Exemplar Materials

1 INTRODUCTION

As shown in the Assessment Evidence Grid in the Unit Specification, four separate strands of evidence are assessed in Unit 2: *Communication in care settings*.

This document contains a number of 'snapshots' of portfolio evidence, each with a commentary on only **one** of the evidence strands. These snapshots should be considered individually, they are not intended to represent the work of a single candidate, or of an entire portfolio. Annotations on each snapshot indicate how the assessor has marked various aspects of the work; a final commentary provides an overview with the overall mark band and the mark awarded within that band.

The four evidence strands are:

- AO1: an understanding of the different types of communication used in care settings and the factors that support and inhibit communication, giving examples [**15**]
- AO2: an explanation of how care workers use **for** different communication skills in the care setting to value service users, giving examples [**15**]
- AO3: relevant research and analysis of **two** theories that provide guidance about the effects of communication on service users and/or care workers [**10**]
- AO4: 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 [**10**].

2 AO1 EXEMPLAR

This section includes two separate snapshots, one assessed at mark band 1 and the other at mark band 3.

2.1 Snapshot 1

Communication in Care Settings.

Different communication skills are used in care settings. The different ways of communicating are written, oral, computerised and technological.

Written.

- Letters to confirm appointments/ writing to the care workers on any personal information needed. This ensures the service users know when their appointment is and can make the necessary arrangements.
- Care plans to show the service users' personal needs. The care plans states how they are transferred, how much help they need with washing, if they can dress themselves or not and how they communicate. This makes it easier for service providers to meet the service users' needs.
- Sign in and out books to let members of staff know who is in the building. This is important because it is a health and safety requirement, just incase there is a fire in the building.
- Accident book to record any accidents that may of happened to care workers or any of the service users so they know how it happened, where it happened, etc. For safety and the insurance reasons.
- Medication charts what each of the service users' medication is and how much they need if they take any medication.
- Duty rotas to let care workers know what duties they have to do on that day.

Oral

- Oral communication would be used for staff members to discuss personal matters with colleagues.
- Oral communication to provide information.
- Oral communication to receive information.
- Phone conversations may be used to talk to outside agencies like doctors, to give over information.
- Team meetings at the start of the shift to discuss what are going on that day and if there is any problems that the next shift of staff need to know.
- One-to-one interaction's to learn information about each service user.
- Care plan assessment meetings to discuss the sort of treatment that the service users may need.
- Phone calls to discuss any information about service users.

Computerised

- Emails so service providers can learn about any additional information that may be needed. For example, doctors.
- Databases to keep information on service users.

Special methods

- Makaton (form of sign language) used for people to associate with others.
- Brail used by some blind people to read information.
- Sign language to be able to associate with others.
- Voice machine; light writer interacting with service users who cannot speak.
- Fax to send information about service users and to receive information.
- Piper alarm/ buzzer so that if the service users need any thing or if there was an emergency in their room to get the care worker's attention.

[AO1 MB1]

All service users need to have their physical, intellectual, emotional and social need met. Care workers need to ensure this happens in care settings. A service user may not feel valued if they are left alone for long periods of time. This could lead to the service user becoming depressed.

Obtaining information is a very important aspect of the relationship between a care worker and service user. The care worker will need to find out, for example, about the service users personal health and care needs, about their medical history, about the medication they are taking, about who to contact in the event of an emergency. They will need to listen to the service user very carefully and to use skills that will enable them to access this information. If the information gathered is not accurate the service user could be given incorrect treatment or medication or the wrong relatives could be contacted in an emergency.

When giving information accuracy is important. The information that has been given will need to be used by either the care worker or the service user. If that information proves to be incorrect, the service user is likely not to place any trust in future information given by that particular care worker. Information is given by care workers so that service users can make informed choices and decisions.

Communication can help to value service users and support them if the communication is used in way that the service user understands. If the service user is blind then Braille could be more appropriate, if the service user is deaf sign language could be the most appropriate, if the service user's chsen language is not English then the communication whether oral or written should be in their chosen language.

[AO1 MB1]

Communication can be inhibited by service providers using language and technical terminology that a service user does not understand. If questions are asked in the wrong way this could stop a service user giving the information needed. If a service user is shouted at they will not interact with the care worker as they could feel scared. If people are stared at and the eye contact is not appropriate then there communication will not be good. Not having written information in different languages would exclude pople who do not speak English.

2.2 Assessor Commentary

The candidate has given a basic description of different types of communication used in care settings. The information given covers written, oral, computerised and special methods although the understanding shown is limited and does not reflect the full range of communication which could be included. There is a very general description of how people are supported by communication. The evidence shows that the candidate has limited understanding of how people are valued by communication. The information included about how communication can be inhibited by poor or inappropriate communication is limited, although there is basic understanding shown. The effects on service users and/or care workers are implied. These should be explicitly stated to demonstrate understanding.

Due to the inaccuracies and omissions to the evidence the work minimally meets the **mark band 1** requirements; **4** marks have been awarded.

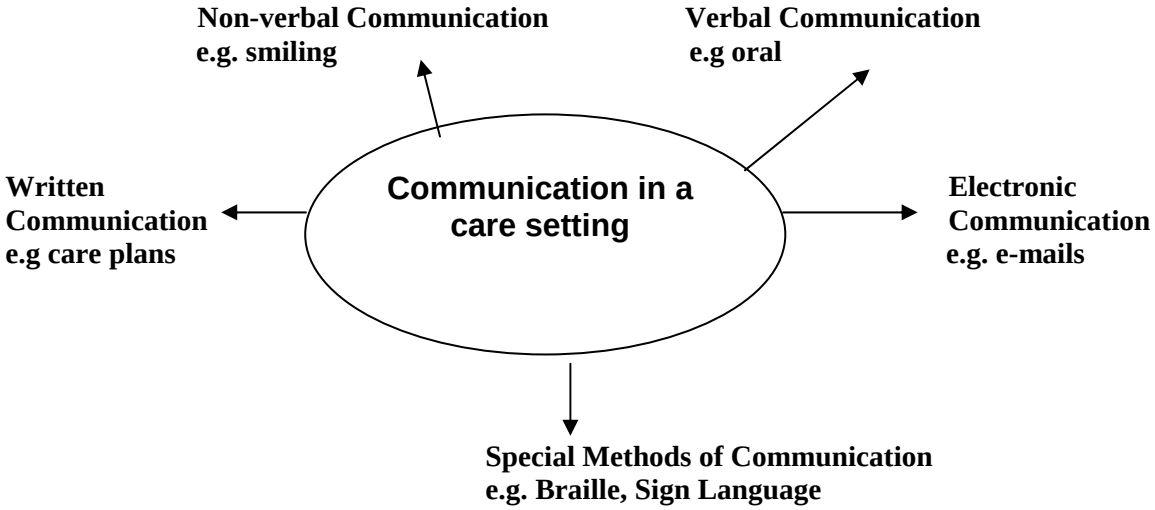
AO1 Mark Band 1 (from Assessment Evidence Grid):

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.

[0 1 2 3 4 5]

2.3 Snapshot 2

Care workers, as part of their role, will be required to meet and respond to the needs of service users. Making sure that they are communicating effectively will be a major part of a care workers day-to- day tasks. People who use health, social care and early years services are often dependent on care workers for obtaining information and will want to share ideas and views with them. Service users may want to express their feelings and emotions with care workers. They will want to know that they can rely on the care worker to value them as a person and that the care workers will keep the information shared, confidential. Effective communication is at the heart of any relationship. This means that care workers will need to be aware of the skills that they need when communicating with clients.



Reasons why service users and care workers need to communicate are:

- to give information
- to obtain information
- to exchange ideas
- to meet physical, intellectual and social needs
- to express feelings

Communication in care settings is essential to provide a quality of service which meets the individual needs of each service user. Effective communication occurs when all care workers are fulfilling their responsibilities and following the codes of practice that apply. Ineffective communication occurs when care workers lack the skills and understanding to enable them to interact with service users in an appropriate manner.

Communication in care settings can be between:

- care worker and service user
- care worker and care worker
- care worker and other professionals
- care worker and informal carers

[AO1 MB1]

DIFFERENT TYPES OF COMMUNICATION USED IN CARE SETTINGS

TYPE	PURPOSE	STRENGTHS	WEAKNESSES
Oral communication	To provide information for service users about the services available and the care they can/are going to receive. To explain procedures so that service users are relaxed and can make informed decisions. To obtain information by questioning to find out service users needs. Finding out about previous treatment or medication from service users. To gain understanding of personal circumstances. To exchange ideas. To discuss what is going to happen during the shift , for example handover briefings in a hospital. To give feedback about progress of children in the school. To plan for future developments. To share information about treatment of a patient.	Service users are able to ask questions and get clarification of any issues they do not understand. Immediate responses can be given. Service users feel they are being involved in the process of decision making and are empowered. Service users can find out how they are going to be treated. Doctors and nurses can ask the patients how they are feeling and get to know their symptoms. Children can express themselves and ask for whatever they want. Staff are able to have up to the minute information. Quick and easy to do. Questions can be asked if there is anything they are not sure about. Patients care can be continued to ensure their needs are met.	Service users may not understand technical terminology and become frustrated. Service users could become upset and feel disempowered because they do not understand. Too much information can often make people angry and upset. Patients may not understand Other people could be listening in to their conversations. Patients may be too stressed about what is wrong with them. Background noise can be distracting Children may be too shy to say what they want. Some staff could miss out because they are on duty. Can go on for a long time and get boring. All people involved may not be present.
Written communication	To record service user's personal information and history. To monitor service users health and progress. Writing care plans. Appointment letters. Information booklets Menus Staff rotas Posters and Safety signs Reports	Easy to refer to. Can be changed if necessary Access is easy. People know what is happening. Parents kept up to date about progress. Can be referred to without the service user present in preparation for provision of services. Easy to check on what care has been given previously as this could affect future provision.	May get lost. Bulky to store. Not everyone reads what they should do. People may not understand them. People could read them who should not. May not always be accurate so could lead to misunderstandings.

[AO1 MB1 and MB2]

TYPE	PURPOSE	STRENGTHS	WEAKNESSES
Computerised communication	To keep up-to-date information on a central system. Sending and receiving e-mails between service providers or different departments. Gathering information from the internet which could support service provision or provide information for service users. Networking between departments. Ability to have video conferencing between different professionals without actually meeting together.	Records are most recent. Information can be accessed without transferring paper notes. Instant access is available. No paper record for anyone to read Confidentiality is maintained as people cannot gain access without a pass word. Departments can share information quickly and easily. Video conferencing saves time and expense of travelling.	Computer system may fail. People may be computer phobic. Undesirable people could hack into the system and get personal information. Records could get deleted accidentally. Too much information available on the internet and it is difficult to fin exactly what you need.
Special methods	To include service providers who may have special needs. Hearing impaired service users may need a care worker who uses sign language. A service user whose preferred language is not English may need a translator. A service user who cannot speak may use a light writer or computer which speaks for them. Some service users may prefer to use a letter board to spell out words and communicate in that way. A service user who is blind may use Braille.	Service users individual needs can be met no whatever their ability. Service users feel included and are able to receive equal treatment, care and support. The diverse needs of service users are catered for. Barriers to communication are reduced. Information is given in an appropriate medium. Information can be shared between the service user and care workers. Service users feel valued.	Care workers may not have the knowledge and skills to be able to communicate in the appropriate way. Different forms of sign language are used. Expensive to have Braille signs made. Light writers can break down. Patience is needed to communicate in special methods. It can take longer to communicate using special methods and service users may get frustrated. Service users can feel belittled if care workers try and finish their words for them or try and interpret what they are saying before they have finished their sentence.

