Promote communication in health, social care or children's and young people's settings

Level 3 Diploma in Health and Social Care

Unit SHC31

Author note: Although I finished the SHC21 unit, I decided to answer to all the SHC31 questions, according to my senior care assistant position.

Assignment task – SHC 31 - Promote communication in health, social care or children's and young people's settings

Unit purpose and aim

This unit is aimed at those who work in health or social care settings or with children or young people in a wide range of settings. The unit introduces the central importance of communication in such settings, and ways to overcome barriers to meet individual needs and preferences in communication.

Unit summary

This unit is aimed at those who work in health or social care settings or with children or young people in a wide range of settings. The unit explores the central importance of communication in such settings, and ways to meet individual needs and preferences in communication. It also considers issues of confidentiality.

1 Understand why effective communication is important in the work setting


1.1 Identify the different reasons people communicate


1.2 Explain how communication affects relationships in the work setting

2 Be able to meet the communication and language needs, wishes and preferences of individuals


2.1 Demonstrate how to establish the communication and language needs, wishes and preferences of individuals


2.2 Describe the factors to consider when promoting effective communication


2.3 Demonstrate a range of **communication methods** and styles to meet individual needs. Exemplification: **Communication methods** include non-verbal communication (eye contact; touch; physical gestures; body language; behaviour) and verbal communication (vocabulary; linguistic tone; pitch).


2.4 Demonstrate how to respond to an individual's reactions when communicating

3 Be able to overcome barriers to communication


3.1 Explain how people from different backgrounds may use and/or interpret communication methods in different ways


3.2 Identify barriers to effective communication


3.3 Demonstrate ways to overcome barriers to communication


3.4 Demonstrate strategies that can be used to clarify misunderstandings


3.5 Explain how to access extra support or **services** to enable individuals to communicate effectively. Exemplification: **Services** may include translation services; interpreting services; speech and language services; advocacy services.

4 Be able to apply principles and practices relating to confidentiality


4.1 Explain the meaning of the term confidentiality


4.2 Demonstrate ways to maintain confidentiality in day to day communication


4.3 Describe the potential tension between maintaining an individual's confidentiality and disclosing concerns

Assignment task – SHC31 Answers

1 Understand why effective communication is important in the work setting

1.1 Identify the different reasons people communicate

What is communication?

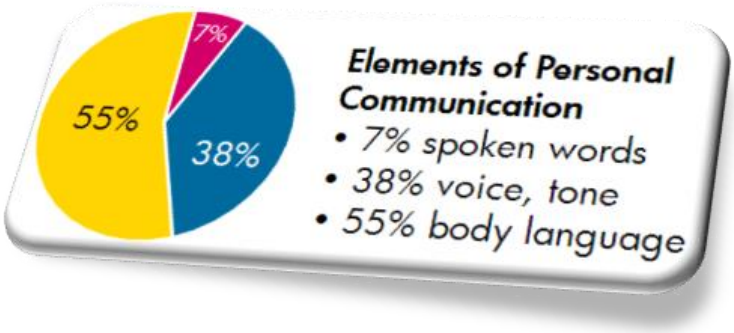
Communication is the act of transferring information from one place to another.
The definition of communication is "the transmitting and receiving of information through a common system of signals and symbols."

People communicate to express personal needs and preferences; to share ideas and information; to reassure; to express feeling and/or concerns; to build relationships; to socialise; to ask questions and to share experiences. Also people communicate in order to establish and maintain relationships with others; to give and receive information and instructions; to understand and be understood; to share opinions; knowledge; to express feelings and emotions; to give encouragement and show others that they are appreciated and valued.

In my health and social care workplace for individuals living with early dementia, communication is an essential tool for a senior care assistant position, to ensure the resident's needs are meet. Good communication practice between the staffs and the residents ensure the optimal wellbeing for both staffs and residents. Good communication practice ensures any health and safety issues are recognised and reported with hand over at the beginning of each shift. Staff duty to document in resident's care plan any health and safety issues, e.g. new bruise on resident's skin, what time the resident fallen asleep and how the resident slept during the night. Residents living with dementia lack capacity regarding their choices and decisions over care. Staff duty to always put the resident first in the centre of the care provided. For example, at meal times, staff must ask to each resident what meals and what drinks they would like to have. Promoting active participation will make the resident more valued and will help the resident to be more concerned about his health conditions. Putting the resident in the centre of all care provided, will, little by little, establish a process of trust for both residents and staffs. I have seen in my workplace new residents admitted with the label self-caring because they were reluctant to be assisted with personal care and personal hygiene because of inactive participation. Those same residents turn to staffs and request for a bath or shower after some days. Good communication is a key factor in the formation of healthy relationships with the residents and staffs. Residents with dementia are still human being and seek the need to form relationships with others.

