

# Case Studies and Activities for BTEC First Award in Health and Social Care



## *Unit 3: Effective Communication in Health and Social Care*



POD 4991

[hsc@zigzageducation.co.uk](mailto:hsc@zigzageducation.co.uk)  
[zigzageducation.co.uk](http://zigzageducation.co.uk)

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## Teacher's Introduction

This workbook has been prepared to assist students and staff with the learning for the BTEC First Award in Health and Social Care. It comprises a collection of practical activities for health and social care practitioners, set in the fictional town of Thornton Grange. The case studies of clients provide the basis for a range of tasks and activities for both class and individual work to complement the tutor's input. It is not intended as a textbook; indeed we do not provide answers, instead offer suggestions for students to do their own research. It also cannot be used as a supplementary source to facilitate teaching and learning, and could form part of a resource library.

It contains a variety of student-centred activities, discussions, role plays, tasks and projects, all based on health and social care settings. They are designed to encourage students to apply their knowledge and enable them to produce their own assignment based on the information provided.

Similar activities have been used by the authors during many years of both teaching and examining, and have proved extremely successful in increasing student motivation and improving performance.

All the worksheets are photocopiable, and they provide a valuable resource for the learning that takes place through practical tasks performed by the students themselves. No answers are given for the activities.

Many of the activities and case studies are based on visits to and interviews with local health and social care providers to ensure that the information is as up to date and as relevant as possible. Organisations may be different in different areas, and service provision may depend on practical needs. We therefore strongly recommend that contact is made with local authorities and providers to find out what the local situation is and how it differs from what is described. It is possible to arrange visits or invite guest speakers in.

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## The Thornton Green Social

The presentations and case studies in this book have been drawn from health and social care settings in Thornton Green, a small market town a few miles from a major city, with several features that are typical of many towns in Britain in the twenty-first century.



A recent health survey shows that residents generally enjoy good health, but there are pockets of deprivation where health services are limited. One of these areas is that a large proportion of the area's children live in poverty. Greenview Estate, an area of mainly social housing, is located a short distance from the town centre. Access to services is generally good, but service cutbacks have created transport issues for some elderly residents.

The local health service providers have identified the following as areas of concern: teenage pregnancy, lung cancer, hypertension, and an increasing number of elderly people in the area, therefore the need for services for them, including residential care.

The credit crisis has led to service cutbacks and businesses have increased the level of unemployment. Many long-established businesses have been replaced by charity shops and fast-food restaurants. Several groups have been identified as needing additional support, including homeless people, members of ethnic minorities and new immigrants from Eastern Europe.

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## Presentation 1: The Receptionist at Parkway Health Centre

My name is Hasina, and I have worked in health care for almost 10 years, as a receptionist at Parkway Health Centre in Thornton Green. It can be a very busy job, but at the same time very rewarding. No two situations are quite the same.

In this job you have to learn to deal with people diplomatically and confidently. You also have to work on your own initiative and prioritise your work. You also have to be calm, but quick in emergencies. If someone comes into the surgery demanding an emergency appointment, you need to assess straight away whether it is really an emergency, sometimes tell by the way they look, but you often have to ask a few questions. You are a member of the medical team.

Communication is very important in my job, because if patients don't understand what I am saying it can cause all sorts of problems. And the same applies if I misunderstand them. There is a variety of potential barriers to communication. Language can be one, because we have several patients from ethnic minorities and others who come from Eastern Europe. Another problem we sometimes encounter is a lack of self-confidence. This can be for cultural reasons, or because the person has particular psychological problems, like homeless people, for instance. There are also people with visual or hearing impairments who need special treatment. Some patients are reluctant to tell you what their problems are. Some patients can sometimes be angry and rude, which gets in the way of clear communication.

Each patient has to be treated differently, according to their needs. If I know there is likely to be a language problem, I try to ensure that the patient brings a friend or family member along to their appointment to interpret. Otherwise I try to write everything down clearly and simply in a note, and suggest that they take it home and ask someone to translate it. If someone is shy and lacking in confidence, I try to reassure them. One sometimes has to be very patient, and let the person tell you things in their own way and in their own time. There is a queue of patients wanting your attention! For those with a visual impairment, I sometimes have to write things down to ensure that someone who is blind can read them. I would like to be able to use sign language, but unfortunately I can't. We have a quiet room where people can talk in confidence to one of my colleagues if they are shy. We also have a room for people with problems in the reception area.

The main thing is to remain calm. If you give the impression that you are confident, people will trust you, but if you hesitate, that trust will go. You therefore have to look confident even if underneath you feel under pressure. You also have to appear sympathetic, even when the patient seems to be demanding the impossible! I have learned that it is very important, because if you look someone in the eye, it shows that you are interested. It can also show you whether the person has understood what you are trying to say.

I obviously also communicate regularly with the doctors, nurses and other staff. Sometimes this is done via email, sometimes on the phone and sometimes face to face. It is important that we try to be polite and treat each other with respect; if we don't, then other it would soon have an effect on our work with the patients. There are many ways where we can discuss things that concern the whole surgery.