[AO1 MB1 and MB2]

To develop my understanding of the use of communication in a care setting I visited a holiday centre for disabled people. At Skylarks it is important that different communication skills are used. There are several different types of interaction that occur in Skylarks. The interactions that take place are staff to staff, staff to volunteers, staff to parents/ care homes, staff to guests, care workers to guests, care workers to care workers and outside agencies. For example, care homes may need to ring the staff at Skylarks, to discuss the guests if needed. The different ways of communicating are oral, written, technological and special.

Oral

- Oral communication would be used for care workers to discuss the care of service users with colleagues. This means that information is shared appropriately and the service users would receive the care they need in a seamless manner.
- Oral communication is also used between care workers and service users to find out about their symptoms and needs. This means that the care workers can provide the care and support required
- Phone conversations may be used to talk to the care homes/ parents or outside agencies like doctors, to give over information.
- Team meetings at the start of the shift to discuss what are going on that day and if there is any problems that the next shift of staff need to know.
- One-to-one interaction's to learn information about each guest and provide the support they need.
- Care plan assessment meetings to discuss the treatment and support that the guests may need. This includes their personal care, mobility, religious and cultural needs

Written.

- Letters to confirm guests' reservations/ writing to the care workers on any personal information needed. This ensures the guest knows when their holiday is booked for so that they can make the necessary preparations and arrange transport if required.
- Care plans to show the guests' personal needs. These are kept on the back of the guest's bedroom door so that anyone who is providing care for them knows how they need to be cared for. The care plans states how they are transferred, how much help they need with washing, if they can dress themselves or not and how they communicate. This makes it easier for the guest and the career as there is less chance of mistakes being made and the guest does not get frustrated because they cannot explain what they need doing. Refer to page one of appendices.
- Communication books are used for guests who cannot communicate verbally, so they can interact with other guests and careers by pointing to words or pictures to show what they are trying to say.
- Booking forms to make reservations. This includes all the guests' personal information and limited information about their care needs. This is essential so that the guest can be allocated the right room if they need special equipment and contact can be made with their GP to get more detailed medical information.
- Letter boards are used similar to the same way communication books are, but you point to letters to spell something. It is used for guests who are unable to communicate verbally with guests and staff.
- Sign in and out books to let members of staff know that a guest has been taken out. This is important because it is a health and safety requirement, just incase there is a fire in the building.
- Message boards to let members of staff know that you are not on the premises and if you need to talk to a member of staff and you cannot find them, then you can leave a message saying that you are looking for them. This is important because it will let the staff, as Skylarks know where you are and whether you are in the building if an emergency occurs.

- Accident book to record any accidents that may of happened to you or any of the guests' so they know how it happened, where it happened, etc. For safety and the insurance reasons.
- Medication charts what each of the guests medication is and how much they need if they take any medication.
- Duty rotas to let members of staff and care workers know what duties they have to do on that day and what guest they are assisting on that day.

Technological

- Emails so Skylarks can learn about any additional information that may be needed. For example, doctors.
- Voice machine; light writer so that guests who cannot talk can interact with their care workers and other guests.
- Phone calls to discuss any information about guests.
- Fax to send information about guests' and to receive information.
- Piper alarm/ buzzer so that if the guests' need any thing or if there was an emergency in their room to get the staff's attention.
- Databases to keep information on guests' there and on Skylarks itself.

Special

- Makaton (form of sign language) used for people to associate with others.
- Braille used by some blind people to read information.
- Sign language to be able to associate with others.
- Interpreters used for people for whom English is not their chosen language.
- Word boards for people who cannot talk and prefer not to use technological light writers or computers.

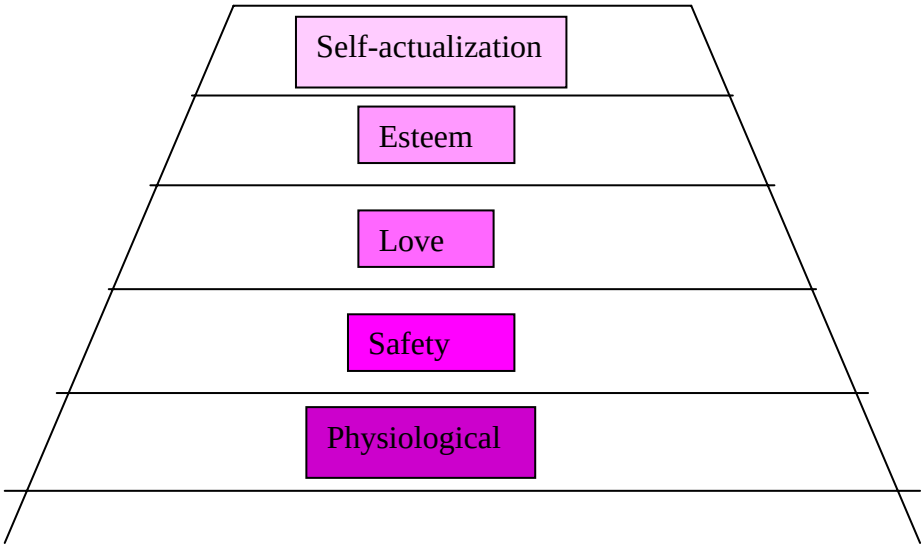
[AO1 MB3]

Factors that support and inhibit communication

	Enhancing Factors
Postioning	Maintaining eye contact and leaning forward slightly both are non-verbal ways of showing that the care worker is listening. Sitting slightly to the side of the service user is more relaxed than sitting directly opposite them. Making sure the care worker is on the same level as the service user is important as to sit over them can feel dominating and make the service user uncomfortable.
Emotional	Creating a relaxed atmosphere is important for effective communication. Adopting an open posture and asking questions in an informal, warm way reduces fear and raises self-esteem. Not discriminating or labelling so that service users can talk openly easily.
Environmental	Make sure the room has enough space and is not cramped. There should not be a lot of background noise as this can interfere with the conversation. The lighting of the room should not be too dim or too bright. The room should be a comfortable temperature with adequate ventilation so that the participants are comfortable.

[AO1 MB1 and MB2]

As individuals we all have human needs. We have needs other than those for food and warmth our needs cover feelings about being valued for who we are. AH Maslow drew up a hierarchy of needs where he had the most important necessities of life at the bottom but to fulfil are human needs we need more than these few necessities, we need many of the things that are further up the hierarchy.



It is very important that emotional and social needs, as well as any special needs that a service user may suffer from, are catered for in the health care setting. This is done by treating each service user as an individual. Communication can be used in several different ways to make service users feel that they are valued as individuals.

The care workers should give the service users choices whilst they are at the care setting this is known as empowerment. Service users who live in residential homes or who are in hospital have the same rights to make choices as people who live within their own homes. It is, however, much more difficult for service users who live in residential homes or in hospital to exercise their right to choose. Such service users will rely on the professional care workers to make sure that they are given choices. It would often be easier and quicker for a care worker to make the decisions for the service user. if this happened, however, the service user would become disinterested and would soon feel that they had no control over their lives.

So how can care workers provide service users with choice? They can

- encourage the service user to choose what they would like to wear
- assist the service user to choose the food they would like to have
- ask what time the service user would like to get up and go to bed
- find out what activities interest them
- give them information so that the service user can make informed choices

Service users who are encouraged to make choices usually feel more fulfilled and have a higher self esteem. They are also more likely to be happier to co-operate when choices it is not possible for the staff to offer choices.

All service users have the right to be respected. Care workers should treat service users in the same way as they would like to be treated. This means:

- calling the service user by their preferred name and not calling them ‘love’ or ‘deary’.

- not telling service users that their ideas are silly or worthless
- listening to what the service user has to say
- respecting their religious beliefs and culture

A care worker should ask themselves if they would be happy if they were treated in the way that they are treating the service user. If they would not then the behaviour is unacceptable

Confidentiality is very important in a care setting because if a service user's personal information is being discussed it could cause the trust between the service user and the staff to break down. The service user may then not feel able to discuss important topics such as problems at home with him/her. If the service users personal information is discussed they may become embarrassed and other guests/ clients may become less friendly with them. Breaking client confidentiality is very inappropriate behaviour in a health care setting, and precautions should be taken to prevent confidential information from falling into the wrong hands.

There are four main types of information that should be kept confidential. The first of these is identification information for example a service users name and address. The second is medical information for example details of illnesses, diseases a service user may suffer from and details of any medication they are currently or have been taking. The third type of confidential information social information for example the service user's family situation and the type of house or care home they live in. the final type is psychological information including any information on any mental problems that the service user experiences or if the service user is being abused.

The records that are kept on service users must be kept in a lockable filing cabinet. The only people that can have access to these files are staff members. It is very important that only these members of staff access these files as if the information fell into the wrong hands it could be misused. If care workers or parents of the service users ask they are allowed to see parts of the records but there is some information that can be withheld. For example if the service user was being abused the staff member would take out any references to this topic so that it could not cause additional harm to the service user.

If letters are sent containing confidential information they must be shredded if possible, if not they are kept in a locked filling cabinet. Only people whom the letter concerns have access to it. For example letters informing the service provider of any changes to a service user's diet due to their illness are shredded after the information has been recorded. Information from telephone conversations is written down and once the important information is recorded the note is shredded.

The computer in the nurse's station in the main centre contains guests emergency contact numbers and other confidential information, all of which is kept in the guests records in the filling cabinet. These computers are accessed through a password and only the secretary, and only the staff knows the password.

Staff at any care setting should have constant training about keeping client confidentiality. They must be briefed on not discussing a service user's performance and confidential matters with anyone other than other members of staff or the manager if they think it is appropriate. To disclose personal details would be to behave in an unprofessional manner.

There is a confidentiality policy at all care settings. It tells all the staff what they can and cannot disclose and to whom they can and cannot disclose it to.

There are certain pieces of information which need to be disclosed for example if a service user told a member of staff that they were being abused, then that member of staff would have to break client confidentiality and tell someone with more authority over the matter. This is known as a confidentiality dilemma. The staff member must make it clear to the service user that they are going to need to break confidentiality if the matter is very serious and could cause the service user's mental or physical harm, before the service user tells them anything. It is acceptable to break confidentiality if the service user is at risk of physical, mental or sexual harm but it is very important that only the essential information is disclosed and to the minimum number of people.

[AO1 MB2]

	Inhibiting Factors
Postioning	Sitting directly opposite a service user can create a confrontational situation. Standing over a person in a wheelchair or a young child can be over powering and make them feel under pressure. Having a cramped room for a group communication could make the service users feel their personal space is being invaded and they would not participate freely. Sitting too far away form a service user would make them feel the care worker is not interested and they would not want to communicate.
Emotional	Minimising the importance of feelings may make service users feel like their opinions are being undermined. Talking over a service user and not giving them time to express themselves could reduce their self-esteem. Belittling a service user would have a negative impact as they would not develop trust in the care worker. Shouting at a service user may make them feel intimidated and develop a high level of fear. Labelling and stereotyping reduces self-esteem.
Environmental	A room which is very noisy does not help communication as the participants cannot hear what is being said. Constant interruptions like the telephone ringing interrupts the flow of conversation. Bright lights can make service users feel like they are being interrogated. Dim lighting does not help people to observe facial expressions and therefore the communication could be limited. If a room is too hot or too cold the participants would feel uncomfortable and would not open up as they just want to get out of the room.
Special needs	If a care worker cannot use sign language and the service user has a hearing problem this would make communication difficult. Using technical terminology would belittle a service user and they would not feel valued. Using language which a service user does not understand would make then feel that they were not important and the communication would be limited.