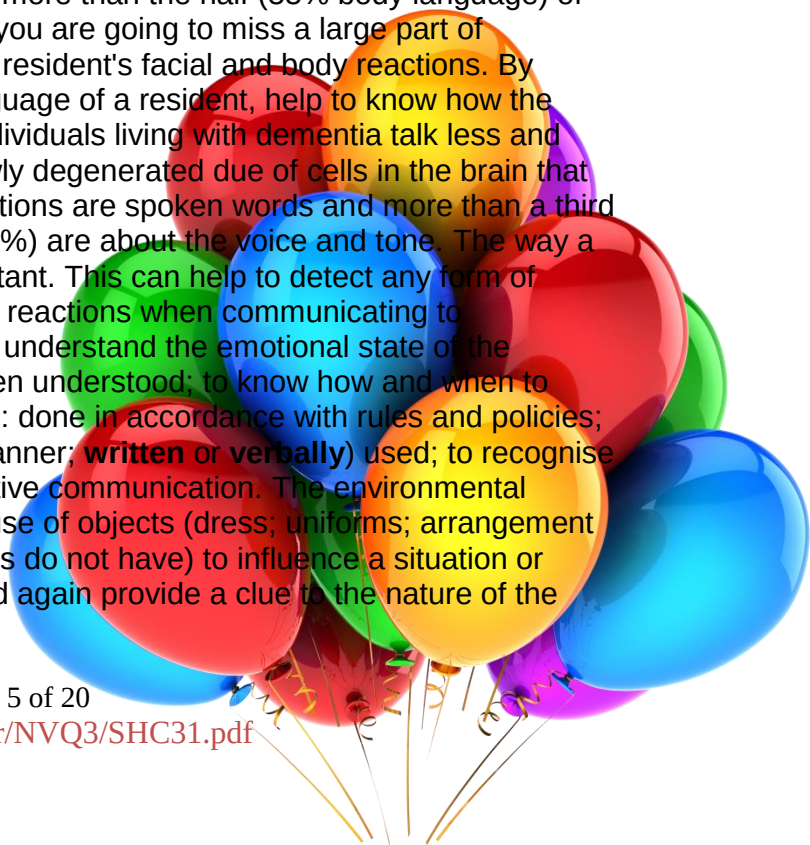
What is the Dynamics of Communication?

Dynamics of Communication is the decomposition of the information that is transferred during a conversation in which both parties involved transmit information.



7% of meaning is transmitted in spoken words. The everyday words chosen by the sender to transfer verbally the information; 38% is transmitted in the tone of the voice, paralinguistic or vocal cues (pitch; linguistic tone; quality of the voice; loudness and intensity; rate of speech; vocabulary) help to convey the feelings or emotions to the recipient and helps reinforce the meaning of the information during an interaction. 55% is transmitted in non-verbal (action clues) through the automatic reflexes (posture; facial expressions and eye contact; physical gestures; mannerisms; body language; actions of any kind including touch; behaviour). These can also convey powerful messages and emotions and often convey the true meaning of an interaction and the nature of the relationship.

In my health and social care workplace for individuals living with early dementia, one part of the duty of care is to observe a resident's reactions when having a communication with. The body language is more than the half (55% body language) of personal communication. That means that you are going to miss a large part of communication if you don't pay attention to resident's facial and body reactions. By observing and understanding the body language of a resident, help to know how the resident is feeling within the care home. Individuals living with dementia talk less and less because the process of speech is slowly degenerated due of cells in the brain that are dying. Only 7% of personal communications are spoken words and more than a third of elements of personal communication (38%) are about the voice and tone. The way a resident's voice and tone are, is very important. This can help to detect any form of abuses. It is important to observe residents reactions when communicating to understand the impact of the interaction; to understand the emotional state of the resident; to check if the information has been understood; to know how and when to adjust the communication methods (**formal**: done in accordance with rules and policies; **informal**: done in a relaxed and friendly manner; **written** or **verbally**) used; to recognise where and when there are barriers to effective communication. The environmental factors are the intentional or unintentional use of objects (dress; uniforms; arrangement of furnishings; keys; possessions that others do not have) to influence a situation or interaction in a positive or negative way and again provide a clue to the nature of the relationship.

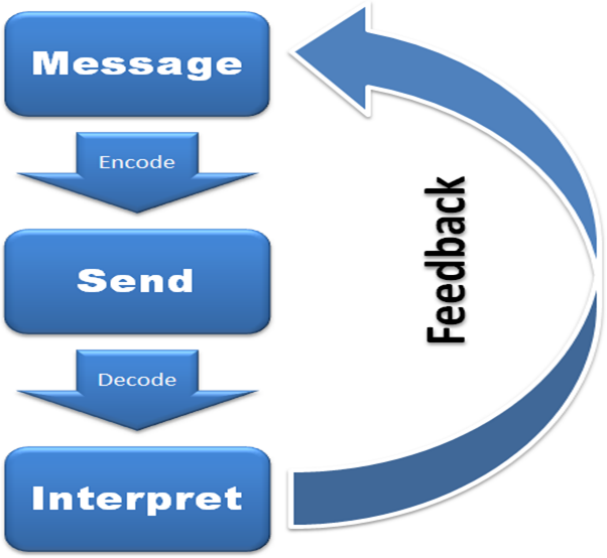


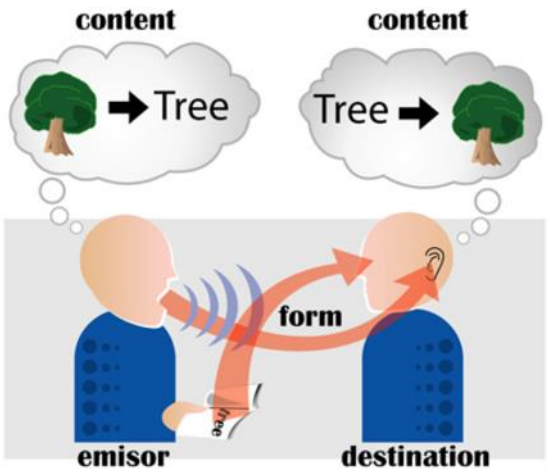
1.2 Explain how communication affects relationships in the work setting

In my health and social care workplace for individuals living with early dementia, communication affects relationships because communication is the key factor to ensure a team work with other professionals involved in the resident's life, such as other members of staff, other residents, resident's family, resident's friends and other professionals people, e.g. district nurses, social workers, general practitioners, dietitians, speech and language therapists, literally every persons that are involved in the resident's care planning process. Senior care assistant must be able to choose and use the most effective communication methods agreed with the residents ensuring effective communication and understanding is achieved. The methods used to communicate information and messages will often need to be adapted to the resident's needs, wishes and preferences and the purpose on the interaction (formal; informal; written or verbally). An effective communication helps to build trust and confidence; aids understanding of resident's needs; aids to provide the appropriate resident's cares; the ways communication is used to negotiate; to prevent or resolve conflict and to avoids any potential misunderstanding occurring. Effective communication practices helps to inform our practice and develop better relationship and understanding of the needs of the residents. Better communication open better team work open better cares!

