



**Learner Resource**  
**Self Study Guide**

# **Communication Skills**

## **For**

# **Adult Care Workers**



Version 1.0 – 05/2020

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## About Self-Study Guides

### Introduction







Self-Study Guides (SSGs) are flexible learning materials that enable you to develop your knowledge and skills at your own pace.

Each guide provides information and instructions about a topic, which is supported with examples, exercises and, if needed, direction to further help or information. SSGs may be supported by other Learner Resources to support the completion of additional exercises and activities that help embed learning.

### Structure and Layout

Each guide has a common structure and layout that helps ensure consistency and maintains the quality of the materials.

The following symbols are used to highlight key information or actions:

	<p><i>Information</i></p> <p>This symbol highlights information on a particular point, topic or area.</p>
	<p><i>Key Point</i></p> <p>This symbol highlights a key point on a particular topic or area.</p>
	<p><i>Question</i></p> <p>This symbol indicates a question.</p>
	<p><i>Activity</i></p> <p>This symbol indicates an activity.</p>
	<p><i>Scenario</i></p> <p>This symbol indicates a scenario or case study.</p>
	<p><i>Tag</i></p> <p>This symbol highlights where you can find more information, help, support or a resource.</p>

## Latest Version

Always check you have the latest version of the SSG. The issue number and date appear on the cover page.

If you have been given this SSG by your Line Manager, Supervisor or Learning and Development Champion – they will have checked it is the current version. Learning and Development only provide copies of the current version of any SSG.

## Introduction

Welcome to the Communication in Adult Social Care Self-Study Guide. This Guide will provide you with an overview of what communication is and why it is important. It will also give you practical help in understanding what impacts on good communication and how you make it effective.

## Learning Aim

The aims of this Guide is to provide learners with a sound foundation of effective communication and how this can have a positive impact on the quality of care.

## Learning Outcomes

By the end of this Guide, you will be able to:

- Describe what communication is.
- Identify factors that may affect communication.
- Apply good communicate practice in their day-to-day work.
- Support those that have additional communication needs.
- Apply knowledge of effective communication into practice.

## What is communication?

In this Section, we will look at what communication is, how important effective communication is on a daily basis and why it is fundamental to working with and supporting people.



### Information

The Oxford English Dictionary defined communication as:

*“The imparting or exchange of information by speaking, writing or using some other medium.”*

Although brief, this definition does capture the essence of communication well.

The impression you create is made up of what you say (the words), your tone of voice, and your body language. Research shows that 55% of our impact on others comes from our body language, 38% from our tone of voice and only 7% from the words we use. It is essential that you are aware of how you communicate and how this can impact others whether intentional or unintentional.



### Tone

Your voice should portray energy and enthusiasm when you speak, which provides a positive tone to your message.

A monotone voice does not keep attention for very long and often leads minds to drift off onto other things. A confident voice helps keep attention and people takes what they hear seriously.

**Volume**

The voice's volume also has an impact. We are less likely to listen or take a message seriously when a person speaks softly and can hardly be heard. On the other hand if a person speak very loudly, we do listen – we have no choice – but we may be more aware of the volume than the content of the message.

People who speak very softly can find it hard to increase their volume. They believe they are shouting when in fact they are simply being heard clearly.

People who speak very loudly may be equally unaware of it. It may be that they have had to speak up to be heard, they may not hear very well, or they may find it a useful tool to talk over others in an aggressive manner.

**Body Language**

In order to create the right impression, you have to be aware of your body language, especially if you feel less than comfortable with the person or people you are interacting with.

There are occasions when you may say positive words, even with a positive tone of voice, but your body language gives a very different message. However, body language, which forms a large part of non-verbal communication, is often used on its own and is thought to be one of the most 'telling' modes of communication.

All three of these elements can be conveyed at the same time to express a message.