[AO1 MB1 and MB2]

Poor communication can inhibit interactions. This is because when communication is done poorly you can come across as being negative.

Different examples of poor communication are;

- Finishing of sentences.
- Stereotyping the guest.
- Having a noise environment.

- Having lack of confidence.
- Talking down to the guests.
- Having poor facial expressions.
- Having bad manners.
- Having poor body language (arms and legs crossed).

Being at Skylarks I often saw care workers using poor communication. Some of the following being what I saw, care workers talking about the guests' (breaking confidentiality) and talking down to them as well as some care workers ignoring guests' who could not communicate properly. This poor communication would have upset the guests' and given them the feeling that they are different from other people and that they need to be treated differently from others. This could then make the guests' feel that they cannot trust the care workers and that they do not want to come back to Skylarks again.

[AO1 MB2]

Concepts of self- esteem.

Self- esteem has several factors that contribute towards making a good relationship between clients and their care workers and vice versa. Most clients and people in general have problems with loss of self-esteem, need a boast to be able to make them selves feel more powerful, and they can feel better about them selves. Example, someone with a mental health problem could have been suffering from years of abuse, both verbal and physical, suffering from this can damage his or her self- esteem. The care worker's responsibility is to help give the client the confidence again by doing the things mentioned above i.e., saying how nice some ones looking or giving them alone time when they want it.

Simple actions as well as saying things from a care worker can give a client a powerful boast of confidence. There are several ways a care worker can give a client a boast in self- esteem and here a few;

- Give them empowerment
- Do not ignore them
- Treat them respectively like you would like to be treated
- Do not think of them as different

This could help the client start to maybe put the past behind them, and by using empowerment, to make them feel strongly enough that they want to move on to the future and not dwell in the past. Adults are able to gain self- esteem by being independent and feeling they can get along without always needing someone there but knowing that if help is needed they can just ask. As care workers, they need to learn/ know how to get along with different people. Self- esteem can tell a lot about a person, for example, if a person has depression and the person seems unapproachable it could be down to the fact that they have low self-esteem. As well as being able to tell a lot about someone, self- esteem can also be revealing, as it can be shown by approval and disapproval in these ways anger or pleasure, by tone of voice, their facial expressions and general body language. Having high self- esteem can enable someone to cope better with conflict and aggression that would lower self- esteem. For example, while I was volunteering at Skylarks I met a man who was a cross- dresser and his parents did not know about him, but when you had a conversation with him he asked you if you knew about him. Through his stay at Skylarks he preferred to dress in women's clothing but the day he was due to go home he wore men's clothing, this could have been because around his home environment his self- esteem was low.

[AO1 MB3]

Stereotyping.

People learn to stereotype from childhood this may be due to the family and environment they grow up in and can occasionally be because of their religion and culture. Stereotyping means that you are putting people into a group and giving them a label, i.e., black and white. Stereotyping can also be learnt from school as a child you begin to learn about stereotyping as;

- Pink for girls and blue for boys
- Lining up in boys and girls lines
- Girls play with dolls and boys play with cars, trucks etc.

Example, in Skylarks people can just assume that because people are disabled they automatically need help and can not have their own independence, but they give the guests the opportunity to have the choice of whether they need help or not and they can have their own independence but if needed the staff are there.

[AO1 MB3]

Learned helplessness.

Learned helplessness starts when a service user believes that no matter what they do they cannot control what is happening to them. This often occurs when a care worker is putting someone down, it is also when a person/ client are in a situation but give up trying to work out the situation. Even if there seems to be a source of action that can be used they might be so negative that they cannot do anything positive. A care worker who works with a disabled person may say something negative about their client and that they begin to believe that it is true and cannot get on with the rest of their life and be stuck in the same rut and their self-esteem is knocked too, this will have a massive effect on the rest of their life.

Poor communication could result in a service user losing their self-esteem. This is because they feel that they are worthless because people do not communicate with them. When there self-esteem has been damaged by poor communication in one care setting the service user is likely to develop the attitude that all service providers are the same and this could prevent them from seeking the care an support they require to survive.

A loss of sense of purpose could result from ineffective communication. If a service user feels that they are alienated or excluded because of poor communication they may give up and not want to even try and participate in future. Poor communication can result in a service user's needs not being met because they are not getting the support hey need and therefore their condition may get worse.

[AO1 MB3]

Effective communication is essential to provide the support in both formal and informal situations.

2.4 Assessor Commentary

The candidate has shown a sound level of understanding of the different types of communication used in care settings. There is a good introduction to each type including written, oral, computerised and special which recognises the strengths and weaknesses associated with each type. The information given is in-depth and gives relevant examples from a care setting. The evidence given about how interactions can be increased to provide a greater level of support and show the service users that they are valued is lacking in detail. There is a high level of understanding of different ways communication can be inhibited by poor communication and includes a range of different examples. The work shows synthesis and understanding. The candidate has presented the evidence in an original manner.

The work could be improved with more detailed reference to the ways the effectiveness of interactions could be increased to improve the level of personal value and support.

The evidence meets the requirements of **mark band 3**; **14** marks have been awarded.

AO1 Mark Band 3 (from Assessment Evidence Grid):

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.

[11 12 13 14 15]

3 AO2 EXEMPLAR

3.1 Snapshot

Communication by care workers at Skylarks.

Use of communication skills by care workers at Skylarks

- **Tone**

The way the care workers talk to the guests at Skylarks can have an immediate impact on the effectiveness of their communication. They speak in a varied tone to make the conversations more interesting and show they are actively listening to what each guest has to say. They do not speak too loudly as this might upset the guests and can be interpreted as being condescending. The care workers have a very calm manner as they are used to dealing with people with physical disabilities and know and understand the difficulties that can be experienced. They certainly speak in a friendly manner which relaxes the guests and helps to build a trusting relationship. This is very effective in ensuring that the guests can speak to the carers about anything they want to and also helps to ensure their needs are met fully.

The tone of voice the care workers use can reflect sincerity and support. It is possible for the tone of voice to pass messages to the guests that the care workers are angry or shocked by something the guest has said. This could make the guest feel that they have done something wrong. The care workers are often under pressure to cope with all the guests needs especially in the mornings when everyone seems to need support at the same time. The care workers try not to let this show in their tone of voice. Sometimes they might speak more quickly if they are in a hurry, however this can have the opposite effect as it can take the guests longer to

understand what they are saying and the care worker may have to repeat themselves. If a care worker is abrupt and uses a sharp tone of voice then the guests will not want to talk to them in future and this could mean they do not receive the care they require.

The tone of voice used by care workers at Skylarks demonstrates their sincerity and shows the guests that they are important. The care workers convey understanding and warmth towards the guests through their tone of voice.

[AO2 MB2 and MB3]

- **Eye contact**

Eye contact can be used by care workers to communicate non-verbal messages to a service user. The eyes can reflect emotions and these can easily be misunderstood by someone who may be feeling particularly vulnerable. Long, unbroken eye contact can demonstrate lack of sympathy and be seen as unfriendly or it could indicate that the care worker is interested in the guest and paying them attention. The differences between the two interpretations is linked to the other facial expressions and body language being displayed at the same time. It is very important for the care workers at Skylarks to make sure they are sending the right messages through their eye contact otherwise the guests could feel uncomfortable and would not relax and enjoy their holiday. The care workers widen their eyes and smile at the guests when they make eye contact in this way so that the guests know they are being friendly. There is indication in the way the care workers hold their head while making eye contact that is interpreted by non-verbal means to indicate interest and offers reassurance and trust.

Eye contact is also used as a means of letting the guests know that the care workers want to talk to them. When the care workers are with a group of guests they make eye contact with each of the people in the group. To avoid eye contact with a particular guest could make them feel left out and they could get upset because they think the care workers are not interested in them.

Eye contact does not necessarily have to be constant as this can sometimes make the guests feel uncomfortable. To break the gaze and look away occasionally is not necessarily an indication that the care worker is not listening. If this happens for long periods thought the guest could feel that the care worker is not listening to them and the care worker could miss out on the information the guest is telling them.

[AO2 MB2 and MB3]

- **Body language**

Body language sends out messages to other people without intentionally meaning to do so. The non-verbal messages sent in this way can often be much stronger than the words used. Care workers at Skylarks are careful about the body language they display and try to make sure that the guests are at ease when they are providing care for them.

Facial expressions are a clear indication of how people are feeling. The care workers at Skylarks are very happy and smile at the guests. The whole emphasis of the care setting is about having fun and enjoyment so the care workers actively make sure the environment has a friendly atmosphere.

Gestures are used regularly throughout every day. Many of the disabled guests have communication difficulties and therefore gestures are a key way of communicating with them. The care workers use thumbs up to indicate agreement and thumbs down to show disagreement. Forming a circle with their thumb and first finger is used to indicate ‘OK’. A wave shows the guests that the care workers are acknowledging their presence or simply saying ’hello’. The care workers may hold their hand up in front of them if a guest is coming towards them in their wheel chair and they want the guest to stop. Raise shoulders can

indicate 'I don't know'. Some of the guests use sign language so the care workers may use the gestures of Makaton or British sign language to communicate with them. The use of gestures is very important as they make the guests feel included and are able to communicate their needs to the care workers and also feel reassured that their needs will be met. They are not left out because they cannot communicate verbally.
Touch is another form of body language used regularly by the care workers at Skylarks. They will touch a guest on the shoulder or put their arms round a guest to show they care. They hold a guest's hand when they are upset and therefore give reassurance. The care workers build up a close relationship with the guests and therefore touch is not seen as invasive or threatening. The care workers quickly develop an understanding of which guests touch is appropriate for and which prefer not to be touched. This is very important if the guests are to develop the level of trust in the care workers which is required for effective care to be provided.

Proximity is recognised as a body language which can intimidate the guests if it is not used appropriately. The zones of comfort can easily be invaded without realising it. The care workers have to go into the guests personal zones to provide intimate personal care when they have major disabilities and cannot provide personal care for themselves. A guest who is self-caring could get very upset if a care worker invaded their personal zone when they are perfectly capable of providing the care for themselves. The care workers understand which guests need to have full personal care as it is recorded in their care plans. The care workers are also careful to ask the guests if it is alright to do something which involves invading their personal space, they also explain what they are doing and never make assumptions.

Posture is another form of body language which can send unspoken messages between care workers and the guests at Skylarks. The care workers do not sit with their arms or legs crossed as this closed posture can create a barrier between them and the guest. They tend to lean forward towards the guest when communicating. This indicates that they are interested and are paying attention to what the guest is saying. Open posture, with the arms relaxed has a similar effect. The care workers try and avoid being tense and stiff as this can send the wrong messages to the guests and may make them feel uncomfortable.

[AO2 MB3]

- **Summarising**

Summarising is often used by care workers to check their understanding of the things a service user has told them. This involves interpreting what has been said and repeating it back to the service user. When a care worker hears complicated information from a service user a mental picture can be formed based on what has been said. It is important to check that these mental pictures are a true reflection otherwise mistakes could be made. The care workers have to demonstrate good listening skills to build up an understanding of the service users and provide the care they need.

Through summarising the care workers show the guests warmth and understanding. They show that they have an empathy for the guest's needs and are not being judgemental towards them. The guests feel safe to express their feelings and feel safe that they are not being discriminated against. The care workers accept the guests for the way they are and enable them to make their own choices. Summarising is used as a means of confirmation that the care workers are doing what the guests want them to.

[AO2 MB3]

How service users are valued and supported by the application of the care values

- **Promoting equality and diversity**

All people are individual and have differences. Care workers must appreciate the differences between service users and provide care which meets their individual needs. Taking time to get to know the service users they work with so that false assumptions are not made will benefit everyone in the long term.