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A very important part of the job is confidentiality. Anything or appears in a patient's notes, must never be discussed, either. Any breach of confidence usually means instant dismissal. The patients entrust us with very sensitive information that they want to know. Even as a receptionist, I am very often party to this

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## Presentation 2: The Head Teacher of Maycombe Special School

My name is Sam, and I am the head teacher of Maycombe Special School in Green. We have 56 children in our care, with different special needs. They are the following:

- Moderate learning difficulties (MLD)
- Severe learning difficulties (SLD), i.e. more severe than MLD
- Profound learning difficulties (PLD), the most severe difficulties of

When I appoint staff, I look for people who have good listening and communication skills. This requires enthusiasm and a proactive approach. Obviously the candidate must be able to relate to the children, and we look for someone who has had some experience in this field. Someone who has helped at an after-school club or another voluntary placement would be ideal. Age is not necessarily important but they must have a mature approach to the role. They must be part of a care team. We look for a positive, happy individual who can relate to the children and their own emotions – and a sense of humour is essential. They also need to be able to cope with things they are not sure about things like routines, and to adapt if necessary.

Our pupils may have a variety of physical as well as mental disabilities, and they will need to develop a relationship just as a small child would. They may be progressing through the normal stages of development, but they will be doing so at a much slower rate. It is also important that they are encouraged to develop physically, through the medium of play. If a child has a physical problem it can be improved by various exercises related to the communication activity; speech therapists, occupational therapists and physiotherapists may all be involved in this.

We obviously have to communicate with all our children, but the way we communicate must be adapted to their needs. We find that eye contact is incredibly important in communicating with a child. Body language is also very important. We use a number of different methods of communication with our pupils, including:

- The spoken word, obviously
- British Sign Language
- Makaton
- Pictures
- Writing

We also use a variety of sensory methods, such as:

- Sounds (including music)
- Touch
- Smell, such as the smell of various foods, or the smell of chlorinated water to indicate the hydrotherapy pool
- Sight, including the use of colour and lighting, for example in a 'light box'

We must always be careful not to overload the children with information. It is better to give them less complex information than too much detail.

We also use other methods of communication, both within the school and with parents/carers.

- Home/school books, for conveying information and questions between parents/carers. They also include timetables and photographs.

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- Emails
- Button-switch recording machines for recording information orally
- Written records as appropriate to the situation
- IT records

All these methods are subject to the Data Protection Act and are confidential. Staff must be trained in their use.

It is very important that all communication is clear for the pupil, otherwise they may become anxious, which can result in attention seeking and challenging behaviour. It is essential that staff develop a good working relationship so that they know the pupil well. With difficult behaviour when it arises. Parents and carers may also become concerned and stressed, and may feel undervalued, so it is very important to listen to them and address their concerns.

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## Case Study 1: Sinita

Sinita is 15 years old and lives in the Parkway area of Thornton Green. She is from a fairly well-to-do Hindu family, and her parents attend the local temple regularly. One evening she went to a classmate's party and had sex with one of the boys there. It was the first time she had had sex, and they used no protection. She subsequently discovered that she was pregnant.

She was very upset, as she felt she had let her parents down. They were regular temple-goers and respectable members of the community. Her pregnancy would shame them.

She confided in her closest friend, who was very supportive. She decided to see her tutor at school. The tutor helped her make an appointment at the Health Centre. During the consultation the doctor tried to talk to her parents, but Sinita begged her not to say anything, even if it would have to find out some time.

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## Case Study 2: Sarah



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Sarah is 13, and lives with her parents and her 17-year-old brother on the Greenway Estate in Thornton Green. She has muscular dystrophy and limited vision, and is confined to a wheelchair most of the time, and she goes to Maycombe Special School. She also has a learning disability, which means she has the mental age of a child of six.

Part of the support given to Sarah and her family involves both with them and with other agencies, so that everyone is doing to help her, and what is expected of them. The following communication skills are particularly important:

- Good non-verbal skills when communicating with others, and the use of pictures and symbols
- Active listening and positive response when communicating with her family
- Accurate record keeping and clear written communication with family and with other agencies
- Sensitivity and confidentiality

These communication skills are an essential part of any support given to Sarah. For example, when working to ease her physical needs. For example, when working to ease her physical needs, she will stroke her hand to reassure her. She is a very friendly person, communicating with others, even if she cannot fully participate in the activities. She enjoys praise and constant encouragement, and enjoys drama and the ball pool.

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### Concerns over Local Residential Home

A recent report, following an inspection of Willsdale Residential Home in Thornton Green, has raised serious concerns about the standard of care, and in particular the way staff communicate with residents.



The report highlighted a few cases of a total lack of communication (when staff did not listen to what clients were saying, or did not understand or hear their requests), while other complaints related to staff attitudes. Some clients, for example, felt intimidated by a hostile or aggressive approach, and as a result were reluctant to voice their concerns. Others felt uncomfortable with some of the language staff used.

