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SAMPLE LEARNER WORK WITH COMMENTARY

UNIT R022:
COMMUNICATING AND
WORKING WITH INDIVIDUALS
IN HEALTH, SOCIAL CARE AND
EARLY YEARS SETTINGS

HEALTH AND SOCIAL CARE

Level 1/2

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INTRODUCTION

This is a guide for teachers so that you can see how we would mark work, Cambridge Nationals are designed to give learners the project and let them create the work.

The guide contains sample learner work for this unit and covers all learning objectives, graded at Marking Band 1 (MB1) and Marking Band 3 (MB3).

The accompanying commentary explains why each piece of work was awarded its grade.

For MB1 graded work, additional guidance has been added to suggest improvements that could be made to make it an MB2 graded piece of work.

For MB3 graded work, additional guidance has been added to explain why it was awarded that grade and not the lower grade of MB2.

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MARKING BAND 1 SAMPLE LEARNER WORK

Learning Objective 1 – Understand how to communicate effectively

SAMPLE LEARNER WORK

Year 10 health and social care controlled assessment

I have been asked to produce a guide with information on communication methods. I will explain the types of communication that a care worker can use and describe the factors that will positively influence the communication. I will use examples relating to care workers and their service users.

Communication methods

I will be writing about 4 different types of communication they are verbal, nonverbal, written and specialist types.

Verbal communication

Verbal communication is any form of communication that uses spoken words from one person to another tone, pace, clarity, empathy and paraphrasing.

Tone: a person's tone when they are talking tells you a lot about how that person feels. When a care worker speaks to a service user their tone should be warm and friendly so they will want to speak back and not feel intimidated.

Pace: pace is the speed you speak, In everyday life people usually speak fast when they are nervous. Speaking at exactly the same pace in conversations can make it boring when a care worker speaks to a service user they should use an interesting tone that will make them want to keep the conversation going and not get bored.

Clarity: to make sure that your message is clear you must ensure that you organise your thoughts properly before you speak. If a care worker is not clear then the conversation will be muddled up and this will make it difficult for the service user to understand. When you are having a conversation you should use words people will understand.

Empathy: if you empathize with someone you see their world as they see it, you are able to step into their shoes and see the world as they see it. A care worker should be able to empathize to value a person as an individual.

SAMPLE LEARNER WORK

Year 10 health and social care controlled assessment

Empathizing is not about liking someone or even agreeing with them, instead it is about seeing things from their point of view.

Paraphrasing: if you paraphrase something then you reword what the person has said to you and show that you understand it. A care worker will use paraphrasing to check that a service user has understood what they have said to them.

Non-verbal communication

Non-verbal communication is communicating without speaking through body language, gestures and facial expressions.

Body language: Body language is normally called non-verbal communication. Body language is the body's movements that are used when speaking which adds meaning to what the person is saying. Sometimes what a person says does not match their body language. A care worker would use body language to communicate with a service user when he/she is deaf or hard hearing.

Smiles: a service user should smile at a care worker this will show the care worker that the service user feels comfortable around them and they are being warm and friendly not aggressive.

Gestures: gestures can act as positive or negative responses. Some gestures include shoulder shrugs, head nods or shakes. A care worker would use head nods or hand gestures to answer a question a service user has.

Facial expressions: these also act as positive and negative responses. Some examples are raising eyebrows, frowning or moving your mouth in other ways. A service user could use facial expressions to show a care worker they have a question asked if they are hard hearing.

Hand signals: give people important messages a care worker could use this to tell a service user who is hard hearing to stop.

Sign language: a care worker would use this for service users who are hard hearing and visual difficulties to help them understand verbal communication.

SAMPLE LEARNER WORK

Year 10 health and social care controlled assessment

Specialist types of communication

Braille: braille is a type of written language for the blind and visually impaired, in which characters are represented by patterns of raised dots that are felt with the finger tips. Braille is used on lift buttons in care homes/hospitals so that blind or visually impaired service users and patients know where there going.

Advocate: an advocate is somebody who speaks on behalf of someone else a service user might be from a different country and not understand what the care worker has to say so they could get an advocate to translate what the service user is saying and communicate through him/her.

Speech activated software: speech recognition software is designed to be used with a microphone, interprets spoken words to create text style documents it can also be used to carry out commands. A service user could use this so the care worker can understand them.

Interpreters: an interpreter is a person who converts a thought or expression in a source language into an expression with a comparable meaning in a target language. A service user would use an interpreter if he/she is from another country so the care worker can understand them.

Makaton: is a language programme designed to provide a means of communication to individuals who cannot communicate by speaking. A service user with speech problems would use this so a care worker could understand them and take orders off them.

Written communication

Care report: a care report is something that aims to help health care and would include information of times and place a care worker would keep a care report on a service user so they will know where and when their appointment is with the hospital.

Care plan: a care plan is an agreement between you and your health professional to help you manage your health day to day. It can be a written document or something recorded in your notes. A service user would use this so they know what meal they want off the care worker

Medical procedure: a medical procedure is a course of action intended to achieve a result in a care of persons with health problems for example when an elderly person goes for an operation and receives information on what is going to happen.

SAMPLE LEARNER WORK

Year 10 health and social care controlled assessment

Factors that positively influence communication

I am now going to talk about environment and interpersonal factors. They are: space, noise, heating, ventilation, and lighting, room layout, seating arrangement, body language and relationships.

Environmental factors

Noise- noise positively influences communication because if the background noise is at an appropriate level the service user and care worker will be able to understand important messages.

Space- space positively influences communication because if the care worker gives the service user personal space they will want to talk to them and not feel intimidated.

Lighting- lighting positively influences communication because if the room is at the right shade the service user will be able to get on with a conversation and not get distracted by the light.

Heating- if the room is too hot then the service user will get stressed and tired so he/she will also get restless and take it out on the care worker, however heating positively influences communication because if the room is at the right temperature then the service user and care worker will be calm and be able to have a conversation.

Room layout- if a service user has no space to move he/she will get agitated and will lose their temper with a care worker, however if the room layout is spacious and the service user had room to move they will be calm and will not feel claustrophobic.

SAMPLE LEARNER WORK

Year 10 health and social care controlled assessment

Interpersonal factors

Relationships- it is important that a service user and a care worker has a good relationship and get on because if they argue or don't get on it will cause awkwardness, however if the service user and care worker get along and have a good relationship they will want to have conversations and the service user will not feel intimidated.

Respect of different culture- a care worker respecting a service user with a different culture positively influences communication because the service user will not feel intimidated and feel like the care worker is being racist.

Personal space- personal space is important because if the care worker is always in the service users face they will move away and not want to speak, however if the care worker gives the service user plenty of personal space they will want to have a conversation and not feel patronised and uncomfortable.

