

Communication

[Sociology](#), [Communication](#)



1. Be able to address the range of communication requirements in own role

1. 1 Review the range of groups and service users whose communication needs must be addressed in own job role

In my role as a Care Coordinator I understand that building a good relationship with staff, service users, their families and health care professionals is one of the most important aspects of my job role. I need to be aware of service user service users preferred methods of communication and also to support them to use it. Service users have the right to communicate through their chosen method (e. g. vocalisation, makaton etc) and I as a Manager of the service (Care Coordinator) should support/enable and respect this choice.

Communication is basic human right. Under the Human Rights Act 1998 all service users have the right to ‘ freedom of expression’. If unable to communicate they would be denied these rights. In my work place there are different groups of service users with different types of communication needs. Each group may require the same information but this needs to be communicated in a way that is both understandable and clear. With the service user group there is a wide range of communication ability, some with very complex needs.

The information I give to the doctor, which may contain medical terminology is presented to these service users in very basic broken down concepts, perhaps with the use of pictures and symbols. Below are some examples of groups/service users I work in my service and the type of communication needs they may require: Learning disabilities: Up to 90 per cent of service

users with learning disability (LD) have some form of specific communication needs. Many service users with LD have no identified cause of their communication difficulty. Service users with severe learning disabilities have no effective verbal speech. Down's syndrome: Approximately 75 per cent of service users with Down's syndrome (DS) have difficulties with their hearing.

Combine this with learning disability and these service users have an increased difficulty in communication. Service users with DS can have difficulty in forming words and speech sounds, resulting in their speech being difficult to understand. Autism: Service users with Autism have Communication disorder which can make it difficult for the service users to communicate and interact with their surroundings for example:

- Echolalia – repeating words spoken to them without knowing or understanding their meaning; use of phrases out of context; misreading others non-verbal cues.
- A lack of eye contact, a difficulty initiating and sustaining interactions due to limited concentration span. Cerebral palsy: The causes of this condition are vast, all leading to damage of the service user's brain. Cerebral palsy (CP) can cause differing disabilities depending on the part of the brain affected. The service user with CP may have difficulty communicating or developing recognisable speech.

Dementia: The most common mental health problem within older people is dementia. Dementia is progressive disorder that can affect the service user's short and sometimes long-term memory. It also affects the service user's recognition of people or things, speech, understanding, concentration,

orientation and motivation. Within the staff group I work with, there is also a wide range of communication ability and I make sure I give a range of information to the group as a whole and service users use my communication to suit the needs of each staff member on 1: 1 discussions such as supervisions and appraisals.

1. 2 Explain how to support effective communication within own job role

Within my job role as Care Coordinator I play a huge part in assessing service users communication needs and how their needs are to be met within the care setting. Before any support can be offered to service user it is important that their needs and preferences are taken into the account. An initial assessment is completed as service users come into the service where service users ability and communication methods are established.

In my service each service user has these details recorded on Initial Assessment for which could be located in their Annual File sec. 2. Everyone involved in the care of the service user is made aware of their baseline and needs as well as preferred methods of communication and these are to be met, and through time and careful observation, a more detailed support plan can then be developed. There may be other people that are able to help assess and give relevant information in regards to a service user communication needs.

These include:

- Friends and family – are important to the service users and must be supported to communicate with them using the appropriate method. The family should be educated and supported to ensure they allow the service

user to make choices and use their preferred method of communication. For more detailed communication between my service and family please refer to my Unit SHC 505, M2C Outcome 1. 2 & 3. 4.

- Speech and language therapist (SALT)
- GP
- Care Staff
- Occupational therapist (OT)
- Psychologist
- Behavioural therapist

Part of my job role is also read through the staff files and met with them on service user basis to build up a full picture of their needs and ability's including communication. 1. 1 Analyse the barriers and challenges to communication within own job role Communication is a fundamental relationship-building skill in the workplace. If people don't communicate well they limit their ability to connect on any meaningful level and, at the extreme, can create conflict. It is important that I show respect to those I work with.

The code of practice states that communications should be conducted in an appropriate, open, accurate and straightforward way. By communicating in this manner others will have trust and confidence in you and your abilities. There are many potential barriers to communication and these may occur at any stage in the communication process. Anything which blocks the meaning of a communication is a barrier. Barriers may lead to your message

becoming distorted or even not received at all, and you therefore risk service users not getting the care and support they require, as well as causing confusion and misunderstanding. Effective communication involves overcoming these barriers.