Effective communication between the day staff and the night staff during the handover time is very important and helps to ensure the continuity of the resident's needs. In a health and social care settings, effective communication is very important to ensure good quality cares and peace of mind regarding the duty of care.

Proper handover and communication between staffs and professional involved in the resident's cares ensure the best interest of the residents by meeting good quality and standard of care to ensure that the needs and wellbeing of the residents are met. It is very important to ensure effective communication is clear, concise, accurate, non-judgmental and informative. This reduces the possibility of mistakes that can be made. The ways day staff communicates to night staff and conversely can affect greatly the relationships. Good communication helps build positive relationships build on trust and respect. Poor communication can create conflict and tension where good communication and skills can be used to help resolve any potential conflict and tension and prevent any misunderstanding occurring.





About the Bruce Tuckman's model of "Group Life"

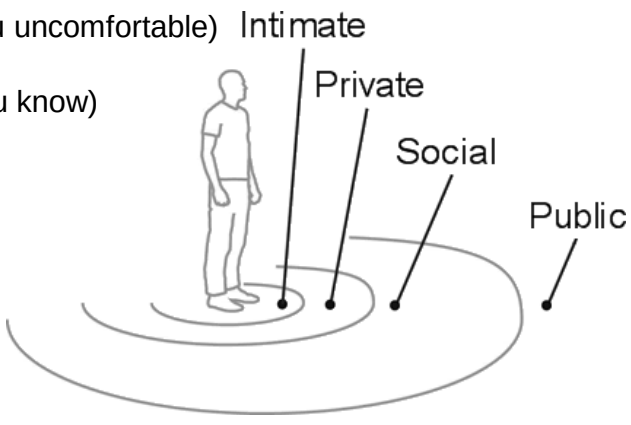
This model suggests how individuals and groups often progress naturally through five developmental stages when forming relationships. Many groups and individuals will progress sequentially. However, some may not pass through all five stages, while others may jump backwards and forwards from one stage to another. This model can be used as an aid to good communication and highlights the way we build and develop our relationships with people and understand how conflict and tension can naturally arise in relationships and to not fear it and see it as a natural process of development.

- Forming — Childhood - (dependence)
- Storming — Adolescence - (forming an identity)
- Norming — Young Adult - (productive)
- Performing — Mature Adult - (productive)
- Ending — Old Age - (bereavement / loss)

Communication in a health and social care workplace

Communication in a health and social care workplace is a two way process depending with who you are communicating and the age of your communicator. We need to be aware of the differing and socially accepted zones that surround our body during an interaction and ensure we monitor the effect of an interaction on the people involved. Non-verbal communication can include eye contact, touch, physical gestures, body language and behaviour. Verbal communication includes vocabulary, linguistic tone and pitch. Also communication can be achieved by technological aids. When communicating, the residents react differently: Kinematics (Touch), Auditory (How it sounds, what will be said matter!), Visual (Pictures), and Olfactory (Smell memories).

- Intimate zone (strangers in this zone make you uncomfortable)
- Private zone (also usually limited to people you know)
- Social zone (used in small groups)
- Public zone (where a speaker talks to a group)



2 Be able to meet the communication and language needs, wishes and preferences of individuals

 2.1 Demonstrate how to establish the communication and language needs, wishes and preferences of individuals

 In my health and social care workplace for individuals living with early dementia, communication and language needs, wishes and preferences of individuals are established according to their mental capacity. All the information regarding the mental capacity and preference of communication of a resident can be found in the resident's care plan folder which is up to date and has been written from all important information by every person that has been involved in the resident's care planning process. Not everyone communicate in the same way! To be an effective communicator it is important to consider the individual's preferred methods of communication. Working with individuals that lack capacity regarding the mental condition means that; do not expect the residents living with dementia to adjust their communication methods to fit my preferences, simple because they cannot. As a professional working as a senior care assistant, this is my duty of care to have a responsibility to respect and adapt to the residents that lack capacity of speech, the resident's preferred ways of communication.

To find out the residents preferences and language needs, I ask the resident (if the resident still have some mental capacity). If the resident do not have any mental capacity, I observe the resident and I find information talking with other key people involved in the resident's life, such as the other members of staff, resident's family, resident's friends and other professionals people, e.g. district nurses, social workers, general practitioners, dietitians, speech and language therapists, literally every persons that are involved in the resident's care planning process. Working with individuals with lacks of capacity is very relevant job! All the information regarding the resident's communication needs can be found in the resident's care plan folder. The resident's care plan folder is giving up to date and relevant information regarding the resident's senses and communication; choices and decisions over care; resident's lifestyle; what make the resident a healthier and happier life; to ensure the resident's safety when moving around, the resident's skin care, the resident's washing and dressing preferences; the resident personal hygiene, the resident's eating and drinking preferences, any resident's breathing and circulation problems, the resident's mental health and wellbeing; and the resident's future decisions. All those information are about two main questions. What can the person do for them self? What support does the person need from you?