The inspectors also noticed instances of inappropriate body language which made some residents uncomfortable. Examples included staff invading a person's personal space, avoiding eye contact, and sometimes rude facial expressions.

Mr James Hardy, the lead inspector, said, 'Some of these concerns are very minor, but taken together they give the impression of a residential institution, staffed by people who are insensitive to the feelings of the people in their care. We are recommending that a programme of training is introduced as a matter of urgency.'

A statement from the owners of the residential home said they would accept the report's recommendations, and have already instituted a few changes to staff attitudes. We are also introducing training in what might be described as 'caring skills.'

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## Introductory Activity



### You will need

- ☒ The activity

*This activity is intended as an ice-breaker, to underline to students the importance*

### Introductory Activity (Pair Work)

Work in pairs and sit back to back. One person will be given a piece of paper on it. They must describe the shapes and their position on the paper to their partner. Their partner must try to draw the diagram on a blank sheet of paper. After 5 minutes, change roles and use the second arrangement of shapes.

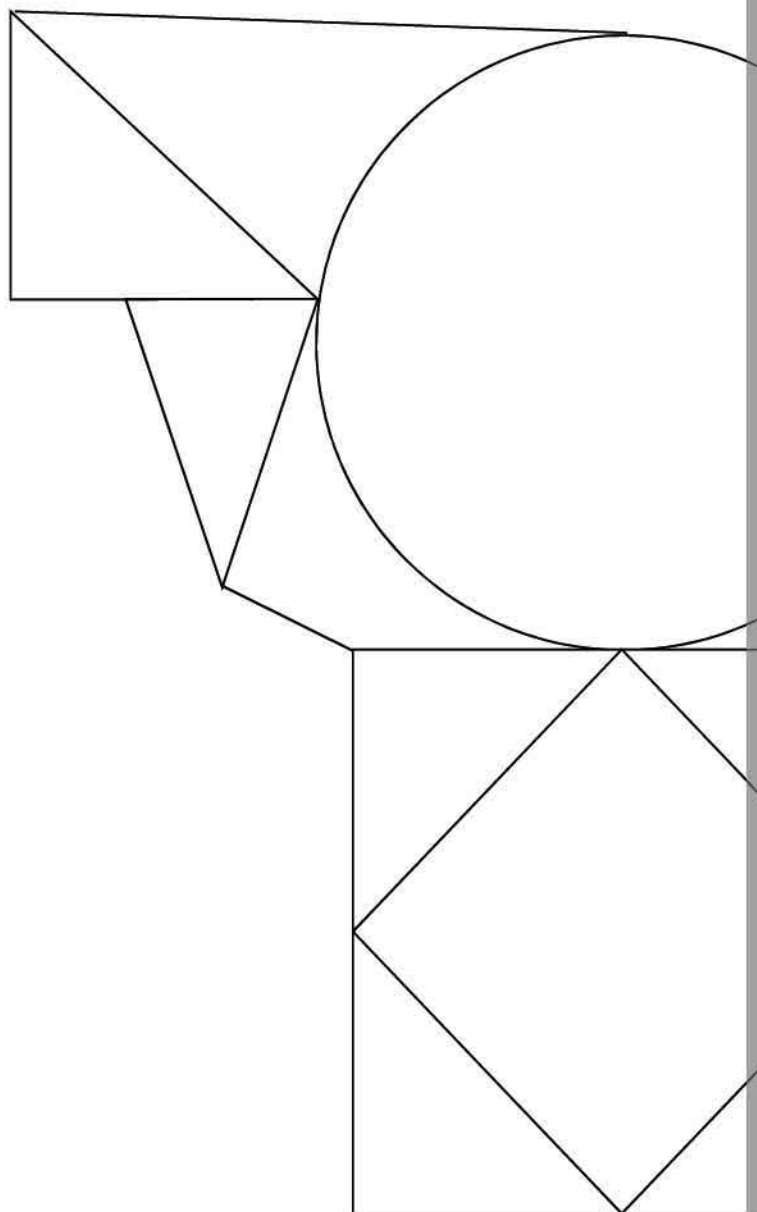
After everyone has had a chance to try drawing the shapes, discuss as a whole class what was learned about the importance of good communication from the exercise, then discuss the following points:

- The need to speak clearly
- The need to speak at the right pace
- The need to listen actively
- The need to use words that the other person will understand

