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Cambridge TECHNICALS

Level **3**

Health and Social Care

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About this book

This book helps you to master the skills and knowledge you need for the OCR Cambridge Technicals Level 3 Health and Social Care qualification.

This resource is endorsed by OCR for use with the Cambridge Technicals Level 3 Health and Social Care specification. In order to gain OCR endorsement, this resource has undergone an independent quality check.

Using this book

ABOUT THIS UNIT

In this unit, you will learn about the structure and function of some of the tissues, organs and bodily systems that enable healthy bodily processes to take place in a co-ordinated way.

Know what to expect when you are studying the unit.

LEARNING OUTCOMES

The topics, activities and suggested reading in this unit will help you to:

- 1 Understand infection control in health and social care
- 2 Know the chain of infection
- 3 Be able to control the spread of infection
- 4 Understand the role of the health and social care worker in controlling infection

Prepare for what you are going to cover in the unit.

How will I be assessed?

You will be assessed through a series of assignments and tasks set and marked by your tutor.

Find out how you can expect to be assessed after studying the unit.

How will I be graded?

You will be graded using the following criteria.

Find out the criteria for achieving pass, merit and distinction grades in internally assessed units.

Any references to assessment and/or assessment preparation are the publisher's interpretation of the specification requirements and are not endorsed by OCR. OCR recommends that a range of teaching and learning resources are used in preparing learners for assessment. For more information about the endorsement process, please visit the OCR website, www.ocr.org.uk.

LO1 Understand relationships in health, social care or child care environments P1 M1

Understand all the requirements of the qualification, with clearly stated learning outcomes and assessment criteria fully mapped to the specification.

GETTING STARTED



Relationship types (10 minutes)

Name as many types of relationship in health, social care or child care settings as you can. Share your ideas with the whole group.

Try activities to start you off with a new learning outcome.

INDEPENDENT RESEARCH ACTIVITY

PAIRS ACTIVITY



GROUP ACTIVITY



Carry out tasks that help you to think about a topic in detail and enhance your understanding.

CLASSROOM DISCUSSION

Making positive relationships happen (25 minutes)

In two groups, discuss what's important in developing positive relationships. Focus on the five best ways of supporting positive relationships in health, social care and child care environments.

Take the opportunity to share your ideas with your group.

KEY TERM

Empower – to give someone the authority or control to do something; the way a health, social care or early years worker encourages an individual to make decisions and to take control of their own life.

Understand important terms.

KNOW IT

1. Name three factors to take into account when using verbal communication.
2. Name three factors to take into account when using non-verbal communication.
3. How can you adapt your communication with others?
4. Name two communication theories.
5. Name four key aspects of reflective practice.

Answer quick questions to test your knowledge about the learning outcome you have just covered.

Unit 2: Assessment practice

Below are practice questions for you to try.

Try the types of question you may see in your externally assessed exam.

L01 Assessment activity

TOP TIPS

- ✓ Ensure you provide an explanation – detailed information about the different types of relationship and their context.
- ✓ Take the opportunity to present your evidence in a variety of formats, e.g. in a written or verbal format, as a poster or in a table.
- ✓ Ensure you provide detailed evidence about each care environment.

Start preparing for your internally assessed assignments by carrying out activities that are directly linked to pass, merit and distinction criteria. Top Tips give you additional advice.

Read about it

Suggests books and websites for further reading and research.

Unit **01**

Building positive relationships in health and social care

ABOUT THIS UNIT

Building positive relationships in the health, social care and child care sectors is essential for ensuring effective partnership working, both with individuals who require care and support, and with all those involved in their lives such as their advocates, families, friends, professionals and managers. Creating settings that are safe places for those who attend, live or work in them and where a sense of wellbeing is promoted is central to delivering high-quality, safe, effective and compassionate care and support.

In this unit, you will learn about the key features of different types of relationships in health, social care and child care settings. You will also learn more about the different factors that can impact on the building of these relationships and how a person-centred approach supports positive relationships.

Having the ability to reflect on your practices will help you to further develop your knowledge, understanding and skills in using communication and interactions effectively to build positive relationships.

LEARNING OUTCOMES

The topics, activities and suggested reading in this unit will help you to:

- 1 Understand relationships in health, social care or child care environments
- 2 Understand the factors that influence the building of relationships
- 3 Understand how a person-centred approach builds positive relationships in health, social care or child care environments
- 4 Be able to use communication skills effectively to build positive relationships in a health, social care or child care environment

How will I be assessed?

You will be assessed through a series of assignments and tasks set and marked by your tutor.

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You will be graded using the following criteria.

Learning outcome	Pass assessment criteria	Merit assessment criteria	Distinction assessment criteria
You will:	To achieve a pass you must demonstrate that you have met all the pass assessment criteria	To achieve a merit you must demonstrate that you have met all the pass and merit assessment criteria	To achieve a distinction you must demonstrate that you have met all the pass, merit and distinction assessment criteria
1 Understand relationships in health, social care or child care environments	P1 Explain different types of relationships that can be built in health, social care or child care environments	M1 Analyse the role that context plays in different relationships in health, social care and child care environments	
2 Understand the factors that influence the building of relationships	P2 Explain factors that can influence the building of positive relationships in health, social care or child care environments		
3 Understand how a person-centred approach builds positive relationships in health, social care or child care environments	P3 Explain strategies to ensure a person-centred approach in health, social care or child care environments	M2 Analyse how a person-centred approach supports the building of positive relationships in health, social care or child care environments	
4 Be able to use communication skills effectively to build positive relationships in a health, social care or child care environment	P4 Demonstrate effective communication skills in a one-to-one interaction to build a positive relationship in a health, social care or child care environment	M3 Review the effectiveness of the communication skills used during the interactions	D2 Justify the use of reflective practice to ensure interactions build positive relationships in health, social care or child care environments
	P5 Demonstrate effective communication skills in a group interaction to build a positive relationship in a health, social care or child care environment		

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LO1 Understand relationships in health, social care or child care environments P1 M1

GETTING STARTED



Relationship types (10 minutes)

Name as many types of relationships in health, social care or child care settings as you can. Share your ideas with the whole group.

KEY TERMS

Positive relationships – meaningful interactions that result in positive emotions such as happiness, enjoyment, peace and a sense of wellbeing. They are constructive and beneficial for all those involved.

Health environment – practitioners and organisations that provide diagnostic, preventative, remedial and therapeutic services in different settings.

Social care environment – professionals and organisations that provide care, support and protection to adults, young people and children at risk, or with needs arising from illness, disability, old age or other circumstances that place people at a disadvantage in society.

Child care environment – practitioners and organisations that work with children from birth–13 years in their own homes, in nursery or pre-school settings, schools, out-of-school clubs and activity clubs.

Working in partnership – a way of working that involves developing positive relationships between individuals, carers and professionals where individuals remain at the centre. Good quality care and support is developed through mutual respect and open and honest communication.

Advocates – those who represent the views, needs and interests of individuals who are unable to represent themselves.

1.1 Types of relationships

Individuals who require care and support

Building **positive relationships** with adults, children and young people requiring care and support is an essential part of effective practice. All work in **health, social care and child care environments** will involve **working in partnership** with individuals who are vulnerable, at risk of harm, or in need of support: for example, recovering

from an operation in hospital, requiring assistance to live independently because of a mental health need or requiring support while living with a foster family.