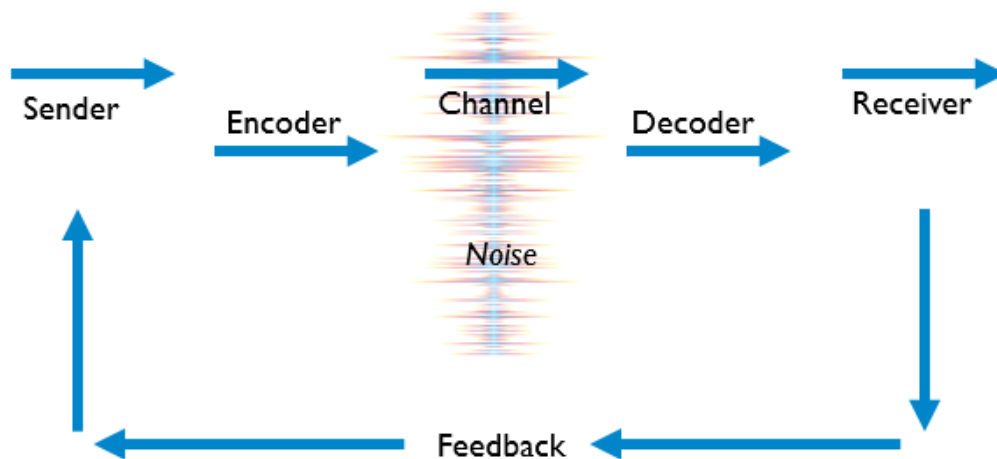


## Communication – barriers and blockages

We like to think that we are all good communicators, but are we? The answer to that is probably, but not always.

As we have already briefly looked at, good communication can be prevented or affected. Let us take a few minutes to this about this by looking at a communication model.

The Shannon and Weaver Communication Model was developed in 1948 to improve technical communication, but its use has evolved to describe different areas of communication and how they can be good and bad.



*Mathematical (Information) Model of Communication – Shannon CE and Weaver, W 1949*

The Model considers the following areas and how they benefit or impact how we communicate:

- **Sender (Information Source)**  
The sender is the person who wishes to communicate the message. They make up the message and the way it will be communicated.
- **Encoder (Transmitter)**  
This is the way the message is changed into signals and communicated. This is done by the sender when transmitting the message. For example; the language used when speaking, or the grammar used when writing.

- **Channel**  
The channel is the medium used to send the message.
- **Decoder (Receiver)**  
The decoder is done by the receiver when they receive the message. They have to decode the message that was coded by the sender in order to be able to understand it.
- **Receiver (Destination)**  
This is the person receiving the message. They usually provide feedback to make sure the message was properly received.
- **Noise**  
The message is transferred through the selected channel, which can be interrupted by external noise. This in turn can result in the receiver getting an inaccurate message. This is why feedback from the receiver is important in case the message is not properly received. Also the noise can also affect the decoding of the message by the receiver.
- **Feedback**  
This is when the receiver asks for and/or clarifies details with the sender. Feedback is important in order to make sure that the message has been received correctly.

## Types of communication

Talking is often seen as the most common method or type of communication but most communication is silent.

Gestures, tone of voice, grins, grimaces, shrugs, nods, moving away or closer, crossing arms and legs all tell us far more than words. Learning to take account of these reactions is all part of developing your communication skills to achieve the best outcomes for individuals. Communication can be harder



when we can't see these signs such as when we use the phone, texts or email.

Different people have different ways of communicating that work best for them. Some of the different types of communication are.

### *Verbal communication*

Differences in how you speak, including the tone, pitch, speed and volume of your voice could change how your messages are taken in. Try to avoid using jargon or abbreviations and complicated words and terminology. Make sure you always speak in a respectful way, adjusting your speech to suit the individual.

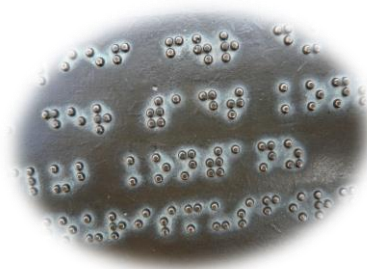
### *Sign language*

This is a recognised language throughout the world. British Sign Language (BSL) is used by individuals in this country and there are variations of sign language in different regions.



### *Makaton*

This is a form of language that uses a large collection of signs and symbols. It is often used with those who have learning and physical disabilities, or hearing impairment.



