LEVEL 5

DIPLOMA IN LEADERSHIP FOR HEALTH & SOCIAL CARE

SECOND EDITION

Tina Tilmouth
Jan Quallington

Contents

How to use this book

This book will provide you with the knowledge and information required to complete your Level 5 Diploma in Leadership for Health and Social Care and covers all 14 mandatory units of the Adults' Social Care pathways as well as three popular optional units.

Key features of the book

LO2 **Be able to support a positive culture within the team**

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

AC 2.1 **Identify the components of a positive culture within own team**

Learning outcomes

By the end of this unit you will:

1 Be able to address the range of communication requirements in own role.

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

Key term

Team culture is the behaviour, values, thoughts and norms of an organisation – the unspoken rules.

Understand important terms.

Reflect on it

3.4 **Effects of change**

Write a reflective account of a recent change you made, looking specifically at the response

Learn to reflect on your own skills, experiences, and see how concepts are applied in settings.

Reflective exemplar

You may wish to use this to write your own reflective account and use it as an example of how to evidence this assessment criterion.

Explore examples of reflective accounts tailored to the content of the unit and understand how you can write your own accounts.

In practice

2.1 **Induction into a team**

a Conduct some primary research. Interview a new member of staff and find out how they

Test your understanding of the assessment criteria, apply your knowledge in the work setting and generate evidence.

Case study

1.3, 1.4 Barriers

A member of staff has recently undergone a traumatic separation from her husband. She has

See how concepts are applied in settings with real life scenarios.

Research it

1.1 Assessment tools

Research a couple of the assessment tools discussed and identify their use in your

Enhance your understanding of topics with research-led activities encouraging you to explore an area in more detail.

Legislation

- The Health and Social Care Act 2012 brings together the White Papers which led to its

Legislation sections summarise the legislation relevant to the study of the unit.

LO	Assessment criteria and accompanying activities	Assessment methods *To evidence these assessment criteria you could:*
LO1	1.1 1.2 Reflect on it (p. 108)	Write a journal piece to use as part of the evidence you require for assessment criteria. You may wish to use Tuckman's Stages of Development.

Assessment methods tables compile all of the activities covered in the unit and summarise suggestions for how you can use the activities to provide evidence for the assessment criteria. These are suggestions and your tutor will be able to offer more guidance on this.

Further reading and useful resources

Alton Barbour, A. and Koneya, M. (1976) *Louder Than Words: Non-verbal communication*. Columbus, Ohio: Merrill.

Includes references to books, websites and other various sources for further reading and research.

Unit SHC 51

Use and develop systems that promote communication

This unit is worth 3 credits.

Effective interpersonal or social skill demands that we know ourselves well, are aware of what we bring to the relationship, and how we might impact on those we communicate with.

The purpose of this unit is to revisit the systems of communication we use in care work and in particular in managing a care setting. In any relationship, be it personal or working, effective interpersonal skills play an essential part and being able to communicate well is one of the most important aspects of your role as a leader and manager. Misunderstanding and misinterpretation of the message can lead to team conflict and disruption to the smooth running of the organisation. It can, moreover, lead to ineffective delivery of services and unproductive teamwork. Being an effective communicator then, holds the key to successful working.

We'll explore the range of communication, challenges and barriers to communication and the importance of effective management of information will be addressed, as will types of communication and the means of working in partnership with others.

Learning outcomes

By the end of this unit you will:

1 Be able to address the range of communication requirements in own role.
2 Be able to improve communication systems and practices that support positive outcomes for individuals.
3 Be able to improve communication systems to support partnership working.
4 Be able to use systems for effective information management.

LO1 Be able to address the range of communication requirements in own role

AC 1.1 Review the range of groups and individuals whose communication needs must be addressed in own job role

Defining communication

To be skilled in communication requires us to be able to use a variety of interpersonal techniques. As a manager your particular skills lie in listening actively to staff and others you meet in your work in order to make decisions and to negotiate issues that may arise. Your role requires that you deliver information and also provide feedback. You will use several methods to do this, including attendance at meetings, training staff, assessing service users and writing reports. See ACs 1.3 and 1.5 for information on different types of communication.

Crawford *et al*. (2006) suggest that:

'Communication is something we do in our internal world of thoughts and in our external world by speaking, writing, gestures, drawing, making images and symbols or receiving messages from others.'

So effective communication is the means by which we deliver and receive a message and both need to be congruent in order for the communication to work.

Communication is the basis of interaction, so skills in speaking, writing and, in particular, listening are essential in health and social care. As a manager, you will be interacting and communicating with a range of people within health and social care settings, including service users (who may be vulnerable) and their families as well as staff, visitors and other professionals. You may sometimes communicate with people who are going through personal crisis or are feeling upset, for example, and this therefore requires skill in making sure they feel supported and valued.

The effectiveness of your communication skills as a manager and leader within the care setting will undoubtedly lead to the success of the organisation and the team with which you work.

Groups and individuals

Who will you be communicating with in your setting? Look at the 'Reflect on it' activity and figure 1.1 on page 3 and think about the groups and individuals you communicate with in your setting.

Addressing communication needs

You may have more than the ones shown in Figure 1.1, but the point is that with such a diverse group of people interacting with you each day, there is a need for the use of a variety of communication skills, all highly dependent on the position of the person and the context in which the communication takes place. Recognising this is paramount since many barriers to communication arise as a result of inappropriate language and terminology being used, which effectively means the message is lost. For example, the delivery of factual information can be quite impersonal and may be totally inappropriate when dealing with a vulnerable child or adult who requires an empathetic response to a problem. However, a member of the medical staff may require just such a response. Therefore, in order for the message to be received and understood you must match appropriate communication with the individual to whom you are speaking and the circumstances in which the interaction takes place.

Research in this area has been well documented. Davis and Fallowfield (1991) reported on the general failure of communication and lack of empathy, and Graham (1991) described breakdown in respectful relationships leading to poor communication. Hewison, in 1995, highlighted the power relationships and barriers to communications. It would also be useful to research further and explore more recent texts dealing with communication and interpersonal skills by Burnard (1996) and Donnelly and Neville (2008), or the TED talks available on the internet. TED talks are usually 20-minute instructive talks from leaders in their field and cover communication, among other topics.

AC 1.2 Explain how to support effective communication within own job role

What is 'effective communication'?
Three-skill management approach

Robert Katz's skills approach to management and leadership has had a far-reaching effect in

Figure 1.1 As a manager, you will need to deal with a range of people

Reflect on it

1.1 Contacts

Think about and make a list of all the relationships and contacts you may have within the course of your managerial role.

You may come up with the contacts shown in Figure 1.1.

shaping our thinking about what constitutes the skills required by a good and effective leader. Katz (1955) suggested in his Three-Skill Approach that three basic personal skills – technical, human and conceptual – were competencies that all leaders and managers could acquire, quite separately from the traits or qualities that many researchers had focused on. These three skills were not innate, as some leadership skills are often thought to be, but were achievable through learning.

In Katz's model, human skills refer to how we work with people effectively, creating an atmosphere of trust and cooperation, and being sensitive to the needs of others, involving them in the planning and decision making of the organisation where possible. The way in which we interact with each other in this respect will go a long way to achieving this. When we look at the skills identified for leaders and managers we are made aware of the importance of communication.

Copyright: sample material

Leadership:
Inspiration
Transformation
Direction
Trust
Empowerment
Creativity
Innovation
Motivation

Management:
Delegation performance
Planning
Accountability
Finance
Teamwork and team building
Monitoring and evaluating
Formal supervision
Control