These types of relationships require those who work with individuals to be effective CARERS with important qualities, such as being:

- Caring
- Approachable
- Reliable
- Empathetic
- Respectful
- Supportive.

Families/advocates of individuals who require care and support

Individuals have many different ways of defining what a family is and who they see as their family. For some, this may include their parents, brothers, sisters, aunts, uncles and grandparents. For others, their family may be their friends or neighbours who know them well over a long period of time and provide them with emotional and practical support.

Advocates also work closely with individuals and on some occasions with others who know the individual well. For example, this may be when there is a change in the health needs of an individual who has dementia or at a young person's support review meeting.

Figure 1.1 provides some more information about what advocates do.



▲ Figure 1.1 The role of advocates

KEY TERMS

Supervision – a process in which more experienced workers monitor and support their colleagues to improve their working practices.

Mentoring – a process where one person, such as a manager, transfers their knowledge and experience to another person to enable them to develop their skills and improve their performance.

Psychologists – practitioners that specialise in studying how people behave – how they think, act and react.

Psychiatrists – medical practitioners that specialise in diagnosing, treating and preventing mental health conditions.

Allied health professionals – a profession that includes non-medical and non-clinical professionals with expertise in specific fields, such as dieticians, therapists, and speech and language therapists. Allied health professionals work in partnership with health and social care professionals and practitioners.

workers. Practitioners can be identified with specialist fields or professions, for example medical, nursing and **allied health**.

Standards are in place to guide health and social care practitioners and professionals in carrying out their work duties and responsibilities to a high level, and include guidelines, values and principles that are relevant to health and social care professionals' working practices. For example, the Care Certificate was introduced on 1 April 2015 and is a set of standards for those who work in health and social care. It provides workers with guidance on the required skills, knowledge and behaviours that are required for compassionate, safe and high-quality care and support.



INDEPENDENT RESEARCH ACTIVITY

(45 minutes)

Conduct some independent research to find out about the 15 standards of the Care Certificate. Identify the reasons why the Care Certificate was developed for health and social care workers.

You may find the following link useful: <http://tinyurl.com/jbev64w>

Colleagues/peers

All health, social care and child care environments will consist of professionals who work in teams; this can include colleagues who work in the same job role or level in a work setting – these people are sometimes called peers. In these types of relationships, an element of friendship, peer-mentoring and support can often develop through the sharing of similar roles and working closely together.

Senior workers/managers

Senior workers and managers in health, social care and child care environments have an important role to play managing and leading teams of professionals. They have responsibilities overseeing the day-to-day running of services that provide individuals with care and support, and they support teams of professionals through **supervision** and **mentoring**.

Professionals/practitioners

A wide range of health and social care professionals and practitioners work in health, social care and child care environments, such as nurses, dieticians, therapists, **psychologists**, **psychiatrists** and social

1.2 Relationship contexts

There are a number of contexts in which the different types of relationships in health, social care and child care environments take place.

Formal and informal contexts

Relationships can be both formal and informal. Formal relationships, such as those formed by senior workers and managers, are structured and usually arise out of an organisation's overall agreed aims. They are defined by rules, regulations and policies. Attitudes and behaviours that involve respect, empathy (understanding how others feel) and professionalism are also important characteristics of formal relationships.

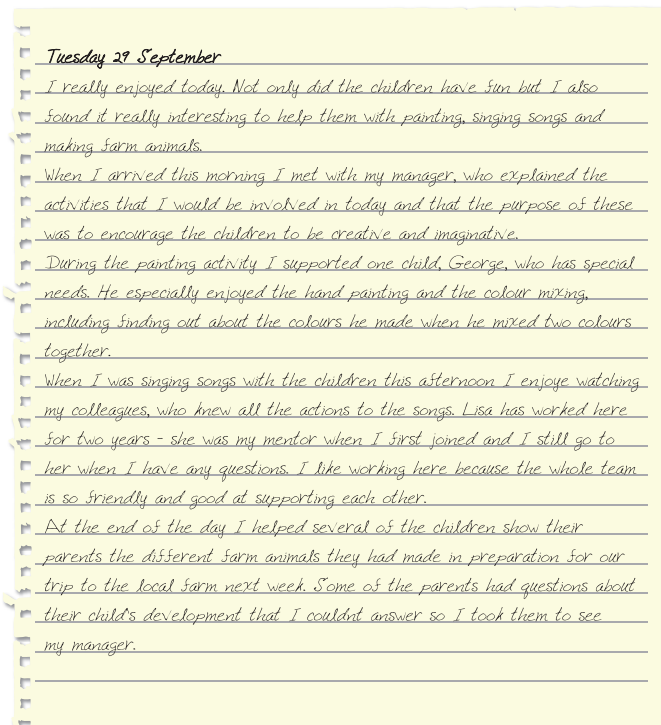
Informal relationships, by contrast, are not defined by rules and regulations and are usually formed out of a friendship or a close personal connection, such as those between individuals and their families and friends. Knowing each other well, sharing common interests and intimacy are important characteristics of informal relationships.

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One-to-one and group contexts

Relationships can develop in either one-to-one or group situations.

Read through the diary extract below. It is written by Alice, who works with children as a nursery worker. Note in particular the one-to-one and group relationships she has with others.



▲ **Figure 1.2** Alice's diary

Environment

In Section 1.1 you learned how relationships can take place in a variety of environments, such as in individuals' homes, in residential and community based settings.

Many individuals requiring health care do not need to move out of their homes as they can access the specialist care they need from home. For example, GPs can arrange for community nurses to visit an individual requiring end of life care at home and provide them with nursing care, advice on pain control, emotional and

practical support. However, they could also choose to receive their care at a local **hospice**.

Individuals requiring social care can also access services and support from their homes or from a range of residential and community based settings. Individuals may require both health care and social care at the same time. For example, an individual who has a physical disability may require practical support with day-to-day activities such as personal care, cooking and shopping as well as support with managing their **asthma**, and may need to be referred to their GP for a medication review.

Child care can also be provided in a range of settings. A child whose parents are at work may be cared for on weekday evenings by a childminder, who ensures that the child is picked up from school, has a nutritious meal and takes part in activities like reading or creative play. A child may also access different clubs and classes in their local area such as Scouts, swimming and martial arts.

KEY TERMS

Hospice – a setting that provides support and end-of-life care to individuals and their families. Hospice care can be provided where individuals choose, for example at home, or in a hospice room in a hospital or nursing home.

Asthma – a condition that can cause wheezing, coughing, chest tightness and breathlessness. It can develop in both young children and older people.

1.3 How context can impact relationships

Let us now think about how these different contexts can impact on the different types of relationships with, for example, individuals, their families, professionals and practitioners. Table 1.1 shows how different contexts can impact relationships both positively and negatively.