SAMPLE LEARNER WORK

Task 2: barriers to communication and ways to overcome them

In this task I will describe the barriers to communication that care workers can come across. I will also describe how the care worker overcomes these barriers

Barriers to communication

The 6 barriers I am going to overcome are:

- Patronising language
- Tiredness
- Noisy environment
- Distress
- Aggression
- Negative attitude

Barriers to communication in a care home setting between a care worker and service user.

A barrier is something that stops a person from doing something, this can be from many reasons

Patronising language in a care home setting between care worker and service user- if somebody talks down to another person they will not feel valued and won't want to co-operate. If a care worker speaks down to a service user in a care home they will feel uncomfortable this is a barrier to communication because a service user won't want to speak to a care worker if they make them feel unwanted or intimidated. However this barrier can be overcome in a care home between the service user and care worker if a service user speaks down to a care worker they should stay calm and then the service user will be calm and want to talk.

Tiredness and bored in a care home setting- if a care worker appears bored or tired (body language or tone of voice) the service user in a care home might get the idea they are not interested in them. This is a barrier to communication because if a care worker is tired they could get the information wrong and send the service user for a doctor's appointment on the wrong date. However it can be overcome in a care home between the service user and care worker by having special interest groups this will help the care worker communicate with the service user and find out what they are interested in or get another job and go to bed earlier.

SAMPLE LEARNER WORK

Noisy environment in a care home setting between care worker and service user - if a care home is loud and noisy and a service user who is an elderly person that is hard hearing they will not be able to hear what a care worker says. Eg, if a service user is in trouble and needs help the care worker will not be able to hear them. This is a barrier to communication because one of them could get the message wrong this barrier could be overcome in a care home between the service user and care worker by taking them into a quiet room and speaking to them calmly and in a room that is not noisy and loud.

Distress in a care home setting between care worker and service user - if a service user has an issue and needs to go to the doctors over it they will be worried and upset this is a barrier to communication in a care home because they will want to be left alone and won't be able to concentrate on a conversation. This barrier can be overcome in a care home between the service user and care worker by the service user sitting them down and comforting them then they will be calm and not worried.

Aggression in a care home setting between care worker and service user - if a service user is aggressive to a care worker in a care home they can choose not to work with them. Eg if a service user speaks down or treats a care worker differently. This is a barrier because nobody wants to speak to anyone who speaks to them in a nasty tone and it will make them feel intimidated. This barrier can be overcome in a care home between the service user and care worker if the care worker just keeps calm and tries to speak to them nicely they will then calm down and apologise.

Negative attitude in a care home setting between care worker and service user - if a care worker is always in a hurry or doesn't have the time for service users in the care home they will feel like the care worker is not interested in them this is a barrier because they will feel unwanted or not liked they won't want to speak. Eg if a service user has a question or something to tell them and they just rush past, this barrier can be overcome in a care home between the service user and care worker if a care worker just leaves them in the room on their own to cool down to give them their personal space.

Ways to overcome these barriers

Barriers to communication can often be overcome, by making changes to the environment, by changing the way we approach the other person or by using electronic aids to overcome communication difficulties.

Learning Objective 1 – Understand how to communicate effectively

Marking commentary on MB1 sample learner work

Total awarded for learning objective 1: 5/20 (3 Marks MB1 + 2 marks (MB1).

The candidate has given a very basic description of communication methods – verbal, non-verbal and written. Examples are limited and generic as they do not relate specifically to health, social care and early years settings.

Factors have not been addressed.

Barriers are described at a basic level but ways of overcoming them have been omitted. Examples are limited and generic as they do not relate specifically to health, social care and early years settings.

Suggested improvements to progress sample learner work to MB2

The description of communication methods needs to be in more detail with specific examples relating to health, social care and early years settings. This will show an understanding of effective communication. Factors and barriers need to be addressed separately with a clear understanding of the difference between both. Again they should relate specifically the health, social care and early years settings. Evidence should be given of ways to overcome the barriers to communication in health, social care and early years settings and should not be generic. Examples need to be given.

MARKING BAND 1 SAMPLE LEARNER WORK

Learning Objective 2 – Understand the personal qualities that contribute to effective care

SAMPLE LEARNER WORK

Unit R022: Communicating and working with individuals in health, social care and early year settings Adele Ellis

Patience allowing service users to have time to answer questions and think about things, for example, if a care worker was leading an exercise class for an elderly group they would have to do it at everyone's pace so everyone had enough time to do the work out. This would show respect to each individual, the individual would feel valued at the fact that the care worker put the time into waiting for them, also the service user would feel empowered because they are able to go at their own speed this will make the care given much more effective.

Willingness is letting the service user know that the care worker is willing to help them and that everything will be OK, for example, a service user could go to get a drink but as they go to grab a glass they drop it and the glass smashes, the service user lets out a scream and a care worker runs in, the care worker says "don't worry about it, I will get you a drink and I'll clean this up." The service user would feel valued that the care worker helped them and would also feel that everything will be OK because the care worker didn't raise their voice at the service user. The service user may also feel a bit more comfortable in that environment knowing that the care workers are willing to help them, this contributes to effective communication.

Understanding is when if two people were quarrelling and someone else came to help sort it out, they would see it from both people's point of view, and will see where they both came from. For example, a service user named Katy in a residential home was watching TV, but another service user called Rupert came over and started changing the channels, they both start arguing until finally a care worker comes to sort it out. They both explain what happened from their point of view, in the end the care worker lets Katy watch TV but then said after half an hour Rupert can watch his programme, they both agree because it was Katy who was watching the TV first. The service users would both feel treated equally and this would make the service users feel respected because of this it will contribute to effective care.

Respect is when a care worker treats service users how they as an individual would like to be treated. For example, if a service user wanted to go to the toilet and needed a care worker's help, they would ask them, but if the care worker told the service user to wait then the service user wouldn't feel at all respected, but if a care worker thought about if they was in the service user's position then they would help them straight away, because that's how they would want to be treated. The service user would feel treated fairly and they would also feel like their wishes are respected, the care given will be more effective because of this.

Sense of humour can also make the care given to the service user from the care worker more effective. It can do this because it will show that not everything is so serious and individuals can have a laugh about certain things and can laugh at appropriate times. If the care worker can have a laugh with the service user about certain situations it tells the service user that they can relax and they can feel comfortable around that care worker. For example, a care worker could be asking a group of residents at a residential home what they would like for dinner, the care worker tells them what's on offer but they all don't like one certain offer so say "eww no we don't like that" then the care worker has a little giggle with them.