Common communication needs are known as: Language (e.g. dialect and cultural differences); sensory impairments (e.g. hearing and visual); physical disability (e.g. aphasia (loss of ability to understand or express speech, caused by brain damage) and dysphasia (language disorder marked by deficiency in the generation of speech, and sometimes also in its comprehension, due to brain disease or damage)); learning disability (e.g. autism (a mental condition, present from early childhood, characterized by difficulty in communicating and forming relationships with other people and in using language and abstract concepts) and dyspraxia (a form of developmental coordination disorder)); dementia (e.g. age related confusion); and mental health (e.g. depression, stress, paranoia, bipolar).

To resume, establishing the communication and language needs, wishes and preferences of my resident living with dementia, I will go through his care plan folder (which is named in my workplace, My Day, My Life) that is up to date and person centred on the resident involved. My Day, My Life is a very powerful tool folder that is in the centre of all personal cares aspect of the resident. If there is any doubt or unsure information regarding the resident communication and language needs, wishes and preferences, I will refer to the other members of staff, resident's family, resident's friends and other professionals people, e.g. district nurses, social workers, general practitioners, dietitians, speech and language therapists, literally every persons that are involved in the resident's care planning process. I can set up a meeting that will involve the resident, the resident's next of kin and GP, a speech and language therapists, a translation services, an interpreting services, and an advocacy services, to assess the resident communication and language needs, wishes and preferences. The importance of recognising the resident needs, taking into consideration the age and stage of the mental illness of development of the resident, the native language, the preferred communication method of the resident according to the resident physical disabilities. Alternative methods of communication e.g. British Sign Language; Makaron; Braille, the use of signs, symbols, pictures and writing; objects of reference; finger spelling; communication passports; human and technological aids to communication. Those methods will provide the best cares for the resident by promoting communication to ensure the wellbeing of the resident within the care home is high.

2.2 Describe the factors to consider when promoting effective communication

In my health and social care workplace for individuals living with early dementia, when promoting effective communication, factors to consider are the type of dementia the resident is living with (e.g. Alzheimer's disease (most common cause of dementia, leading to the death of brain cells); Vascular dementia (following a stroke); dementia with Lewy bodies (leading to the degeneration of brain tissue); fronto-temporal dementia (damage is usually focused in the front part of the brain. Personality and behaviour are initially more affected than memory); Mild cognitive impairment (used to describe people who have some problems with their memory but do not actually have dementia).

Other factors to consider when promoting effective communication: the type of communication (e.g. complex, sensitive, formal, non-formal); the context of communication (e.g. one to one, group with other residents, with professionals and colleagues); the purpose of communication (e.g. to ask if the resident feels any pain, to remind the resident to drink and eat as everything is free and there is no need of money within the care home); cultural factors (e.g. need to adapt communication); the environment (e.g. to ensure the resident can hear me (difficulty to hear), not too much background noise); the time and resources available (e.g. to ensure the work environment is good, staff personal problems stay outside the care home and staff competencies are very good).

In a general way, staff duty to identify the most common communication methods and aids used to promote, enable and establish effective communication patters with individuals, through verbal; non-verbal and other cues; written (e.g. communication books, letters, email); through British Sign Language; Makaron; Braille and finger spelling; picture; symbols; objects of reference; through technological aids (e.g. minicom, loop system, hearing aids, IT); and through human aids including speech and language therapists, translation services, interpreting services, and advocacy services. To resume, staff duty to ensure the Argyle's stages of the communication cycle (see pictures page 6) is maintained (message coded, message sent, message received, message decoded, message understood).

2.3 Demonstrate a range of **communication methods** and styles to meet individual needs. Exemplification: **Communication methods** include non-verbal communication (eye contact; touch; physical gestures; body language; behaviour) and verbal communication (vocabulary; linguistic tone; pitch).

In my health and social care workplace for individuals living with early dementia, promoting non-verbal effective communication with individuals living with dementia means to move to the individual's level; to observe the body language and behaviour of the individual when communicating with; to gain eye contact where possible; to use touch and gestures, objects or signals as well as words (e.g. show the individual an object that relates to what you are saying).

Promoting verbal effective communication with individuals living with dementia means to speak in a calm way; to notice the tone of your voice (linguistic tone), pitch, rhythm, singing, symbols, touch, music and drama, object of reference; to use short sentences giving small amounts of information; to use simple words (vocabulary); to allow time for the individual to answer; to don't argue about facts or try to correct the individual; to use technological aids to communication if needed.

Other factors to consider when promoting effective communication with individuals living with dementia are: to speak clearly and slowly when communicating face to face with an individual living with dementia (it will ensure that the individual can understand everything you are saying, it will provides a calming way of getting your message across, it will help the individual who have hearing difficulty to understand every word, and it will help anyone who is foreign to understand you in an easy way).

A senior care assistant cannot be expected to know everything regarding the range of communication difficulties, especially where the needs of an individual living with dementia are complex. An understanding and acceptance of our own strengths and weakness is important so as to have the confidence to seek advice and support.

A good senior care assistant must demonstrate they know when issues are beyond their level of understanding or skills. To seek advice from other members of staff, resident's family, resident's friends and other professionals people, e.g. district nurses, social workers, general practitioners, dietitians, speech and language therapists, literally every persons that are involved in the resident's care planning process. How to access support, advice and guidance when needed depending to whom you are contacting; supervision; team meetings; formal referrals; internet.

In my health and social care workplace for individuals living with early dementia, we have this quote: "if you don't know, ask!"