Diversity can be recognised according to:

Age: Assumptions about the abilities and needs of different age groups must be avoided. No age group deserves more care than another, care must be provided according to need.

Gender: In the past men were seen as having more rights than women. This is certainly not the case the needs of each gender should be recognised equally.

Race: People think of themselves as Black, White, as European, African or Asian or with specific national identities. There are specific needs linked to each and they should be treated accordingly.

Class: People differ in their upbringing. We like to think that there are no differences in class, however, people do earn different amounts of money and lead different lifestyles. As a care worker you will need to recognise these differences.

Religion: For some service users their religion is their life, others may influence the cultural traditions they follow. Never assume all service users have the same customs and beliefs.

Sexual orientation: Service user's sexual orientation does not affect their rights to receive the care they require. Sexual orientation is seen by many people as an important factor to understand who they are. As a care worker you must recognise the different needs of gay, lesbian, heterosexual and bisexual relationships.

Ability: Provision must be differentiated to meet the needs of all ability groups. Wherever necessary special provision or adaptations should be made to make sure all service users of all abilities can achieve their potential.

Health: People have different needs if they develop illnesses or mental health problems. They not be valued any less because their needs in this area may be greater.

Relationships: Lifestyles and emotional commitments vary greatly. Some people decide to marry, have children, remain single, have multiple sexual partners, have no sexual partners - others may not. As a care worker you must respect the lifestyle choices of the service users you are caring for, no one lifestyle is 'right' or best.

Presentation and Dress: The clothes, hairstyle and make-up and jewellery choices are ways in which service users express their individuality, lifestyle and social role.

The care workers at Skylarks enable the guests to express their individuality by promoting diversity in the care setting. This is achieved through both formal and informal actions of the care workers. The care workers at Skylarks are very careful to treat all the guests accordingly. No guest is favoured over another and there is a passion to ensure their needs are met so that they can have an enjoyable holiday.

At Skylarks the guests' are addressed and spoken to in their preferred manner. Their first names are normally used. Some of the guests' may prefer to be addressed by their nicknames. However some guests' can prefer to be addressed by their surnames. When the guests' are spoken to at Skylarks, they are spoken to the same way you would like to be spoken to. The care workers do not talk down to them and do not patronize them just because they have a disability.

All guests' at Skylarks whether they are new arrivals there or have been there several times are treated with respect and as individuals. The guests' thoughts and opinions are counted and they are always asked how they would like something to be done.

To promote equality and diversity at Skylarks the care workers:

- do not use words that are insulting in any way
- avoid racist language or language that could offend service users
- refer to service users in the way they prefer, this may be formal or informal
- avoid the temptation to be over-protective – allow service users to do whatever they can for themselves
- do not make assumptions about the capabilities of service users
- support service users in challenging any barriers they face
- treat service users as individuals – they DO NOT stereotype
- enable service users to be independent
- do not judge service users on first impressions – they take time to get to know them
- appreciate the diversity of all service users
- offer choices to all service users about the care they receive

[AO2 MB3]

Promoting individual rights and beliefs

The guests at Skylarks are entitled to make decisions about the care they receive. If the care worker follows strict routines they are removing the opportunity for the guests to make decisions for themselves. The care workers have to be very careful about influencing the decisions made by the guests. When asked the question, 'What would you do?', it is important not to give a direct answer. The care workers at Skylarks realise that they are not the service user and do not direct or influence the guests in making decisions. The care workers support the guests to achieve the outcomes of the decisions they have made. The guests are empowered (given control over their situation) by having the right to make decisions for themselves.

Care workers at Skylarks allow the guests' to make their own decisions. They could have what ever they wanted for dinner as long as they let the chef know in advanced. They could also decided if they wanted to go on the day trips, when they got out of bed and when they went to bed etc. If the guests' were not allowed to make these decisions then they could feel that they were not being treated with respect and as an individual.

The care workers actively find out the personal preferences of guests to make sure that the preferences are maintained. This is done by the care workers at Skylarks in a variety of different ways:

- pre-admission questionnaire is completed as a part of the application form for a place at Skylarks
- booking in procedures are friendly and structured

- care plan assessment is carried out by the nurses on duty to ensure that all care workers know exactly what care is required and the guests needs can be thoroughly met
- registration forms are completed and stored in a locked filing cabinet in the office so that all staff can have access to them on a need to know basis

Everyone's preferences are different and can be linked to a variety of different factors. For example,

- religious beliefs and values
- cultural background
- socio-economic circumstances
- life-stage

All religious beliefs and values are respected with the guests being given the opportunity to express preferences for male or female carers, menus choices take into consideration religious beliefs and diet preferences. Special meals are made where the options on the menu do not meet their preferences.

The guests' were given the choice to express their personal preferences how they chose to. A perfect example would be, one of the guests' was a cross dresser. The guest was a man but preferred to be dressed in women's clothing. He was treated with respect and was not treated different because of this, in fact he was very popular with the other guests', staff and volunteers. He was aware of what he was doing and was given the same choices as the other guests'.

[AO2 MB3]

- **Maintaining confidentiality**

Confidentiality is an important key area in any Health and Social Care profession. Confidentiality is a value that is connected to the ethical code of practice for any of the professions in Health and Social Care. For example, Doctors, Nurses, Accountants etc. They all have codes of ethics that they use to enforce the duty of confidentiality. Confidentiality is an important area that is used when health and social care workers interact with colleagues and other clients.

Confidentiality means that while you are observing or you overhear things about members of staff and clients, the information should be kept private and not passed on to anyone else. Confidentiality is used to refer to the right of clients to have access to their private information that is just accessible to people on a need to know basis.

Confidentiality is important as people that use health and social care services can become vulnerable and anxious about the situations that they may be in as well as this, clients must be able to establish appropriate relationships and communicate effectively with health and social care workers. Confidentiality is given a high regard as it is one of the foundation stones on which health and social care practitioners build their relationships with clients. If the clients do not have any confidence in their practioner/s ability to keep the information they give private, trust would never be in their relationship.

They need to establish trusting care relationships, as it is the way to preserve confidentiality. There is an also practical reason for not revealing any thing that is told in confidence as it ensures that the client's security of finances and their homes is not distributed to wrong people.

Things that should remain confidential are, identification information, which include name, address and marital status. Medical information, which includes details of disease, extent of

disease, treatment and past history. Social information, including details of housing, job, family situation, sexual preferences, and psychological information, is including details of stress levels, emotions, sexual problems and mental state.

Confidentiality is a main priority in Skylarks. The staff and any other professionals involved with Skylarks have to follow this, as it is part of their ethical code of practice. Following the code of practice is the practitioners' responsibility to value confidentiality during interactions with colleagues and clients'. To places like Skylarks confidentiality is held in high regard, as it is the founder of building relationships and trust with guests' at Skylarks. It is a point that ensures peoples well- being and personal lives. Confidentiality may be broken when the information is required by the tribunal, a court or by the ombudsman. Ideally this should be done with the client's consent, but it will have to be provided regardless of whether the consent is given. At Skylarks the care workers do not go speaking about the guest's problems in front of other guest's or in front of volunteers. They also do not go home and talk to their friends or family about any of the guest's personal lives or problems because it would be breaking confidentiality.

[AO2 MB3]

3.1 Assessor Commentary

The candidate has given a thorough, detailed and comprehensive explanation of how the care workers apply the communication skills of tone of voice, eye contact, body language and summarising. There is detailed discussion of the reasons for applying each of the skills. The candidate has shown a high level of understanding of how the service users are valued and supported through the application of the care values. A sound understanding of promoting equality and diversity has been shown. There is detailed information about the need for maintaining confidentiality and the methods which are applied to ensure this is carried out. The candidate also understands the reasons why confidentiality may be broken. The ways care workers promote rights and beliefs has been covered thoroughly. Examples for the application of each of the care values are appropriate. There is evidence to show that the work has been completed independently and the evidence is accurate. The candidate has written in a manner which conveys meaning and uses specialist vocabulary appropriately.

Improvements could be made by including references to the legislation which applies to confidentiality.

The evidence presented meets the requirements of **mark band**. Marks awarded: **13**.

AO2 Mark Band 3 (from Assessment Evidence Grid):

You produce, accurately and independently, an in-depth analysis of how care workers apply **four** 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.

[11 12 13 14 15]

4 AO3 EXEMPLAR

4.1 Snapshot

Working with groups is an essential part of nearly all professional care work. Much of what goes wrong in human relationships, particularly in teams and organisations, can be foreseen and is preventable with a basic knowledge of what we call ‘group dynamics’.
Group dynamics include the following four aspects:

- group process (or dynamic)
- group development
- group purpose
- group context

These four aspects are generally interdependent, and each may be conscious or unconscious to varying degrees.

Tuckman’s stages in group formation

In 1965, Bruce Tuckman developed a simple four-stage model of team development that has become an accepted part of thinking about how teams develop. In his article, "Developmental Sequence in Small Groups," Tuckman outlines four stages of team development: Forming, Storming, Norming, and Performing. A successful team knows which stage they are in, and manages transitions between the different stages adeptly.

Tuckman and Jensen draw on the movement known as group dynamics, which is concerned with why groups behave in particular ways. This offers various suggestions for how groups are formed and how they develop over time. The formation of some groups can be represented as a spiral; other groups form with sudden movements forward and then have periods with no change. Whatever variation of formation each group exhibits, they suggest that all groups pass through six sequential stages of development. These stages may be longer or shorter for each group, or for individual members of the group, but all groups will need to experience them. They are *forming, storming, norming, performing, mourning and adjourning.*

The terms are pretty self explanatory. When a group is forming, participants can feel anxious not knowing how the group will work or what exactly will be required of them. *Storming*, as the word suggests, is when things may get stormy. Conflict can emerge, individual differences are expressed and the leader's role may be challenged. The value and the feasibility of the task may also be challenged. After the storm comes the calm of *norming,* where the group starts to function harmoniously and where participants co-operate and mutual support develops. This enables the *performing* stage to occur where the work really takes off and the group accepts a structure and method for achieving the common task. When the group retires or *adjourns*, much learning happens through informal chat and feedback about the group performance. Tuckman and Jenson recognise that when groups dismantle themselves and the loose ends are all tied up, participants often go through a stage of *mourning* or grieving.

This model is useful for care workers to know about. When dealing with a group that appears to be going nowhere or perhaps members are arguing so much that no work can be started, you understand that this is normal! Most groups go through these phases. Understanding this pattern empowers you to work towards moving the group onto the next phase. This understanding is useful for different aspects of health and social care. In a nursery where the new children are arguing over which toys to play with are in the storming stage. As the children get to know each other better they support each other and reflect the norming stage. The performing stage is reflected when the children co-operate and work together. When the

children move onto primary school there is an element of adjourning and mourning may follow when the children miss their friends who do not go to the same primary school.

At Skylarks the stages are reflected every Saturday when a new group of guests arrive. The guests arrive feeling anxious and unsure of how their holiday is going to progress. The guests can be competitive towards each other when they are trying to gain the attention of the care workers and the volunteers and there can be conflict between them. When the guests are allocated their volunteer for the week and realise that they all have someone they can refer to as their 'own' they settle into a routine and enter the norming stage. The groups from a strong bond and work together by accompanying each other on trip s and eating together in the dining room. They also compete together in quizzes. This reflects the performing stage. At the end of the week when the guests go their seoarate ways to return home there is an element of adjourning and the upset shown about missing each other reflects the mourning that occurs.