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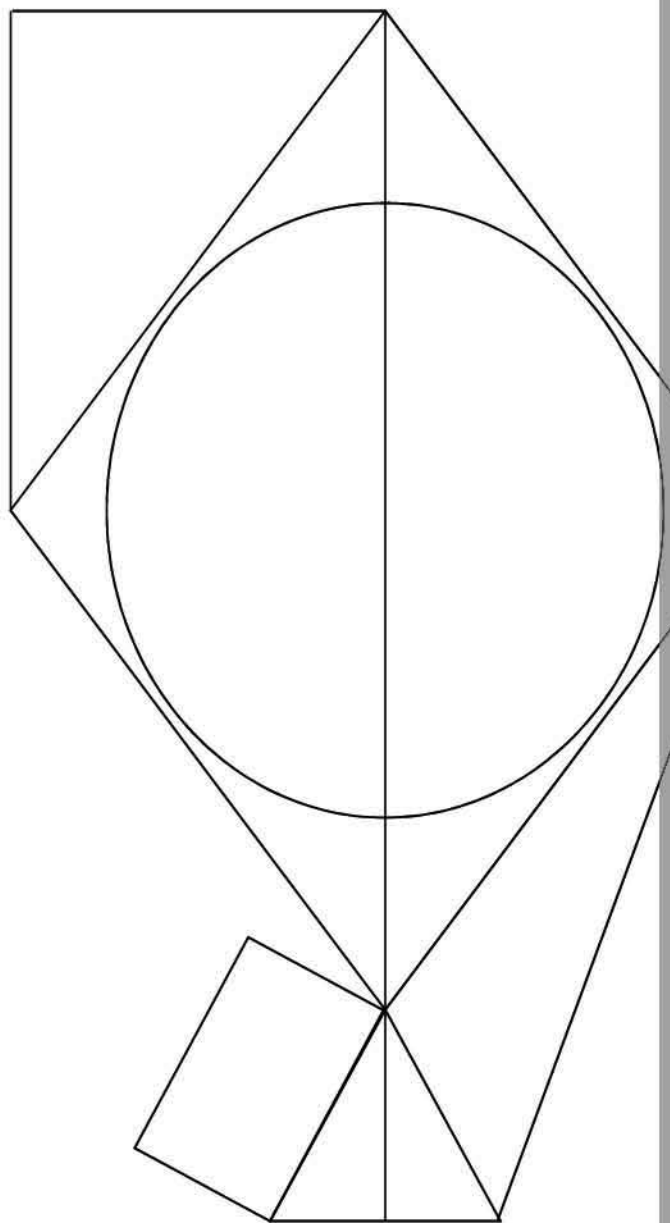




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## Activity A1







### Topics Covered

Topic A1 – effective communication

### Activity A1 (Individual, then Group Work)

Look at the pictures in the left-hand column of the table below, and suggest what is being communicated. (There are no right or wrong answers, as it will depend on the context.) Discuss your answers with the whole group.

<p><b>Verbal communication</b></p> 	<p><i>What do you think is being communicated?</i></p>
<p><b>Non-verbal communication</b></p> 	<p><i>What do you think is being communicated?</i></p>
<p><b>One-to-one communication</b></p> 	<p><i>What do you think is being communicated?</i></p>
<p><b>Group communication</b></p> 	<p><i>What do you think is being communicated?</i></p>

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## Activity A2



### Topics Covered

Topic A1 – verbal and non-verbal communication

### Activity A2 (Individual, then Group Work)

Look at the examples of different situations in the left-hand column of the table below, and in the right-hand column tick the methods of communication being used.

Then, as a class, discuss why you have ticked those methods.

Example	Methods
Gemma, a care worker at Willsdale Residential Home, was given a written warning about her lack of punctuality.	<input type="checkbox"/> <input type="checkbox"/>
During his appointment at Parkway Health Centre, Mr Jones was shown how to change his own dressings.	<input type="checkbox"/> <input type="checkbox"/>
Greenview Children's Centre was used to enable teenage mothers to share their concerns with each other.	<input type="checkbox"/> <input type="checkbox"/>
The teaching assistant at the Greenview Primary School hearing unit used sign language to explain to Sam what he had to do.	<input type="checkbox"/> <input type="checkbox"/>
The carer at Willsdale Residential Home helped Dorothy to complete an application form for mobility allowance.	<input type="checkbox"/> <input type="checkbox"/>
The teacher at Maycombe Special School explained the safety procedures to all the volunteers helping with the outdoor activity.	<input type="checkbox"/> <input type="checkbox"/>

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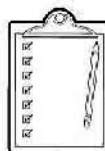


## Activity A3



### Topics Covered

Topic A1 – effective communication



### You will need

☒ The 'domino' card game

### Activity A3 (Pair Work)

In pairs play the 'domino' card game, using the domino cards provided. Each person has a card with a term and a definition at the other. Deal an equal number of cards to each person. The first person lays a card. The other must lay another card alongside it which matches either the first card, as in dominoes. If they cannot match either, the turn passes back to the first person. The game continues until all the cards have been used. If all the terms have been matched with definitions, the cards should form a circle.

When the game is over, use the cards to fill in the definitions below for you.