### *Braille*

Is a code of raised dots that are 'read' using touch. For people who are visually impaired or who are blind, the system supports reading and writing.

### *Body language*

As noted earlier, this is a type of nonverbal communication.

There are many different aspects of body language, including gestures, facial expressions, eye contact, body positioning and body movements. Each of these will communicate information about an individual or a worker often without them realising it.

### *Gestures*

These are hand or arm movements that emphasise what is being said or used as an alternative to speaking.



### *Facial expressions*

These support what is being said by showing reactions or feelings. They can give you valuable clues that you can use to check out a person's feelings.

### *Eye contact*

Maintaining good eye contact is an important way for a worker to show that they are engaged and listening.

### *Position*

The way that we stand, sit or hold our arms when we are talking will provide others with clues about our feelings, attitude and emotions.



### *Written communication*

This method is used to send messages, keep records, or provide evidence.

## Communication with other workers and individuals

Workers will develop many different relationships, some will be formal and others informal. However, successful two-way communication is crucial in both cases.

A relationship based on trust and understanding from the beginning will provide the basis for good care and support whether short or long-term.



### Key Point

Communication is an essential part of a caring relationship and helps to encourage trusting relationships with other workers and families as well as the individuals you care for.

Poor communication can quickly lead to confusion and distress. The process of exchanging information through communication is not always straightforward. If the information shared is inaccurate or misleading, mistakes can be made which can result in poor care.





### Key Point

**Formal** communication is likely to be used in the working environment, particularly between you and other workers and when working with Service Users.

**Informal** communication is likely to be used with friends and family, using familiar words or slang. You should always use the communication method that is appropriate for the person and situation.


You should watch for clues from any individual that come from unspoken messages. These non-verbal ways of communicating come from body language, position, facial expressions or gestures.

	<p><b>Scenario</b></p> <p>Jeff is 67 and had hip surgery 8 months ago, but has suffered regular pain and problems that has led to several stays in hospital.</p> <p>You have been supporting Jeff for the last 6 weeks since he was discharged from hospital.</p> <p>During the latest visit Jeff is not as 'chatty' as he normally is. You ask him if he is any pain and he says 'no', but his facial expression and body language does not reflect this.</p> 
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There will be times when the spoken and unspoken messages do not match; it could be a wrinkled brow, uncomfortable facial expression or a nod of the head when they are saying no.

As an observant worker, you will may observe or sense something may appear not right. You may notice the person becoming confused, angry, upset, stressed or anxious without them telling you.

You should always involve the person and communicate with them if you have any concerns. You should not assume anything, as there may be other factors that you are not aware of. However, taking the time to check can help the person express their feelings in the best way for them.

	<p><b>Key Point</b></p> <p>You should never assume how a person is feeling, your observations or a <i>feeling</i> may trigger you to speak to the person to find out more.</p>
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By noticing an individual's reactions you can ask yourself the following questions:

- Do I need to change the type of communication I am using to help the individual understand?
- Do I need to be aware of how the conversation is affecting them?
- Is there something that the individual is not communicating to me that may help?

Recognising the unspoken messages can help you to ask good questions and develop supportive relationships. It improves trust as the individual can see that you are interested in them and trying to understand and meet their needs.

## Communication and language needs, wishes and preferences

To find out what an individual needs or wants, so your work can be centred on them as a person, you have to connect with them. So that means that you must understand their communication needs right from the outset.



People's unique communication needs vary depending on their ability, disability, illness or condition, as well as on their personal preferences. If you can't find out from talking and listening

how a person needs to communicate, you will need to use other methods of communication to help them get information across to you in a way that works best for them.

The individual's family, friends or carer might be able to share experience of which communication methods work best but sometimes part of the problem is that they don't communicate well with the person being supported, so don't rely on this method alone. There may be some specialist support or others working with the individual who would be able to provide this information.

## Communicating by touch or physical contact

The individual's preferences are particularly important in relation to using touch as part of non-verbal communication.

Touching a person might be done as a form of communication, for example shaking hands or kissing. But other types of touch will almost certainly also communicate something to them, for example what they experience from the ways that they are physically helped to stand or sit or turn over in bed, and particularly their experience of being touched in the course of intimate personal care such as washing.