 2.4 Demonstrate how to respond to an individual's reactions when communicating

To respond to an individual's reactions when communicating means that you are listening and showing to the individual that you are responding using verbal responses (e.g. tone, pitch, silence). To show to the individual that you are listening and responding using non-verbal responses; through body language, facial expressions, eye contact, gestures, touch; through emotional state; through signs that information has been understood; knowing when and how to adjust communication method.

3 Be able to overcome barriers to communication

 3.1 Explain how people from different backgrounds may use and/or interpret communication methods in different ways

People from different backgrounds may use and/or interpret communication methods in different ways because everybody is different regarding **background**, **job**, **mental capacity** and **culture**.

The way of an individual understand the world, depends of three factors. **First factor** is the individual's background. Background can influence communication, e.g. age; gender; culture; socio-economic status; difference in verbal communication (language, vocabulary, dialect, intonations). How did grow up the individual will set up the way the individual interpret the world he lives in. Our own family will have the biggest influence on how we communicate and socialise with others; for example, an individual living with early dementia will remember things that was shared with his own family, good or bad things, there are personal experiences that belongs to the individual only, and will make the individual to laugh or to cry, but to which another individual will have no understanding. I personally grow up in a very close family, my mum, my dad and my sisters. My dad was very sick mentally, living with a bad bipolar. I was 5 years old and I remember visiting my dad in asylum, seeing my dad drugged by many medications that force to sleep. Because of this, our "family border" stops at my mum, dad and sisters. I believe the others, grandmothers, grandfathers and cousins were too ashamed. I have no idea what grandmothers, grandfathers or cousins mean; they are not family for me.

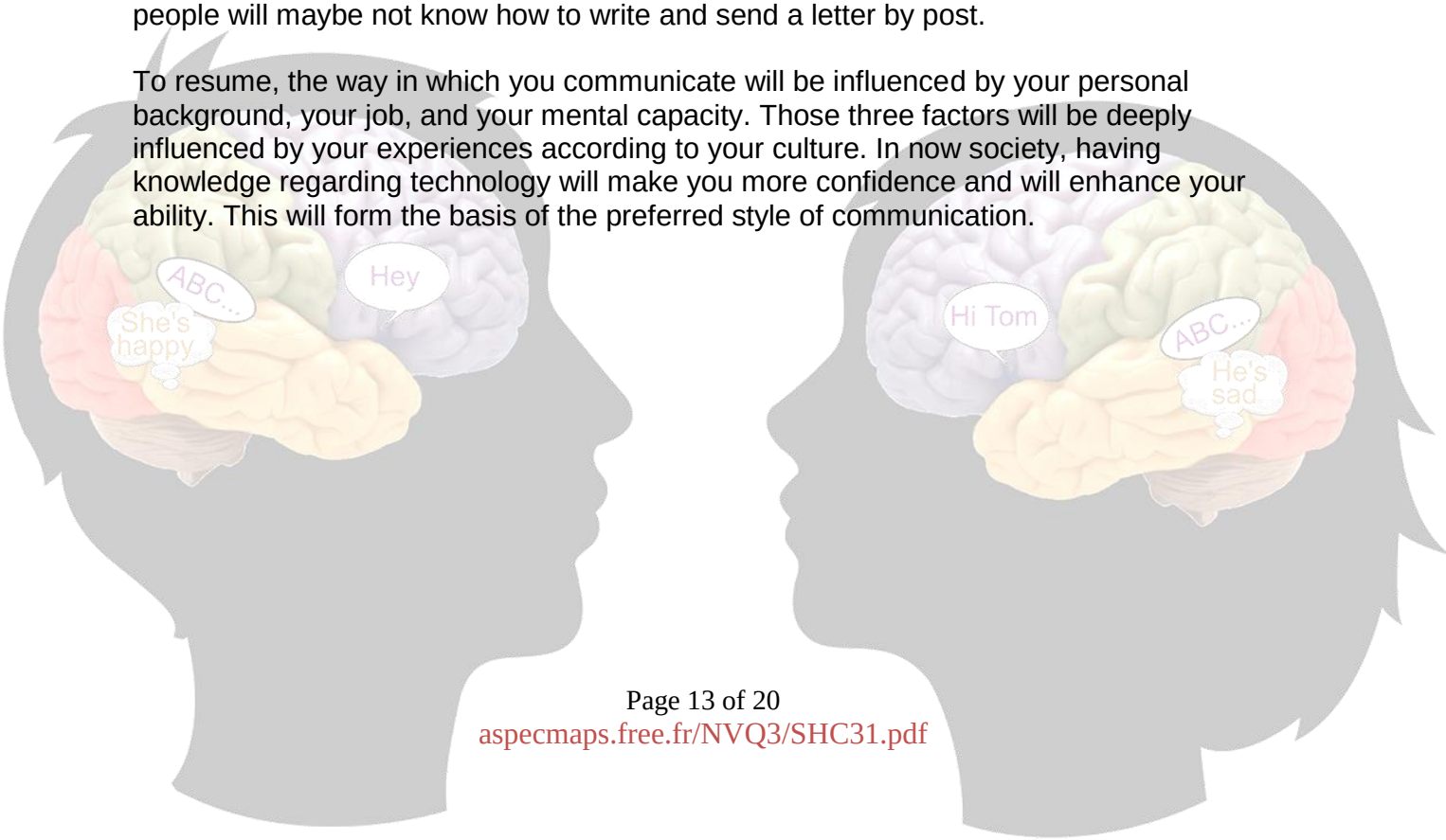
Within a family non-verbal communication, an individual will have better understanding and will respond better through facial expressions, use of body language, eye contact, gestures. For example my dad uses to show his right thumb to say he was feeling ok. Within a family verbal communication, an individual will have better understanding and will respond better through verbal effective communication; staff to speak in a calm way; to notice the tone of the voice; to use short sentences giving small amounts of information; to use simple words; to allow time for the individual to answer; to don't argue about facts or try to correct the individual. For example, many families do find it acceptable to use swearing words as part of everyday expression; when the others will find swearing quite offensive. It can cause a lot of confusion for individual living with early dementia when they are told off for using swearing words.