Language	
Non-verbal communication	
Verbal communication	
Age-appropriate language	
Slang	
Non-discriminatory language	
Active listening	
Pace	
Clarity	
Pitch	
Tone	
Jargon	

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<b>Language</b>	Language that is person being a complex
<b>Active listening</b>	How distinct
<b>Pitch</b>	Words or phrases or professio
<b>Jargon</b>	The way the voice
<b>Pace</b>	Communic
<b>Age-appropriate language</b>	Showing a speak and understanding means such as g

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Non-dis

Communication using visual signals, such as body language or facial expressions rather than words

How high or low the voice is on a musical scale

Verb

Words or phrases used in informal communication, which may only be understood by certain groups

The speed at which someone speaks

Non-v

Language that does not discriminate against certain groups or individuals

A method of communication and the way it is used

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## Activity A4



### Topics Covered

Topic A1 – non-verbal communication



### You will need

☒ The slips

### Activity A4 (Group Work)

The following are examples of non-verbal forms of communication:

Posture (the way they sit or stand and move their bodies)

- Hand gestures
- Facial expressions
- Position (where they sit and stand in relation to the other person's position)
- Physical contact and the appropriate use of touch
- Eye contact and movement

Put the slips provided into a container. Each member of the group should take a slip and describe the emotion or feeling described on it to the rest of the group, using only non-verbal communication.

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✂	<b>Despair</b>	<b>B</b>
	<b>Happiness</b>	<b>Ba</b>
	<b>Surprise</b>	<b>S</b>
	<b>Relief</b>	<b>T</b>
	<b>Delight</b>	<b>D</b>
	<b>Annoyance</b>	<b>Exc</b>
	<b>Tiredness</b>	
	<b>Anxiety</b>	

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Activity A5



Topics Covered

Topic A1 – non-verbal communication



You will need

☒ Case Study 1

Activity A5 (Small Group Work)

Read Case Study 1 about Sinita. In small groups discuss which of the following communication might be used by each of the people she tells about her problem at ease:

- Posture (the way they sit or stand and move their bodies)
- Hand gestures
- Facial expressions
- Position (where they sit and stand in relation to the other person's position)
- Physical contact and the appropriate use of touch
- Eye contact and movement

Give examples of how they might use each means of communication (e.g. what gestures or expressions they may use, etc.).

Her friend	
Her tutor	
The doctor	

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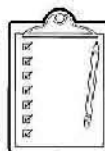


## Activity A6



### Topics Covered

Topic A1 – communication methods and skills



### You will need

☒ Presentation 2

### Activity A6 (Individual Work)

Read Presentation 2 by the head teacher of Maycombe Special School.

1. List below the skills he felt were particularly necessary for his staff.

**Skills required**

2. Now write a letter applying for a work experience placement at his school, using the communication skills you possess.



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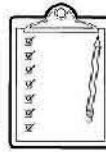


## Activity A7



### Topics Covered

Topic A2 – alternative forms of communication



### You will need

☒ Presentation board

### Activity A7 (Individual Work)

At Maycombe Special School, staff use a variety of alternative forms of communication for pupils with different needs. Prepare an information booklet to be used by work experience students giving a brief explanation of the use of the following alternative forms of communication:

- Blissymbols
- Braille
- British Sign Language
- Communication passports
- Fingerspelling
- Makaton
- Technological aids
- Text messaging

You might find the following websites helpful:

- <http://www.blissymbols.co.uk>
- <http://www.rnib.org.uk>
- <http://www.british-sign.co.uk>
- <http://www.communicationpassports.org.uk>
- <http://www.actiononhearingloss.org.uk>
- <http://www.makaton.org>

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## Learning Aim B: Investigate Barriers to Communication in Health and Social Care

### Activity B1



#### Topics Covered

Topic B1 – overcoming barriers to communication

#### Activity B1 (Small Group Work)

In small groups, look at each of the situations on the next two pages and discuss ways the carer could use to establish good communication and minimise barriers. For each method and explain how overcoming the barrier would benefit the client.

- Using the client's preferred method of communication
- Using their preferred language
- Making adaptations to the physical environment, like changes to seating
- Using non-verbal communication
- Using alternative methods of communication

Below is a model answer to guide you.

**Susie, a teaching assistant at Maycombe Special School, has been assigned to support a visually**  
**sighted 10-year-old pupil who has just arrived at the school.**

#### Methods

- Preferred method of communication – speaking clearly and using appropriate language
- Adaptations to the physical environment – adjusting the lighting
- Non-verbal communication – using physical contact appropriately
- Alternative methods of communication – using Braille
- Technological aids such as suitable computer software

#### Benefits

- Improved quality of life
- Reduction of stress
- Increased involvement in the life of the school
- Greater self-confidence



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## Activity B1 (cont.)

1. One of the patients the receptionist at Parkview Health Centre has to deal with is a woman with poor eyesight who sometimes becomes confused, which leads her to become aggressive, and to shout.

### Methods

2. As part of her work experience at Greenvale Children's Centre, Nadine has to deal with a 2-year-old infant who cannot understand complex language, becomes agitated by her, and does not explain his needs verbally.

### Methods

3. Sangar is a voluntary helper at Willsdale Residential Home. He is caring for a man who has suffered a stroke and has difficulty with speech and language, and as a result is very frustrated at his inability to communicate.