SAMPLE LEARNER WORK

Empathy, to empathise with a service user means to see and feel the same way that they do, it means that care workers can put their selves in the service users position and have a good idea of what's on the service users mind and the care worker will also understand more of what their trying to say. For example, if a young child from a nursery was in pain from falling of a slide because of another young child pushing them, the care worker (nursery nurse} would understand how they feel because of the pain, and because also the other young child pushed them so the child must of felt like they was being bullied. This will contribute too effective communication because the service user will be able to recognise when a care worker is empathising with them by the way the speak to them and the words they choose to use.

Cheerfulness can contribute too effective care, it can do this by at the last, just a friendly smile when a care worker walks past a service user, it would make the service user feel respected, valued and comfortable in the environment there in and around. For example, a few different patients in a medical centre waiting for their appointment, when one of them gets called in the doctor/nurse could say "hello miss/sir how are you feeling today?" while giving them a friendly smile, this will make the effect of care much larger because the service user will feel more valued.

Marking commentary on MB1 sample learner work

Total awarded for learning objective 2: 3/16 (3 marks MB1).

The candidate while discussing some qualities are not explicitly linked to those identified in the specification for learning objective 2. The evidence indicates an understanding of personal qualities and the impact when caring for an individual. Examples give limited justification of personal qualities to be used and why.

Suggested improvements to progress sample learner work to MB2

Clear connections need to be made between personal qualities and how they contribute to care in health, social care and early years settings.

Examples given must justify personal qualities to be used and why, they should also show the impact on effective care.

MARKING BAND 1 SAMPLE LEARNER WORK

Learning Objective 3 – Be able to communicate effectively within a health, social care and early years setting

SAMPLE LEARNER WORK

Health and Social Care Role play for effective and ineffective communication

Effective communication with Nicole, Amrita and Roni

Scenario: Mr and Mrs Smith have recently moved from Thailand. Mr Smith is British and speaks fluent English: his wife, Mrs Smith, is Thai and speaks very little English. Their son Andrew Smith has just started at the Nursery, a nursery for preschool age children. This morning Mr and Mrs Smith have come in to see one of the Nursery Staff because they are concerned that Andrew is picking up bad language at the Nursery. They are quite angry.

Mr Smith - Hello can I speak to one of the staff please?

Mrs Smith - Speaks rapidly and angrily in Thai to her husband....

Mr Smith looks at his wife and speaks back to her in Thai, Mrs Smith falls silent and nods.

Nursery nurse - Good morning, you are Mr and Mrs Smith aren't you? Andrew's parents. How can I help?

(She looks at both parents and smiles)

Mr Smith - I hope you can! Andrew came home last night and was coming out with the F word!! We certainly don't use it at home so he must be learning it here. This is not acceptable!

Nursery Nurse - I'm sorry to hear that, would you and Mrs Smith like to come in to the office and we can talk about it privately.

Mrs Smith - Talks to her husband Thai, she is agitated.

Nursery Nurse: Is there something bothering Mrs Smith I can help with? (to Mr Smith)

Mr Smith - My wife is very distressed about it, swearing offends her!

Nurse - (to Mrs Smith) I'm really sorry this is happening and we will try everything to sort it out. Did Andrew say where he heard the word? (To both parents)

Mr Smith - No, I asked him and he didn't say

Nurse — OK then I think the best thing we can do is keep an eye on things. We certainly don't allow bad language here, but some of our children learn a lot of it at home and use it every day. I can only apologise.

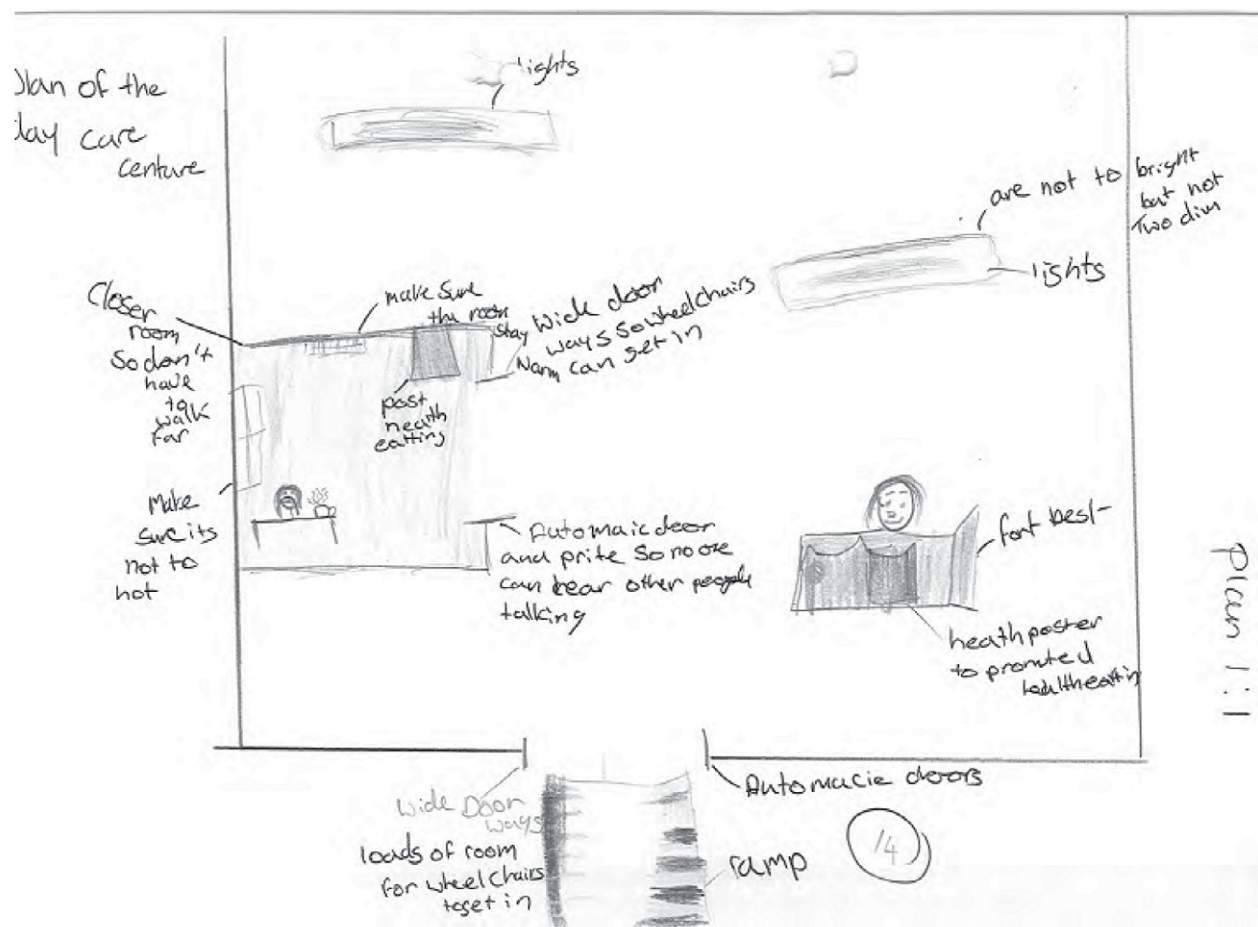
Mr Smith - That's OK, I'm sure you will make sure it doesn't happen again.