The care workers at Skylarks are used to the process and provide support by actively getting the guests and their volunteer together as quickly as possible. They provide support to any iof the guests or volunteers who may be feeling vulnerable and ensure that all the guests feel they are being treated equally. The communication within Skylarks ensures that there is no discrimination so noone feels left out or that they are being treated in a less favourable way to others.

The Tuckman theory can also be applied to the care workers reactions to the tasks they have to perform. An understanding of this process helps in the induction of new staff and ensures that tasks are completed successfully and efficiently. This is reflected in the following table:

The 6 stages	Group structure	Task activity
Forming	Considerable anxiety, testing to discover the nature of the situation, what help can be expected from leader or convenor and what behaviour will or will not be appropriate.	What is the task? Members seek the answers to that basic question, together with knowledge of the rules and the methods to be employed.
Storming	Conflict emerges between subgroups; the authority and/or competence of the leader is challenged. Opinions polarise. Individuals react against efforts of the leader or group to control them.	The value and feasibility of the task is questioned. People react emotionally against its demands.
Norming	The group begins to harmonise; it experiences group cohesion or unity for the first time. Norms emerge as those in conflict are reconciled and resistance is overcome. Mutual support develops.	Cooperation on the task begins; plans are made and work standards laid down. Communication of views and feelings develops.
Performing	The group structures itself or accepts a structure which fits most appropriately its common task. Roles are seen in terms functional to the task and flexibility between them develops.	Constructive work on the task surges ahead; progress is experienced as more of the group's energy is applied to being effective in the area of their common task.
Adjourning	The group retires or adjourns after the task is completed and informal socialising occurs.	Much learning happens through informal chat and feedback about the group performance.

Mourning	The group dismantles itself.	All loose ends are tied up.

Care workers could use the following questions to assess the effectiveness of a group task or activity;

A Forming
· What was the task?
· Did you all share the same expectations of the task?
· Did you all have the same attitude to working in a group?
· Did you feel any anxiety at the outset of the activity?

B Storming
· Was there any conflict in the group?
· Did you all agree on the means of carrying out the task?
· Did you have a leader and was his/her authority challenged?
· Did any group members withdraw from the group?

C Norming
· Did you move on to agree methods of working?
· Did you have a common goal?
· Did you cooperate with each other?
· Did you work out how to proceed at all? (If not, you were probably still storming.)

D Performing
· Did everyone take on a functional role to achieve the task?
· Did you work constructively and efficiently?
· Did the group's activity focus on fulfilling the task?
· Did you experience a sense of achievement?

E Retiring/Adjourning
· Did you stop abruptly and all go your separate ways or did you finish the task and then go off together and socialize?
· Did you talk about the group and your experience of it?
· What sort of issues did you discuss or think about after the group activity?
· Was it more or less acceptable to give and receive feedback in a relaxed atmosphere when adjourning?

F Mourning/Grieving
· Have you experienced the mourning stage following the completion of a show or project?
· Have you ever felt empty or sad when a group activity has finished
· Why might some people feel the mourning stage more acutely than others?
· How do you deal with your own feelings after the project or show?

It is important for care workers to review the effectiveness of their interactions in group situations to enable them to make improvements before they perform the task again. The roles, relationships and aims which give any group its character and purpose provide opportunities for communication to take place. It is also true that the same features can cause conflict and act as barriers to effective communication. The group leader, often a care worker, can influence whether the interactions are effective or not by the way they handle the group. Effective communication will help the group to achieve their goals.

[AO3 MB3]

Seligman's Theory of Learned Helplessness
Another theory which can be applied by care workers when interpreting the effectiveness of their interactions is that of Seligman's Theory of Learned Helplessness. Seligman published

his theory in 1975 to explain how a loss of control over life circumstances can result in a process of learning to become withdrawn, depressed and helpless. Seligman states that helplessness starts when a person learns that no matter what they do they have no control over what is happening to them. People can develop this feeling of helplessness when they find they cannot communicate with their carers. They feel that their carers are not taking any notice of them and do not have the patience or time to take notice of what they are trying to tell them. This way their basic needs are not being met and their emotions drop drastically.

The first stages of learned helplessness happen when a service user feels angry and frustrated because they cannot communicate. The service user may become aggressive and shout at people around them. This has been associated with dementia in older people and claimed to be due to confusion and their 'age'. If the care workers understood what was happening then they could prevent the process moving onto the next stage. A little attention and patience when communicating would make the service user feel valued and regain control of their individual situation. The aggression, according to Seligman is a last ditch attempt to regain control. In some care environments the expression of anger is unlikely to gain the desired attention. The service provider is more likely to be labelled as disturbed or difficult to deal with and be isolated even more.

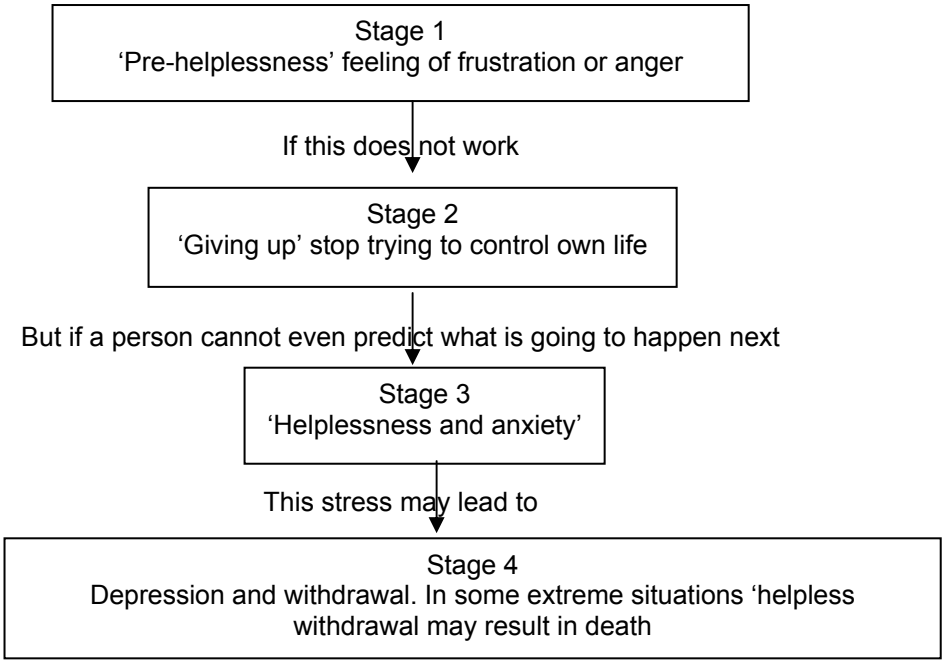
The next stage of the process is learning to 'give up'. The service user finds that it actually saves energy to give up on the situation so rather than persevering and trying to get the attention and care needed they withdraw from communicating at all. The service user can gain a sense of safety from not communicating at all. The ineffective communication with care workers becomes insignificant because there is no loss of self esteem if the service user does not communicate at all. When a service user stops communicating with the care workers their needs are even less likely to be met. when service users become with drawn it is the responsibility of care workers to make every effort to communicate with them and prevent the process progressing even further. Service users' right must be met and the care workers have the ability to break through the chain in these circumstances and make a difference.

If a service user cannot predict what is likely to happen to them because the care workers do not attempt to communicate with them then they are likely to become even more stressed an withdraw even deeper. Depression is usually the next stage, Seligman argued that the helplessness and anxiety can result in clinical depression due to chemical changes in the brain. If a service user cannot cope with the lack of communication and feels that they are being discriminated against this could result in serious mental health problems.

Mental health problems can lead to even more anxiety and stress. The severe depression which results can have fatal consequences and result in death.

[AO3 MB2]

Seligman's process of learned helplessness



Sources of information:

Books;

Moonie et al. Heinemann (2000) - Advanced Health and Social Care.
Walsh et al. Collins (2000) - Advanced Vocational Health and Social Care.
Tuckman, B.W. & Jensen, M.A.C. (1977) Stages of small group development revisited.

Websites

www.bbc.co.uk
www.teal.org.uk

[AO3 MB2]

4.2 Assessor Commentary

The candidate has used a range of sources of information including books and Internet websites. The range is not considered to be wide so the evidence meets the requirements of mark band 2. The description of Tuckman's theory is comprehensive and detailed showing a high level of understanding of how the theory provides guidance to care workers about how to communicate effectively with service users. Relevant examples have been included. The evidence on Seligman's theory of learned helplessness is detailed but lacks understanding and there is limited explanation of how the theory provides guidance about how to communicate effectively with service users. The candidate has shown a high level of understanding of the theorists views of effective and inappropriate communication. The impact on service users is implicit in the work. The evidence is factually correct with few omissions or errors.

The evidence could be strengthened by using a wider range of different sources and referencing these within the text. The candidate could explain more clearly the guidance provided by Seligman to help care workers to communicate effectively with service users.

The evidence is considered to have met mark band 2 fully. Although there is some evidence towards mark band 3 this is not in enough depth to demonstrate synthesis.

The evidence meets the requirements of **mark band 2**. Marks awarded: **7**.

AO3 Mark Band 2 (from Assessment Evidence Grid):

You undertake research using a range of sources, to analyse how **two** theories provide guidance about the effects of communication on the service users and/or care workers.

[5 6 7]

5 AO4 EXEMPLAR

This section includes two separate snapshots, one assessed at mark band 1 and the other at mark band 3.

5.1 Snapshot 1

My interaction

I had a one-to-one interaction with a service user at a respite centre for physically disabled people. The interaction took place in the guest's bedroom, while I was assisting her in the morning. We were both in a relaxed environment but there was a few obstacles in our way, we were both moving about to start with as Elizabeth was trying to get ready for breakfast and the trip. I did this interaction to help with her personal hygiene and individual independence.

Elizabeth's room was quiet with very few background noises during our conversation. It was a comfortable environment as Elizabeth had all her own things surrounding her. There was a chair I sat on while the interaction took place. It was an informal interaction there were no barriers in front of us while we sat down talking. Although some barriers were shown when she had a shower and there was background noise while I was talking her and the door was in the way.

[AO4 MB1]

Skills used in my interaction

I showed that I was paying attention by keeping eye contact when I was facing Elizabeth, whether I was standing up or sitting down. Also I paid attention by nodding my head and pointing to things to make it clear what I was saying. I showed I was listening by maintaining full eye contact and by answering any questions that were put to me. I spoke to Elizabeth by using appropriate language for her age group. Also I used long and short sentences. The questions I used in my interaction were simple questions but I thought they were the correct questions to use for this interaction. I used quite a lot of open posture, which I think made Elizabeth more comfortable, which made me more comfortable. I hardly used any closed posture, as we were both relaxed and enjoying ourselves. I used facial expressions to emphasis what I was saying at points in the conversation. I kept eye contact all the way through the interaction. I made a few hand gestures to emphasis what I was saying at points in the conversations. I did use touch but found it appropriate as I was assisting her into the shower. When I was sat facing Elizabeth I was looking interested as I maintained eye contact

and answered any questions she might have had. I spoke at even pace and did not speak down to her. I respected her when she thought about the answers to the questions that I had asked. I smiled at Elizabeth to make sure she knew I was a friendly person and to make the atmosphere relaxed and comfortable.

[AO4 MB1]

Factors that influence my interaction

	Supporting Factors
Positioning	I tied not to get too close to Elizabeth but this was hard as I was helping her to wash and dress.
Emotional	I tried to make a relaxed and comfortable environment for us to talk in so Elizabeth did not become nervous or shy.
Environmental	The interaction was held in her bedroom, which is an enhancer as it was quiet and confidential.
Special needs	Elizabeth had no special needs. I used sociable language and showing I was interested gave Elizabeth the fact of being sociable if she wanted.