Table 1.1 Contexts and relationships

Context	Examples of positive impact on relationships	Examples of negative impact on relationships
Formal and informal situations – professional and personal relationships Example: an individual who has just been diagnosed with Alzheimer's	The individual may strengthen relationships with their family and friends as they work together to plan how best to manage the individual's changing needs. New positive relationships with professionals and advocates who can provide both practical and emotional support can also be built.	The individual may not be able to continue working and may have to depend on their family for managing day-to-day tasks such as cooking, shopping and paying bills. This can be a difficult change for the individual and their family, who may as a result experience frustration and loss.
One-to-one and group situations Example: an individual who has been diagnosed with Parkinson's	The individual may benefit from meeting regularly with a mentor as part of one-to-one peer support. Spending time with someone who has experience of a similar condition can provide the individual with hope, inspiration and ideas for how to maintain their independence. This will make the individual feel valued and listened to and continue to maintain their relationships with family and friends.	The individual may not feel ready to talk about their condition with others or may feel anxious about meeting people they do not know. This in turn may make the individual withdraw and not seek any support for living with their condition. Tensions between their family and friends may also arise.
The physical environment – independence in an individual's home and in a residential home Example: an older child who has a visual impairment	If their family home has been adapted for their sight loss , the child will feel safe and more confident. They may also be able to carry out tasks independently. Their family will also experience feelings of pride and belief in the abilities of their child.	If they have had to move from their home to a residential children's home, the child may feel insecure and anxious about their new environment. Their family may feel guilty and anxious that they have been unable to meet the child's needs and be unable to trust the professionals who are providing the child's care.
An individual's social environment – temporary dependency in an individual's home and hospital Example: an individual who has sustained a fractured hip and is in hospital	The individual may feel a sense of relief and security of being cared for rather than having to manage on their own at home. The individual may show appreciation and gratitude, making health care professionals feel valued for doing a good job.	The individual may feel uncomfortable and anxious if they have never stayed in hospital before. If they live independently, they may not be used to following routines and instructions from health professionals and may react negatively or aggressively. This may create tensions.

**KEY TERMS**

Alzheimer's – the most common cause of dementia and causes damage to the brain. Signs and symptoms include memory loss in the early stages; individuals may then develop difficulties with their communication, thinking, reasoning and perception skills.

Parkinson's – a neurological condition in which symptoms usually develop gradually. Signs and symptoms can include tremors or shaking, body rigidity or stiffness, feeling tired and weak, pain and depression.

Physical environment – surroundings or conditions, such as the space available, the positioning of furniture, amount of lighting and the level of noise.

Sight loss – individuals who are unable to see, i.e. 'blind', as well as individuals who are able to partially see, for example, shadows.

Social environment – the social conditions that influence building relationships, such as individuals and professionals' backgrounds, education, interactions with others.

KNOW IT

- 1 What are the common elements of relationships with colleagues/peers?
- 2 Name three differences between formal and informal relationships?
- 3 Identify three types of professionals who work in health care environments.
- 4 Name three settings where child care may be provided.
- 5 Identify two ways in which temporary dependency can impact on an individual's relationships.

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L01 Assessment activities

Below are suggested assessment activities that have been directly linked to the pass and merit criteria in L01 to help with assignment preparation; they include Top Tips on how to achieve best results.

Activity 1 – pass criteria P1

Research your local area to find out about three care environments. One must be related to health care, one to social care and one to child care. For each environment, identify the different types of relationships that exist there and provide an explanation of what these involve.

TOP TIPS

- ✓ Ensure you provide an explanation – detailed information about the different types of relationships and their context.
- ✓ Take the opportunity to present your evidence in a variety of formats, e.g. in a written or verbal format, as a poster or in a table.
- ✓ Ensure you provide detailed evidence about each care environment.

Activity 2 – merit criteria M1

Examine how formal and informal situations, one-to-one and group situations and different environments can affect relationships both positively and negatively in health, social care and child care settings.

TOP TIPS

- ✓ Ensure you provide an analysis, i.e. a detailed examination of how context can affect relationships in health, social care and child care settings.
- ✓ Present your evidence in a variety of formats, e.g. in an assignment or as a presentation to the rest of the group.
- ✓ Ensure you provide detailed evidence of the positive and negative impacts on relationships in health, social care and child care environments.

L02 Understand the factors that influence the building of relationships P2

GETTING STARTED



Positive relationships (10 minutes)

Discuss the factors that make the building of relationships in your life positive.



KEY TERMS

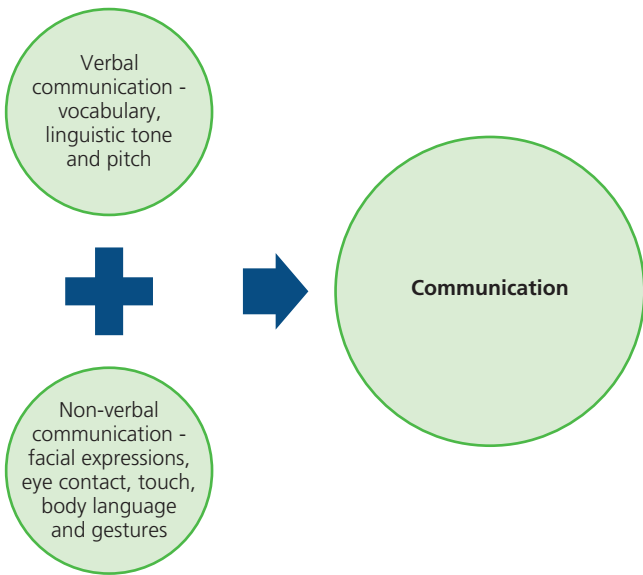
- Tone** – the strength of a vocal sound made by a person in a communication or situation, e.g. quiet or loud.
- Pitch** – the quality of a vocal sound made by a person in a communication or situation, e.g. low or high.
- Body language** – a form of non-verbal communication in which thoughts, feelings and intentions are expressed through the movement and position of the body.
- Dialect** – a form of language that is associated with a specific region or group of people.

2.1 Communication factors

Now you are now going to explore other important factors that influence the building of positive relationships in health, social care and child care environments. You will find this useful when studying other units, such as Unit 2 Equality, diversity and rights in health and social care, Unit 9 Supporting people with learning disabilities, Unit 14 The impact of long-term physiological conditions, Unit 22 Psychology for health and social care and Unit 23 Sociology for health and social care.

Verbal and non-verbal communication skills

Communication is a two-way process of sharing messages using both verbal and non-verbal methods. Effective use of verbal and non-verbal communication skills will ensure that messages are understood and received in the way that they were intended. Figure 1.3 includes information about different verbal and non-verbal methods of communicating.



▲ **Figure 1.3** Different communication methods



▲ **Figure 1.4** Our faces can convey many different meanings

How health, social care and child care professionals and practitioners communicate both verbally and non-verbally can influence the building of relationships with individuals, their families and advocates, colleagues, seniors, managers and other professionals. Here are some examples.

- a A hospital consultant questions someone about the pain in his arm. They use a quiet **tone** and a medium **pitch**, language free from medical jargon and at a pace that can be understood. This will make the individual feel listened to and that any concerns raised have been taken seriously.

- b A senior care assistant attends an individual's care review meeting about their changing needs. They use an empathetic tone and pitch when describing the individual's circumstances, use non-discriminatory and respectful language, and show through their **body language** that they are taking an interest in the discussions. They engage the individual and others present to create trust and make them more likely to raise other issues or questions.
- c A special needs worker uses age-appropriate language, and avoids using slang and words from their own **dialect**. This will positively support a child's learning and development. A gentle touch on the shoulder and leaning towards the child can also reinforce positive behaviour.