Nurse - OK then. Thank you for letting me know about it. I would rather know.

Mrs Smith - Smiles and says bye and thank you

Mr Smith - Thank you for listening. Goodbye.

SAMPLE LEARNER WORK



SAMPLE LEARNER WORK

Surinder is 70 years old and has very bad mobility problems. He is obese but lives independently in his own home he's come to the day centre to get some advice on losing weight from his key worker Nicole

One to One dialogue case study 2 Surinder

Surinder goes up to the front door of the Day Centre. He is riding in his motability scooter. Surinder knocks on the door

Nicole: Come in (shakes hands) Hello Surinder my name is Nicole, we spoke on the phone, I'm your key worker and I'm here talk to you about healthy eating.

Surinder: Hello Nicole I'm glad that you want to help me with my eating.....

Nicole takes Surinder into a private office to chat to him.....

Nicole: Would you like anything to drink?

Surinder: I'm ok thanks, now what kind of things do you reckon I could do to sort out my diet because at the moment I eat take away a lot and crisps and sweets.

Nicole: well how many times a week do you get take away?

Surinder: I have Take away most night as I find it hard to move around and make myself food. I have burgers, Chinese and pizza but my favourite is KFC. I know I'm eating the wrong things but its difficult.....

Nicole: What you could do is see If I can get you help, there's all kinds of care available, such as meals on wheels or social services which can help you with all different kinds of things.

Surinder: Meals on wheels? What is that?

Meals on wheels can get healthy food or different kinds of food to your door they can put it on a plate for you and bring the meal for you. Then social services can get you all sorts of help and the can give you advice is this the number for meals on wheels 02380421602 and social services is 02380435726. Now this is where we start to talk about what is bad and good for you. The Bad foods for you are take a ways, sweets, ,crisps, fizzy drinks and sometimes juice no fried food .Then now for good things, you could try changing your white bread for brown bread getting low fat butter and milk, sugar free drinks and low fat sweets as well. I can get you information on those if you like?

Surinder: I can give that a try, what do you reckon I start cutting out first?

Nicole: You don't want to just stop straight away because you can give you self a heart attack so once or twice a week get a take away or have a sweet or cake as a treat because you don't want to hurt yourself or work yourself up it's not going to be easy but I'm here to help you every step of the way if need me this my number 02380965782 or if I'm not in there is other numbers that can call if you need to talk to someone 02380365781.

Surinder: Thank you very much I can understand it's not going to be easy but with your help and Guidance I think I can do it with the information you have gave me has helped me it was nice meeting you so will we have weekly meeting or every two weeks?

SAMPLE LEARNER WORK

Nicole: We will have weekly meeting and it was very nice to meeting you. We also have a weekly support group you can come to as well.

Surinder: Really? That would be good to talk to other people like me. Thank you again. See you soon.

Nicole: Your welcome, I hope to see you again soon. Take care.....

Surinder leaves the Day Centre.

SAMPLE LEARNER WORK

Witness Statement - Task 4

LO3	Be able to communicate effectively within a health, social care and early years setting.
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LEARNER NAME	
ASSESSOR NAME	
Date	18/12/12

ASSESSOR FEEDBACK - please give detail of how learners have met the criteria for the grade awarded.

Demonstrating communication skills, considering body language skills and appropriate language						
Please tick	One-to-one interaction	✓	Group interaction		Surinder	
Please tick	MB1	✓	MB2		MB3	
Assessor comments	<p>Nicole took part in a 1:1 dialogue. She assumed the role of the key worker.</p> <p>She was assessed on her communication skills both verbal and non verbal.</p> <p>Nicole took this activity seriously and was able to demonstrate empathy and compassion.</p>					

SAMPLE LEARNER WORK

Record of Questions/Answers

ASSESSOR QUESTION 1

What types of behaviour might Surinder experience from people because of his weight?

LEARNER RESPONSE 1

People laughing at him and calling him fatty

ASSESSOR QUESTION 2

What issues might Surinder face because he's a wheelchair user?

LEARNER RESPONSE 2

People talk above his head. May not be able to get in the room.

ASSESSOR QUESTION 3

What types of body language would the key worker use to make Surinder feel valued and comfortable?

LEARNER RESPONSE 3

Eye contact, smiling, gestures.

ASSESSOR SIGNATURE		DATE	18/12/12
LEARNER SIGNATURE		DATE	18/12/12

AREAS FOR IMPROVEMENT/GENERAL COMMENTS

This could have been improved by more careful planning.

You have the right ideas but having missed the discussion/build up lessons some of your answers lacked detail.

SAMPLE LEARNER WORK

Witness Statement - Task 4

LO3	Be able to communicate effectively within a health, social care and early years setting.
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LEARNER NAME	
ASSESSOR NAME	
Date	19/12/12

ASSESSOR FEEDBACK - please give detail of how learners have met the criteria for the grade awarded.

Demonstrating communication skills, considering body language skills and appropriate language						
Please tick	One-to-one interaction		Group interaction	✓	Skye	
Please tick	MB1	✓	MB2		MB3	
Assessor comments	<p><i>You are always positive when carrying out role plays although better attendance would improve your knowledge and lead to a deeper understanding.</i></p> <p><i>It is difficult to plan a group interaction when one of the group members is absent.</i></p> <p><i>Clients in health and social care need continuity.</i></p> <p><i>You have had to verbally plan this with me which you have done to a</i></p>					

SAMPLE LEARNER WORK

Record of Questions/Answers

ASSESSOR QUESTION 1

What would you do if a child keeps saying 'why'?

LEARNER RESPONSE 1

I would answer as many questions as I can but they would have to wait if I needed to see to someone else.

ASSESSOR QUESTION 2

What health and safety issues might there be?

LEARNER RESPONSE 2

Wet spillages paint dropped, things to trip over. I would need to clear them up.

ASSESSOR QUESTION 3

Can you give me an example of an open question?

LEARNER RESPONSE 3

'What would you like to make?'

ASSESSOR SIGNATURE		DATE	19/12/12
LEARNER SIGNATURE		DATE	19/12/12

AREAS FOR IMPROVEMENT/GENERAL COMMENTS

Planning and attendance.