The **second factor** is the individual's job. What was doing the individual for living? For example in my health and social care workplace for individuals living with early dementia, some individual was cleaner or manager. The individual who was a cleaner will feel upset if another individual drop a glass of water on the floor. The individual who was a manager likes to sit down in the office with me when I am updating the resident's folders. I sometimes let him know about the professional visits referenced on the documentation book, as he likes to be aware of what going on during the day. If an individual was working in a noisy, busy background, the individual will feels more confident to socialise with the other residents.

The **third factor** is the individual's mental capacity. The way the individual's brain is affected by dementia will determine how the individual will lacks capacity regarding communication. If an individual is deaf, communication will be ensured through body language. For example, moving the right hand in circle will make the individual to understand to follow staff.

The **cultural factor** is also very important and will determine how the individual will interpret different communication methods. For example, in some cultures communication was predominantly verbal rather than written. This will lead the individual to feels more focused about the tone of the voice and body language. For example in my health and social care workplace for individuals living with early dementia, one resident is from Somalia and have no idea how to use the call bell, not because he lacks capacity regarding his safety, but because he will call for help by shooting or making noise using his hands. Other residents will believe he is excited when in real he just asks to go to the toilet. The cultural factor will depends on which culture you are born in. For example, the west cultures are very adapted to the new forms of communication methods, e.g. computer, telephone, email and mobile text. This is the result of the availability and accessibility of such technology. Other culture who doesn't have such availability and accessibility regarding technology will struggle to use and to understand how these technologies work. The difference of generation can lead to gap when communicating. For example, older people prefer to communicate through telephone and written letters when younger people will use new technology e.g. mobile text or email, to communicate. Older people will find today's communication technology a little confusing, as young people will maybe not know how to write and send a letter by post.

To resume, the way in which you communicate will be influenced by your personal background, your job, and your mental capacity. Those three factors will be deeply influenced by your experiences according to your culture. In now society, having knowledge regarding technology will make you more confidence and will enhance your ability. This will form the basis of the preferred style of communication.



3.2 Identify barriers to effective communication

In my health and social care workplace for individuals living with early dementia, barriers to effective communication are the following: background and culture e.g. language, dialect, use of jargon, use of broken English, attitudes, level of interest, sector-specific vocabulary; environmental e.g. noise, poor lighting, no privacy; emotional issues and behavioural e.g. attitudes, anxiety, lack of confidence, aggression, mental health; sensory impairment e.g. sight, hearing, dementia; physical impairment e.g. age related conditions; health problem or medical conditions; learning disabilities; lack of mental capacity; effects of alcohol or drugs. Taking into consideration the resident's physical, emotional and environmental factors identified in the agreed communication plan usually contained within the resident's care plan will help to reduce communication barriers. Also, this is important to let the resident informed of the future appointments and meeting the resident is involved in. Promoting active participation and working in a resident centred approach by including the resident in the care planning process will make the resident more involved for his health. Ensure the resident is wearing clean correct glasses and good working hearing aids. Resident's rights don't stop when dementia comes. This is best to set up a meeting in the quiet lounge where the resident and the professional will feel free of noise from the other residents.

3.3 Demonstrate ways to overcome barriers to communication

In my health and social care workplace for individuals living with early dementia, ways to overcome barriers to communication are the following: use of technological aids e.g. hearing aids, induction loop, telephone relay services; human aids e.g. the resident's next of kin and GP, speech and language therapists, interpreters, interpreting services, singers, translators, translation services, advocates, advocacy services; other people involved in the resident's care planning process e.g. members of staff, resident's family, resident's friends and other professionals people, e.g. district nurses, social workers, general practitioners, dietitians; use or age-appropriate vocabulary; staff training; improving environment; reducing distractions.

The primary purpose of an interaction is to convey messages and information to ensure an effective communication. If the interaction is to be successful a good communicator will need to check if the information has been successfully transmitted and received. Methods that can be used to check people's understandings are the following: ask questions; repeat and re-phrase; allow adequate time for responses; observe the individuals responses including non-verbal, body language and other reactions indicating or not the individual understanding. In my health and social care workplace for individuals living with early dementia, other factors to consider when promoting effective communication with individuals living with dementia are: to speak clearly and slowly when communicating face to face with an individual living with dementia (it will ensure that the individual can understand everything you are saying, it will provides a calming way of getting your message across, it will help the individual who have hearing difficulty to understand every word, and it will help anyone who is foreign to understand you in an easy way).

Ensuring an effective communication means going through **three stages** of interaction.

The **first stage** is the introduction; this is where both parties decide if they want to continue a discussion. Start general speech with a heavy emphasis on what is important, and use of body language and non-verbal communication e.g. a good handshake to engage communication.

The **second stage** is the main interaction; this is where the main exchange of information takes place and can be quite intense. At this point, a great need for active listening skills will help to handle the information to others by writing down the information in the communication book for future handovers.

The **third stage** is the reflective stage; this is for lot of people the most difficult stage of an interaction and the most important. There is a need to aim to finish on a positive note in the hope that participants and left feeling they have benefited from the interaction. Also the need to check out the information gained and that you have understood correctly.