Common:
Communication
Development
Decision making
Integrity
Role model
Negotiation
Knowledge
Professional competence
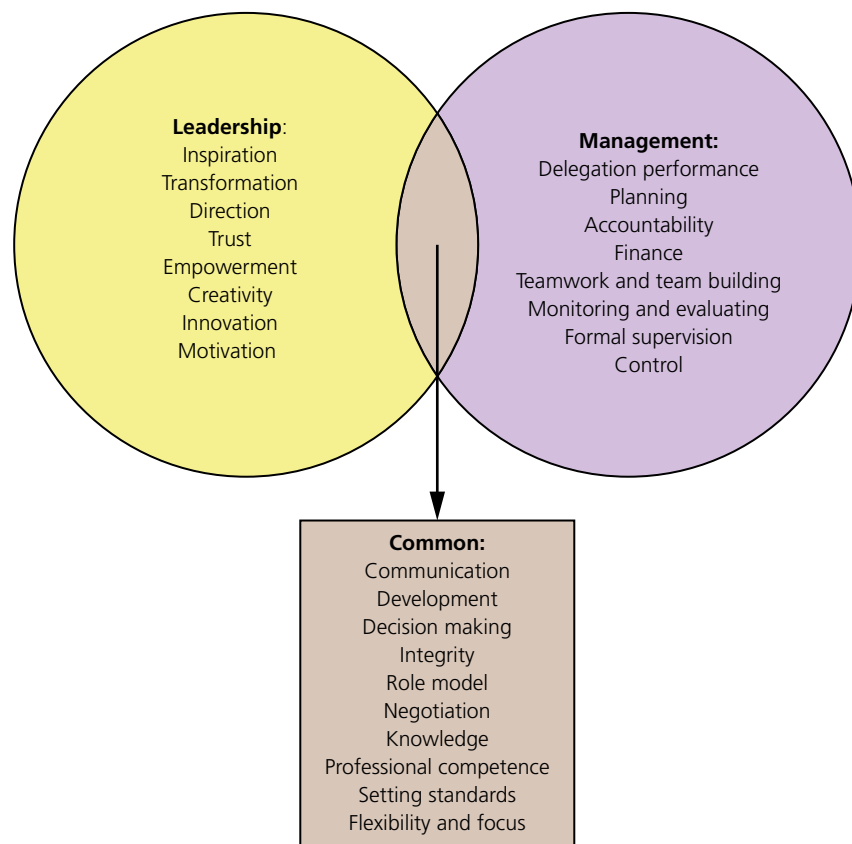Setting standards
Flexibility and focus

Figure 1.2 The importance of communication

Skills for Care (2006) published the diagram shown in Figure 1.2 to emphasise this.

Of all the skills involved in leading and managing, communication crosses both divides. Being effective is crucial. When we communicate effectively, we invariably use a variety of skills, but more importantly, it is how we develop our relationships with others in the setting that is paramount to getting the message across and being effective.

In management roles we communicate with people who may be in a subordinate position to ourselves, those in more senior roles, peers and others such as visitors or other service providers, and they may have different communication needs. The direction of the communication will have a bearing on how you address these groups. For example, have a look at Figure 1.3.

Discussing with or instructing a member of staff about work

Providing senior staff with information

Sharing information with peers and those on same level as yourself

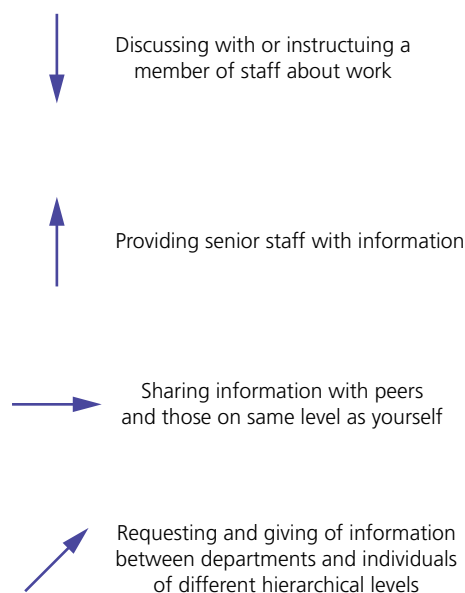Requesting and giving of information between departments and individuals of different hierarchical levels

Figure 1.3 Direction of communication

Source: Gopee and Galloway, 2009, p. 20

Communicating as a manager

There are a number of reasons for communicating as a manager and leader, including:

- delegation of work
- conducting meetings
- presentations
- supervision and appraisal
- report writing
- building the team
- negotiation
- interviewing.

All of these tasks in themselves are detailed and can be further broken down to reveal more complex levels. An example might be helpful to explain what we mean here.

Let's look at supervision. Before undertaking such roles we need to be aware of what they entail. Our list might look like this:

- function of supervision
- who requires it?
- mechanics of how it is carried out
- record-keeping policies
- conduct of the interview
- evaluating the process.

Meeting communication needs

Whatever the communication need or type, a good working relationship is essential, and one which demands that there is trust and the ability to be able to talk openly and honestly. The other person may need to feed back to you, report complaints of abuse, for example, and as a manager you should ensure you equip them with the skills to do so. In all communication that occurs in the course of your daily work you will undertake a variety of roles and will therefore need to adjust your communication to each circumstance. It is thus important to know what role you are fulfilling in any interaction in health and social care settings. As mentioned above, the different people to which you will have access will require different types of communication and throughout a span of duty you may find yourself advising, instructing, welcoming, assessing, observing, informing, counselling.

Effective communicators make appropriate choices when it comes to deciding how they intend to interact and when they are clear about the purpose of the interaction.

In practice

1.1, 1.2 A 'communication diary'

Keep a communication diary for one span of duty. Use the questions below to show how you have undertaken the different types of communicating:

- advising
- instructing
- welcoming
- assessing
- observing
- informing
- counselling.

1 Who were the groups or individuals whose communication needs were addressed in the diary?
2 In what context did the communication take place?
3 What purpose did it have?
4 How successful was it?
5 How did you ensure the communication was effective? What did you do?

How can you support effective communication?

By now you will have realised that effective communicators are those people who adapt their communication style to the situation and respond in sensitive and empathetic ways to the needs of those to whom they are communicating. In supporting others to become effective communicators, it is necessary for you as a leader to be an effective role model and, where you are able to, reflect effectively on how you are communicating your messages.

Effective communicators are just as much aware of the skills and types of communication as they are of the need to affirm the self-worth of the person with whom they are interacting. What do we mean by this?

Be empathetic

Key term

Empathy is being able to understand and share the feelings of another or having the ability to experience another person's condition from their perspective.

Rogers (1980) referred to the term '**empathy**', which is the ability to 'put yourself in the shoes of others' or to understand the client's frame of reference, and active listening skills are the best way to show this. This is different from showing sympathy, which might make a person feel pitied.

Take a non-judgemental approach and listen

If we support all our communication by accepting and valuing the people with whom we interact in the expression of warmth and a non-judgemental attitude, we will improve our communication skills no end.

Have you ever been dealt with in a manner in which you felt judged or where you felt the other person was not listening to you? In this sort of situation it is very difficult to be open and honest about our feelings and needs. If we judge the people with whom we are interacting, whether they are staff or service users, they may feel they are unable to open up to us, which might be detrimental to the organisation's aims and objectives. In other words, your failure to communicate effectively or ingrain this principle in your staff will lead to lack of success.

Help staff to support communication with service users

Therefore, as a manager and leader you can support effective communication by ensuring that your staff are all aware of the need to be flexible in the way in which they communicate within varied contexts and to engage in communication that is empathetic and values the people with whom they interact. It is also useful if staff understand the communication plans which may be developed in partnership with speech and language therapists to enable continuity of care. Users will have different communication needs and it is important that staff can address these needs by having a firm understanding of different communication methods such as sign language. They may need to have specialist training in these.

AC 1.3 Analyse the barriers and challenges to communication within own job role

Having looked at what makes for effective communication we can identify areas where barriers hinder communication. Sometimes when we feel

Reflect on it

1.3 Barriers to communication

List two reasons (one internal and one external factor) that may have been the reasons for the blocks or barriers in communication. For example, an external barrier may be a poor environment for the communication which lacks privacy, leading to an internal barrier in that you are unsafe talking about a matter.

that we are not communicating well we need to reflect on the reasons for the problem. A common complaint in large organisations is one of poor communication which often leads to conflict. It can be a major issue in whether or not the job gets done.

You may have come up with some of the following:

- Difference in culture, values and language.
- Dealing with different viewpoints and values/negative feelings about the person you are speaking to or getting upset about what they are saying, leading to conflict.
- Body language and non-verbal communication (NVC), as well as general personality issues where some people will be more confident communicators than others.
- Conflict and resistance to change causing upset.
- Personal issues which may make it difficult to concentrate and communicate effectively.
- Power dynamics, i.e. where some people are perceived to be in higher/lower levels of powers, affecting their ability to communicate/or how they are expected to communicate.
- Self-esteem may affect confidence and thus someone's ability to communicate.
- Tiredness, personal issues or other health issues or disabilities, including sensory loss. Health issues may include people who suffer from depression and anxiety, for example, which may affect their ability to communicate.
- Environmental issues, including noise and/or poor lighting.
- Feeling unsafe, due to the person's demeanour or behaviour.
- Not listening effectively.

Differences in culture, values and language

We talk at length about 'fostering equality and diversity' and the importance of respecting the

differences we may come across in people. We are not talking only about cultural differences or language differences where people may come to us with English as a second language but also about the differences in values that people hold. This can have a huge impact on our ability to communicate, not only because words can have different meanings across different **cultures** but also our understanding of other cultures can impact on this.