Marking commentary on MB1 sample learner work

Planning is very basic; an outline is given for one-to-one interaction but not for the group interaction. There is evidence in the witness statement of planning being discussed for the group interaction. There is no reference to the methods of communication that the candidate will use and very little consideration given to the qualities, body language, timescales etc. that could be used.

The evidence witness statement does not clearly reflect the level of competence achieved while carrying out the interactions. The witness statement should reflect how the candidate has performed not their attitude and attendance.

Suggested improvements to progress sample learner work to MB2

Planning needs to be produced for both interactions – one to one and group. There needs to be written evidence from the candidate to meet this assessment criteria. The specification details specifically what should be included in the planning and should be reflected in the evidence produced. There should be a witness statement for each of the interactions completed by the assessor reflecting the grading criteria. This should show a clear level of the competency achieved by the candidate.

There should be a written piece of evidence with sound examples showing the types of behaviour that fail to value people. There should be written evidence by the candidate to show skill, knowledge and understanding from the other units in the specification.

MARKING BAND 3 SAMPLE LEARNER WORK

Learning Objective 1 – Understand how to communicate effectively

SAMPLE LEARNER WORK

Effective Communication:

A Guide for New Nursery Nurses

Different types of Communication

All care workers will come into contact with a wide variety of different people in the course of their daily work. Some service users and their families will be very good at talking and expressing their needs, others may not be. Some will be good at getting their message across in writing, others may use special methods of communication such as sign language. A major part of any care workers role is to make sure their communication is effective as many service users may be dependent on them for information and care. As a care worker you will be required to meet the needs of service users, these needs may be physical, intellectual, emotional, or social; to do this you will need to communicate with them.

Effective communication is a two way process where each person tries to understand the other.

‘When we communicate with other people we become involved in a process of expressing our own thoughts and interpreting the other person’s understanding of what we are communicating’ (Moonie. 2005. Pg85)

This process usually involves six different stages, which form the communication cycle.

The Communication Cycle

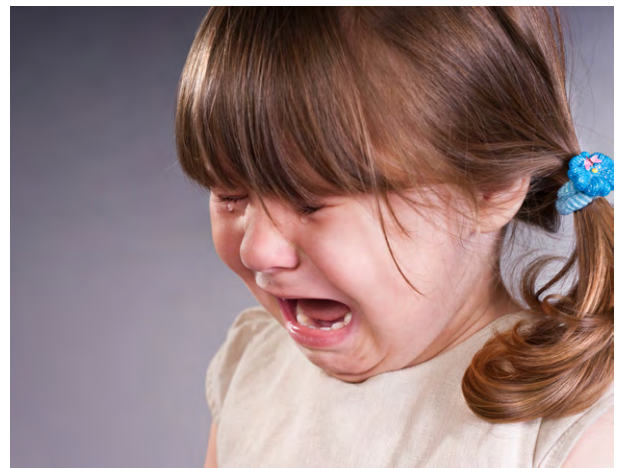
Hetherington et al. 2010. Pg 10

Care workers have to ensure that their service users and also other care workers understand what is being said or communicated to them. For example a child in a playgroup may misunderstand something that has been said by a nursery nurse, or the way it has been said with an unfriendly or loud tone of voice and may get upset and cry as a result.

The main methods of communication are:

- Verbal
- Non-verbal
- Written
- Specialist

Section one of this guide will explain these methods of communication and give examples of their use relevant to nursery nurses. The guide will also cover factors that positively influence communication. Section two will explain barriers to communication and ways of overcoming them.



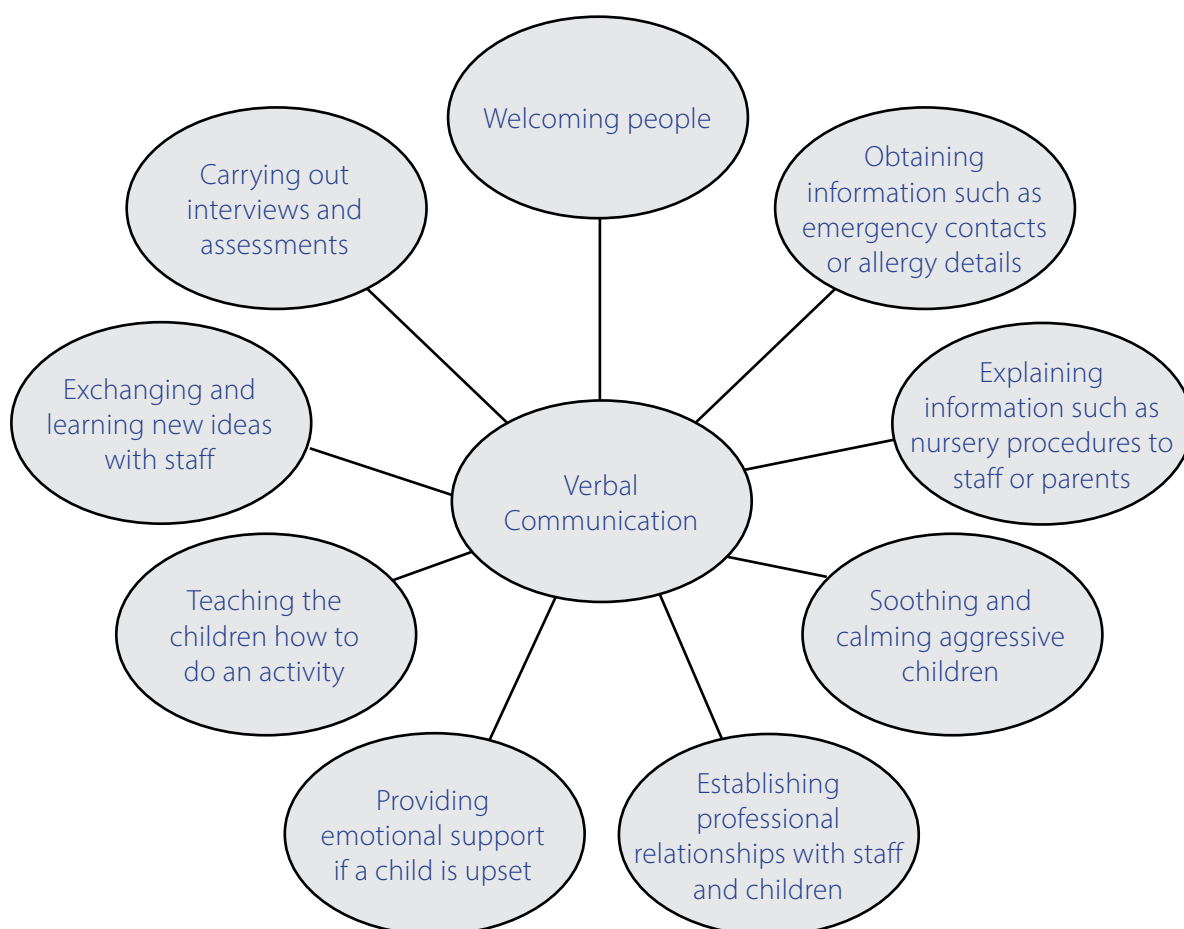
SAMPLE LEARNER WORK

Verbal Communication

Verbal, or spoken, communication is used to obtain or give information; to exchange ideas or opinions with people. Questions can be asked, information clarified and understanding can be checked. Verbal communication involves 'active listening', this is not just listening but thinking about what the other person means, then thinking what to say back to them.