PAIRS ACTIVITY



Watch me (30 minutes)

Write the following sentence on the whiteboard:

93% of the information we give and receive is non-verbal.

Write different emotions on different cards: e.g. happiness, anger, sadness, excitement, anxiety.

One person in the pair picks a card without letting their partner see it. The person faces away from their partner and repeats the sentence on the board using the emotion on their card. The other person must guess what the emotion is but is not told if they are correct. The person repeats the sentence, this time facing their partner and using facial expressions and body language to convey the same emotion. The other person must again guess what the emotion is.

Swap roles and then discuss how information was conveyed verbally and non-verbally.

Written communication

Effective written communication is an important and necessary skill for health, social and child care professionals. It facilitates safe, effective and good quality care and support, and helps to avoid misunderstandings. For example:

- maintaining clearly written records that are free from slang and jargon
- updating records accurately with the correct information
- using non-discriminatory language; for example, using an individual's preferred name or title and avoiding offensive or stereotypical labels.

Figure 1.5 identifies other ways that written communication can influence the building of relationships.



▲ **Figure 1.5** The effects of written communication

Special methods and adaptations

Knowing about and having the ability to use special methods of adapting communication is essential, as individuals who require care and support are all unique. In this way, meaningful and positive interactions can be developed with everyone.

Table 1.2 details some of the different ways that communication can be adapted to ensure effective two-way communication between individuals, their carers and others. Do you know about any others?

KEY TERMS

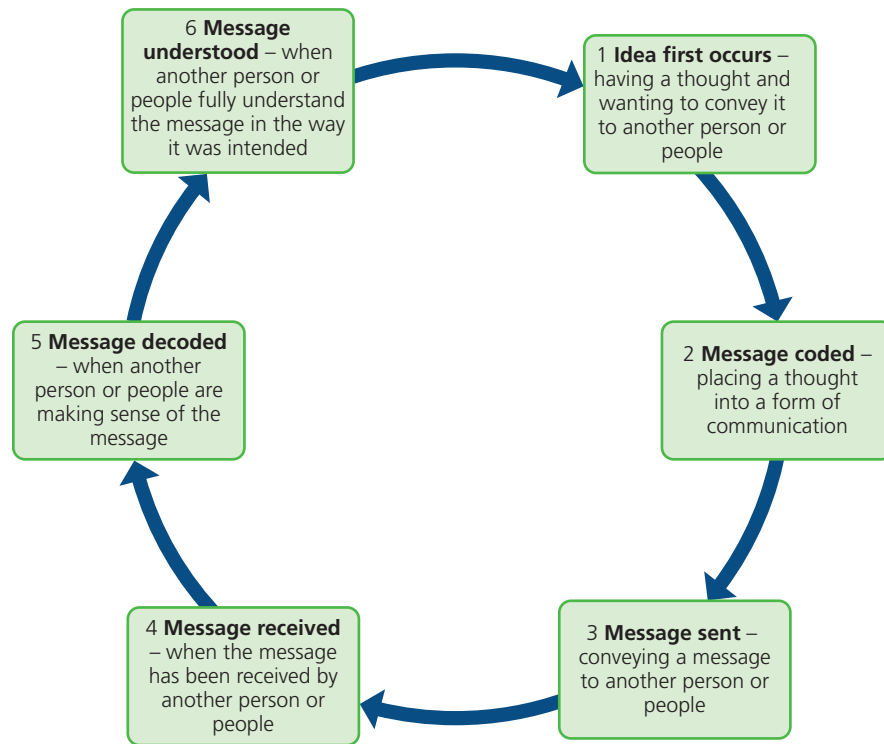
Deafblind – individuals who have a level of hearing and sight loss that, combined, severely impacts their daily life.

Hearing loss – refers to individuals who are unable to hear, as well as to individuals who are able to partially hear, for example just low tones.

Table 1.2 Examples of adapted communications

Adapted communication methods	What is it?	Who can use it?
Braille	Touching a series of raised dots and symbols that represent letters, numbers and punctuation marks.	Individuals who are blind and individuals who are deafblind , to read and write.
British Sign Language	A visual form that involves using hand signs, facial expressions and gestures.	Individuals who are deaf, to communicate with others.
Haptic communication	Using touch and tactile signs to a part of the body, such as on the individual's back or shoulder, to describe what is happening visually.	Individuals who are deafblind, to participate in their immediate environment.
Hearing aids	Small electronic devices fitted either in or on the ear to make sounds louder.	Some individuals who have hearing loss , to listen and communicate.
Makaton	A visual form that involves using speech with signs (gestures) and symbols (pictures). It is used alongside facial expressions, eye contact and body language to give as much information as possible.	Individuals who have learning and communication difficulties.
Signs and symbols	Signs are used with speech and symbols, often with pictures, to support spoken language.	Individuals who have learning and communication difficulties.
Speech-to-text reporters	A communication aid that converts spoken words into written words.	Individuals who are deaf and have hearing loss, to communicate with others.
Telephone relay service	A telephone service that enables individuals to place and receive telephone calls. Different types exist and include speech, text and symbols.	Individuals who have hearing loss, sight loss or difficulties with speaking.

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▲ **Figure 1.6** Argyle's communication cycle

Theories of communication, and application to health and social care contexts

Communication involves a number of different skills including listening, observing, understanding and making sense of different messages. Communication theories explain the process and can be useful for helping professionals and practitioners to understand how to apply effective communication skills to build relationships.

Argyle's communication cycle

British social psychologist Michael Argyle's research showed how non-verbal signals could be more important than verbal communication to convey individuals' feelings and attitudes. In 1972, Argyle developed a theory of how communication works in practice. It consisted of a communication cycle that contained six stages.

After the sixth stage, the communication cycle is repeated with more ideas and thoughts about the original message.

Argyle's communication theory is relevant to health, social care and child care professionals and practitioners as it is the basis of all meaningful interactions. It applies to both verbal and non-verbal communication and can be used to check that the communication method being used is understood, relevant and appropriate.

Tuckman's stages of group interaction

Bruce Tuckman was an educational psychologist. In 1965, he developed a four-stage model (he later added a fifth stage) after studying the behaviours of small groups of people in a range of environments. Tuckman's research showed how groups need to go through a series of processes or stages before they can reach their full potential and work effectively. These are as follows.

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- Forming – group members are getting to know one another.
- Storming – group members begin to ascertain their views and ideas that may be similar to and/or in contrast to the views and ideas of others.
- Norming – the group establishes their aim and individual group members' roles and responsibilities.
- Performing – the group works effectively and collaboratively to a consistently high standard.
- Adjourning – the group achieve their aim and complete their work, recognise their achievements and move on.

His work has helped teams to understand how to work effectively together and in partnership.

SOLER

SOLER is a theory developed in 1975 by Professor Gerard Egan. It describes a number of key techniques that are essential for active listening, as follows.

- **S**quarely: how to position yourself in relation to the other person to show that you have a genuine interest.
- **O**pen: how to maintain an open posture, e.g. uncrossed arms and legs to show that you are approachable.
- **L**ean: the effects that leaning slightly towards the other person can have, e.g. to show that you are interested.
- **E**ye contact: how and when to maintain eye contact to show that you are listening.
- **R**elax: the effects that being relaxed can have on the other person, e.g. to show that you have time for them.

