

Introduction

For this assignment I need to have two interactions with my clients. But before that I am going to get permission from the supervisor and the clients for doing my interactions.

I have chosen to do a group interaction, which are five people in a group and one to one interaction. The activity that I have chosen for one to one interaction is making gift cards and for group interaction is a cross word puzzle to make words with letters. My interaction will take place in a day care centre. My clients are elderly people age 65 plus. Before I do my interactions I am going to give witness statements to one of the staff to write comment on my interactions.

The environment of my work placement is been set up by having about 15 tables in the main hall and having 6 chairs around each table. In the corner of the main hall is a big kitchen. The lightening is perfect because is not to dark or to light.

My one to one interaction is taking place in the craft room. The reasons that I am doing my interaction in the craft room are because there is not too much noise in the craft room. There is more space to do my interaction and also there are more facilities in the craft room to do my interaction.

I am going to protect the identity of my clients by giving them the feeling of confidence so that they can understand their abilities. In my communication work I show respect for identity. The way that I promote their identity is to listen and built an understanding of their life. The reason for this is because listening and understanding would give them the feeling that I have respected them.

As Moonie described "Being an effective carer involves in learning about other people and listening to what they have to say and understanding the message people send with their body language". Moonie. N p34 (2000). This means learning about other people is important. Because we need to know about what clients say verbally and what their body language say to us.

In my interactions the communication skills that I used were body language by showing facial expressions to show how I feel about the progress of the interactions that I am doing with the clients.

As Moonie described "communication cycle means the progress of building an understanding of what another person is communicating". Moonie. N p315 (2000).

In my both interactions I used communication cycle and active listening by explaining what my interaction is. Then I watched my clients non-verbal response by seeing them smiling and looking interested. From looking at their face I realised that whether they are confused or not. I listened to their responses to what I said through my interactions by answering their questions and try to make sense of their responses by asking them do they understand. And getting answer from them saying yes. In my one to one interaction at the end I got expression of new idea from the client by designing the card in other ways and to make different words in my group interaction.

In my one to one interaction the client were pleased that she is doing my interaction I realised this by seeing her smiling all the time through my activity. The symbols that I used were A-Z letters in order to make words with them.

I tried to have the right volume for my tone of voice through my both interactions. I consider the way that my clients sit so that they can see the interactions and me properly. I also make sure that they are comfortable. While I was doing my interaction the client was listening carefully I notice this because she learnt forward to do the interaction quickly.

Both of the interactions went well especially the group interaction but for my one to one interaction because it was my first interaction and it was first time I was panicking and worried. I could improve my one to one interaction by making the progress of it much easier because of my

clients' age and their ability. Also I can do more one to one interactions in the future.

I used the right communication skills and the way that I talked to clients was respectful because of they were older than me. I did not select the group that I wanted to do my interaction with in order to prevent discrimination. I chose the clients randomly. I also gave them the right and the choice to participate in my interactions.

In my one to one interaction I gave the right to privacy and the right to maintain her beliefs in relation to religion, ethnics and culture by giving the choose of either to stick merry Christmas, happy birthday etc on her card.

The communication skills that applied to my interactions were using non-verbal message such as eye contact, posture, gesture and body language. The barriers that I had for my interactions were such as visual disability. One of the clients could not see properly so I asked him to wear his glasses for the interaction. The other barrier was hearing disability and this barrier was included almost most of the clients that I was doing my interaction with and this was because their age so that they could not hear properly and sometimes I repeated what I was saying. I overcame this barrier by repeating and saying it much clearer and getting closer to them.

For my group interaction I had environmental barrier, which was because of noise. I overcame this barrier by moving to quitter room to do my interaction. I also had language differences barrier through my one to one interaction, which causes my client does not understand what I said. I overcame this barrier by re-wording what I said and finding different ways of saying it. I also tried to speak in short, clear sentences.

The care value base is a range of standards which is designed to guide practice of professionals in health and social care and the aim of the standards is to improve clients' quality of life, by ensuring that each person gets the care that is most appropriate for them as individual.

The main parts of the care value base are:

- Fostering the equality and diversity
- Fostering people's rights and responsibilities
- Maintaining confidentiality of information

Fostering the equality and diversity involves giving every one the same quality of care and respecting and supporting the diversity of people's experiences, lifestyles and background. A carer should ensure that a client's background do not affect the quality of care they receive. This does not mean treating every one in the same way. It means treating each person as an individual, taking in to account their beliefs, abilities, likes and dislikes.

Discrimination is the result of stereotyping and prejudice. Stereotyping means when someone makes assumptions about other people based on their age, sex, race, nationality or sexuality. Prejudice means liking or disliking someone and providing different care (better or worse) because they are of the particular group e.g. black people.

Fostering people's rights and responsibilities means to support the rights of a client to choose their own lifestyle and help them to accept their responsibilities. Rights and responsibilities are often laid down in legislation, codes of practice and policy documents. A carer need to make sure that the clients are aware of their rights and responsibilities in care settings. Clients have the right to not to be discriminated against, confidentiality and their own beliefs and values. The clients have the responsibility to not discriminated against others, respect the confidentiality of others and do not harm others.

Maintaining confidentiality of information means any information about the clients must be private and confidential whether is verbal, written or electronic (on a computer).