in an early years setting staff will often orally communicate with the children for example informing the children of the activity they are about to do such as a painting activity and the rules that they must follow when doing the activity such as wearing an apron and tidying up once they have finished the activity. Staff will also communicate with other members of staff; discussing any concerns they have about particular children or organising group activities such as theme days for the children. The staff may also communicate verbally with parents to discuss a child's progress and to express any concerns they may have about his or her behaviour or development. Staff may also speak with other health professionals such as social workers to express concerns they may have about the welfare of children such as if they discover bruises on the child or if the child goes to a member of staff upset. Verbal communication may take place one-to-one, in groups, at meetings or over the telephone.

Examples of situations where verbal communication is used in a nursery:



SAMPLE LEARNER WORK

Verbal Skills

Verbal skills include:

- Clarity
- Empathy
- Tone
- Pace
- Para-verbal skills

Clarity

This involves making something clear and understandable which is very important when working with children. You should use short sentences and avoid using slang or technical terminology that children will not understand. Don't ask young children to do several things at once as this is confusing for them. Sometimes you will need to clarify or check what the child is saying or wanting. Examples of phrases that can be used for clarifying are: "so, do you mean...?" or "so you want to...?" or "you seem to prefer..."

Empathy

This is putting yourself in someone else's shoes by sharing and understanding their emotions; to see things as they do. For example if a child cries when his mum leaves him at the nursery it is important to console him, not just say "don't be silly she will back this afternoon." This would put him down and dismiss the problem. To the child it is a big problem, his mum has gone and let him. Children need to have their feelings acknowledged. Telling the child you know he is upset is likely to encourage him to talk more and will help him get over his worries.

Tone

This refers to the tone of your voice - if you speak calmly and quietly with an encouraging tone the other person will think you are being friendly and kind. If you speak loudly and aggressively you will come across as frightening, especially to young children. So it is important to remember that it is not just what you say, but also the way in which you say it, that matters.

Pace

This refers to how fast or slow you speak. In a nursery if you speak really quickly the child listening to you may not be able to hear or keep up with everything you say. If you keep hesitating or saying 'um' or 'er' it makes it harder for the children to concentrate on what you are saying. If you speak at a steady pace, however, you will be able to get your message across more clearly and the other person will be able to hear every word you say.

SAMPLE LEARNER WORK

An example of these skills in action:

At a local Children's Centre breakfast club I observed the care worker starting a conversation by saying to the child '*would you like help with your cereal?*' in a friendly and relaxed tone. This enhanced the interaction as the care worker was able to make the child feel comfortable enough to join in with the conversation, which was very effective as it supported the child's learning and development and prevented any barriers to communication. This then impacts the child as it makes them feel secure in the early years setting, and is encouraged to join in. In the interaction I observed the care worker pausing and allowing the child time to think and try to do the cereal himself before continuing the conversation with the child by saying 'Oh yes you do want help' which was a clear and clarified statement, which allowed the child to feel relaxed as he received the help he needed.

Para-verbal Skills

This means communicating not by what you say, but how you say it. These are the messages transmitted through the tone, pitch and pace of the voice.

Examples of para-verbal communication include:

- Voice qualities/voice tone (is voice flat or monotone?)
- Rate of speech (how fast or slow one talks)
- Cadence/rhythm of voice (soothing; measured; excited)
- Volume (loud/quiet)
- Inflection (emphasis)

Care workers should be aware of para-verbal communication and need to remember that:

"When we are angry or excited, our speech tends to become more rapid and higher pitched.
When we are bored or feeling down, our speech tends to slow and take on a monotone quality.
When we are feeling defensive, our speech is often abrupt."

[http://www.directionservice.org/cadre/section4.cfm/#Paraverbal Messages](http://www.directionservice.org/cadre/section4.cfm/#Paraverbal%20Messages)

Professor Albert Mehrabian has researched communication and produced this statistic:

7% of meaning is in words that are spoken

38% of meaning is paralinguistic (the way that words are said)

55% of meaning is in facial expression

<http://www.businessballs.com/mehrabiancommunications.htm>

SAMPLE LEARNER WORK

A sentence can convey entirely different meanings depending on the emphasis on the words and the tone of voice.

For example, as a child passes a toy to the nursery nurse:

Nursery nurse: Thank you Sam, that's just what I wanted (in a sincere, friendly tone of voice)

Alternatively:

Nursery nurse: Thank you Sam, that's just what I wanted (in a loud, sarcastic tone of voice)

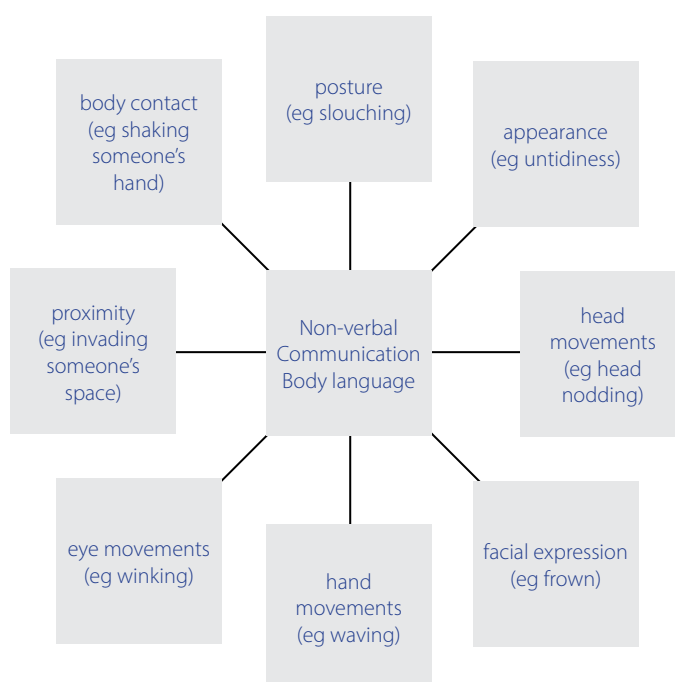
The first response demonstrates that the nursery nurse is enjoying being with Sam and playing with the toys and encourages further conversation. The second response suggests boredom and disinterest and will not support the child's development socially or emotionally.