The reflective stage is particularly important when working in a health and social care environment; this will ensure future interactions will be free of stress and open minded for benefice of the residents involved in the interactions. Maintaining good relationship with the resident's next of kin and other professional e.g. GP, speech and language therapists, district nurses, social workers, general practitioners, dietitians, will provide better cares for the residents.

3.4 Demonstrate strategies that can be used to clarify misunderstandings

Strategies that can be used to clarify misunderstandings in a health and social care settings are the following: checking understanding; avoiding misinterpretation of body language; use of active listening; repeating; rephrasing; use of visual cues.

For example, when a meeting has been set for a resident, involving the resident and the professional, I ensure that the professional is aware of the mental capacity of the resident. That mean promoting effective communication with the individual living with dementia by speaking clearly and slowly when communicating face to face with the individual living with dementia (it will ensure that the individual can understand everything you are saying, it will provides a calming way of getting your message across, it will help the individual who have hearing difficulty to understand every word, and it will help anyone who is foreign to understand you in an easy way).

Like said before, taking into consideration the resident's physical, emotional and environmental factors identified in the agreed communication plan usually contained within the resident's care plan will help to reduce communication barriers. Also, this is important to let the resident informed of the future appointments and meeting the resident is involved in. Promoting active participation and working in a resident centred approach by including the resident in the care planning process will make the resident more involved for his health. Ensure the resident is wearing clean correct glasses and good working hearing aids. Resident's rights don't stop when dementia comes. This is best to set up a meeting in the quiet lounge where the resident and the professional will feel free of noise from the other residents.

Strategies to clarify misunderstandings mean being non-judgemental; to show value to the persons involved in a misunderstandings, to use of active listening by listening with all senses, listening with the eyes, ears and heart. Working in a health and social care setting for individual living with early dementia, duty of staff is also to use simple and easy words when communication to individual that lack mental capacity. Staff to staff, the easier way to clarify misunderstandings within a health and social care setting is to say verbally something like: I think there has been some sort of misunderstanding. Or: can you repeat speaking slowly because I don't understand.

Miscommunication in the workplace can be caused by a wrong interpretation of a word. The message may contain a double meaning and cultural differences. That will lead to a different interpretation and will open misunderstanding.

Example: A moot in English, means a point to discuss. In American English, a moot means something not valid.

Example of situation: An English man communicating to an American "Shipping the goods over the Atlantic is a moot point", stresses the need to discuss shipping logistics, but the American interprets the message to mean shipping is not an option.

3.5 Explain how to access extra support or **services** to enable individuals to communicate effectively. Exemplification: **Services** may include translation services; interpreting services; speech and language services; advocacy services.

In my health and social care workplace for individuals living with early dementia, to access extra support or services to enable individuals to communicate effectively, I can set up a meeting involving the resident and a translation services; interpreting services; speech and language services; advocacy services; third sector organisations e.g. Stroke Association, Royal National Institute for Deaf People (RNID), Dementia Team.

For example, one of my resident is not eating and drinking well. I will fill out and fax to the hospital a Speech and Language Therapy Referral Form including the name of the resident, the address and telephone number of the resident (this is the address of my working place), the date of birth of the resident and his preferred language, the name of the GP of the resident, the address of the resident's GP, the mean of contacting resident (that is me as a senior care assistant, the preferred treatment location of the resident (this is the address of my working place), the reason for referral (for example: Mr C.I is not eating and not drinking well, he is losing weight), other relevant information (This is about the health and mental health of the resident: generally Vascular Dementia; Stroke. High Cholesterol; Hypertension), referrer (This is me; I have to write my full name and surname, to sign and to date). After some days, generally 48 hours, I will receive a call from the hospital to plan a date and time for the Speech and Language Therapy Team to come in my working place to assess my resident that is showing Dysphagia problems (difficulty of swallowing). The resident will probably be on thick and easy thickener and soft puree meal.

This all is very important for the individual's wellbeing and will help the resident to eat and to drink feeling free of pain, and will enable the resident to communicate effectively, according to his mental capacity. This is difficult for an individual living with dementia to express pain when speech is lost. Duty of staff to observe and to document properly every little changes affecting the lives of the residents.