In all cases, how you touch anyone must be decided thoughtfully and in a person-centred way. So your use of touch may well be different from one person to the next, and will be something that you will need to talk about with each person whom you are helping so that you know their particular preferences.



### Key Point

How you use touch as a communication approach is a key area to talk about with your manager and work colleagues, especially if you are supporting anyone who cannot clearly communicate their own preferences to you.

On the whole, any form of touch must be consented to by both people. But sometimes it may be necessary to touch someone when they do not want to be touched, for example if they need to be physically restrained for their own or someone else's safety.



### Key Point

You must talk with your manager about what the agreed ways of working in your workplace are so you know what to do if this happens.



## Some specialist methods of communication

Touch is used in particular ways to communicate with people who are deaf and / or visually impaired. Workers sign information onto the individual's hands as a way of passing on information.

For those whose communication skills may be limited, technological aids can be used. Hearing aids, hearing loops, text phones, text messaging on mobile phones and magnifiers are all forms of technological communication devices.



Some individuals may use **word or symbol boards** to support their speech and/or their understanding. This helps the listener by associating a picture or printed word with the verbal communication in order to be able to understand what is being said.

Others may use **speech synthesisers**, which replace speech either by producing a visual display of written text or by producing synthesised speech that expresses the information verbally. Voice recognition software can be purchased for computers (including many tablet 'pad' computers with touch screens) to translate speech to written text or the other way around. Some word-processing programs and apps have this already built in.



### Key Point

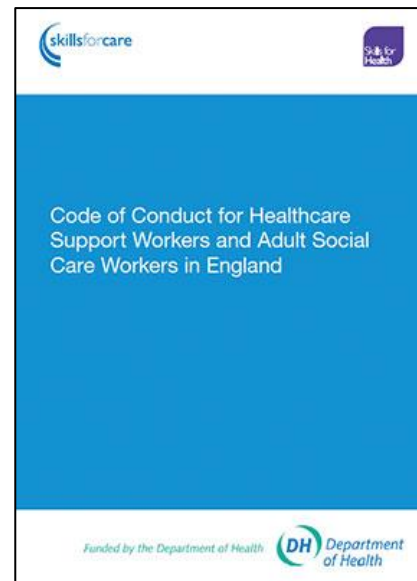
When using communication aids always check that they function properly, that they are clean and in good working order.

Should you have any worries about communication aids or technology not working properly, or being unclean, report this to a senior member of staff or the individual's carer or family member.

## Effective communication

The Code of Conduct for Health Care Support Workers and Adult Social Care Workers in England states as a Healthcare Support Worker or Adult Social Care Worker in England you must:

- Communicate respectfully with people who use health and care services and their carers in an open, accurate, effective, straightforward and confidential way.
- Communicate effectively and consult with your colleagues as appropriate.
- Always explain and discuss the care, support or procedure you intend to carry out with the person and only continue if they give valid consent.
- Maintain clear and accurate records of the healthcare, care and support you provide. Immediately report to a senior member of staff any changes or concerns you have about a person's condition.
- Recognise both the extent and the limits of your role, knowledge and competence when communicating with people who use health and care services, carers and colleagues.



## Barriers to effective communication

A barrier is anything that will get in the way of communication. There are a wide range of barriers including:

### *Attitude*

When a worker is abrupt due to time limits, not having enough resources or their mood, the person they are speaking to may feel intimidated or frustrated and not want to communicate.

### *Limited use of technology*

When the technological aids known to be the best way for someone to communicate are not available.



### *Body positioning*

Sitting too close could be intimidating and would make an individual feel uncomfortable. Sitting too far away could show lack of interest or concern.

### *Emotions*

When someone is depressed, angry, embarrassed or upset their emotions may affect their ability to think and communicate in a sensible way.



### *Physical*

When someone has physical conditions that create communication difficulties, for example, being breathless, not having any teeth or being in pain.

### *Poor or negative body language*

Crossed arms or legs, poor facial expressions, poor body positioning, constant fidgeting or looking at a watch or mobile phone can all make someone less likely to communicate.

### *Lack of privacy*

Think carefully about where and when private and confidential conversations should take place.