Living in a multi-cultural society it is important to be culturally aware in our interpersonal interactions. Miller (2006) says that defining the term culture is complex. When we talk about race, we often confuse the term with ethnicity and culture. Ethnicity, gender and social class, while all being relevant, should additionally include religious beliefs, sexuality, rationality, skin colour and experience of oppression (Miller, 2006). Miller suggests that by developing a respectful curiosity about the beliefs and practices within all service users' lives, we are able to communicate in more meaningful ways.

Dealing with different viewpoints/negative feelings about the person you are speaking to or getting upset about what they are saying

We occasionally meet with people who, for whatever reason, we just don't 'click' or get on with.

In settings where there is a diverse group of people, we come into contact with all types of characters, all of whom have their own feelings, values and attitudes. Sometimes these may clash with how we see the world. We may not share their views or particularly like the stance the person takes, but as the manager and leader in a setting we have to show tolerance of these views (providing they are not contravening any anti-discrimination policy) and, in this instance, we need to be fully aware of how we come across to those we are communicating with. It is possible that we may communicate our dislike of somebody through our body language or the way we speak to them; this will have a negative effect on the interaction and may lead to conflict in the workplace.

Body language and non-verbal communication (NVC)

One of the things that we often do not pay enough attention to is our body language.

Argyle (1978) pointed out that non-verbal communication can have as much as five times the impact on a person's understanding compared with the words spoken, so if we are displaying negative non-verbal signals this can prove problematic. Communication can be broken down as follows:

- 7 per cent is what you say in words.
- 38 per cent is contributed to how you say it (volume, pitch, tone, rhythm, etc.).
- 55 per cent reflects your body language (facial expressions, gestures, posture, etc.).

It is also useful to remember that service users in a health and social care setting may have communication difficulties and may not pick up the non-verbal cues communicated (Crawford *et al.,* 2006).

The way in which we present ourselves can have as much if not more impact on whether our message is listened to and understood.

When communicating:

> *'Our attention is focused on words rather than body language. But our judgement includes both. An audience is simultaneously processing both verbal and non-verbal cues. Body movements are not usually positive or negative in and of themselves; rather, the situation and the message will determine the appraisal.'*

(Givens, 2000, p. 4)

It is vital to ensure that our behaviour and bodily actions match our speech. Awareness of the way in which we conduct our non-verbal communication is just as important as what we say in some cases.

Conflict and resistance to change causing upset

When we come across a situation that is causing some **conflict**, this again may cause us to have negative feelings about a person, which in turn may become a barrier to communication.

Key terms

Culture is the customs, attitudes and beliefs that distinguish one group of people from another.

Conflict is a disagreement or argument.

Case study

1.3 Jim

Jim is the union representative for Unison and is trying to encourage the union members into action over the spending cuts in the setting which have been enforced by the recent recession and the potential redundancy situation that has arisen. There have been government cutbacks on staffing and this has meant that you, as a manager, have had to look closely at the workforce and make decisions that are not palatable with respect to reducing the number of staff. Five people are now at risk of losing their jobs.

Jim has sent an email to all Unison members and is seeking the following commitment from union members:

- one-day strike action and protest outside the workplace.
- non-cooperation at meetings, with all the Unison members turning their chairs to face the back of the room, staging a protest while being present.

Think about the following:

1 Comment *honestly* on how this makes you feel about Jim and his potentially disruptive influence.
2 What is your initial response to the actions as a manager?
3 Now reflect on the above and say why you reacted this way and how you will respond to the situation.

It is possible that your thoughts about Jim in the case study are negative and it would be difficult to have any sort of dialogue with him that could be positive at the present time. Perhaps you feel his actions are unjust and unfair; the cuts are not your fault, after all, but a result of a government drive to reduce costs in the NHS. You may even take this stance personally.

Your reactions are perfectly reasonable in such a situation, but as a manager you have to now detach yourself from the subjective emotions of the situation, i.e. your personal feelings about Jim, and deal in a more objective way with the task at hand, that of reducing the impact of these actions and raising staff morale. A tall order!

Conflict is often viewed as a negative issue and becomes a problem when it affects our work, causes inappropriate behaviour and lowers morale, impacting on the workforce and the service users.

John Adair, in his book *Effective Teambuilding* (2000), came up with the following five strategies for dealing with conflict:

1 **Competing** – forcing your own ideas through because you believe your way is right.
2 **Confronting/collaborating** – by bringing all the issues into the open and exploring all feasible options you are showing an openness to change.
3 **Compromise** – negotiating halfway.

4 **Avoid** – opt out altogether and avoid taking up any position.
5 **Accommodate** – allowing the change to happen in order to not hurt feelings.

In the incident regarding Jim, the conflict is about the budget cuts impacting on your workforce. It is unavoidable and therefore you are unable to change it. But the way in which you approach the inevitable redundancies and unrest will go a long way to securing a happier outcome in the long run. The strategy that appears to be the most useful will be that of collaboration and confronting the issue and employing the views of all the workforce in exploring all the options.

What is happening here is a huge change to the way in which the people in this organisation are operating and any change is a difficult area to deal with.

The people in the organisation face a loss in a small way. If you are faced with the same or similar situation, your understanding of their emotions will help you in dealing with how to address the changes in an effective way. See Unit LM1c on leading and managing a team for more information.

With effective communication that encourages the person/team within the institution to accept and understand the reason for the change, you can move to a new way of working that is embraced by everyone (Cole, 2011).

Reflect on it

1.3 Listening

Think of a time when you know that you were not being listened to and heard.

- What was going on at that time?
- How did it affect the interaction?
- What do you think was going on for the person you were trying to communicate with at that time?

Key term

Active listening is listening clearly and ensuring that you understand what the sender intends to communicate and the content of the message.

Not listening effectively

If we are to understand our staff and service users and be able to communicate, we need to listen to what they are saying, a very difficult skill to do well.

Active listening shows that our staff and service users have been heard and the way in which we do this is with the following skills:

- acknowledging and reflecting feelings
- body language
- restating
- paraphrasing
- summarising
- questioning.

Acknowledging and reflecting feelings

When we undertake this activity, all we are doing is repeating back to the person a word, phrase or sentence that they have spoken. They become aware that we are paying attention to what they are saying and are inviting them to continue with the conversation.

Body language

We mentioned the importance of this briefly above and we now turn to the work of Egan, who gave us the acronym **SOLER** in order to help us remember how to create a good relationship with reference to our non-verbal communication (see Table 1.1).

Restating

This means:

- Repeating back to the person words or short phrases that they have used shows that they have been heard and understood.
- It encourages the person to continue with the conversation and explore what they are saying more deeply.

Paraphrasing

In order to show a person that you understand their concerns from their point of view:

- Rephrase what you understood to be the core message of their communication.
- Check your understanding of what the person has said.

Table 1.1 Explanation of Egan's 'SOLER' model

Source: Tilmouth *et al.*, 2011

S	Sit squarely	Sit slightly opposite the other person so that you are either side of an imaginary corner. This allows you to see all aspects of non-verbal communication, which you might not see if you were sitting side by side, and is less threatening than sitting face on.
O	Open position	Sit with uncrossed arms and legs; this conveys to the client that you are open and not defensive.
L	Lean slightly towards the client	Leaning slightly towards the client shows that you are interested and want to understand their problem.
E	Eye contact	It is important to get the balance right. The client will feel uncomfortable if you stare and will think that you are not interested if you do not look at them at all.
R	Relax	If you are relaxed, you can concentrate on listening rather than worrying about how to respond to the service users.

- By using such phrases as 'It sounds like…' or 'It seems that…' or 'I'm wondering if you mean' and 'I have got it right that…', you are testing your accuracy and perception of what is being said.

Summarising

This means:

- to gather together the person's statements to identify their thoughts and feelings – this helps us to get a grasp on the main problem
- clarifying content and feelings
- reviewing what has been said and bringing the communication to an end.

A summary is simply a longer paraphrase that enables you to bring together the important aspects of what the person is saying.

Questioning

This is an essential skill, but too many questions can make the person feel as though they are being interrogated. You will be aware of the types of questions, but here is a reminder:

- **Open questions –** these are the 'what', 'where', 'how' and 'who' questions. 'Why' might also be included, but it can be a difficult one for somebody to answer and puts pressure on them to justify their position. Think about the last time you were asked why you felt that or did that. Open questions can be useful as they involve the person more and encourage exploration and thoughtfulness.
- **Closed questions –** these non-exploratory-type questions elicit only 'yes' or 'no' answers and may shut down the communication.