This theory is used to ensure that non-verbal communication messages support the words that are spoken, otherwise resentment and misunderstandings may arise and prevent the building of positive relationships.

2.2 Cultural factors

GETTING STARTED



Person-centred approach (10 minutes)

Think about what a person-centred approach means to you. Share with the whole group and agree on a definition.

KEY TERMS

Race – a group of people classified together on the basis of common history, nationality or geography, for example Asian, Black, White, Traveller.

Religion – a system of beliefs, faith and worship, such as Buddhism, Christianity, Hinduism and Judaism. Religion can also include a lack of belief.

Diversity – accepting and respecting that each individual is unique and different.

Kosher – food that is prepared according to Jewish law.

Shabbat – the Jewish day of rest.

LGBT – an acronym used to describe the different groups that exist within the gay culture: lesbian, gay, bisexual and transgender.

Pride – the name given to the events celebrating lesbian, gay, bisexual and transgender (LGBT) culture.

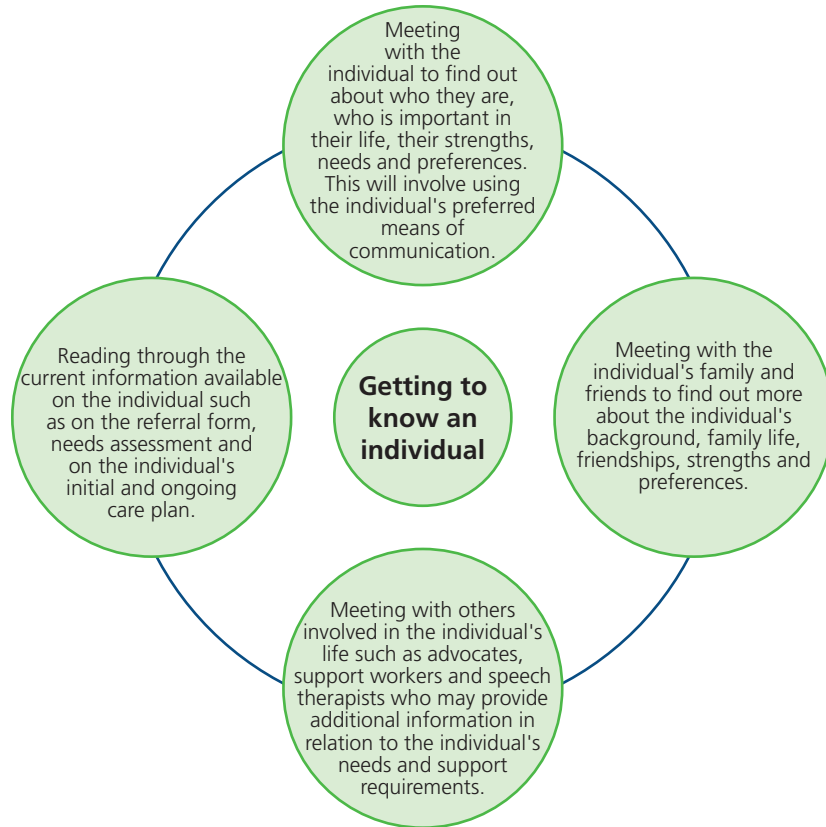
The people who access health, social care and child care settings are from different backgrounds, **rac**es, **religions** and cultures. It is important, therefore, that professionals and practitioners are aware of cultural factors when building relationships with individuals who require care and support and others involved in their lives. Not doing so may lead to misunderstandings.

Not every individual from the same culture will have the same preferences or beliefs; it is important to recognise, value and respect the great **diversity** within different cultures. For example:

- an individual brought up in a Jewish community may observe dietary requirements, such as kosher food, but choose not to observe traditions and weekly rituals like the Sabbath or Shabbat.
- an individual who belongs to the **LGBT** culture and is lesbian may not want to take part in **Pride** activities.
- an individual may prefer to communicate in a language other than English for important discussions relating to their care, such as when discussing treatment options.

You will read more about different cultures in Unit 2.

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▲ Figure 1.7 What does diversity mean to you?

2.3 Environmental factors

The physical environment

As well as communication and cultural factors, the physical environment plays a role in building relationships in health, social and child care settings. For example, in a health clinic, it is important that treatment rooms are private and located in quiet areas.

The social environment

The people who work in and access health, social care and child care settings have diverse backgrounds, experiences and education levels. This will affect how they interact and develop relationships with others.

For example, a health care worker who has completed their training in a hospital under the guidance of a qualified nurse will learn that providing individualised care to individuals involves being kind, caring, respectful and professional.

An individual who has been diagnosed with **depression** and who has had experience of caring for another family member with depression may have developed an awareness of the importance of seeking help immediately from others and they may also be more open to participating in talking therapies and self-help techniques.

KEY TERMS

Depression – a mood disorder that affects how you feel, think and behave, and causes a persistent feeling of sadness, hopelessness and loss of interest.

Beliefs – ideas that are accepted as true and real by the person that holds them.

Values – ideas that form the system by which a person lives their life. Often people's beliefs can develop into their values.

Assumptions – ideas that are formed without any proof that they are true.

Stereotypes – generalisations that are made, which are often offensive and exaggerated, about a particular group of people.

2.4 Spiritual factors

Belief and value system

Having different sets of **beliefs** and **values** to others is not a problem if those differences are respected and tolerated. For example, an individual may value family life, including always putting family first and looking after family as an important aspect of their life, while another individual may not.

Avoiding assumptions and stereotypes

Celebrating differences, recognising the value they bring to our lives and avoiding making **assumptions** and using **stereotypes** that can impact significantly and negatively on building positive relationships is also important. For example, if people believe that everyone with mental health needs is dangerous to the public, it will be difficult for these individuals to be part of their communities and build relationships with others. Similarly, if individuals with mental health needs believe that professionals are not to be trusted, it will be difficult for them to build respectful and trusting relationships with professionals.

INDEPENDENT ACTIVITY



(10 minutes)

Read through the good practice tips developed by a mental health nurse, Liam, to avoid making assumptions and using stereotypes when providing care and support to individuals with mental health needs. Can you think of any other ways that assumptions and stereotypes can be avoided?

Good practice tips for mental health workers

- Always make it your goal to understand every individual better.
- Always treat every individual as a unique person.
- Always ask the individual – do not assume you know what they want, need or prefer.
- Always communicate directly with the individual. If you can't or don't know how to then ask, and get to know how they prefer to communicate
- Always respect the individual. Do not dismiss or ignore their views or beliefs because they are different to yours.

2.5 Physical factors

There are a range of different physical factors that may also affect the building of relationships between different people. Careful planning and specialist knowledge can help to overcome these. Table 1.3 provides examples of a range of physical factors as well as the effects that these may have.