### Methods

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## Activity B2



### Topics Covered

Topic B1 – overcoming barriers to communication



### You will need

☒ Presentation 2

### Activity B2 (Individual, then Group Work)

Read Presentation 2 by the head teacher of Maycombe Special School. In small groups, discuss the different methods staff might use to communicate with pupils and their parents. List any potential barriers. List the methods below, and then report back to the class.

#### Methods of communication to overcome barriers



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## Activity B3



### Topics Covered

Topic B1 – barriers and their effects; overcoming barriers; benefits to individuals



### You will need

- ☒ Presentation
- ☒ Case Study

### Activity B3 (Individual Work)

Read Presentation 2 by the head teacher of Maycombe Special School and C  
Dave is a new member of staff at the school, and is about to take over some  
care.

1. What barriers to communicating with her is the head teacher likely to

.....

.....

.....

.....

2. What are the likely effects of these barriers on Sarah?

.....

.....

.....

.....

3. How could these barriers be overcome?

.....

.....

.....

.....

4. What would be the benefits for Sarah?

.....

.....

.....

.....

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## Activity B4



### Topics Covered

Topic B1 – barriers; overcoming barriers;  
benefits to individuals



### You will need

☒ Presentation 1

### Activity B4 (Individual Work)

Read Presentation 1 by the receptionist of Parkway Health Centre, and answer the questions below.

1. What barriers to communication does the receptionist identify?

.....

.....

.....

.....

2. How does she try to overcome those barriers?

.....

.....

.....

.....

3. What do you think the benefits to patients are if those barriers are removed?

.....

.....

.....

.....

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## Activity B5





### Topics Covered

Topic B1 – barriers; overcoming barriers



### Activity B5 (Individual Work)

Read Presentation 1 by the receptionist. Indicate the possible barriers practitioners may face with the Centre (listed below) and explain how these barriers might be overcome.

Individual	 Possible barriers to communication 
Mrs Brown, aged 92, who is blind	
Rajinder, a recent Sikh immigrant	



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## Activity B5 (cont.)



Individual	 Possible barriers to communication 
Jason, 16, who is deaf	
Dan, 30, an ex-soldier who is homeless	
Mary, who has Down's syndrome	

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## Learning Aim C: Explore how to Communicate in Health and Social Care

### Activity C1



#### Topics Covered

Topic C1 – communicating with individuals

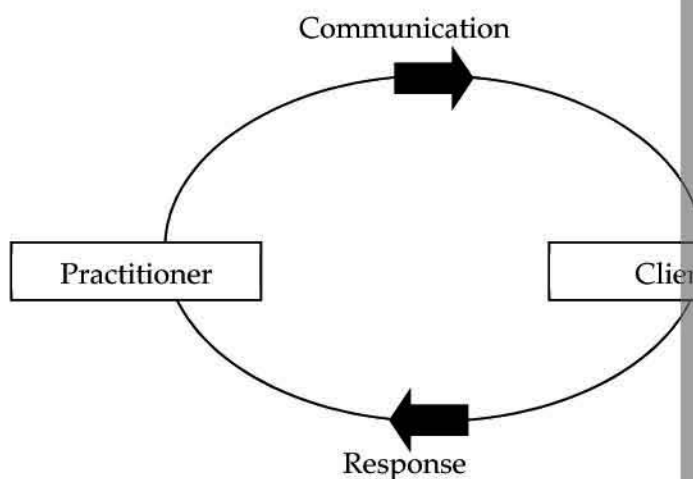


#### You will need

- ☒ The answer sheet
- ☒ A DVD or TV programme of communication in a health and social care setting

#### Activity C1 (Individual Work)

Look at the following diagram, which indicates the two-way nature of communication in a health and social care setting, each person will take it in turns to communicate and the other will respond, using either a verbal (spoken or written) or non-verbal (body language) method to show that the communication has been understood.



Now watch a short extract from a DVD or TV programme, such as *Holby City*, showing communication in a health and social care setting. On the sheet provided, record the communication, which the client and the practitioner communicate and respond.

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Type of Response	Example
Active listening	
Body language	
Facial expression	
Eye contact	
Use of appropriate language	
Tone of voice	
Pace of speech	
Proximity	
Clarifying, repeating	

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## Activity C2



### Topics Covered

Topic C1 – communication skills in particular settings



### You will need

☒ The *Thornton Green Herald*

### Activity C2 (Individual Work)

Read the newspaper report from the *Thornton Green Herald* about Willsdale

Design a poster or booklet that could be used as part of the training of staff recommended by the inspectors. Consider especially the following skills:

- Active listening
- Use of body language
- Facial expressions
- Maintaining eye contact
- Using appropriate language
- The importance of tone and pace when speaking
- Respecting people's personal space
- Speaking clearly
- Ensuring that clients understand what is being said, if necessary by repetition

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## Activity C3



### Topics Covered

Topic C1 – communicating with individuals in particular settings

### Activity C3 (Pair Work)

Working in pairs, choose one of the two scenarios below.

One person should take the role of the client and the other the role of the key worker.

Spend a few minutes thinking about your roles before you start.