	Inhibiting Factors
Positioning	I was trying to assist Elizabeth by getting her ready in the morning so doing these things made positioning hard.
Emotional	I could of made Elizabeth uncomfortable, as I was slightly nervous; as it was something new I had to do.
Environmental	We kept getting interrupted by other people coming into the room.
Special needs	Elizabeth had no special needs to cope with.

[AO4 MB1]

How I applied the care values

I promoted equality and diversity by allowing Elizabeth to take her time and meeting her individual needs. I respected Elizabeth's feelings and did not say anything which might upset her. I recognized that Elizabeth's views might be different from my own so I did not want to make her feel uncomfortable. I did not stereotype Elizabeth as an older person. I helped Elizabeth to be an individual by encouraging her to do things her own way.

I maintained confidentiality by not talking to other volunteers about the support I had given Elizabeth. I did not want to devalue the help that Elizabeth had given me because I respected her. I knew it would not be right to tell others what had happened in the room. Elizabeth told me about her family and her condition. This information was to help me provide her with quality care and I did not need to tell anyone else about it.

I promoted Elizabeth's rights by giving her the choice of having a bath or a shower and also what she wanted to wear. I also enabled Elizabeth to do as much as she could for herself as she has the right to be respected. I maintained Elizabeth's privacy by not answering the door when she was in the shower and by covering her with a towel when the care assistant came in to see how we were getting on. I allowed Elizabeth to ask questions of me so that it was not just me asking her questions all the time.

[AO4 MB1]

Evaluation of my interaction

While doing this unit the practical and written, I have developed more awareness of my communication skills. I have learnt how to enhance my communication skills in lots of ways. I thought my interaction was productive as I used many skills that were appropriate and not many that were inappropriate. I used the five main points while I was interacting with guests:

S face person **s**quarely
O adopt an **o**pen posture
L **l**eans forward slightly
E maintain **e**ye contact
R tries to be **r**elaxed

This produced good communication skills. It gave the interaction a relaxing environment and helps me to receive non- verbal signals from the guests I was interacting with. Through this interaction I used the SOLER as it showed I was listening and making sure the guests had my full attention and nothing was distracting them or me. I did not invade the Elizabeth's space and I did break eye contact so she did not think I was staring at her and making sure I was making her uncomfortable.

I used mostly appropriate facial expressions, tone, pace and pitch of voice. Also through out the interaction I used a wide variety of gestures. I.e. nodding, pointing, smiling and widening of

eyes. The interaction took place in Elizabeth's bedroom so it was away from or disturbing noises.

[AO4 MB1]

I could improve the interaction by:

- Asking more questions so that the care given meets all Elizabeth's needs.
- Not getting distracted so that Elizabeth feels I value everything she says.
- Having more practice at interacting with older people.

[AO4 MB1]

5.2 Assessor Commentary

The candidate has given an introduction to the interaction which gives an insight into the circumstances surrounding the interaction but does not specify the aims and objectives. There is no transcript of the interaction to highlight the content. The skills used are not considered in any depth, although there is some recognition of appropriate and inappropriate skills demonstrated. The factors which supported and inhibited the interaction have been clearly set out in the table. There is limited consideration of these factors. The candidate has mentioned how the care values were applied during the interaction. The evaluation of performance is minimal. Although there is reference to the application of theory, this is at a basic level. Realistic improvements have been identified. Teacher records of observation have been omitted.

The evidence could be strengthened by including more detailed records of the interaction. A transcript of the interaction and teacher observation records should be included. Evidence of reflection, analysis and conclusions are also needed which consider the interaction from the candidate's own and the service user's perspective.

The evidence presented is considered to have met the requirements of **mark band 1**. **4** marks have been awarded.

AO4 Mark Band 1 (from Assessment Evidence Grid):

You produce records of an interaction with a service user/care worker *or* a small group of service users/care workers, including a basic evaluation of your own performance and giving an outline of improvements.

[0 1 2 3 4]

5.3 Snapshot 2

In order to exist we all need to be able to communicate. Forms of communication we all use could be oral, written, computerised, visual or non-verbal. Communication is a very broad topic and there are several ways of communication can tell us more about a person than what they actually say.

To complete this unit I spent a week at Churchtown. Churchtown is a centre, which belongs to the Winged Fellowship Trust. There are five centres over the whole of the UK. All of the centres provide holidays for disabled people and sometimes their partners as well. This holiday enables their carers to also have a break, which is a necessity not a luxury as around 1 million carers in the UK provide over 50 hours of care a week.

Volunteers work along side the care staff and the nurses in the main centre to provide on-call care around the clock, giving support to the guests and a peace of mind to their carers.

Churchtown is an activity centre where the guests who visit the centre for a week can take part in a variety of activities such as canoeing, abseiling, climbing, swimming and many more adventurous activities. Churchtown is the newest centre but is very different from the others as it can cater for a broader range of guests. It can cater for children as well as adults and also caters for people with learning difficulties.

The centre also offers a day care centre for people who live close to the centre and for those who want to get out for a few days or sometimes just one day. They also do activities over in the day care centre but these consist of swimming, cooking, pottery, arts and crafts, woodturning, computers and music. In the day care centre they have over 30 clients a day visiting from Monday to Friday as the centre is not open during the weekends.

Working in the day care centre there is always 5 staff working every day. In the main centre there is always 4 carers and 1 nurse on duty at one time.

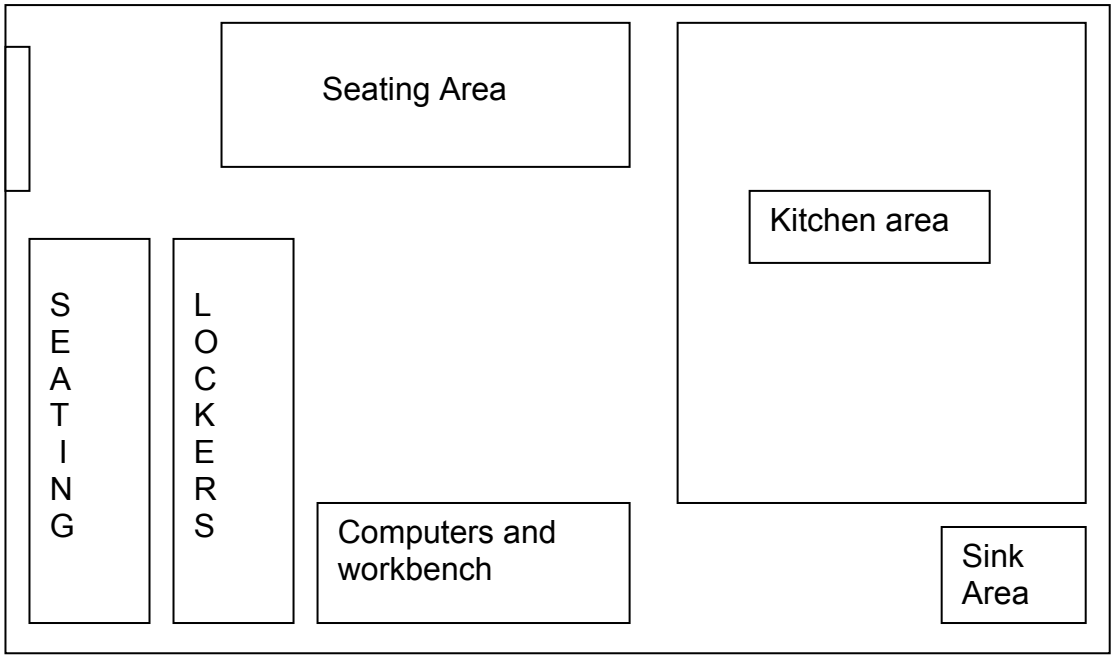
In these centres communication is a very important factor. Communication is all about sending and receiving messages. Without communication these centres would not be able to organize the holidays successfully or provide the care each guest requires.

The purpose of my interaction was to provide one-to-one care and support to a day care client. This involved getting to know an individual client what their individual needs were their likes and dislikes, including information about their family background. I also wanted to obtain information on what the client thought about Churchtown as a centre.

The interaction took place on my first day. I was helping the client peel potatoes as part of the cookery lesson. As I was working in the day care centre most of the week I felt that it was impossible to prepare a room for my one-to-one interaction because the clients visited the day centre to enjoy themselves and I felt that the surroundings where suitable for me to have a decent conversation with the client. There were only

three clients in the room and I felt that we were far enough away from them to keep the conversation private as client confidentiality is paramount.

Room layout



As you can see from the layout of the room there are several places where you can have an informal interaction with a client without anyone else listening in. For the one-to-one interaction we were situated on the workbench and the other two clients were in the kitchen area preparing the food. The client I chose for my one-to-one interaction was partially sighted and was called Neil. (This is not his real name due to client confidentiality) Neil is a regular client at the day care centre visiting it four times out of the five days it is open to the clients. Neil was very impressed with the care and activities available to the clients. The reason Neil visits the day care centre is to have fun and to get out of the house to meet and mix with new people with disabilities.

[AO4 MB3]

Transcript of my one-to-one interaction

I prepared a questionnaire to guide me during the interaction. Here is a transcript of what I actually asked the client.

Me: Hi Neil, where do you come from then?
Neil: I live in St. Austell but I am originally from Wales.

Me: Do you have any family?
Neil: I have two brothers and two sisters. I also have 11 nieces and nephews. I don't see them very often though because I cannot travel up to Wales very often and they don't have the time to visit me in my house in St. Austell.

Me: How did you get to know about the existence of this day care centre?

Neil: I live with another client at the day care centre called Richard. We both were informed about the existence through our carer who visits our house at the weekend and she organised for us to visit three day care centres and we had to choose out of them which one we would prefer to visit.

Me: What made you prefer this day care centre to the other two you visited.
Neil: This centre offers a wider range of activities that the other two and the staff here are much more friendly and active.

Me: What do you enjoy the most about being at the day care centre?
Neil: The activities I enjoy the most are cookery, pottery, music and using the computers. Before visiting the day care centre I had never had the advantage of using a computer and I find this new technology very interesting and useful.

Me: So do you do all these activities every week?
Neil: Yes I do!

Me: What are the best bits about visiting the day care centre?
Neil: For the past three years of me visiting the day care I have enjoyed taking part in the music exercises and I also enjoy a weekly swim in the pool allocated in the main centre. Being able to do these sorts of activities enables me to do stuff I would not be able to do if I was at home.

Me: Is there anything you would like to see changed about the day care Centre?
Neil: The service they supply is to an excellent standard and I would never think of leaving to go to another one. I would like to thank the staff here very much. They work very hard to make sure we all enjoy ourselves.

[AO4 MB3]

This is a copy of my prepared questionnaire which I used to help me during the interaction

1- How old are you?

2- Where do you come from?

3- Do you have any family?

4- How did you get to know about the existence of the Winged Fellowship Trust?

5- What do you enjoy most about visiting the day care centre?

6- How long have you been visiting the day care centre?

7- Why do you visit the day care centre?

8- What activities do you enjoy the most?

9- How many times a week do you visit the day care centre?

10-Do you like the quality of care the day care centre provide

11-Is there anything you would like to be seen done to make the day care centre a better place?

12-What are the best bits about the day acre centre?

13-Have you ever stayed in the main centre over the road?

14-Have you visited any of the other Winged Fellowship centres?

15-Is there anything you would like to see changed about the day care centre?