The way in which we ask the question is also important. We can be:

- direct
- concise – i.e. specific and brief
- clear – saying precisely what we mean.

Silence

- There are different kinds of silences: thoughtful silences, which give us space to process our thoughts, or angry, tense silences, which can sometimes be uncomfortable and difficult to bear.
- Be aware of what kind of silence it is.

- Allow the person space to process their thoughts before stepping in to help by breaking the silence.
- By being aware of eye contact or body language, we can ascertain if the silence is uncomfortable.

Listening is an art, and active listening leaves people feeling appreciated and heard.

Personal issues making it difficult to manage or lead

In all management and leadership situations you will be dealing with your own issues, as well as those of others, and sometimes this can affect the way in which you are perceived, understood or viewed. You may well have come across situations that touch you because they reflect a problem you may have yourself. Or you may simply be dealing with a person you find particularly difficult, perhaps even aggressive. As a manager, you have a responsibility to ensure that your communication is positive where it can be and this requires a certain amount of self-awareness. Being aware of who you are will have an impact on others. This means you need to attend to your personal growth and development.

Emotional intelligence

Daniel Goleman (1995) stated that emotional intelligence is:

> *'the capacity for recognising our own feelings and those of others for motivating ourselves, for managing emotions well in ourselves as well as others.'*

(Goleman, 1995, p. 137)

For Goleman, self-awareness is about knowing our own emotions and recognising those feelings as they happen. So, we may feel angry at something somebody has said, but as a manager and leader, showing that anger inappropriately will have a negative effect on relationships.

Social awareness refers to the empathy and concern we have for others' feelings; the acknowledgement that people under threat in an organisation may show aggression and anger. Decisions affecting people's jobs may have to be made, and the manager who sees only the task in hand is failing to acknowledge the effect this is having on those at risk and

Case study

1.3, 1.4 Barriers

A member of staff has recently undergone a traumatic separation from her husband. She has three small children and is struggling to make ends meet. She finds it difficult to get to work on time and has been late a number of times recently. You know she does not have family to help her get the children to school.

When you ask to see her to try to resolve some of her issues, she is aggressive and quite rude. This may make you feel angry, particularly when you are trying to come up with a solution. However, fighting anger with anger does not work and you need to consider how you might approach this problem in a different manner.

How might you deal with this situation?

Perhaps you will have empathised with the staff member's plight and asked her how she might see a way forward. It is likely, she has been unable to take time out to note the decline in her work or her lateness. You might suggest a change in hours to help her to get to work on time, or a reduction in her hours of work until she can settle her children into a more favourable routine. Perhaps she might work the same number of hours but at times when the children are at school.

The way you deal with the situation will have an effect on the whole workforce.

those who have to continue to work in such a climate of change.

Relationship management is the ability to handle relationships competently in order to best deal with conflict, and to develop collaboration in the workforce.

Finally, Goleman refers to motivation, particularly of ourselves, to enable the workforce to meet goals.

In a management situation our awareness of the impact of our actions and responses can go a long way towards defusing situations that might be potentially threatening. We may not be feeling very happy or friendly ourselves, but being in a position of authority demands that we have some awareness of the feelings of others. A good manager is one who has a level of emotional intelligence.

Inappropriate environment

Another area where communication is apt to break down is being in an inappropriate environment. You will be aware of the need for privacy when carrying out sensitive types of communication, breaking bad news or reprimanding someone. But have you thought about the impact your own setting will have on others?

The initial impact of a room or building can have a huge effect on how people feel when they enter the building and can influence the success of an interaction.

Reflect on it

1.3, 1.4 Overcoming barriers

'I remember attending an informal interview where I was asked to sit in an easy chair. The interviewer sat in an upright chair next to me and towered over me. The effect this had on me, as I sank down into the soft cushions, was of being vulnerable. I am sure the interviewer had not intended for me to feel that way but it certainly changed the way in which I responded to his questions.'

Have a look around the room in which you are sitting. How does it make you feel? Think about it for a moment. Is it welcoming, untidy, too busy, crammed, too large, are the chairs too far apart?

It is as well to take a good look at where and when you conduct important communications with staff. Noisy environments may mean your message is not heard, impacting on the outcomes you may have expected.

Have you thought about where you conduct your staff meetings? Again, even the position of the chairs can affect the interactions. For example, look at the two photographs of different types of classroom set-ups in Figure 1.4.

Figure 1.4 Different types of classroom set-ups

Which classroom set-up do you prefer? Does the set-up in the first image bring up memories of school? Perhaps those memories are less than happy? The way that our environment communicates with us is extremely important.

In practice

1.3 Analysing barriers and challenges to communication

Analyse the communication barriers present in your working environment and write a short piece to show your understanding of the effects these have.

AC 1.4 Implement a strategy to overcome communication barriers

Dealing with communication barriers
Much of the last section highlighted the types of communication barriers and these fall into two groups, internal and external.

Overcoming external barriers
External barriers refer to environmental and cultural barriers and these can be dealt with

by making changes to the actual fabric of the environment and improving the general layout of the place in which communication is to occur. As a manager, you should critically examine the environment where you and staff engage with visitors and other staff, when you communicate bad news for example, or where supervision and team meetings are held. If you feel uncomfortable and unsettled in this setting, then the chances are that your staff and visitors will too.

With respect to cultural barriers, we are aware that this is about recognising that everybody is different and you may have identified in your own settings areas where there is a shortfall in this aspect. For example, you may have noticed that some of the care workers fail to respond to some of the service users in appropriate ways simply because they lack an understanding of the condition or culture of the client. For example, a deaf client may be excluded from certain social activities or a client who wishes to practise his religion is not given the opportunity.

In ensuring that your staff respond to the differences of their service users, you need to ensure they are aware of the responsibilities they have to *all* individuals in the setting. Have you checked your anti-discrimination policy? You may need to revise and update the policy to ensure that all staff are aware of how they can implement it in their practice and how they address the issues of cultural sensitivity and diversity.

There may be a need for more training to raise awareness of cultural and religious differences in your workforce. The key here is to determine how well your own setting delivers 'holistic and person-centred care' or care that is user focused, promoting independence. Only you can say what you need to do in your own workplace.

Overcoming internal barriers
The internal factors pertaining to communication barriers require you to be aware of your own emotions and feelings about how you are dealing with the problems you come across. Our awareness of the way in which we portray ourselves to others can only come about with a true reflection of ourselves, and this can sometimes reveal uncomfortable traits. We sometimes need to move out of our comfort zone and identify areas for our own self-development in terms of how we communicate. Donnelly and Neville (2008) comment that being aware of oneself enables

In practice

1.4 Implementing a strategy to overcome communication barriers

Consider the next communication you have with each of the following:

- client
- member of staff.

Write a brief description of the circumstances in which the interaction took place. Comment upon the following:

- your body language with respect to SOLER
- your listening skills
- your ability to show unconditional positive regard and empathy.

Reflect on your strengths and areas for improvement and develop a strategy to show how you intend to undertake these improvements.

you to review your personal values against the professional standards that you are now expected to work within. According to Geldard and Geldard (2003), through the development of your self-awareness you can resolve past and current issues, and by doing so you can improve on your skills in the role of manager.

In an effort to improve our management and leadership skills, we also need to be aware of the way in which we communicate.

AC 1.5 Use different means of communication to meet different needs

The means of communication you use to meet different needs will include:

- verbal
- non-verbal
- sign
- pictoral
- written
- electronic
- assisted

The information may be:

- personal
- organisational
- formal
- informal
- public (information/promotional)

In the study of communication we might come across the following three terms:

- **Interpersonal communication**, which involves non-verbal, paralinguistic and verbal communication.
- **Environmental communication**, which involves the way in which our environment affects our interactions.
- **Intra-personal communication**, which takes place within ourselves, or 'self-talk'.

Verbal communication

Verbal communication can be complex since the meaning of words changes between cultures and generations. On its own it can be an ineffective form of communication. For example, words such as 'wicked' and 'bad' mean something very different to the youth of today than they may have done to older generations. There are many more examples of how words change. The words we use alter depending on the situation and the people involved and because of this, we can never be sure that a word has the same meaning for two people (Porritt, 1990). This is particularly important when communicating feelings, as the strength of the word may differ between people.

Choice of words

Our choice of words is important and we need to be careful not to use jargon and abbreviations or language that is too complex, that our service users or staff may not understand. Keep in mind the person you are speaking to and tailor your language to them. We need to be aware of cultural differences in language and conscious of the diverse nature of our service users. Similarly, we should avoid the use of euphemisms, which we might refer to as 'double speak', such as saying someone has 'passed away' instead of died. One example is of a student nurse who, for weeks, lacked understanding about the term 'she has gone to Rose Cottage' and thought the patients she had nursed had all been taken to a care home of that name! In fact, they had died. Just another use of a euphemism.