Barriers to communication include:

Physical barriers Physical barriers are often due to the nature of the environment. An example of this is the natural barrier which exists if staff are located in different buildings or on different sites. Likewise, poor or outdated equipment, particularly the failure of management to introduce new technology, may also cause problems. Staff shortages are another factor which frequently causes communication difficulties for an organisation. Whilst distractions like background noise, poor lighting or an environment which is too hot or cold can all affect people's morale and concentration, which in turn interfere with effective communication.

Attitudinal barriers

Attitudinal barriers may come about as a result of problems with staff in an organisation. These may be brought about, for example, by such factors as poor management, lack of consultation with employees, personality conflicts which can result in people delaying or refusing to communicate, and the personal attitudes of service user employees which may be due to lack of motivation or dissatisfaction at work. **Ambiguity of words/phrases** Words sounding the same but having different meaning can convey a different meaning altogether than that intended.

Hence the communicator must ensure that the receiver receives the same meaning. It is better if such words are avoided by using alternatives whenever possible, and care should be taken to check the understanding of those involved in the communication process as misunderstandings can have potentially serious consequences.

Service user linguistic ability

The use of jargon, difficult or inappropriate words in communication can prevent the recipients from understanding the message. Poorly explained or misunderstood messages can also result in confusion. Differences in dialect or even languages may need to be recognised and positive action taken to overcome them.

Physiological barriers

These may result from service users' personal discomfort, caused for example by ill health, poor eyesight or hearing difficulties.

1. 4 Implement a strategy to overcome communication barriers My unit has recently taken on service users with autistic spectrum disorders. In the past the service user group has come mainly from a learning disability background. I felt that some of their communication with this client was either being misinterpreted or at worse ignored. I have had to support the staff in understanding some of the ways in which communication needs to be adjusted, and the problems it can cause if this is not done for autistic spectrum service users.

I've also referred my service user to SALT to help us to assess his communication needs and put together communication passport. I have

arrange Autism training for whole of my staff team to be put on via our training department (for the evidence please see training board or staff training folder in my unit). I have another example from work place to share. We have a communication book in place but staff were missing to sign vital information (such as updated Policies and Procedures or Support plans, RA) confirming they have read it and understood. I instigated signing file to inform all staff that this was now the homes policy. Important information was put into the read and sign file for all staff to make sure it was read.

The following strategies can help to overcome communication barriers

- Remove distractions when communicating. In the age of technology, devices that are meant as positive aids to communication such as mobile phones and digital organisers can actually be a distraction from it. By simple action such as switching phone when having a meeting will overcome the communication barrier.
- Communicate when the service user is at their alert;
- Give sufficient time for the conversation and take breaks to allow the service user to regroup if they become confused;
- Make sure the place where you communicate has sufficient light and quietness to enable communication to take place;
- Face the person, maintain eye contact, speak clearly and address the service user by their preferred name;
- Use simple language, keep instructions simple and give simple choices;
- Check whether the service user understands what you are saying;

- Listen without interrupting and don't rush the service user into a response. It is important that care staff communicate with the service user at all times. Saying hello and goodbye are equally as important as asking the service user for information about their condition, day, feelings, or consent to care and treatment. It may be the difference between the person feeling they have been treated with dignity and respect, and received high quality care and treatment, or not.

When caring for someone it is important that you communicate as clearly and truthfully as possible. However, there are times when this might not be possible, but understanding some of the barriers that prevent communication from taking place may improve our communication skills.

1. 5 Use different means of communication to meet different needs There are many different means of communication which may include one or more of the following: Verbal – Communication is a two way process and it is important when communicating to listen as well as to speak. In your role as manager I will need to be able to adapt your communications depending on who I am communicating with. For example I would communicate differently with a carer, a visiting G. P. and a service user with dementia.

Below are some human aids which I may need to use to aid your verbal communication Interpreter – a person who supports two service users who speak different languages, to communicate. This can also include sign language Translator – A person who changes the written word into an easier format for the service user to read. This could be into Braille or symbols Advocate – Someone who speaks on behalf of an service user, when they are unable to do so.

Non-verbal – More than 90 per cent of what we communicate is through non-verbal communication. This is communicated through our body language – how we stand, our facial expressions, movements we make with our hands. Body language plays an important role in communication, nodding, smiling and leaning towards the service user shows interest in what they are saying.

Sign – This is commonly the use of signs and symbols. It requires service user to undertake training on the correct forming of signs and types of symbols. Examples are: British sign language (BSL) – used as a communication aid by service users suffering from hearing loss. Makaton – is a language programme using signs and symbols to help people communicate. (widely used in my service) Deaf blind manual alphabet – Modified version of BSL. Finger spelling alphabet is used.