudin V	<i>Counselling skills for Nurses</i> (1982)	Bailliere and Tindall	Walsh <i>et al</i>	<i>Advanced Vocational Health and Social Care</i> (2001)	Collins 000 329 100 6 London
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<b>Websites</b>	<p>NHS: <a href="http://www.nhs.uk">www.nhs.uk</a></p>												