1

Martin is 75 years old. He recently had an accident and has been left with a fracture in his left leg and stiffness in his right arm. Although this does not prevent him from using his left hand, he is unable to lift the arm and therefore has difficulty dressing himself. He has been active, and enjoyed walking and gardening before his accident. His family is concerned about him, as he has become withdrawn, and they think he needs to move into a care home. He, however, is resistant to the idea. His key worker needs to talk to him – not only physical but also mental and emotional.

2

Mary is a middle-aged woman with learning difficulties. She has been living independently in warden-assisted accommodation but her general health has been very good, has begun to deteriorate and she has had to move into a care home. She does not receive many visits, and her social interaction is mostly with a few fellow residents, with whom she has become particularly friendly. One of her friends died, however, and the other is about to move out. Normally cheerful, Mary has now become depressed and occasionally aggressive. Her key worker needs to talk to her about how she feels, and what can be done to improve her situation.

When you have completed the role play, compare your impressions. In particular, how did the 'client' feel about the way the 'key worker' communicated (including use of language and non-verbal communication)? How did the 'key worker' feel that he or she might have approached the conversation differently?

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## Answers

### Activity A2

Example
Gemma, a care worker at Willsdale Residential Home, was given a written warning for lack of punctuality.
During his appointment at Parkway Health Centre, Mr Jones was shown how to do his own dressings.
Greenview Children's Centre was used to enable teenage mothers to share their experiences with each other.
The teaching assistant at the Greenview Primary School hearing unit used sign language to explain to Sam what he had to do.
The carer at Willsdale Residential Home helped Dorothy to complete an application for a mobility allowance.
The teacher at Maycombe Special School explained the safety procedures to all the children, helping with the outdoor activity.

### Activity A3

Language:	A method of communication and the way it is used
Non-verbal communication:	Communication using visual signals, such as body language and facial expressions, rather than words
Verbal communication:	Communication using words
Age-appropriate language:	Language that is right for the age of the person being spoken to, neither too complex nor too simple
Slang:	Words or phrases used in informal communication, often not understood by certain groups
Non-discriminatory language:	Language that does not discriminate against certain groups of people
Active listening:	Showing a speaker that you are listening and understanding by using verbal and non-verbal cues, such as nodding and saying, by means such as gestures and expressions
Pace:	The speed at which someone speaks
Clarity:	How distinctly a person speaks
Pitch:	How high or low the voice is on a musical scale
Tone:	The way the voice resonates when we speak
Jargon:	Words or phrases that only certain groups or professions use

### Activity A5

There are no definitive answers, but you might include the following:

#### Her friend

- Posture – moving gently closer to Sinita, leaning towards her to show support
- Facial expressions – showing sympathy
- Position – sitting close to her, perhaps next to her
- Physical contact – perhaps holding her hands or hugging her
- Eye contact – keeping her eyes on Sinita to indicate interest and support

#### Her tutor

- Posture – sitting forward in his chair to show interest and sympathy
- Perhaps hand gestures to emphasise what he is saying
- Facial expressions – showing sympathy

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- Position – keeping a slight distance so as not to invade her personal space
  - Eye contact – keeping his eyes on Sinita to indicate interest and to ensure she is understanding what he is saying
- (**Note:** Given their relationship, physical contact would probably not be appropriate)

## The doctor

- Posture – depending on how she sees Sinita reacting to her, she might sit back to maintain a professional relationship or lean forward to show interest and sympathy
- Perhaps hand gestures to emphasise what she is saying
- Facial expressions – showing sympathy
- Position – keeping a slight distance, except when examining her
- Physical contact – keeping it to a minimum, except when examining her
- Eye contact – keeping her eyes on Sinita to indicate interest and support and to ensure she understands what the doctor is saying

## Activity A6

### Skills required

- Eye contact
- Body language
- Listening
- Good relationships
- A sense of humour
- A positive outlook
- A questioning approach

## Activity B1

1. One of the patients the receptionist at Parkview Health Centre has to deal with is a patient with eyesight who sometimes becomes confused, which leads her to become irrationally aggressive.

### Methods

- Preferred method of communication – speaking calmly and reassuringly to minimise hostility, repeating sentences if necessary
- Non-verbal communication – using non-threatening body language and gestures, maintaining eye contact to ensure that the patient understands what she is saying
- Adapting the physical environment – finding a quiet area with the minimum of external noise and good lighting

2. As part of her work experience at Greenvale Children's Centre, Nadine has to deal with a child who cannot understand complex language, becomes agitated by raised voices and is often aggressive verbally.

### Methods

- Preferred method of communication – speaking slowly, quietly and clearly, and using alternative methods of communication where necessary
- Preferred language – using simple language
- Non-verbal communication – using smiles and other facial expressions to reinforce language
- Adapting the physical environment – perhaps closing doors and windows to cut out external voices

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Sangar is a voluntary helper at Willsdale Residential Home. He is caring for a client who has suffered a stroke and has difficulty with speech and language, and as a result becomes anxious and frustrated at his inability to communicate.