Non-verbal Communication

Non-verbal communication includes:

- Body language
- Gestures
- Facial expressions

Non-verbal means 'without words'. This type of communication is where your body sends messages. Your eyes can send messages for example when you roll your eyes; your face can show when you are angry, sad, happy etc. Body language can also be how you sit or stand, whether your arms are folded; how you walk. Nursery workers need to be aware of their own body language so that they do not send out the wrong messages to the children in their care. They also need to be able to read the body language of parents and the children.



Body Language

The way you sit or stand can send messages. A sad person might have their arms folded around them with their hands gripping their elbows, whereas a happy person will be leaning back have open arms and look a lot more relaxed. Leaning forward can show that you are interested. Sitting with crossed arms can say 'I'm not taking any notice'. Leaning back with your legs stretched out can send the message that you are relaxed.

SAMPLE LEARNER WORK

Gestures

Gestures are hand and arm movements that help you understand what a person is saying without them speaking or in addition to them speaking. Examples of different gestures can be someone shrugging their shoulders to say 'I don't know', the 'thumbs up' gesture or 'high five' to mean that something has gone well or putting hand up palm facing outwards to say 'stop, don't do that.'



Facial Expressions

Your face can show complex emotions.

A happy person's face will have a big smile and 'twinkly' eyes. A sad or angry person may be frowning; their mouth will be tense as will their facial muscles.



Body Language in Practise for a Nursery Nurse

Nursery nurses need to be approachable by children and parents and so it is important that they do not use closed body language. Closed body language means crossing, covering or hiding.

When someone uses closed body language they:

- don't look people in the eyes;
- fold their arms or hide their hands in the pockets;
- turn their body away from them;
- cross their legs and point their feet away from them;
- put barriers between you and them;
- frown, or smile all the time a strained smile.

When you use this kind of body language, people will feel uncomfortable and they will try to avoid you, this is not the message a nursery nurse should be sending out. However it is

important that these signs can be read, as if parents or children show them then there is probably an issue that needs to be dealt with.

<http://www.publicspeakinginternational.com/blog/bid/141257/Body-Language-Secrets-What-Self-Image-Are-You-Broadcasting>

<http://www.google.co.uk/imgres?q=body+language>

Children can show powerful body language.

"you may be right - but I don't want to hear you because I don't like what you are saying."

http://www.reading-body-language.co.uk/body_language.html

SAMPLE LEARNER WORK

Body Language in Practise for a Nursery Nurse

Nursery nurses need to be approachable by children and parents and so it is important that they use open body language. It makes them appear more welcoming and trustworthy. It will also make them feel more comfortable and relaxed In any situation.

Open body language:

DO:

- maintain eye contact at all times during your conversation.
- smile if appropriate for the situation
- keep your hands on the sides of your body;
- keep a friendly, tall and open posture
- lean forward to show interest

DON'T:

- fold your arms or clench your fists.
- cover your body with your arms
- hide your hands in your pockets

<http://www.google.co.uk/images>

<http://www.parentdlsh.co.uk>

SAMPLE LEARNER WORK

Body Language in Practise for a Nursery Nurse

Though close to the child, the nursery nurse is not too close, as this would invade the child's personal space and make her feel uncomfortable.

The nursery nurse has open body language. She has one arm on the back of the chair and one holding out a toy for the child. This provides a trusting and welcoming posture.

The nursery nurse is smiling. There is no tension in her facial expression. This shows that she is enjoying interacting with the child.

The nursery nurse's shoulders are relaxed. This is positive body language helping the child feel relaxed.

The nursery nurse has angled her head to face the child – this shows interest and demonstrates that the child is the focus of her attention.



The child's facial expression shows concentration and interest in what she is doing.

The nursery nurse has one hand on the back of the child's chair, this gives the child a sense of security, that she is being looked after.

The child also has open body language. This shows that she feels comfortable and relaxed in this situation.

The nursery nurse is sitting on a child height chair. This brings her down to the child's level rather than towering over her.

<http://www.madeformums.com>

SAMPLE LEARNER WORK

Non-verbal Communication

A training guide for Body language

Card game — Match the Images to the Emotions

Instructions:

You have been given two sets of cards – one set has pictures of body language, one set has words (emotions)

Take it in turns with a partner to match up the body language with the correct emotion

Then test yourself – write down the emotion for each picture

ANSWER SHEET



Nervous



Sad



Scared



Bored



Aggressive



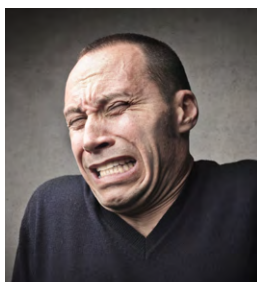
Angry



Surprised



Happy



Pain



Intrigued

SAMPLE LEARNER WORK

Written Communication in a Nursery

Written communication is used for many different things in a nursery. Some examples are:



A Guide to Good Written Communication.

1. Make sure all information recorded is correct – eg a child's allergy information
2. Make sure handwriting is legible – other people may need to read it
3. Be professional when writing – use correct grammar, spelling & punctuation not 'text' language
4. Keep everything up to date – eg a child's emergency contact details
5. Make sure files are organised eg in alphabetical order, so that others can find the information
6. Maintain confidentiality – private information should only be shared on a 'need to know' basis

Why these points are important:

Correct, accurate and up to date information and record keeping are vital. For example if a child is taken ill it is important that parents are contacted straight away. Incorrect 'phone numbers can result in delays in making contact. Full details must be recorded on the appropriate form if there is an accident, this is a legal requirement.

Spelling, grammar and punctuation are important so that meaning is clear. Also it looks professional and gives the nursery a professional image and good reputation.

Confidentiality is very important. Private records about the child should be shared only with those who need the information to do their job. For example special educational needs information would be shared with the nursery staff and the child's parents only. The other parents do not need to know this information.

Examples of written communication in a nursery

It's Toddler Time!

May: Week 2 **Theme: Ring-a-Ling**

	Monday	Tuesday	Wednesday	Thursday	Friday
Music and Fingerplays	Single Bell Color Game				
Circle Time	Toddler age books about Music, Instruments, Bands, and Marching				
Nursery Rhyme	Little Boy Blue				
Speech and Vocabulary	Drum	Horn	Tombourine	Morocos	Bells
Sensory	"What's That Sound?" Listening Game				
					Silver and Gold Table Day
Creative Art	Drum Puppets				
Motor Skills	Following the Leader Marching Band				

Report of an Accident, Dangerous Occurrence or Near Miss

Date of incident: _____ Time of incident: _____

Location of accident, etc.: _____

In the event of the casualty being absent from normal duties, please fill in the date of the first absence and date of return to work.