Maintaining confidentiality of information is an important part of caring. The carer need to think carefully before talks about clients. Clients can expect the carer not to discuss their details with anyone else without their permission. There are also legal requirements to keep personal

records confidential. The Data Protection Act 1998 states that data has to be secure, accurate and that it can only be used for limited purposes.

The barriers to communication which may prevent effective communication with clients might be if a person has visual disability. The effects would be not seeing the objects, feel isolated negative self-esteem. The steps that can be taken to avoid this would be using language to describe things, assist people to touch things and check glasses, other aids and equipment.

The effects of hearing disability barrier would be not hearing or misunderstanding the message. The steps that can be taken to avoid this would be not shouting and keep to normal clear speech make sure your face is visible for people who can lip read, show pictures or write message and check that technological aids such as hearing aids are working.

Environmental barriers could be another barrier to communication. The effects would be poor light, which can lead to not seeing the objects properly and noise which can lead to misunderstanding. The steps that can be taken to avoid this would be check and improve lighting, reduce noise, move to smaller groups to see and hear more easily.

Cultural differences is another barrier to communication and the effects would be isolated, discrimination and negative self-esteem. The steps that can be taken to avoid this would be watching out for different cultural interpretations, use of active listening techniques to check that your understanding is correct and watch out for different cultural interpretations.

The one to one interaction:

The interaction went well but because the card was small the client found it hard to handle as it had small letters needed to be stick down. I prepared the interaction well because I had all the things I needed with me and also I had an example of what the card is going to look like at the end with me. But I struggle little bit when I was communicating with the client and it was little bit hard for me for the first time to explain the progress of something step by step. I carry out the activity good but I should have explained more before hand and what must be done.

The group interaction:

The interaction went well and I was much more comfortable to do group interaction rather than one to one interaction. It was much easier for me and also for my clients to work as a group. The interaction that I carried out was more intellectual but we communicated with each other by giving each other tips and clues to make a word. Sometimes when I did not know the meaning of a word they tried to explain it to me and over all we had a good communication through the interaction.

In my both interactions I used appropriate non-verbal communication such as eye contact, facial expression, angle of head, and tone of voice, position of heads and arms, gesture and posture.

I also had good nonverbal communication and listening skills by using appropriate language, reflecting back what others have said, using appropriate questions and turn talking.

In my both interactions in order to maintain the transmission of care values I observed the behaviour of the clients and also asked the clients how they feel? Because they received respect and value from me so they respected and valued back to me. The clients appeared relax and confident when communicating with me this shows the meeting of the emotional needs.

I considered the clients self-esteem, abilities and their physical and safety needs. I used the supportive skills of understanding such as warmth and sincerity in order to create appropriate caring relationships. I also provided choice by giving the client the opportunity to decorate her card in the style that she wants.

The rating scale:

How good were different aspects of non-verbal communication?

How to rate behaviour:

Place a circle around the number that fits your observation:

1. very effective and appropriate use of a skill
2. some appropriate use of a skill
3. the skill was not demonstrated or it does not seem appropriate to comment on the area
4. some slightly ineffective or appropriate behaviour in relation to the area
5. very inappropriate or ineffective behaviour in relation to the area

Eye contact	1	2	3	4	5
Angle of head	1	2	3	4	5
Tone of voice	1	2	3	4	5
Position of hands and arms	1	2	3	4	5
Gesture	1	2	3	4	5
Posture	1	2	3	4	5
Muscle tension	1	2	3	4	5
Touch	1	2	3	4	5
Proximity	1	2	3	4	5

How good were verbal communication and listening skills?

Appropriate language	1	2	3	4	5
Encouraging others to talk	1	2	3	4	5
Reflecting back what others have said	1	2	3	4	5
Using appropriate questions	1	2	3	4	5
Use of prompts	1	2	3	4	5
Using silence as listening skills	1	2	3	4	5
Clarity of conversation	1	2	3	4	5
Pace of conversation	1	2	3	4	5
Turn talking	1	2	3	4	5

The barriers to communication:

1. Good - there are no barriers
2. Quite good - few barriers
3. Not possible to decide or not applicable
4. Poor - barriers identified
5. Very poor - major barriers to communication

<u>In the environment</u>					
Lighting	1	2	3	4	5
Noise levels	1	2	3	4	5
Opportunity to communicate	1	2	3	4	5
<u>Language differences</u>					
Appropriate use of language	1	2	3	4	5
Carer's skills with different languages	1	2	3	4	5
Carer's skills with non-verbal communication	1	2	3	4	5
Availability of translators or interpreters	1	2	3	4	5
Assumptions and/or stereotypes	1	2	3	4	5
<u>Emotional barriers</u>					
Stress levels and tiredness	1	2	3	4	5
Carer stressed by the emotional needs of others	1	2	3	4	5
<u>Cultural barriers</u>					
Inappropriate assumptions made about others	1	2	3	4	5
Labelling or stereotyping present	1	2	3	4	5
<u>Interpersonal skills</u>					
Degree of supportive non-verbal behaviour	1	2	3	4	5
Degree of supportive verbal behaviour	1	2	3	4	5
Appropriate use of listening skills	1	2	3	4	5
Appropriate use of assertive skills	1	2	3	4	5
Appropriate maintenance of confidentiality	1	2	3	4	5