Review of my interaction

Skills shown	Comments/Evidence	Inappropriate/ appropriate
Attending	**I showed that I was attending by leaning forward and maintaining eye contact.**	**Appropriate**
Listening	**I showed that I was listening by using Neil's answers to previous questions in other questions for example when I asked Neil how many day care centres he looked around he told me three so then I asked him " what made you prefer this day care centre to the other two?"**	**Appropriate**
Language	**I used more appropriate adult language when I was talking to Neil. My sentences were longer than those from when I was talking to a group of clients from the day care centre. I did have to slow down in some places because of Neil's Visual Impairment.**	**Appropriate**
Open questions	**I used a mixture of both open and closed questions.**	**Appropriate**
Closed Questions	**I used a mixture of closed and open questions to get the information I wanted.**	**Appropriate**
Appropriate questions	**The questions I asked in my one-to-one interaction were more complex than the questions that I asked in my group interaction as I felt that this was appropriate to get to know the client.**	**Appropriate**
Drawing out	**Neil was a very bubbly and friendly person so I felt he did not need drawing out although he was a bit nervous.**	**N/A**
Reflecting/ understanding checks	**Me: "So do you do these activities every week?" by reflecting on what Neil had said this told him that I was listening to what he was saying, and it enabled me to check that I understood the reply that he told me.**	**Appropriate**
Summarising	**I summarised what he had said which was a way of showing I had understood.**	**Appropriate**
Open posture	**I adopted an open posture for most of the conversation because it was an informal interaction, it relaxed the atmosphere and it made it more comfortable for Neil to open up.**	**Appropriate**
Closed posture	**I adopted a closed posture half way through the**	**Inappropriate**

	interaction because I was nervous but I then adopted an open posture again.	
Eye contact	**I adopted eye contact with Neil throughout the interaction. This showed that I was interested in what Neil was saying and that I was listening.**	**Appropriate**
Facial expressions	**When Neil said that he didn't want to see anything changed to the day care centre I had a surprised expression on my face and raised my eyebrows slightly. This was important to Neil because of his visual impairment.**	**Appropriate**
Gestures	**I made small hand gestures to emphasise the words that I was saying. I think I may have gone a bit over the top because I sometimes can't talk without using my hands for emphasis.**	**Appropriate**
Proximity	**Neil and I sat opposite each other so that there was enough space between us but not too much, so that we both felt comfortable. A more comfortable way to have sat would have been a bit more closer and slightly at an angle but for Neil to see me and the gestures we had to sit opposite each other.**	**Appropriate**
Use of touch	**I did not feel it was appropriate to use touch as I did not know Neil very well but I did need to touch his hand a few times during the interaction to make him aware that I was still sitting in front of him and to make sure he was not getting bored.**	**Appropriate**
Body movement	**I moved during the interaction to show that I was listening to him and so that I did not look bored.**	**Appropriate**
Watching Neil's non-verbal behaviour	**Through watching Neil's non-verbal behaviour I was able to tell when he was nervous and getting bored. For example he kept wiping his hand over his head and rubbing his eyes. It must have been hard for Neil as he could not see me very well I had to emphasis what I was saying and make big gestures at times.**	**Appropriate**
Looking interested	**I showed that I was interested in what Neil said by maintaining eye contact and using gestures and small head nods so that I could show him that I understood what he was saying.**	**Appropriate**
Remembering what had been said	**I showed I had remembered what Neil had said by using his answer in another question but I do not think I did this often enough.**	**Appropriate/ Inappropriate**
Clarity and pace of speech	**I spoke very clearly so that Neil could understand me. I spoke faster to Neil than I did in the group of clients because I felt that this was more appropriate. If I had spoken to Neil in the same pace I spoke to the group it may have been patronising.**	**Appropriate**
Respecting Silence	**After Neil had spoken to me and mentions that he does not see his family very much he seemed to be a little upset and I respected this silence as I thought that it was appropriate.**	**Appropriate**
Smiling	**I smiled at Neil so that there was a relaxed and positive atmosphere. It made the interaction more informal. Although Neil could not see very much if I smiled at him he always smiled back which was rewarding for me.**	**Appropriate**

[AO4 MB3]

Environmental factors that may effect my communication

Factor	Description	Appropriate/ Inappropriate
Area used for conversation	**I did not have the time to arrange for us to talk in a quiet room, so Neil and I spoke during a cookery lesson while we were waiting for the food to cook in the oven over in the day care centre.**	**Appropriate/ Inappropriate**
Position of Chairs	**Because there were only two of us we sat opposite each other. We sat in comfortable chairs so that we were both relaxed. This was a bit intimidating but if we sat at a slight angle Neil would not have been able to see or understand me very well.**	**Appropriate**
Privacy	**I asked other volunteers and guests to keep a good distance from Neil and I so that nothing he said to me could be heard by anyone else in the room.**	**Appropriate/ Inappropriate**
Distractions and interruptions	**Nobody interrupted us but the people in the background kept distracting Neil and on several occasions he forgot what he was saying.**	**Appropriate/ Inappropriate**
Background noise	**There were many people talking in the background but this helped with people not hearing what Neil was saying to me.**	**Appropriate/ Inappropriate**
Lighting	**All the lights were on in the day care centre so that we could see each other easily.**	**Appropriate**
Neil's Visual Impairment	**Because of Neil's Visual impairment I had to make sure I spoke in a mature manner without the use of very complex language to stop him getting bored and not understanding me. I used a lot of gestures to make sure he was understanding me.**	**Appropriate.**

[AO4 MB2]

Factors that could influence my interaction

There are many factors that can support interactions. These are some of them:

- Warm and friendly non-verbal behaviour.
- Actively listening to build an understanding of the person you are talking to.
- Appropriate questions and prompts.
- Being sincere and open.
- Being assertive.
- Using appropriate non-verbal language.
- Taking into account any special needs factors.
- Understanding other people's cultures and ethnic backgrounds.
- Interacting in an appropriate environment with no risk of breaking confidentiality.
- Minimising barriers.
- Evaluating my own behaviour.

There are factors that could inhibit communication:

- Inappropriate non-verbal behaviour for example looking distracted or bored.
- Not using understanding checks.
- Just listening to the words that the people say and not all of the other types of communication for example the paralinguistic features.
- Aggressive or passive behaviour.
- Unresponsive or inappropriate verbal behaviour.
- Emotional barriers for example not being able to communicate properly because of a dislike of them.
- Labelling or stereotyping about people for example making assumptions about people.
- Not understanding other cultures or ethnic backgrounds.
- Break of confidentiality.
- Inappropriate setting or environment.
- Inappropriate types of questions for example too many closed questions.

[AO4 MB2]

Factors which actually influenced my interaction

I was very pleased with how my interaction went. Neil was quite nervous, but did talk freely and did not need drawing out. Neil had no speech or hearing difficulties but he was partially sighted so during the interaction we sat opposite each other which can be intimidating. We had to do this so Neil could see everything I was doing and it also meant he could understand everything I was saying. I made sure that Neil understood our conversation was private and I would not break confidentiality by telling other people any private information he disclosed to me. Neil was very happy about this.

Here are the factors that supported the interaction.

	Supporting Factors
Physical	**Maintaining eye contact and leaning forward slightly both were non-verbal ways of showing that I was listening. Our conversation took place in a quiet area of the day care centre, this enhanced the conversation because everything that was said was private and there were no interruptions. I sat facing the window so that my face was illuminated well and Neil could recognise my expressions and gestures.**
Emotional	**We had an informal interaction so I tried to create a relaxed atmosphere. I did this by adopting an open posture and asking questions in an informal, warm way. I did not discriminate, or label so that Neil could talk openly easily. I felt very comfortable talking to Neil and had no pre-conceived ideas about his capabilities. This demonstrated that I did not stereotype him in any way. I made sure that everything Neil talked about in our conversation was kept confidential as he would have been upset if he thought I was**

	going to tell everyone else about what had been said.
Social	**By leaning forward slightly and maintaining eye contact I showed that I was attending. The language that I used with Neil was adult language as I did not want Neil to feel that I was talking down to him. This showed him that I respected him as an equal. I used head nods to show Neil I was listening and understood what he was saying.**
Skills	**I used a relaxed tone of voice because the conversation was informal. I used understanding checks and reflecting to show him that I was listening and to check that I had understood him. Most of my questions were open so that it gave Neil the chance to show his emotions and answer in more depth. I used funnelling in the conversation to get answers that were in more detailed and of a greater depth.**

[AO4 MB2]

There were not as many but there were some factors that inhibited the interaction. These are given below:

	Inhibiting
Physical	**Half way through the interaction the food we had been waiting to be cooked was ready and everyone started to distract us from what we were talking about. If I had more time to prepare for this interview I would have organised a quite room with a do not disturb sign on the door so that we would not be distracted. At one point of the interaction I had a closed posture which inhibited the interaction because it gave an uneasy atmosphere. Neil is partially sighted and because we had to sit opposite each other so that he could see what I was doing I felt that he would have felt more comfortable if we had been at slightly angle as facing each other can be very patronising.**
Emotional	**I minimised the importance of feelings at one point because I looked very surprised when Neil said that he did want to see anything done to improve the centre, here it may have seemed like I was undermining his opinions.**
Skills	**I used a few too many closed questions in the interaction. This inhibited communication because Neil could not show his emotions through the replies to the questions. I did have to slow the pace of the conversation down as Neil did like to lip read as much as he could. This was hard but I got used to the situation. I did not give Neil the opportunity to ask me many questions and this may have made him feel like he was being interrogated. The interaction could have had more two-way communication in it.**
Special needs	**Neil liked to use sign language as well as speaking. As I only knew a little sign language I could not communicate effectively in this way.**

[AO4 MB2]

Evaluation of the effectiveness of my interaction

Throughout doing this unit I have gained much more awareness of communication skills. I feel that the skills I have learnt have enhanced my communication in many ways for example the difference between actively listening to someone or just hearing them.

I felt that my interaction was effective because I achieved the aims. I used several skills that I felt were appropriate and a few that I now think were inappropriate. Before the interaction took place I had to take into account the fact the Neil was partially sighted, for him to see me to the best of his ability during the interaction I had to sit opposite him which at times felt a bit uncomfortable for both of us. I tried to make sure that Neil felt I was valuing him as an individual and I was determined not to discriminate in any way because of his disability. I also gave Neil the choice of participating in the interaction as I did not want him to feel that he was being pressurised into doing so. I reassured him that our conversation would be confidential as I did not want him to worry that I would break his confidentiality by telling other people about what was said.

I attended throughout the interaction. I showed this by obtaining an open posture, leaning slightly forward, maintaining eye contact and trying to be relaxed. This was appropriate during the interaction because it showed Neil that I was listening to him and by maintaining eye contact it showed Neil that he had all of my attention, and that I was not distracted by other things. I ensured that I did not stare as this can give the impression that you are angry. I did break eye contact occasionally so that the atmosphere remained relaxed, and it looked as if I was listening, as if I didn't break eye contact occasionally, it could seem like I was day dreaming and not listening.

I thought that it was important to show Neil I was listening to him. I did this by using his answers to previous questions in other questions. Another way I showed Neil I was listening was by using understanding checks and reflecting back what he had said. By showing Neil I was listening to him this enabled him to be more open. It made him feel more valued as an individual. By repeating back to Neil what he had said to me, I could make sure that I understood what he had told me, and he could correct me if I had misunderstood.

I feel I used appropriate paralinguistic features, for example I talked at a normal tone, pace and pitch throughout the interaction. I thought it would be inappropriate to use any other pitch or tone because I didn't know Neil very well and he was older than I was. Although Neil was nervous he soon became quite bubbly and was very friendly so he didn't need drawing out.

