

Use and develop systems that promote communication essay sample

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



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

As a registered manager of a learning disability home, communication is essential and is vital in the smooth operation of the service. Service users all have communication needs due to the nature of their disability and cognitive impairment. In providing a holistic approach to care, there is a large circle of support attached to each service user, such as family, friends, carers, medical professionals, social services, advocates and partner services/individuals providing a service to the residents. In addition the direct care within the home is provided by a range of support workers, senior support workers, a deputy manager, bank staff and occasionally agency staff. I am accountable to my manager and her co-director/owner of the company, CQC, funding authorities, in addition to working alongside my fellow managers.

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

Effective communication is built through developing relationships based on trust and respect that are tailor-made to the individual. Everyone communicates differently and it is understanding an individual's preferences in their communication styles, which allows effective communication between two individuals. For example, when conveying a request to do something, some people prefer brief, direct communication about the request, whereas others may like to discuss/be consulted about what they are being asked to do.

Effective communication relies heavily on body language, non-verbal cues and tone and pitch of our voice, rather than what we are actually saying. Ensuring that we have a non-threatening, neutral stance and exercise the courtesy of active listening as well as talking, assists with understanding each other. Turn-taking in conversation is also important to fostering respect and value to both parties.

Outside of direct communication face to face, the use of e-mail, text, phone, handwritten notes, communication books, group meetings, formal and informal supervisions is a key part of my role, particularly to those whom I may not see day to day e. g. my manager, members of my management/staff team, family, professionals etc.

Underpinning effective communication, is valuing the issue of confidentiality, where this can be maintained.

1. 3 Analyse the barriers and challenges to communication within own job role

There are different barriers and challenges to communication depending on the individual.

For some residents, verbal communication is difficult for them to interpret due to their disability, so this has to be clear, concise and sometimes backed up with visual aids e. g. pictures, Makaton, gesture etc. Involvement of professionals and following their advice e. g. Speech and Language Therapists, may be required to communicate effectively.

For some people there may be linguistic and cultural barriers, particularly if they speak English as a second language or have had limited time to assimilate to English culture. Clear, concise communication is important and checking on understanding without being patronising.

For some individuals there may be different agendas or views of care that can become challenges within the workplace. For example, a local authority may have pressures for reducing funding, but a service may be requesting more funding for an individual. Some individuals may have contrasting views of what is 'informed choice making' for residents and enabling them to make 'wise' decisions. An open form of communication and an appreciation of the other person's viewpoint is important here.

Time can be a barrier to communication when working in a time-pressured environment with a need to be concise, when another individual may wish to spend time discussing something. Communicating this issue and then ensuring a time convenient to both parties to spend time communicating is important to ensure both parties feel valued.

Communicating a manager's/company's ethos can be a barrier as people may either not be aware of the expectations or disagree or ignore them. Ensuring fairness to all and clear direction is necessary here.

In analysing this area, I have researched the following extract:

'The first barriers to check out are those that an employee could be creating. People may think that they are doing everything possible to assist

communication, but they should make sure that they are not making it difficult for people to understand what they say for instance using abbreviations another person does not understand. People should avoid professional jargon and terminology.'

(2012, 10). Analyse the Barriers and Challenges to Communication Within Own Job Role. StudyMode. com. Retrieved 10, 2012, from <http://www.studymode.com/essays/Analyse-The-Barriers-And-Challenges-To-1146475.html>

This is an area I have not touched on in my above summary of existing knowledge. Such abbreviations as CQC, COSHH, PCP, CHC, MAR etc. could be applicable to care and may be used by myself/management staff and not understood by all. Similarly, familiar terminology such as risk assessment, care plan, outcome, support plan, funding package, autism etc. may not always be apparent to others and require explanation. Failure to check understanding, may create an intrinsic misunderstanding in the communication, and a feeling of embarrassment/confusion on the behalf of the recipient.

1. 4 Implement a strategy to overcome communication barriers:

The key strategy to overcome the identified communication barriers is to understand the individual with whom you are communicating with. This can be complex but can be best achieved through developing a relationship with that individual that is based on respect, understanding, openness, acceptance, learning from previous communication issues, input of

professionals, knowledge of their personal history and observing their interactions with others. I do not have the same relationship with any two individuals because they are individuals. My communication adapts to my personal experiences with that individual and their presentation/mood at that particular moment in time, as well as my own.

Given the complexity and many variables in communication, inevitably there will be unforeseen communication barriers but the important strategy to adopt is to identify why there has been a barrier, address it in a positive way and learn from it for future communication.

Within my care setting, keyworker sessions have been sporadic due to a number of factors including time/service pressures, change of staff, available management staff to oversee this activity is carried out regularly/correctly and understanding of all staff of the expectations of the keyworker role. As such, along with a recently appointed senior support worker, we have re-created guidance around the keyworker session, which will be rolled out to all keyworking staff with a view to the first keyworker session being completed by all by 8th February 2015. See attached.

2. 1 Monitor the effectiveness of existing communication systems and practices:

Currently, there are a vast array of existing communicating systems and practices in place in my workplace such as communication books, outcome sheets, incident sheets, diaries, handover sheets/books, supervisions, meetings, face to face contact, keyworker sessions, reviews etc to name a

few. These communication tools are in place to provide the highest standard of care to the individuals we are responsible for. The effectiveness of these are monitored by the desired outcomes of the service.

Such outcomes/monitoring tools may be as follows:

Happiness and health of the service users - feedback in resident meetings, number of incidents, number of safeguarding referrals and actions as a result, annual surveys, reviews, care plans, professional reviews, medical appointments etc. Compliance with CQC, local authorities and disability groups through reviews, audits, surveys observation, phone, e-mail etc. Contact with health professionals through appointments, letters, referrals, phone, e-mail etc. Contact with family and carers face to face, phone, e-mail, text, concerns/complaints addressed successfully and logged, annual surveys, involvement in reviews, involvement in the service, supported visits home/contact with family, Happiness and health of the staff - feedback in team meetings, supervisions, appraisals, daily informal/formal feedback, sickness levels/support, phone, e-mails, text, training etc.

Communication with other services such as day services, charities, advocacy, tutorsm colleges, leisure centre, rising stables etc. by phone, email, face to face, involvement in reviews/key information, communication books, supporting events etc. Communication with my manager through e-mail, phone, text, service reports and face to face time. Communication with sister services (Apple House and Summerwood) through e-mail, phone, text,

face to face, senior team meetings, supporting events, sharing staff, working in the homes etc.