Avoid clichés and alienating language

One of the things that might alienate your staff can be the use of cliché and 'management-type' speak. Terms such as 'thinking outside the box', 'blue-sky thinking', 'scoping' and other such clichés can sound over – used and inauthentic and may also be misunderstood.

Be culturally sensitive and speak clearly

Speaking clearly and ensuring that you are not covering your mouth or turning away from a person when speaking will help those who need to lip read or listen carefully due to hearing problems. It is also important to consider cultural sensitivities around communication.

Paralinguistic communication

When we moderate our speech, for example changing the pitch, volume, rhythm, tone of voice and timing, occasionally lapsing into the odd grunt, 'ums' and 'ahs', we are using paralinguistic communication. The words we use are very important, but the way we say something is of equal importance and can affect how our message is perceived. Yawning, sighing, coughing, tutting, laughing and groaning can also be mentioned here as forms of paralinguistic communication. How do we communicate these aspects of language in written communication though? In such cases we may change the colour or size of the font, or use capital letters and exclamation marks.

Paralinguistic communication can offer us a clue to how a person is feeling and this can help in our dealings with them.

Table 1.2 shows the types of non-verbal communication we use.

Non-verbal communication

Table 1.2 Non-verbal communication

Source: Tilmouth, *et al.*, 2011

Facial expression	Our facial expression communicates emotions unless we train ourselves to mask our feelings. If you say you are angry while smiling, it gives a confusing message.
Eye contact and gaze	The way you look into another person's eyes during conversation is what is known as eye contact. If somebody can hold eye contact through a conversation, it can communicate a level of confidence and willingness to communicate fully. Some of the people you communicate with will have a very low level of eye contact, which might communicate a lack of ease with the conversation or a lack of confidence. It is a good idea to reduce the level of your eye contact to reflect theirs, otherwise it can feel threatening. The appropriateness of maintaining eye contact differs according to culture.
Gestures	Gestures are movements of your arms and hands that accompany speech. Gestures can help communication – for example, pointing in the direction in which a person needs to go can add emphasis to the communication. However, too much gesturing can be distracting.
Body position, posture and movement	The body position of a client can tell you a lot about how they are feeling – if they are hunched over, with arms and legs crossed, they are probably feeling quite anxious. Rogers (2002) recommends that we relax and it is important not to appear too formal and distant. However, if we are too laid back in our posture, we could appear uninterested. Sitting with our arms and legs crossed can appear closed off and defensive. However, in some circumstances, it may be a good idea to mirror the body posture of the person we are with.
Personal space and proximity	Two to three feet in distance between the chairs is about right for me; however, you may notice that some service users push their chairs back as soon as they sit down in the prearranged chairs. This may be because the space does not feel comfortable to them. People seem to have their own invisible boundaries, which change according to who they are interacting with and how comfortable they feel. Porritt (1990) calls it a bubble that surrounds us.
Clothes	The clothes you choose to wear say a lot about you. Dressing too informally or too formally may alienate you from service users.
Therapeutic touch	Touch can be a contentious subject. On the one hand, there is evidence of touch having therapeutic benefits; on the other, it can be misinterpreted and seen as an invasion of a person's personal space. Bonham (2004) suggests it may be appropriate and supportive for staff to touch when service users are distressed as it may validate the degree of their suffering. He suggests that appropriate places to touch in this situation are hands, forearms, upper arms and shoulders.

Sign language, Braille and Makaton

Additionally, sign language, Braille, Makaton, assisted technology and other non-verbal methods of communication are useful aids for those service users who cannot communicate verbally, and as a manager you will need to ensure that staff are equipped to support service users who may need to use such methods.

Assisted communication

Assisted communication refers to use of aids such as picture and symbol communication boards and electronic devices, which help individuals who have difficulty with speech or language problems to express themselves.

Written communication

Written reports, notes, email and other forms of electronic communication are all important, and being able to maintain clear and accurate records is a legal requirement.

As Donnelly and Neville (2008) point out, written communications should be accurate, in detail, up to date, non-judgemental and legible so that others are able to read them. We also need to comply with confidentiality guidelines and as such, all forms of written communication must be kept safely.

As a manager you will undoubtedly favour one form over another, but you do need to be aware of the advantages and disadvantages of written communication.

Electronic communication

Email is a quick and convenient method of communication with the added bonus that people can respond immediately or when it is suitable for them. As a written record of a communication, it can be accessed afterwards for evidence in a way that a telephone communication cannot. We can also add attachments and links to relevant internet sites into the mail, allowing the respondent to go straight to the information. There is no postage to pay and it can save on journey time to and from meetings.

There are disadvantages with emails, however, due to their impersonal nature and the inability to pick up paralinguistic and non-verbal signals. Short and to-the-point emails can sometimes appear

rude and there is also the tendency for people to not reply to emails they do not understand, so you could be waiting for an answer for a while.

Confidentiality is another important consideration, with the potential for confidential information going to the wrong person by mistake or accidentally forwarded on by the respondent to someone who would not be included by the first writer.

The importance of good communication

Miscommunication must be avoided and we need to ensure that messages are clear and understood. Good communication is vital as it enables us to make decisions and promote rights, and give choice to service users. This means we promote a person-centred service. Good communication ensures that staff and service users are empowered and can support each other well in their work.

Personal, organisational, formal, informal or public information

The type of communication we use in our personal communication with members of staff and friends will be different to that we might use in an organisational context. For example, our language may be more formal when we speak to service users or other members of the multidisciplinary team and less formal in our everyday lives. When we impart information to members of the public or if we are engaged with promotional work, again the type of language we use would be very different from our usual way of speaking.

> ### In practice
>
> #### 1.5 Using different means of communication
>
> Which different means of communication do you use in the course of a span of duty? Write a short piece to show the types of communication you use and make a comment upon the effectiveness of each. You might address verbal, non-verbal, sign, pictoral, written, electronic and assisted methods. The means of communication may be personal, organisational, formal, informal or public (information/promotional).

LO2 Be able to improve communication systems and practices that support positive outcomes for individuals

AC 2.1 Monitor the effectiveness of communication systems and practices

In monitoring something, we look at whether there are any deficiencies we need to address and whether changes need to be made to address new initiatives (McGrath, 1985).

We can do this in two ways:

1 Search for information to support the current level of function with respect to communication.
2 Analyse and interpret that information to decide on a plan of action.

Our communication systems need to be monitored as to their effectiveness. The policy on record keeping, for example may state how staff should record complaints but this needs to be monitored as to how the process is being used and whether in fact it is efficient and maintains confidentiality. You may have a system of checks in place to determine how well staff are managing to record the complaints in line with the policy.

In determining the effectiveness of a system or practice it is essential to monitor its use and review it regularly.

In practice

2.1 Monitoring effectiveness of communication systems and practices

Design a questionnaire to obtain feedback from the following groups of people about your communication systems in place at this time:

- service users
- staff
- visitors
- other professionals you deal with.

You may have collected information from personal files and care plans, minutes of meetings, diaries, staff communication systems and emails.

You may also have gained the views of staff and visitors on how the systems work.

AC 2.2 Evaluate the effectiveness of existing communication systems and practices

Having collected the information, you now need to analyse and evaluate it. To do this you should examine all the data you have and then determine the positive and the negative aspects of what you have.

One way this can be carried out is on an informal basis where you obtain casual feedback from individuals as to how well your systems work. However, it is far better to collect information that may be used in auditing your service and can provide evidence to external bodies of your continual progress and quality assurance in the organisation.

There are a number of useful ways in which you can formally ask for feedback. For example, you may use service-user forums (groups of service users who meet to discuss the quality of the service) and meetings when the quality of these services can be discussed and minuted. This provides valuable information as to how the service users feel about the organisation. Other ways may be through a complaint and compliment system, questionnaires, appraisal and focus groups.

The care you give and the way you deliver the care has a significant impact, not only on the users of the service but also on staff morale, and as such, any feedback is essential in measuring the quality of the care you provide.

In practice

2.2 Evaluating effectiveness of existing communication systems and practices

Choose one of the systems in place (maybe you could look at the complaints procedure, for example) and compile a report evaluating the quality of the organisation's performance of the particular communication system.

How do you evaluate the effectiveness, quality and performance of communication systems in your setting? What standards do you use?