Because the interaction was informal I adopted an open posture. It was appropriate because it made it easier for Neil to talk to me. However half way through the interaction I adopted a closed posture because I felt slightly nervous. I felt that this was inappropriate because it could give the impression that I was tense or serious and this could then make the atmosphere more tense, which I wanted to avoid. If I were to do the interaction again I would make sure that I sat in an open posture for the duration of the interaction.

[AO4 MB3]

How I could improve my one-to-one interaction

- Ask more open ended questions to allow Neil to have more opportunity to express his feelings and feel that he was taking an equal role in the interaction.
- Sit in an open posture for the duration of the interaction so that Neil would not feel I was trying to create a barrier between us and he would relax and enjoy the conversation
- Use more gestures to support my oral language so that if Neil did not hear what I said properly he would be able to understand from observing the gestures.
- Not fiddle with my rings as it may have given the impression that I was bored and not listening as well as I could.

[AO4 MB2]

Conclusions about my interaction

Overall I felt that the interaction went well but I did feel that there were particular strengths and weaknesses. In this section I will discuss both the strengths and the weaknesses, and compare my interaction to best practice. My interaction was carried out later in the week and I felt I had overcome any initial weaknesses as I had learned from the earlier mistakes I had made.

I had set out to talk to Neil about how he secured a place at the day care centre, the activities on offer to the clients, the facilities and any improvements that he would like to see done to the school. I accomplished these aims and gained all the information that I wanted to find out from the interaction. Neil gained from the interaction by being able to help me do my work and he was pleased to do this for me. Another reason why Neil gained from the interaction was because he was able to tell me about the improvement he would like to see done and he had a clear idea of different activities that the day care centre does not already offer. I could then pass this information to a member of staff at the day care centre and they then did their best to fulfil Neil's wishes. This was not breaking his confidentiality as he wanted me to share the information so that the ideas could be discussed by the management of the centre. The interaction needed to cover both Neil's social and his emotional needs, I feel that I covered his social needs by spending time with him and showing interest in his opinions. I should have empathized instead of sympathizing when Neil told me about a good friend of his not getting into the day care centre. This could have had a negative effect on his emotional needs and upset him a little. According to Maslow, emotional needs are higher up the hierarchy and therefore should be met as they are essential to the well-being of the client.

My interaction was an appropriate interaction, as I had planned a quiet area of a room where no one was to distract us or interrupt. There was very little noise as there were only two other clients in the building and they were busy washing up the dishes from the cooking lesson. Everyone in the building was made aware that Neil and I were talking and therefore they did not come near the area we were talking and nobody interrupted. This enabled us to communicate more effectively. I placed the chairs opposite each other as Neil is visually impaired and if I put the chairs closer together he would not have been able to see me. The chairs were the same height and comfortable which made the atmosphere more relaxed, any height differences may have inhibited the interaction as it could cause one person to feel as if they were lower

than the other person. Through Neil sitting apposite me I could take note of Neil's non-verbal behaviour. These were all physical strengths of my interaction.

At one point in the interaction I felt that I minimized the importance of Neil's feelings because I looked surprised when he said that he would only want to see a wider amount of activities available. This may have caused him to think that I was undermining his feelings which, according to Seligman, could lead to learned helplessness. In best practice I would just nod to show him that I was listening to his opinions. This was a weakness of the interaction. One of the strengths of my interaction was that I created a relaxed atmosphere. I did this through adopting an open posture and giving a feeling of warmth by asking questions in an informal way.

To show Neil that I was listening I leaned forward slightly adopting an open posture and tried to maintain eye contact throughout the interaction. I reflected back sentences that Neil had said to me. I did this to ensure him that I was listening and understanding what he was telling me. I felt that the language I used throughout the interaction was good and was appropriate. I used a wider vocabulary and more complex sentence structure, than I used with the group of clients, but I still kept it informal so that the atmosphere was relaxed.

I thought that it was appropriate to ask a few closed questions because I could narrow down the conversation to find out the information that I needed to know. I thought that it would have been inappropriate to use more closed questions than I did. I spoke clearly when talking to Neil so that he could hear and understand me and at a moderate pace. The pitch and tone of my voice was suitable and varied slightly to keep the conversation interesting. I felt that these were all strengths and enhanced the communication.

I tried to look interested throughout the interaction as I wanted Neil to feel as if he could open up to me. I made small head nods and positive noises such as "yes" as he talked so he knew I was interested and attending. The use of noises was important as I felt Neil could not always recognise my body language due to his sight problems. I feel that this was another strength of the interaction.

I tried to remember what had been said and paraphrased his response in my other questions. This demonstrated that I was actively listening to him. Although I feel that this could have been an area of improvement as I did not reflect his answers as often as I could have. This could have reflected part of Seligman's theory as Neil could have felt that I was not interested enough in what he was saying and he could have developed low self-esteem making him not want to talk to me again.

When Neil mentioned about his close friend not getting into the day care centre he looked sad and I sympathised with him instead of empathising with him. This was a particular weakness as sympathising can be destructive and empathizing is constructive and it can help to solve matters. James (1980) said that an emotion stimulus produces bodily changes and the feedback from these bodily changes causes an emotional response. By being empathising I would have been ready for an emotional response but because I sympathised it left me unprepared for the emotional responses that Neil had. Best practice would consist of empathising in this situation. I tried to respect the silence and I felt that this was important but I think I should have left bigger silence to allow Neil to formulate his response and deal with his feelings.

Weaknesses in my interaction

- I sympathised instead of empathising when Neil showed that he was upset because his close friend did not get accepted into the day care centre.
- I should have prepared a more appropriate room for the interaction.
- I did not reflect his answers as often as I should.
- I did not use enough hand gestures and facial expressions.
- I sent messages to Neil telling him that I was nervous for example fiddling with my hair or my rings. This was a weakness because it showed him that I was uneasy in that situation. I feel that this needs improving through practice.

[AO4 MB3]

Action plan for improving my communication skills in my interaction

I have visited the local library and saw a few books that I could read to improve my communication skills, for example, Ways of Communicating by Argyle and Traver or You and Me by Egan. These would help improve my non-verbal behaviour, for example improve my use of gestures, and could help me to become more assertive.

I could try videoing another interaction and looking back at my uses of facial expressions, gestures, and eye contact to see how I could improve them. Another thing I could do is by asking a friend to look at it as he/she may pick up on the things that I do not. This would enable me to improve these communication techniques further by observing the negative body language so that I did not repeat the same mistakes in future interactions. I could look at the way in which others communicate through using the gold fish bowl exercise, to help me improve my own interactions.

To get a wider prospective of communicating in different situations to different types of people I could talk to someone who works with a wider variety of people. For example if I talked to a councillor I could learn how to communicate to people who suffer from chronic depression, or people with more severe disabilities as Neil was not badly disabled. I may find it beneficial to talk to someone who regularly communicates with very different people for example a Macmillan nurse who works with terminally ill cancer patients as a profession. They may be able to help me improve my communication by helping me to empathise instead of sympathise with people, and showing me how to respect silence. Another thing they could do is tell me what I should do in certain circumstances, in order to communicate and respond effectively to different people's individual needs.

In order to improve my interaction further I feel there are a few things I could do if I was to carry it out again:

- Place a do not disturb sign on the door to stop any interruptions. This would protect the client's confidentiality as other people would not be able to overhear what was being said.

- Find a room in a quieter situation to stop the client getting distracted from noise coming from adjacent rooms next door. This would have helped the

conversation to flow better and the communication would have been more effective.

- Learn my prepared questions better as I relied on them during the interaction too much and this stunted the flow of the conversation.

- I would have prepared the room for both the interaction as I feel that the layout was rather inappropriate. This would have helped the client to feel more relaxed and build more trust in me.

- To make the clients more comfortable I would provide a drink and a biscuit but as it was such a rush last time as I did not have access to a shop so I was unable to do this.

- To make the client feel welcome I could have asked the kitchen to supply a small amount of refreshments to make a more informal atmosphere.

- I could take a counselling course as an evening class as this would help me to understand more fully the theories of communication and practice my skills in a variety of situations. This would also raise my confidence and help me to consider the clients needs more fully.

[AO4 MB3]

Unit 2: Communication in care settings AO4 Assessor Observation

Candidate name: Rachel Candidate No: xxxxx Centre No: xxxx

Skills	Comments/Evidence	Appropriate
Tone	Rachel used a friendly tone of voice. She varied the tone which made the interaction interesting.	√
Pace	Rachel's pace was a little quick at times. The interaction was at a reasonable pace overall.	√
Eye contact	Rachel used good eye contact with Neil throughout the interaction. This showed that she was interested in what Neil was saying and that she was listening.	√
Language	Rachel used appropriate language during the interaction. She did not use technical terminology and made sure Neil understood what was being said. Rachel talked to Neil as an equal and was very friendly in the way she talked to him.	√
Open questions	Rachel used open questions during the interaction which meant that Neil was able to answer fully.	√
Closed Questions	Closed questions were used minimally. Those which were used were only when it was essential for the communication to progress.	√
Clarifying	When Neil said something Rachel did not understand she asked him to clarify what he had said. Her questions probed sufficiently without interrogating him.	√
Summarising	Rachel summarised what Neil had told her so that she reflected back in her own words.	√
Paraphrasing	Rachel used paraphrasing when she needed to this reflected back what Neil had said and also confirmed her understanding.	√
Empathising	Rachel used the tone of her voice to emphasise certain parts of her interaction.	√
Posture	Rachels posture was relaxed and open most of the time. She did cross her arms at one point which could have been interpreted as a barrier.	X
Listening	Rachel listened actively to the conversation with Neil. She leant forward slightly which showed she was paying attention.	√
Facial expressions	Gremma smiled and had a friendly expression on her face. She used her eyes to convey interest and did not allow her facial expression to show Neil she was shocked at all.	√
Gestures	Rachel used gestures to indicate agreement.	√
Proximity	Rachel sat on a chair close to Neil but did not invade his personal space. She was at his level so he did not feel overpowered by her.	√
Use of touch	Rachel used touch as she placed her hand on Neil's shoulder when she finished the interaction. This reassured him.	√
Body language	Rachel's body language was good although she kept touching her hair which could have made Neil feel uneasy.	X

Signed: Date: 12/10/05

[AO4 MB1, MB2 and MB3]

3 5.4 Assessor Commentary

The candidate has provided a detailed records and a thorough account of her interaction with the service user. There is a Teacher's observation record which confirms the level of skills demonstrated. Detailed consideration has been given of the factors which enhanced and inhibited the interaction. There is clear consideration of environmental, emotional, physical, skills space, lighting, noise, special needs and positioning. The candidate has shown a high level of understanding of the skills she demonstrated throughout the interaction. There is definite understanding of how the care values have been applied although this is not explicitly stated. This is an area which could be slightly improved. There is a full transcript of the interaction within the evidence presented. The candidate has included an in-depth evaluation of her interaction which clearly demonstrates analysis and reflection of the effectiveness of the interaction. Her analysis has a tendency to be biased towards her own point of view although she does consider the impact of the interaction upon the service user. She has drawn sound conclusions about her performance and describes realistic improvements which she could make in future. The evidence is of excellent quality and clearly demonstrates synthesis and originality. Technical terminology is used appropriately and there are links made to theorists to emphasise the points made.

The evidence could be improved by including references to the service users' opinions about the interaction and her assessor observations.

The work meets the requirements of **mark band 3**. Marks awarded: **9**.

AO4 Mark Band 3 (from Assessment Evidence Grid):

You produce records showing your effectiveness in the interaction with a service user/care worker *or* a small group of service users/care workers and an in-depth evaluation of your own performance, making realistic and informed recommendations for improvement.

[8 9 10]