Table 1.3 Physical factors and their effects

Physical factors	Examples	Effects on the building of relationships
Conditions	dementia, mental ill health, impact of pain	<ul style="list-style-type: none"> • The onset of dementia can change how an individual thinks and acts and others may misinterpret this and become upset. • Mental ill health can make an individual not want to interact with other people. • Pain can make an individual feel irritable and depressed, and withdraw from relationships.
Sensory impairment	hearing loss, sight loss, dual hearing and sight loss	<ul style="list-style-type: none"> • Hearing loss can make an individual feel frustrated and isolated. • Sight loss can make an individual feel isolated and anxious to communicate and engage. • Dual hearing and sight loss can make individuals feel isolated from others in their environment.
Physical disability	a person who uses a wheelchair, a person who has had a limb amputated, a person who is unable to move unaided	<ul style="list-style-type: none"> • A person using a wheelchair may find that others see the wheelchair before the person, and feel uncomfortable about building a relationship with others. • A person who has had a limb amputated may want to avoid building relationships because of their own view of their new body image. • A person who is unable to mobilise unaided may feel like a burden on others and this may change their interactions with others.
Language and perception needs	autism, English as a second language, learning disabilities	<ul style="list-style-type: none"> • A person who has autism may feel frustrated and have difficulty developing relationships with others. • Having English as a second language can affect how an individual expresses their thoughts and feelings, leading to misunderstandings. • A person with a learning disability may feel frustrated and embarrassed about being treated like a child.
Substance misuse	alcohol, drugs, prescribed medications	<ul style="list-style-type: none"> • Alcohol can make an individual aggressive and unpredictable, making it difficult to maintain relationships. • Drugs can make an individual lie, become defensive and abusive, making it difficult to maintain new and existing relationships. • Prescribed medications can affect how an individual thinks, feels and acts. The individual may as a result not want to interact with others.

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KNOW IT

- 1 How can communication methods be adapted?
- 2 What's the difference between race and religion?
- 3 How can the environment influence relationships?
- 4 How can you avoid assumptions and stereotypes?
- 5 How can substance misuse affect relationships?

L02 Assessment activity P2

Below is a suggested assessment activity that has been directly linked to the pass criteria in L02 to help with assignment preparation; it includes Top Tips on how to achieve best results.

Think about the different types of relationships in health, social care and child care environments. Explain how the following factors can affect the positive building of these different types of relationships: communication, cultural, environmental, spiritual and physical.

TOP TIPS

- ✓ Provide detailed information that includes a clear rationale of how these factors can influence the building of positive relationships.
- ✓ You can present your evidence in a variety of formats, e.g. in a written or verbal format or as a recorded discussion.
- ✓ Provide detailed evidence about each factor and include examples of how each influences the building of positive relationships.

L03 Understand how a person-centred approach builds positive relationships in health, social care or child care environments**P3 M2****GETTING STARTED****Being an effective communicator (10 minutes)**

Think about the skills that are essential for being an effective communicator. Share with a partner.

The person-centred approach was developed from the work of the psychologist Dr Carl Rogers and recognises that individuals, rather than professionals or practitioners, are the experts. The individual's needs, views and wishes are the focus; they come first and become central to any care or support that is accessed.

3.1 Strategies to ensure a person-centred approach

All strategies to ensure a person-centred approach will involve putting into practice the following eight person-centred values that underpin all health, social and child care work:

- 1 individuality
- 2 choice
- 3 privacy
- 4 dignity
- 5 respect
- 6 rights
- 7 independence
- 8 partnership.

Understand an individual's needs and preferences

Developing an understanding of an individual's needs and preferences will involve building up a picture about their unique strengths and wishes. This will involve not only the individual but also all those other people that are important in their lives. Figure 1.8 details some of the different ways health, social care and child care professionals can do this.

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▲ **Figure 1.8** Getting to know an individual

KEY TERMS

Interpreters – trained professionals who take a spoken or signed message and convert it from one language into another, ensuring they express its meaning and intent as accurately as possible.

Translators – trained professionals who take a written message and convert it from one language into another, ensuring they express its meaning and intent as accurately as possible.

Signers – trained professionals who take a message and convert it from one language into another using signs, ensuring they express its meaning and intent as accurately as possible.

Dynavox – software that provides words and messages that can be accessed by touching a screen that contains text, pictures and symbols. It then converts those that are touched into speech.

Lightwriter – a text-to-speech device for individuals who cannot speak but who are able to type a message on the keyboard, which is then displayed. The message is then converted into speech.

Enabling and supporting an individual

It is very satisfying and enjoyable to enable an individual to be in control of their life and how they want to live it. This involves supporting them to learn and develop skills for themselves as well as maximising their independence.

Individuals can be enabled and supported to build positive relationships by:

- making themselves understood
- understanding others
- having their views heard
- making their own choices
- having their decisions respected.

Person-centred strategies to do this could include using advocates, **interpreters**, **translators** and **signers**. Technological aids such as a **Dynavox** or a **Lightwriter** could also be used to make communications with others easier.

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Staff training

Staff training is another way of ensuring a person-centred approach as it includes information on the required skills, knowledge and ways of working. Through an induction programme, new staff joining an organisation can learn about person-centred ways of working while building up positive working relationships.

Statutory and mandatory training can also ensure that staff refresh their knowledge and keep up to date with current practices and thus build positive relationships. Person-centred ways of working are embedded in all the training that health, social care and child care workers receive. Additional or specialist training, such as stroke care, dementia care and **autism** awareness, can also provide opportunities for workers to learn more about person-centred approaches.



KEY TERMS

Autism – a condition that is also known as autism spectrum disorder (ASD). It affects children, young people and adults with respect to their communication, social interaction and behaviour.

Agreed ways of working – an organisation's policies and procedures.

Code of conduct – a document that contains guidance on the behaviours and attitudes that reflect best practice and are expected from workers.

Demonstrate professional behaviour

It is also essential that staff demonstrate professional behaviour, for example in standards such as those in the Care Certificate (see page 34) and as stated in different organisations' **agreed ways of working** and **codes of conduct**. This involves maintaining confidentiality by only sharing information about individuals in a concise and informative manner with those who need it, as well as keeping verbal and written information in a safe place so others who are not authorised cannot access it. A commitment to being a reflective practitioner involves thinking about and learning from situations, incidents, issues and concerns.

The promotion of care values such as respect, empathy and compassion that underpin the skills and knowledge of all those who work in health, social care and child

care settings with children, young people and adults is also essential to professional conduct. Read through the Code of Conduct below of an after-school club and note what behaviours and attitudes are expected from staff, visiting activity providers and volunteers:

Code of conduct – Stars After-School Club

- Promote and uphold the privacy, dignity, rights, health and wellbeing of the children who attend.
- Promote and uphold equality, diversity and inclusion.
- Be polite and show respect for others.
- Communicate in an open and effective way.
- Respect confidentiality.
- Provide high-quality and safe care.
- Be committed to improving the quality of care through training and reflective practice.
- Maintain a relaxed and pleasant environment.
- Be aware of own and others' health and safety at all times.

3.2 How a person-centred approach supports positive relationships

Putting into practice these person-centred strategies will enable individuals who require care and support to have their needs met, and feel valued, respected and fulfilled. A person-centred approach also supports positive relationships through the following.

Empowering the individual

If an individual is empowered to be more aware of their own strengths and abilities, they will feel more confident and take more control of their life. Learning new skills will enable them to become more independent and work positively with professionals and others to achieve their goals.

Building trust

Trust is a key factor in building positive relationships. Using a person-centred approach involves open and effective communication and instilling confidence – two key ingredients for developing positive relationships. Listening attentively, honouring commitments and behaving in a professional manner will also instil trust and a sense of security. Remember: trust is earned!