AC 2.3 Propose improvements to communication systems and practices to address any shortcomings

Improving communication problems can be done through staff and service-user meetings and reports. For example, a member of staff may suggest a change to current practice and it is important that the idea is considered and discussed at a team meeting. The change may be useful but may require some further refinement before full implementation.

AC 2.4 Lead the implementation of revised communication systems and practices

Any proposed change will require you as the manager to ensure that all staff are aware of what needs to be done and that a plan of action is in place. Any revised working practice must be discussed and fully understood by staff and others involved in the setting. New responsibilities may arise that may require training and time. By communicating all the information to staff and having guidelines in place, the changes can be presented in a clear and efficient way to ensure success.

Reflect on it

2.4 Revised communication systems and practice

Reflect on the way in which you led the implementation of a revised practice of your communication systems in your setting.

Research it

2.1, 2.2, 2.3, 2.4 Improving communication systems

Serious case reviews often comment upon poor communication as requiring attention to improve care. Under take a small scale study monitor the communication practice within your own setting and comment upon and evaluate how effective it is. Identify any improvements to the practices and make recommendations for revised systems.

In practice

2.3, 2.4 Proposing improvements and leading the implementation

Using the information from the questionnaire in AC 2.1, complete the following and compile a report for evidence of:

1 Which aspects of the communication system in your organisation need to be changed?
2 How did you come to this decision and what methods did you use to collect the information?
3 How did you determine which practices should stay, and why?
4 Who was involved in the decision?
5 What will you do to change the systems and lead the implementation?

LO3 Be able to improve communication systems to support partnership working

AC 3.1 Use communication systems to promote partnership working

Partnership working is an important means of making improvements in health care for people and this depends on effective partnerships between the different professions and organisations involved in commissioning and delivering services and interventions. It requires shared communication systems, including shared databases, records and files to ensure that consistency in care is maintained and decision-making processes are clear. In 2014, the Care Act brought about national changes to care and support in England.

The Care Act 2014 simplified and improved the existing legislation in care and the changes mean that more people are now able to access the care and support, from local councils or other organisations in the community. They also have more choice

Key term

Partnership working is the use of inclusive and mutually beneficial relationships in care work that improve the quality and experience of care. This refers to the relationships between individuals with long-term care conditions, their carers, and service providers and care professionals.

about the type of support and care they need. In addition, different ways to pay for care and support are now available. This meant that communication between partners had to be firmly established to ensure that all parties were talking to each other and had the service user at the heart of the care.

This new duty to promote people's well-being will now apply not just to users of services but also to carers. The Children and Families Act 2014, which was introduced at the same time as the Care Act, also applied a duty of care for parent carers of disabled under-18s.

Under this legislation service users receiving care and support from any regulated provider will now be covered by the Human Rights Act and local councils are responsible for helping the service user to access independent financial advice to help them with care funding.

New national changes put the individual requiring care firmly at the centre of that care, allowing them more control, with their carers' needs also being met.

Communication and working collaboratively

All partnership working depends on effective communication and good working relationships. As part of a care team that goes beyond the boundaries of your own organisation, you need to be aware of the need to build team links with external bodies.

Effective health and social care is that which is provided in collaboration and partnership with others, either in the same team or across a range of agencies and disciplines within the care sector.

Reflect on it

3.1 Communication systems

Think about the communication systems discussed and reflect on how they might be misused or fail.

Research it

3.1 The Care Act 2014

Go to www.skillsforcare.org.uk/Document-library/ Standards/Care-Act/learning-and-development/ introduction-and-overview/care-act-overview-fact-sheet.pdf and research the Care Act 2014.

In practice

3.1 Using communication systems to promote partnership working

Which partnerships currently exist for your organisation? Show how you fit into these. What communication systems are in place to promote partnership working?

Communication systems

The types of communication systems the partnerships are likely to rely upon include:

- written records, such as email and letters
- electronic databases
- service users' personal notes
- daily records of care and nursing/medical notes.

Your policy for partnership working and sharing information

The way we work with others demands that we are open about what we do and effective in sharing information. As an integral way of working, local strategic partnerships have been able to share information and sometimes services to enable service users to be cared for in a more effective way. You need to ensure that as a manager you are aware of the policy in place for partnership working. This policy will detail how information is to be shared and stored to protect the confidentiality of the client as well as detailing referral processes and recording procedures.

We want to ensure that the service we offer improves the experience and outcomes of the people who use that service. This can only be done by minimising the barriers between different services and ensuring that the lines of communication are not blurred.

AC 3.2, 3.3 Compare the effectiveness of different communications systems for partnership working and propose improvements to communication systems for partnership working

Different communication systems are likely to be used for partnership working. However, in different settings within a partnership, it is likely that record keeping for example may be carried out in a variety of ways. This can lead to communication issues

18

In practice

3.2, 3.3 Comparing effectiveness of communication systems and proposing improvements

Compile a questionnaire or set up an action research group to compare and determine the effectiveness of your current working across partnerships with respect to communication. The following questions may be helpful:

● Where does communication break down?
● What is good about our communication?
● What needs to be changed?
● Is there anything that we are missing?

When you feel you have the information you need, set down some proposals to improve the communication systems for partnership working.

particularly if staff do not clearly understand how records are being stored and shared. Confidentiality may be compromised when there is confusion about how the records are sent between several partners. For example, some settings may favour sending records via email attachments but this can be problematic if confidential information is sent to a central email system in another setting and not to the right person. See AC 2.2, which discusses how we can evaluate the effectiveness of communication systems.

For effective partnership, communication systems must be robust, confidential and standardised so that all staff who need to access records understand how they can do this without compromising confidentiality. If improvements to the ways in which this is done are to be made then all partners need to be involved in the change. Clear protocols as to who is responsible for updating information and who is allowed access to data need to be in place to ensure effective use. See AC 2.3 for information on proposing improvements.

LO4 Be able to use systems for effective information management

AC 4.1 Explain legal and ethical tensions between maintaining confidentiality and sharing information

Beauchamp and Childress (1994) define confidentiality as 'keeping secret' information

given to a person by another. Infringement occurs when that information is disclosed to someone else without the giver's consent.

Health and social care staff are required to fulfil their duty of care and maintain confidences obtained via their work and you as a manager need to meet this requirement with respect to the staff you deal with. However, if there is a public interest issue at stake, then confidence may be broken. For example:

● if a crime has been committed or you believe it is about to be
● if malpractice has occurred
● if abuse is suspected
● in order to prevent harm to self or to others
● if professional misconduct has occurred.

If a breach of confidentiality occurs within your workplace, then you as the manager are obliged to take disciplinary action and/or legal action.

From a legal point of view, you are obliged to follow the laws associated with maintaining confidentiality:

● Data Protection Act (1998)
● Human Rights Act (1998)
● The Freedom of Information Act (2000)
● The Equality Act (2010)
● Public Interest Disclosure Act (1999) (often referred to as the 'Whistle Blowing Act').

Other guidelines are:

● clinical governance requirements
● essential standards for quality and safety (CQC)
● Caldicott recommendations
● Skills for Care guidelines
● Disability Discrimination Act (1995).

From an ethical point of view, in maintaining confidentiality, health professionals explicitly or implicitly make a promise to their service users to keep confidential the information they provide them with, thus respecting the

In practice

4.1 Legal and ethical tensions

Explain the legal and ethical tensions between maintaining confidentiality and sharing information in your own workplace and write a short piece about them.

autonomy of the client. But problems arise when decisions need to be made as to the sharing of certain personal information. For example, Article 10 of the Convention on Human Rights and Biomedicine states: 'Everyone has the right to respect for private life in relation to information about his/her health care' (European Parliament & Council of the European Union, 1995).

Another of the tensions with respect to confidentiality lies with the use of information and its safekeeping.

> *'The Health and Social Care Information Centre (HSCIC), formed in April 2013, was set up to improve health and social care in England by putting technology, data and information to work. One of the promises within the document is the assurance that every citizen's data will be protected by ensuring that the quality, safety and security of data and information flow across the health and social care sector so that citizens will willingly share their data in the knowledge that it will be kept confidential and secure.'*

Health and Social Care (2015) Information and technology for better care. Information Centre Strategy 2015–2020

AC 4.2 Analyse the essential features of information-sharing agreements within and between organisations

The DOH (2003) Confidentiality NHS Code of Practice identifies the best practice for information sharing and the guidance outlines the NHS commitment 'to the delivery of a first class confidential service ensuring that all:

- patient information is processed fairly, lawfully and as transparently as possible so that the public:
  - understand the reasons for processing personal information;
  - give their consent for the disclosure and use of their personal information;
  - gain trust in the way the NHS handles information and;
  - understand their rights to access information held about them.