### *Not enough time*

Not giving individuals time to say what they want may make them feel rushed and reluctant to express their true wishes.

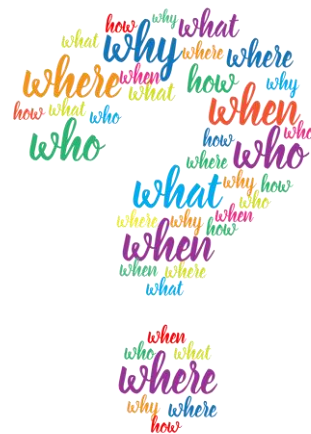
### Stereotyping

Generalisations about a group of people that are wrong and misleading. An example would be that ‘all older people are hard of hearing’. Other barriers include sensory impairments, culture, language, noise, lighting or substance misuse.

## Reducing barriers to communication

As a worker you should do what you can to reduce any barriers to communication.

The most effective way to make sure that you are meeting someone’s communication needs and providing person-centred care is to know as much as possible as you can about them. A good way of doing this is using open questions. ‘Open’ questions start with question words like ‘How’, ‘Where’, ‘When’, ‘Why’, ‘Who’ and ‘What’.



‘Open’ questions can help a person give you interesting information because they can’t be answered with a simple ‘no’ or ‘yes’. When using these questions, vary the question word because if you repeat the same one it may start to sound like an interrogation – especially when you are asking ‘Why....?’

A ‘communication passport’ can be used. It provides vital information about individual needs, wishes and preferences. It pulls together the information into a format that is easy to read, often with pictures and photographs. Putting something like this together with an individual can be another good way of getting to know them well and understanding their needs including the most effective means of communication for the individual.



#### Resource

For further information about communication passports go to:  
<http://www.communicationpassports.org.uk/about/>

It is important to get regular feedback about your communication style and methods from the people you provide care and support to so that you can continue to improve how you communicate. You could also increase your awareness of different communication needs and methods through taking up learning opportunities.



Experience will help you to develop a variety of new methods of communication and selecting the best one in each situation.



#### Key Point

Be creative. Open body language and a positive, non-judgemental attitude will further help reduce barriers.

Your communication skills should be seen as a toolbox, using the right tool for the right job and choosing a different tool if one doesn't work well.

## Checking understanding



Checking that communication has been understood is an essential part of the process.

A vital skill that checks understanding is **summarising**. A summary should bring together the main points of an exchange of information. This will allow the individual to correct you if necessary. This can help you to check that you have correctly understood.

Questions are another way of checking whether a message has been received. Make sure you ask questions in a way that the individual has to provide a detailed response (*open questions: Tell me ..., Explain ..., Describe...*), rather than asking questions which require only a 'yes' or 'no' reply (*closed questions*). For example: 'Tell me what you like to do in your spare time?' However, closed questions can be useful in some situations.



#### Key Point

**Summarise** This means to think about the main points of the conversation or communication and shorten or simplify them in order to repeat them back to the individual. This will help to check your and their understanding.

## Additional information and support

Information and support on particular communication needs can be found from specialist charities and associations, especially those specialising in particular disabilities or medical conditions. Websites can provide material on forums, services or groups in the local area that you could attend or use to find out more.

In addition, some local charities offer specific human aids such as befrienders, advocates or mentors. A befriender could support an individual in overcoming emotional difficulties that are a barrier to their communication. An advocate could communicate on an individual's behalf if their skills are very limited.

A number of additional key experts available to support individuals with their communication needs include speech and language therapists, interpreters, translators, and clinical psychologists or counsellors.



#### Key Point

Further learning can come from other workers, your manager and a wide range of courses and qualifications.

You can discuss further ways to learn with your Supervisor or Manager at any time or during Supervision meetings.

## Confidentiality

Confidentiality is an essential principle in health and social care and forms the basis of all ways of working and codes of practice.

The basis of a good working relationship is trust. This is dependent on the individual being confident that personal information about them is treated confidentially. Information about someone must only be shared with others involved in their care and support on a 'need-to-know' basis. Any information should not usually be disclosed without the person's informed consent.