Developing mutual respect

Developing mutual respect through respecting people's individuality and different cultural backgrounds can

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also help build strong, positive relationships. Showing respect for others' views and preferences, their opinions and roles within a team will support the development of positive relationships.

Recognising diversity

Respecting and valuing people's differences will lead to an **inclusive environment** in which people feel valued and want to actively take part. Treating people fairly and challenging discrimination when it occurs will further support the building of positive relationships.

Developing confidence

Person-centred approaches can develop individuals' confidence in making informed decisions about their care and support. Professionals who involve individuals' families and friends in their care and support will also develop confidence in how relatives' needs can be met.

Developing teamwork

Working in partnership is part of developing good teamwork. Working in a team also involves working alongside individuals, their families and advocates, colleagues and other professionals, all of whom have different skills, abilities, views and levels of knowledge. Doing so will give everyone a greater sense

of belonging, lead to collective decisions and be a good way of learning from one another and developing positive relationships.

Leading to additional benefits

Other benefits can be the development of new relationships, the sharing and development of new skills, knowledge and approaches as well as a good environment for developing innovative ideas and ways of working.



KEY TERM

Inclusive environment – somewhere where everyone feels valued, their differences respected, and able to reach their full potential.



CLASSROOM DISCUSSION

Making positive relationships happen (25 minutes)

In two groups, discuss what's important in developing positive relationships. Focus on the five best ways of supporting positive relationships in health, social care and child care environments.

Then join together as a whole group to discuss supporting positive relationships.

? THINK ABOUT IT

Case study: Lina

Lina is 75 years old and is finding it difficult to continue to live at home on her own due to gradual sight loss. Her son visits twice a week and she stays with her daughter most weekends. Lina is feeling isolated at home and would like to live somewhere with other people around her. A friend who works in a local care home has suggested that she moves there, but Lina does not feel that she would be happy living with strangers and would prefer to live with her son or daughter. Lina has already contacted the local advocacy group and has been matched with an independent advocate who will be visiting her next

week to discuss her plans and to support her to take the next steps.

Imagine you are Lina's advocate. Think about the following.

- 1 What types of positive relationship does Lina have in her life?
- 2 How can you support Lina to discuss her plans for her future?
- 3 Make a list of what you may want to discuss with her or ask her about.
- 4 How might you adapt your communication with Lina? Why?

KNOW IT

- 1 What's the meaning of a person-centred approach?
- 2 How can technological aids support an individual?
- 3 How can an individual be empowered?
- 4 What does diversity mean?
- 5 Why is teamwork important?

L03 Assessment activities

Below are suggested assessment activities that have been directly linked to the pass and merit criteria in L03 to help with assignment preparation; they include Top Tips on how to achieve best results.

Activity 1 – pass criteria P3

Produce a staff guide for new workers in a health, social care or child care setting about the different agreed ways of working for ensuring a person-centred approach.

TOP TIPS

- ✓ Include detailed information with a clear rationale of how a range of strategies can ensure a person-centred approach.
- ✓ Ensure you provide detailed evidence about each strategy and include examples of how each strategy can ensure a person-centred approach.

Activity 2 – merit criteria M2

Identify a health, social care or child care environment and then describe a fictional individual who may live in or access services from it. Analyse how and to what extent a person-centred approach can support positive relationships for that individual in that environment.

TOP TIPS

- ✓ Ensure you provide an analysis – a detailed examination of how a person-centred approach supports the building of positive relationships.
- ✓ Ensure you provide detailed evidence about each aspect of supporting positive relationships and include examples of how each can work in practice.

L04 Be able to use communication skills effectively to build positive relationships in a health, social care or child care environment

P4 P5 M3 D2

4.1 Communication skills**GETTING STARTED**

(15 minutes)

Read through the examples in Table 1.4 of the health, social care and child care professionals and practitioners who use a range of skills and methods to communicate effectively in both one-to-one and group interactions to build positive relationships.

Think about the following.

- What communication skills and methods do they share? Why?
- How are these used? Why?
- What effects do you think these skills have in building positive relationships in one-to-one interactions?
- What effects do you think these skills have in building positive relationships in group interactions?

Remember, every person and interaction is unique, so it is good to explore different ways of communicating. What works for one person or one interaction might not work for another.

**KEY TERMS**

Dietician – a trained professional who provides advice and guidance on diet and nutrition.

Body mass index – a calculation of a person's weight in kilograms divided by the square of their height in metres to determine if they are overweight or underweight.

Review – a formal meeting where an individual's care or support plan is reviewed.

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Table 1.4 Using communication skills

Type of interaction	Communication skills used
One-to-one interaction Steven, a dietician , meets Maureen who is 65 years old, has Parkinson's disease and has a low body mass index that shows she is underweight.	Verbal – Steven uses open questions to find out about Maureen's eating habits since she's been diagnosed with Parkinson's. Non-verbal – Steven listens attentively and shows his empathy for Maureen's difficulties with maintaining a constant weight. Written – Steven shows Maureen some guidelines for healthy eating. These have been written in plain and clear language and are jargon free. Application of communication theories – Steven ensures that he maintains an open and relaxed posture during his meeting with Maureen and that he observes her body language when questioning her.
One-to-one interaction Jessica, a senior support worker, meets with Yoruba, a support worker, for supervision.	Verbal – Jessica books an interpreter for the supervision as she is aware that English is Yoruba's second language and that in formal situations he prefers to communicate via an interpreter. Jessica uses plain language and terms while speaking, and gives Yoruba plenty of time to speak and respond to her questions. Non-verbal – Jessica uses eye contact and leans towards Yoruba whilst listening and speaking to him. Jessica also avoids looking at the interpreter when communicating with Yoruba. Written – Jessica shows Yoruba a copy of his supervision record form, written in clear language, and gives him an accurate record of today's discussions. Application of communication theories – Jessica sits at a slight angle in front of Yoruba so that she can look at and interact with him directly.
Group interaction Graham, a senior residential child care worker, participates in Anming's review with the residential manager and Anming's social worker.	Verbal – Graham adapts the language he uses and the questions he asks to ensure that all his verbal communications can be understood by everyone including Anming, who has a learning disability. Non-verbal – Graham maintains an open posture, uses eye contact and a seated position when listening and speaking to each person in turn. Written – Graham has supported Anming to include her ideas in her care plan in the form of pictures, photographs and plain words. Application of communication theories – Graham acts in a confident manner when trying to resolve the concerns of his manager and the social worker by taking into account their different views and ideas.

4.2 Effectiveness of interactions

In LO2 you learned about the different communication factors that can influence the building of relationships, including verbal and non-verbal communication skills, written skills and the application of theories of communication. How these are used in different situations will have a direct effect on relationships with individuals and others involved in their lives.

You will work with a wide range of people who all have unique needs and preferences. If these are not understood or taken into account then misunderstandings can arise and can make interactions difficult and unproductive. The quality of relationships will also be affected.

Self-awareness and reflection

Self-awareness involves being honest and understanding who you are, what influences you and why you interact with others in the way you do. It is a continuous process.

Reflection involves gaining insight by thinking about and learning from situations, incidents, issues and

concerns that may arise. It involves thinking about what happened as well as the reasons why. It helps you to identify both good practice and what needs to be changed to make it work better next time. This can in turn develop stronger working relationships between the team and others.