The recommendations within the Caldicott Report should also be taken into account here.

In 1997 the government appointed a committee to recommend how the information collected for patient records should be processed. The principles produced by the committee became part of the Data Protection Act in 1998 and recommended the appointment of a person in every organisation to be responsible for the maintenance of confidentiality. In care homes this would be a senior staff member (or manager) who would be legally required to ensure that a policy was in place to protect the individual in the home.

The most important of the principles outlined were:

- The purpose of the information and the transfer of such should be clearly justified.
- Client-identifiable information should be limited if possible.
- Accessibility – staff should be permitted to access information on a need-to-know basis only.
- Staff should be made aware of their responsibilities with respect to confidentiality.
- All information kept on the client must conform to law such as the Data Protection Act (1998) and the Freedom of Information Act (2000).

Source: Tilmouth *et al.*, 2011

Any patient information you keep may be passed on for a particular purpose with the patient's consent or on a need-to-know basis. You also need to ensure that the patient is fully informed about how the information about them may be used.

The guidance stresses the importance of anonymising personal information wherever possible in order to minimise the risk of security breaches into your systems. Threats to security can be accidental and due to human error or failure, or naturally occurring events such as fire, or from deliberate breaches from external hackers.

The responsibility for maintaining confidentiality lies with the manager and you need to be convinced that your policies and procedures are appropriate and operational within your area.

Reflect on it

4.2 Essential features of information sharing agreements

What are the essential features of information sharing agreements within the organisation and between those you deal with in your workplace?

AC 4.3 Demonstrate use of information management systems that meet legal and ethical requirements

Storage of confidential information needs to be secure and policies put into place to show how your setting intends to meet legal and ethical requirements. As a manager, one of your responsibilities is to ensure that information is accessible to the relevant people only and that staff understand how the information is to be used. The service user must be aware of how the information about them is used and how such use conforms to legal and ethical principles.

One of the main legal requirements in any information system deals with the quality of the reports collected and the way in which the system is implemented. As a manager there are four key areas which you need to monitor and evaluate:

1 **Purpose** – clarity about why you need to collect data.
2 **Collection** – the processes by which data is collected.
3 **Storage** – the processes and systems used to store and maintain patient information and notes.
4 **Analysis** – the process of translating data into information that can be used to improve the organisation and its care-giving.

Taking this a step further, the actual information that is collected must also comply with legal requirements of accuracy.

Go to Unit M1 on health and safety for information on Dimond, who highlighted major areas of concern in care reports. Accurately documenting what happened provides an account of what actually was done at the time and what took place.

In practice

4.2, 4.3 Essential features of information sharing agreements and use of systems that meet legal and ethical requirements

In your own setting, prepare an analysis of the essential features of information-sharing agreements within and between organisations and show how the information management systems meet legal and ethical requirements.

We rely on these records, and if years later the case becomes part of a legal process, we need to be able to return to the records to remind us of what actually was done at the time.

Records then:

- provide an account of the care given (although they do not show what the quality of that care was)
- give a record of continuous care (in the case of nursing and medical records)
- provide a source of reference for care
- provide an audit and quality assurance trail
- are a legal requirement.

Legislation

- **The Care Act (2014)** simplified and improved the existing legislation in care, changing the way in which access and financing care were carried out. People requiring care are now able to access the care and support from local councils or other organisations in the community and have more choice about the type of support and care they need.
  Under this new legislation service users receiving care and support from any regulated provider will now be covered by the Human Rights Act and local councils are responsible for helping the service user to access independent financial advice to help them with care funding.
- **Human Rights Act (1998)** protects the human rights of individuals to privacy, among other rights.
- **Data Protection Act (1998)** deals with the processing and protection of data on individuals.
- **The Freedom of Information Act (2000)** allows individuals to see all the information of a personal nature held about them.
- **The Equality Act (2010)** is an umbrella act bringing together legislation that deals with race, disability and gender. It highlighted protected characteristics of age, gender reassignment, pregnancy, religion, marriage and civil partnerships, and sexual orientation in an attempt to end discrimination.
- **Public Interest Disclosure Act (1999)** safeguards individuals by providing them with the means to speak out about issues of negligence, miscarriages of justice, crime and dangers to health. It is commonly referred to as the 'Whistle Blowing Act'.

Research it

4.3 Legal and ethical requirements

The following are adapted from the National Occupational Standards for Managers Unit B8: Ensure compliance with legal, regulatory, ethical and social requirements.

Evaluate your own performance against these standards and then ask a colleague or your manager to verify your judgement. Keep the completed work in your portfolio as evidence.

Management standard	How do I do this and what evidence do I have to show completion?	Verification by manager or colleague	Further action needed
What are the national and international legal, regulatory, ethical and social requirements of my area and how do I monitor them? What effect do they have on my area of responsibility, and what will happen if I don't meet them?			
What are the policies and procedures which make sure my organisation meets all the necessary requirements?			
How do I make sure relevant people have a clear understanding of the policies and procedures and the importance of putting them into practice?			
How do I ensure that policies and procedures are put into practice and provide support?			
How do I encourage a climate of openness about meeting and not meeting the requirements?			
What failures to meet the requirements have I identified and corrected?			
What reasons have I identified for not meeting requirements and how have I adjusted the policies and procedures to reduce the likelihood of failures in the future?			
Have I provided full reports about any failures to meet the requirements to the relevant stakeholders?			

Assessment methods

LO	Assessment criteria and accompanying activities	Assessment methods *To evidence coverage of the ACs you could:*
LO1	1.1 Reflect on it (p. 3)	Think about and make a list of all the relationships and contacts you may have within the course of your managerial role. Discuss this with your assessor. You may come up with the contacts shown in Figure 1.1.
	1.1, 1.2 In practice (p. 5)	Keep a communication diary for one span of duty. Use the questions below to show how you have undertaken the different types of communicating listed in the activity (i.e. advising, instructing, welcoming, assessing, observing, informing and counselling. You might construct a table to evidence this. You could also write a short piece to answer the questions in the activity and place a copy in your portfolio. I.e. 1 Who were the groups or individuals whose communication needs were addressed in the diary? 2 In what context did the communication take place? 3 What purpose did it have? 4 How successful was it? 5 How did you ensure the communication was effective? What did you do?
	1.3 Reflect on it (p. 6)	Discuss with your assessor reasons (one internal and one external factor) for the blocks or barriers in communication. For example, an external barrier may be a poor environment for communication which lacks privacy, leading to an internal barrier in that you are unsafe talking about a matter.
	Case study (p. 8)	Read the case study for 1.3 and then answer the questions. 1 Comment honestly on how this makes you feel about Jim and his potentially disruptive influence. 2 What is your initial response to the actions as a manager? 3 Now reflect on the above and say why you reacted this way and how you will respond to the situation. Alternatively, provide your own case to show how you would respond to a similar issue.
	1.3 Reflect on it (p. 9)	Write a reflective piece which shows: A time when you know that you were not being listened to and heard, then write your responses to the following or discuss them with your assessor: ● What was going on at that time? ● How did it affect the interaction? ● What do you think was going on for the person you were trying to communicate with at that time?

➜

LO	Assessment criteria and accompanying activities	Assessment methods *To evidence coverage of the ACs you could:*
	1.3, 1.4 Case study (p. 11)	Read the case study and explain how you would respond. How might you deal with this situation? See the case study for some of the ways in which the situation may have been dealt with.
	1.3 1.4 Reflect on it (p. 11)	Undertake an observation of the care setting with your assessor and discuss with them the barriers you see with respect to the environment. Alternatively read the account in the activity and answer the questions: Have a look around the room in which you are sitting. How does it make you feel? Think about it for a moment. Is it welcoming, untidy, too busy, crammed, too large, are the chairs too far apart?
	1.3 In practice (p. 12)	Provide a written analysis showing the communication barriers present in your working environment. This should show your understanding of the effects these have.
	1.4 In practice (p. 13)	Consider the next communication you have with each a client and a member of staff. Write a brief description of the circumstances in which the interaction took place. Comment on the following: ● your body language with respect to SOLER ● your listening skills ● your ability to show unconditional positive regard and empathy. Reflect on your strengths and areas for improvement and develop a strategy to show how you intend to undertake these improvements.
	1.5 In practice (p. 15)	Write a short piece to show the types of communication you use and make a comment upon the effectiveness of different means of communication that you use in the course of your span of duty. You might address verbal, non-verbal, sign, pictorial, written electronic and assisted methods. The means of communication may be personal, organisational, formal, informal or public (information/promotional).
LO2	2.1 In practice (p. 16)	In order to monitor the effectiveness of communication systems and practices you might design a questionnaire to obtain feedback from the following groups of people about your communication systems in place at this time: ● service users ● staff ● visitors ● other professionals you deal with. If you have collected information from personal files and care plans, minutes of meetings, diaries, staff communication systems and emails, ensure that you file them in your portfolio. You may also have gained the views of staff and visitors on how the systems work which need to be shown as evidence of this in your portfolio.