Methods	Benefits
<ul style="list-style-type: none"> <li>Adapting the physical environment – ensuring that they are seated in such a way that the client can see his facial expressions and make eye contact</li> <li>Non-verbal communication – using eye contact and, where appropriate, physical contact, such as holding a hand, to reassure him</li> <li>Preferred method of communication – using pictures and other alternative methods of communication, and allowing time for him to formulate his answers</li> </ul>	<ul style="list-style-type: none"> <li>Improved quality of care</li> <li>Reduced frustration</li> <li>Increased involvement in his care, and in the life of the home</li> </ul>

## Activity B2



### Methods of communication to overcome barriers

Possible methods might include:

- Getting down to the same level as young children or those in wheelchairs
- Using clear, simple language when talking to children
- Using non-verbal methods where appropriate
- Maintaining eye contact and body proximity when talking to children
- Discussing care plans with parents or carers
- Recording all decisions
- Signing and circulating all important documents to all parties
- Having a clear process for communicating with staff and parents/carers
- Using clear, unambiguous language

## Activity B3



What barriers to communicating with her is the head teacher likely to warn him about?

- She has a mental age of six.
- Her muscular dystrophy means she needs physical help and support, which could affect the way in which people communicate with her.
- Her speech problems may affect her ability to express herself.

What are the likely effects of these barriers on Sarah?

- Reduced access to the services
- Limited understanding of what is communicated
- Distress
- Reduced social contact

How could these barriers be overcome?

- By making any instructions clear and simple
- By using touch, body language, pictures and other non-verbal methods of communication
- By exercising good listening skills and empathy, as well as using speech therapy, and by exercising patience and giving her time to communicate and to respond

What would be the benefits for Sarah?

- Greater access to all that the school has to offer, owing to her improved ability to make her needs understood
- Reduction of emotional distress
- Greater interaction with those around her
- Improved self-esteem

**Activity B4**

- What barriers to communication does the receptionist identify?
  - Language
  - Lack of self-confidence
  - Hearing impairment
  - Visual impairment
  - Reluctance to discuss their problems in public
  - Patients' anger and rudeness
- How does she try to overcome those barriers?
  - Trying to get a friend or family member to come with the patient to the surgery
  - Writing everything down and suggesting that the patient take it home and read it
  - Reassuring the patient, and allowing them to tell her in their own way and at their own pace
  - Writing things down for those who are hard of hearing
  - Having signs in Braille for the visually impaired
  - Providing a special room where patients can talk about their problems in private
  - Remaining calm when patients are angry and rude
- What do you think are the benefits to patients if those barriers are removed?  
Possible benefits might include:
  - Ability to get the right treatment without unnecessary delay
  - Increased confidence in coming to the health centre
  - Reduced stress
  - Greater self-esteem
  - Reduced frustration

**Activity B5**

Individual	Possible barriers to communication	How to overcome barriers
Mrs Brown, aged 92, who attends a day centre	<ul style="list-style-type: none"> <li>sensory impairment, failing eyesight</li> <li>distress, emotional issues</li> <li>a failure to inform the day centre of her medical needs</li> </ul>	<ul style="list-style-type: none"> <li>using alternative methods of communication, such as books or pictures</li> <li>adapting the environment to suit the patient</li> <li>active listening</li> <li>keeping a record of changes</li> </ul>
Rajinder, a recent Sikh immigrant	<ul style="list-style-type: none"> <li>jargon, slang, a regional dialect or accent</li> <li>acronyms</li> <li>cultural differences</li> <li>distress, emotional issues</li> </ul>	<ul style="list-style-type: none"> <li>humanising the environment</li> <li>understanding the patient's preferences</li> <li>confirming understanding</li> <li>informing the patient of what is going on</li> <li>active listening</li> </ul>
Jason, 16, who is deaf	<ul style="list-style-type: none"> <li>sensory impairment</li> <li>misinterpretation of messages</li> <li>distress, emotional issues</li> </ul>	<ul style="list-style-type: none"> <li>understanding the patient's needs</li> <li>active listening</li> <li>body language</li> <li>allowing the patient to communicate in their own way</li> <li>using alternative methods of communication, such as books or pictures</li> <li>technology</li> <li>humanising the environment</li> </ul>
Dan, 30, an ex-soldier who is homeless	<ul style="list-style-type: none"> <li>distress, emotional issues</li> <li>environmental factors</li> <li>inappropriate behaviour, aggression</li> <li>social isolation as a result of trauma</li> </ul>	<ul style="list-style-type: none"> <li>body language</li> <li>adapting the environment to suit the patient</li> <li>sheltering the patient from the environment</li> <li>active listening</li> <li>confirming understanding</li> </ul>
Mary, 9, who has Down's syndrome	<ul style="list-style-type: none"> <li>misinterpreting messages or different sense of humour</li> <li>misunderstanding owing to learning difficulties</li> <li>inappropriate behaviour</li> </ul>	<ul style="list-style-type: none"> <li>understanding the patient's needs</li> <li>body language</li> <li>repeating messages</li> <li>confirming understanding</li> </ul>

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