▲ **Figure 1.9** It is useful to reflect on why and how you did things

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Use of strategies, support and aids to overcome barriers

Barriers to effective interactions in health, social care and child care environments may arise due to:

- a lack of insight into one's strengths and weaknesses
- a lack of knowledge and skills
- a lack of understanding of new or different approaches.

Feedback is very important as often others can tell you strengths and areas for development that you were unaware of. It involves others sharing their views, thoughts and feelings about how your knowledge, understanding and skills have affected them, the aspects they liked and they thought worked well, the aspects they didn't like and why they thought they didn't work as well. Receiving feedback positively will help you to develop as a **reflective practitioner**.



KEY TERMS

Reflective practitioner – a professional who looks back over the work they do on a regular basis, and spends time thinking about and making improvements to their working practices.

Communication board – a board with symbols and pictures that enables individuals to communicate by pointing to or looking at them.

Speech therapists – trained professionals who assess an individual's communication difficulties and provide advice on how to address them.

Speech and language teams – trained teams of professionals who provide support with enabling individuals to develop effective communication skills, and can also provide training and support to those working with individuals.

Training and development can involve attending training days and conferences and reading about updates and current research in the sector. Making the most of the knowledge and experience of those who work with you, such as your manager and colleagues, can be a useful way of ensuring that you maximise the benefits of training and development. For example, observing a colleague support an individual can help you to develop alternative communication strategies or to better understand how to use their adapted **communication board**.

Sometimes you may need to seek advice and information from other professionals with specialist knowledge such as **speech therapists**, and agencies such as **speech and language teams**, for example in relation to an individual's communication and language needs. This may be due to a change in an individual's needs, for example a stroke, dementia, loss of hearing or speech.

Being open to learning about new approaches to situations and considering different ways of practising is essential for developing more effective ways of working. Similarly, encouraging open discussions and talking through difficult and sensitive situations, considering options and the potential impact of these can create a service that promotes effective interactions and reflects current good working practices.

4.3 Aspects of reflective practice

How you reflect on specific incidents or activities will depend on how much experience you have had. It will also depend on your own preferences for learning – whether you prefer to learn and develop your practices when incidents and activities unfold (reflection-in-action) or whether you prefer spend some time after the incident or activity has happened thinking through on your own and discussing it with others (reflection-on-action). Donald Schon (1930–97) was a philosopher whose was influential in developing the concepts of 'reflection-in-action' and 'reflection-on-action'. The reflection-in-action concept is more commonly known as 'thinking on your feet'.

A model often used by health, social care and child care professionals for reflection is Gibbs' (1988) reflective cycle.

- **Stage 1 – What happened?** Think about the activity or situation you experienced. It is important you do this not too long after it happened as it is easy to forget important details.
- **Stage 2 – What did you think and feel?** Think about your thoughts and feelings at the time. How did you react? What did you say? Why?
- **Stage 3 – What worked well and what didn't?** Think through the positives and negatives of what happened including the actions that worked well and those that didn't.
- **Stage 4 – What happened and why?** Think through the reasons behind what happened, including the

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factors behind individuals' and others' actions and words. Also think through whether you or anyone else contributed to what happened, whether it was intentional or not.

- **Stage 5 – What else could have been done?** Look at other ways that the activity or situation could have been done and dealt with differently. This will involve honest and careful reflection.
- **Stage 6 – What would you do next time?** Plan how you can make improvements if the activity or situation occurs again. This will involve considering other options that may work better but you will need to be prepared to be flexible in trying different methods and having a range of options in mind.

All six stages can be worked through at the time of an activity or situation occurring (reflection-in-action) or after it has happened (reflection-on-action).

Being a reflective practitioner can involve many elements, including wanting to learn, knowing how to learn, being able to make use of development tools such as training and being prepared to find out as much as you can about yourself, both personally and professionally.

GROUP ACTIVITY



(45 minutes)

Draw me

- 1 Using your textbook, the internet and other resources work in small groups to find out about other models of reflection.
- 2 Discuss and write down the key points associated with each model.
- 3 Draw a picture that represents each of the models.
- 4 Share these pictures with the rest of the groups and describe how these relate to models of communication.

KNOW IT



- 1 Name three factors to take into account when using verbal communication.
- 2 Name three factors to take into account when using non-verbal communication.
- 3 How can you adapt your communication with others?
- 4 Name two communication theories.
- 5 Name four key aspects of reflective practice.

L04 Assessment activities

Below are suggested assessment activities that have been directly linked to the pass, merit and distinction criteria in L04 to help with assignment preparation; they include Top Tips on how to achieve best results.

Choose one of the scenarios below.

A health care scenario

Part 1 – Marie has an appointment with the neurologist at the hospital to discuss the medication she is taking for epilepsy. Marie is unsure about continuing with her medication as she is experiencing many side effects including drowsiness, weight gain and difficulties concentrating.

Part 2 – Following Marie's hospital appointment Marie, her brother and advocate meet to discuss how best to support her.

A social care scenario

Part 1 – Liam has learning difficulties. He is not happy about spending most of his evenings at home. He wants to go out with his friends and try new activities.

Liam's support worker Mark is meeting him today to discuss this.

Part 2 – Liam and his support worker are meeting Liam's parents and social worker to discuss Liam's wishes and plans.

A child care scenario

Part 1 – Yana is 3 years of age. You notice that she finds it difficult to share the equipment used in activities when she is in a large group with other children and when asked to do so gets very angry.

Part 2 – You, your manager and Yana's parents are meeting to discuss the support that has been put in place for Yana.

Activity 1 – pass criteria P4 P5

Using your chosen care scenario (**Part 1**) role play effective communication skills in a **one-to-one interaction** to build a positive relationship.

Using your chosen care scenario (**Part 2**) role play effective communication skills in a **group interaction** to build a positive relationship.

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TOP TIPS

- ✓ Discuss the care scenarios first and prepare a short script.
- ✓ Record your role play.
- ✓ Keep to a maximum time limit for each role play, e.g. 15 minutes.

**TOP TIPS**

- ✓ Ensure you state clearly which role play you are reflecting on.
- ✓ Take the opportunity to present your evidence in a variety of formats e.g. in an assignment, in a recorded discussion, as a presentation to the rest of the group.
- ✓ Ensure you provide detailed evidence about the effectiveness of your communication skills.

**Activity 2 – merit criteria M3**

Reflect on both your role plays and for each one review how effective the communication skills that you used were by answering the following questions.

Care scenario – Part 1

- 1 What communication skills did I demonstrate in the one-to-one interaction?
- 2 Why did I use these communication skills?
- 3 How did I feel using these?
- 4 What went well?
- 5 What did not go well?
- 6 What did I learn?

Care scenario – Part 2

- 1 What communication skills did I demonstrate in the group interaction?
- 2 Why did I use these communication skills?
- 3 How did I feel using these?
- 4 What went well?
- 5 What did not go well?
- 6 What did I learn?

Activity 3 – distinction criteria D2

Complete a project that justifies the use of reflective practice to ensure interactions build positive relationships in health, social care and child care environments.

TOP TIPS

- ✓ Ensure you justify the use of reflective practice by examining and presenting in detail the reasons why reflective practice is essential and how it works.
- ✓ Research or use case studies that relate to health, social care and child care environments.
- ✓ Reflect on what you have learned by completing the project.

**Read about it**

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