The circumstances when information must be shared even if the individual does not give consent are listed later in this section.



### Key Point

**Informed consent** - To give informed consent the individual must be provided with all of the necessary information in order to make a considered decision.

An individual's right to confidentiality also means that a person's notes or details must always be stored securely, for example in a locked cupboard, and not be left where they can be seen by unauthorised people. Computers or mobile devices such as electronic tablets need to be protected by a password and firewall. When talking about an individual you must ensure no others can overhear you.



### Key Point

It is essential that you obey the laws about confidentiality and data protection

The General Data Protection Regulation (GDPR) and Data Protection Act 2018 replace the Data Protection Act 1998. When talked about together they are often referred to as Data Protection Legislation.

They are important pieces of legislation giving confidence to individuals that their personal data will be treated appropriately and that it will not be misused. Their

main job is to balance individuals' rights to privacy with legitimate and proportionate use of personal information by organisations.



*Question*

How would you feel if your information or your family's information was not protected and was used in an irresponsible manner?

You would not be happy and you may feel let down by the worker and the organisation supporting your care.

Your organisation will have policies outlining how information should be handled in order to protect data. When handling information:

- Manage information appropriately.
- Report when our policy has not been followed.
- Keep confidential information secure.
- Not carry out illegal, libellous, immoral or offensive activities.
- Use your council access and identity in a way which is consistent with your role.
- Follow their rules when using another organisation's computer network.



*Key Point*

You will have, or will be in the future, completing learning / training about data protection, mental capacity, safeguarding and deprivation of liberty safeguards. If you haven't or don't have it planned, please speak to your Supervisor or Manager as soon as possible.



## Limits to confidentiality

Whenever possible, individuals should provide their consent for the transfer of information. However, this may not always be possible and there will be occasions when information normally considered confidential needs to be shared.

Examples of occasions when confidentiality may have to be broken are:

- A person is likely to harm themselves.
- A person has been, or is likely to be, involved in a serious crime.
- A person is likely to harm others.
- Your safety is placed at risk.
- A child or vulnerable adult has suffered, or is at risk of suffering, significant harm.



### *Key Point*

There will be times when you face dilemmas about confidentiality, not knowing what to do.

It is important to speak with your Supervisor or Manager and follow the **agreed ways of working**. If your Supervisor or Manager is not available, a senior member of staff or other worker should be able to help.

## Learning Summary

Thank you for taking the time to complete this Self-Study Guide; by doing so you should have developed your awareness of your role and responsibilities to communication in your workplace and the key policies and good practice you need to follow which underpin this responsibility.

Considering the learning outcomes identified at the beginning you should now:

- Describe what communication is.
- Identify factors that may affect communication.
- Apply good communication practice in their day-to-day work.
- Support those that have additional communication needs.
- Apply knowledge of effective communication into practice.

If you are unclear of any of the information included within this SSG or have further questions please speak with your Supervisor or Manager.

If you are completing the Care Certificate, please complete the relevant part of the Care Certificate Assessment Workbook on communication.

# Confirmation of Completion and Evaluation

## About this Form

- This Form is used by learners to confirm and evaluate completed of the SSG
- The information provided is used to update a learner’s Learning Record by their Service / Organisation.

## About You

Name	
Job role:	
email address:	
Telephone number:	

## About the Learning you have completed

Which Learning have you completed?	Communication Skills for Adult Care Workers (SSG)											
When did you complete it?												
Rate your knowledge and skills:	1 - Low					6 - High						
- before the learning?	1		2		3		4		5		6	
- after the learning?	1		2		3		4		5		6	
What did you find useful in the Bitesize Learning												
How will you put the learning into practise?												
Do you feel you need any further learning or training on the topic? If so, please explain why?												
Learner – Signature												
Learner – Date												

Please give this document to your Supervisor or Manager within your Service / Organisation. Within the Council, please email this page only to [eryctraining.support@eastriding.gov.uk](mailto:eryctraining.support@eastriding.gov.uk). This will be recorded on iTrent as a Personal Learning Events – *Communication Skills for Adult Care Workers (SSG)*.



**Communication Skills for Adult Care Workers Self-Study Guide**

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