4 Be able to apply principles and practices relating to confidentiality

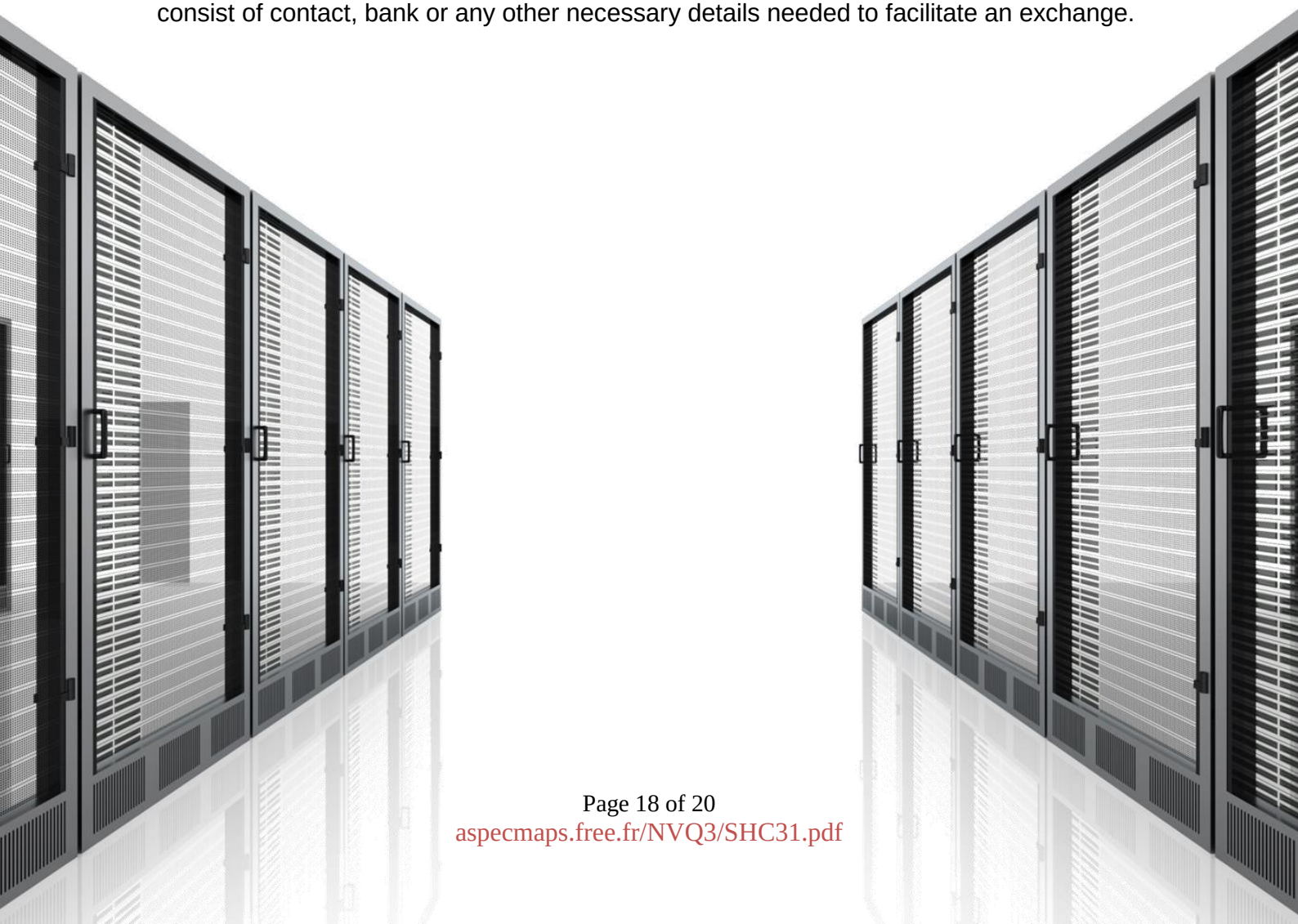
4.1 Explain the meaning of the term confidentiality

Confidentiality in a health and social care setting means; not sharing information about individuals without their knowledge or consent and ensuring that any written or electronic information cannot be accessed or read by anyone who have no reason to see it or access it. Confidentiality is where one person receives personal or sensitive information from another person; this information should not be passed on to anyone else without the consent of the person from whom the personal or sensitive information was received.

Staff duty to know the meaning of confidentiality as contained in principle of current legislation e.g. The Data Protection Act 1998

About The Data Protection Act 1998

The Data Protection Act 1998 controls how your personal information is used by organisations, businesses or the government. Personal information is often collected when an individual completes the purchase of a good or service from a company. It can consist of contact, bank or any other necessary details needed to facilitate an exchange.



4.2 Demonstrate ways to maintain confidentiality in day to day communication

Ways to maintain confidentiality in day to day communication in a health and social care setting means to maintain confidentiality in different inter-personal situations e.g. adult receives personal or sensitive information about child or young person, adult receives personal or sensitive information about another adult or colleague, child or young person receives personal or sensitive information about other child or young person, child or young person receives personal or sensitive information about an adult; following policies and procedures in own workplace setting e.g. policies for sharing information, situations where unconditional confidentiality cannot be maintained, support and guidance regarding confidential information, role of manager or supervisor, referral, training; types of information e.g. paper-based, electronic, verbal, hearsay; confidentiality relating to the collection, recording and storage or different types of information.

In my health and social care workplace for individuals living with early dementia, ways to maintain confidentiality in day to day communication means to maintain confidentiality about the information regarding the resident's communication needs that can be found in the resident's care plan folder. The resident's care plan folder is giving up to date and relevant information regarding the resident's senses and communication; choices and decisions over care; resident's lifestyle; what make the resident a healthier and happier life; to ensure the resident's safety when moving around, the resident's skin care, the resident's washing and dressing preferences; the resident personal hygiene, the resident's eating and drinking preferences, any resident's breathing and circulation problems, the resident's mental health and wellbeing; and the resident's future decisions. All those information are about two main questions. What can the person do for them self? What support does the person need from you?

All resident folders are put in metal lockers that are lock with a padlock. The key is handover to the night staff after the end of each shift. A handover key folder is in place and the senior care assistant that is handover the key must write his name and sign the date and time in the handover key folder. In case that the senior care assistant that is in charge is running late, the key must be handover to the nurse in charge in side cover. Information regarding the residents and district nurses are keeps safe in the district nurse folders, that is keep in the medication room. The medication door is closed at all time by a padlock. The handover key folder must be keeps in the medication room.

4.3 Describe the potential tension between maintaining an individual's confidentiality and disclosing concerns

Potential tension between maintaining an individual's confidentiality and disclosing concerns that may arrive in a health and social care settings are when the situations need to legally be obliged to pass on the information without the consent of an individual. Such situations occurs when the individual is abused; criminal act; danger to themselves or others.

Tensions caused by confidentiality are: the need for consent to share information; understanding when information may be shared without consent; concept of need to know; need for transparent policy and protocols for information sharing.

For example, an individual that has been abused physically will ask the person in charge to keep the confidentiality on, but in the best interest of the individual, this has to be reported to the local authorities. Such practice cannot be tolerated within care homes that legally have the duty to protect the vulnerable service users.