LO	Assessment criteria and accompanying activities	Assessment methods *To evidence coverage of the ACs you could:*
	2.2 In practice (p. 16)	You might compile a report evaluating the quality of the organisation's performance of a particular part of your communication system. Discuss with your assessor how you evaluate the effectiveness, quality and performance of communication systems in your organisation? What standards do you use?
	2.4 Reflect on it (p. 17)	Write a reflective account of the way in which you led the implementation of a revised practice of your communication systems in your setting.
	2.1, 2.2, 2.2.1, 2.2, 2.3, 2.4 Research it (p. 17)	Undertake a small scale study to monitor the communication practice within your own setting and comment upon and evaluate how effective it is. Identify any improvements to the practices and make recommendations for revised systems. Take your evidence to a team meeting.
	2.3 2.4 In practice (p. 17)	Using the information from the questionnaire in AC 2.1 In practice, complete the following and compile a report for evidence of: 1 Which aspects of the communication system in your organisation need to be changed? 2 How did you come to this decision and what methods did you use to collect the information? 3 How did you determine which practices should stay, and why? 4 Who was involved in the decision? 5 What will you do to change the systems and lead the implementation?
LO3	3.1 Research it (p. 18)	Have a look at the Care Act 2014 Go to www.skillsforcare.org.uk/Document-library/Standards/Care-Act/learning-and-development/introduction-and-overview/care-act-overview-factsheet.pdf and research the Care Act 2014. Make a fact sheet for staff showing the main parts of the act.
	3.1 In practice (p. 18)	You could construct a mind map or a flow chart which shows the partnerships which currently exist for your organisation showing how your organisation fits into these. Discuss with your assessor what communication systems are in place to promote partnership working?
	3.1 Reflect on it (p. 18)	Write a reflective piece about the above discussion you had with your assessor and show how the communication systems discussed might be misused or fail.

➜

Copyright: sample material

LO	Assessment criteria and accompanying activities	Assessment methods *To evidence coverage of the ACs you could:*
	3.2 3.3 In practice (p. 19)	You could either compile a questionnaire or set up an action research group to compare and determine the effectiveness of your current working across partnerships with respect to communication. Look at the questions in the activity which may be helpful. The following questions may be helpful: ● Where does communication break down? ● What is good about our communication? ● What needs to be changed? ● Is there anything that we are missing? When you feel you have the information you need, set down some proposals to improve the communication systems for partnership working.
	4.1 In practice (p. 19)	Ask your assessor to attend a team meeting in which you and the team discuss the legal and ethical tensions between maintaining confidentiality and sharing information in your own workplace. You could write a short piece or prepare a hand-out for the staff following the meeting of that discussed.
	4.2 Reflect on it (p. 20)	Discuss with your assessor what the essential features of information sharing agreements within the organisation are and between those you deal with in your workplace? Document the discussion as a professional observation.
	4.2 4.3 In practice (p. 21)	Collect evidence for your portfolio of the information sharing agreements your organisation has in place and undertake an analysis of the essential features of information sharing agreements within and between organisations and show how the information management systems meet legal and ethical requirements.
	4.3 Research it (p. 22)	Prepare a table showing the National Occupational Standards for Managers Unit B8: Ensure compliance with legal, regulatory, ethical and social requirements and then supply evidence of how you meet these standards. You could include documents which show where the standards are set out. Evaluate your own performance against these standards and then ask a colleague or your manager to verify your judgement. Keep the completed work in your portfolio as evidence.

References

Adair, J. (2000) *Effective Teambuilding: How to make a winning team*. London: Pan Macmillan.

Argyle, M. (1978) *The Psychology of Interpersonal Behaviour* (3e). Harmondsworth: Penguin.

Beauchamp, T. L. and Childress, J. F. (1994) *Principles of Biomedical Ethics*. Oxford: Oxford University Press.

Bonham, P. (2004) *Communication as a Mental Health Carer*. Cheltenham: Nelson Thornes.

Burnard, P. (1996) *Acquiring Interpersonal Skills: A handbook of experiential learning for health professionals* (2e). London: Chapman and Hall.

Cole, J. (2011) 'We know why, but do we know how?' Unpublished essay submitted for MSc in Educational Management and Leadership, Worcester University.

Craine, K. (2007) 'Managing the cycle of change,' [Online] *Information Management Journal*, 41, 5, 44–50.

Crawford, P., Brown, B. and Bonham, P. (2006) *Communication in Clinical Settings*. Cheltenham: Nelson Thornes.

Davis, H. and Fallowfield, L. (eds) (1991) *Counselling and Communication in Health Care*. Cirencester: Wiley.

Department of Health (1996) *The Protection and Use of Patient Information*. London: TSO.

Dimond, B. (2008) *Legal Aspects of Nursing* (5e). Harlow: Pearson Education.

DOH (2003) Confidentiality NHS Code of Practice. Crown copyright 2003, alternative? www.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality_-_NHS_Code_of_Practice.pdf.

Donnelly, E. and Neville, L. (2008) *Communication and Interpersonal Skills*. Exeter: Reflect Press.

European Parliament & Council of the European Union (1995) Directive 95/46/EC of the European Parliament and of the Council of 24 October 1995 on the protection of individuals with regard to the processing of personal data and on the free movement of such data. *Official Journal*, L281, pp. 31–50.

Geldard, K. and Geldard, D. (2003) *Counselling Skills in Everyday Life*. London: Palgrave Macmillan.

Givens, D. B. (2000) 'Body Speak: What are you saying?' Successful Meetings, (October) 51.

Goleman, D. (1995) *Emotional Intelligence*. New York: Bantam Books.

Gopee, N. and Galloway, J. (2009) *Leadership and Management in Health Care*. London: Sage.

Graham, R. J. (1991) 'Understanding the beliefs of poor communication,' *Interface*, 11, pp. 80–2.

Hewison, A. (1995) 'Nurses' power in interactions with patients,' *Journal of Advanced Nursing*, 21, pp. 75–82.

Katz, R. (1955) 'Skills of an effective administrator,' *Harvard Business Review*, 33(1), pp. 33–42.

Lord Laming (2003) *The Victoria Climbié Inquiry: Summary report of an inquiry*. Cheltenham: HMSO.

McGrath, J. E. (1985) 'Critical leadership functions' in Hackman, J. R. and Watson, R. E. (1986) *Leading Groups in Organisations*. P. S. Goodman and Associates (eds), San Francisco: Jossey-Bass.

Miller, L. (2006) *Counselling Skills for Social Work*. London: Sage Publications.

NHS Executive (1998) *Information for Health. An Information Strategy for the Modern NHS 1998–2005*. London: NHS Executive.

Porritt, L. (1990) *Interaction Strategies: An Introduction for Health Professionals* (2e) London: Churchill Livingstone.

Rogers, C. (1980) *A Way of Being*. New York: Houghton Mifflin.

Rogers, C. (2002) *Client-Centred Therapy*. London: Constable.

Skills for Care (2006) *Leadership and Management Strategy: Strategy for the social care workforce*. Leeds: Skills for Care.

Tilmouth, T., Davies-Ward, E. and Williams, B. (2011) *Foundation Studies in Health and Social Care*. London: Hodder & Stoughton.

Further reading and useful resources

Alton Barbour, A. and Koneya, M. (1976) *Louder Than Words: Non-verbal communication*. Columbus, Ohio: Merrill.

Bazler Riley, J. (2008) *Communication in Nursing.* Maryland Heights, Missouri: Mosby Elsevier.

Buono, A. F. and Kerber, W. K. (2010) 'Creating a sustainable approach to change: building organizational change capacity.' [Online] journal article: *SAM Advanced Management Journal*, Vol. 75.

Macleod-Clark, J. (1984) 'Verbal communication in nursing' in Faulkner, A. (ed.) *Recent Advances in Nursing 7. Communication*. Edinburgh: Churchill Livingstone.

NHS Executive (2010) *White Paper: Equity and Excellence: Liberating the NHS*. London: NHS Executive.

www.skillsforcare.org.uk/Document-library/Standards/Care-Act/learning-and-development/introduction-and-overview/care-act-overview-fact-sheet.pdf