Date off work: _____ Date return to work: _____

Details of the person injured or involved in the accident, dangerous occurrence or near miss

Full name: _____ Age: _____

Address and post code: _____ Sex (M or F): _____

Occupation of injured person or status (if not an employee (e.g. Student, Visitor): _____

Nature of injury: _____

Management of injury (Please tick appropriate box)

First aid only ☐ Advised to see doctor ☐

Casualty sent to hospital ☐ Admitted to hospital for more than 24 hours ☐

Account of accident, dangerous occurrence or near miss

Describe what happened and how. In the case of an accident, state what the injured person was doing at the time.

Witnesses

(Please give names, address and occupation)

Remedial action taken

(Note: All accidents, other than minor incidents, will require an accident investigation form to be completed)

Signature of person making report _____ **Date** _____

Signature of Safety Co-ordinator _____ **Date** _____

On completion the report must be sent to a copy and 1. the Director of Environmental, Health and Safety Services (2. the Person(s) involved in the incident)



Telephone Message

To: _____

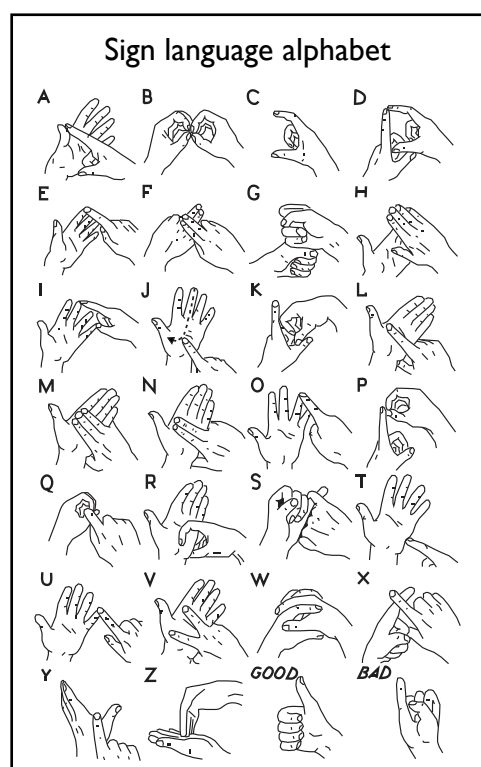
From: _____

Message: _____

Message taken by: _____

HAZARD/ACTIVITY	HOW AT RISK	PERSONS AT RISK	CONTROL MEASURES	COMMENTS - ACTIONS	RESIDUAL RISK RATING	✓ X
Play equipment, material	Falls, cuts, fractures	People	<ul style="list-style-type: none"> Play equipment to be inspected regularly by caretaker and maintained Play equipment to be inspected annually by a competent person, insurance company etc. 		Low	
Playground	Slips, trips, falls, cuts	People, staff	<ul style="list-style-type: none"> Playground surface to remain in good condition and not be breaking up which makes it slippery There should not be any holes in the surface Damaged areas to be fenced off with suitable barrier Stumps or fallen trees are a problem they should be removed regularly In icy conditions surfaces may need gritting or be placed out of bounds 		Low-Medium	
Play time	Slips, trips, falls	People, staff	<ul style="list-style-type: none"> Adequate supervision to be available during play time Adequate first aid provision to be available during play time Arrangements to be in place for dealing with incidents to the playground during playtime Arrangements for dealing with dogs in play 		Low-Medium	

Specialist Communication: A Guide for New Nursery Nurses



Baby signing basics



SAMPLE LEARNER WORK

Specialist Methods of Communication

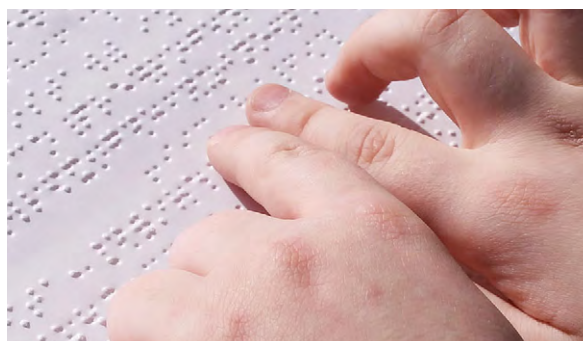
Communication difficulties may be a result of a physical disability, sensory impairment, language impairment or learning difficulty. There are many different ways to communicate and there are many strategies that can help.

BRaille FOR CHILDREN**BRaille** Alphabet

A	B	C	D	E	F	G	H	I
⠠	⠠	⠠	⠠	⠠	⠠	⠠	⠠	⠠
⠠	⠠	⠠	⠠	⠠	⠠	⠠	⠠	⠠
⠠	⠠	⠠	⠠	⠠	⠠	⠠	⠠	⠠
J	K	L	M	N	O	P	Q	R
⠠	⠠	⠠	⠠	⠠	⠠	⠠	⠠	⠠
⠠	⠠	⠠	⠠	⠠	⠠	⠠	⠠	⠠
⠠	⠠	⠠	⠠	⠠	⠠	⠠	⠠	⠠
S	T	U	V	W	X	Y	Z	
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⠠	⠠	⠠	⠠	⠠	⠠	⠠	⠠	⠠
⠠	⠠	⠠	⠠	⠠	⠠	⠠	⠠	⠠
1	2	3	4	5	6	7	8	9
⠠	⠠	⠠	⠠	⠠	⠠	⠠	⠠	⠠
⠠	⠠	⠠	⠠	⠠	⠠	⠠	⠠	⠠
⠠	⠠	⠠	⠠	⠠	⠠	⠠	⠠	⠠

This is a method of communication used by visually impaired or blind people. It was devised by Louis Braille in 1821; he became blind from an accident at age 3. He developed the Braille System to help teach blind children to read and write. Braille consists of a series of dots which are read by touch. Each character is made up of raised dots; the raised dots may be in any of six positions within a rectangle. There are sixty-four possible combinations of dots.

http://www.clearvisionproject.org/pre_readers.asp



ClearVision Fingerfun books have been specially designed to help children with little or no sight to develop tactile skills. They contain a simple, entertaining printed story, a key word in large print and Braille on every page, bold black and white illustrations, and brightly-coloured thermoforms of everyday objects (spoon, comb, biscuits etc) featured in the stories. Matching real objects - easily found in most homes and nurseries - can be used alongside the thermoforms to make the stories really come to life.



SAMPLE LEARNER WORK

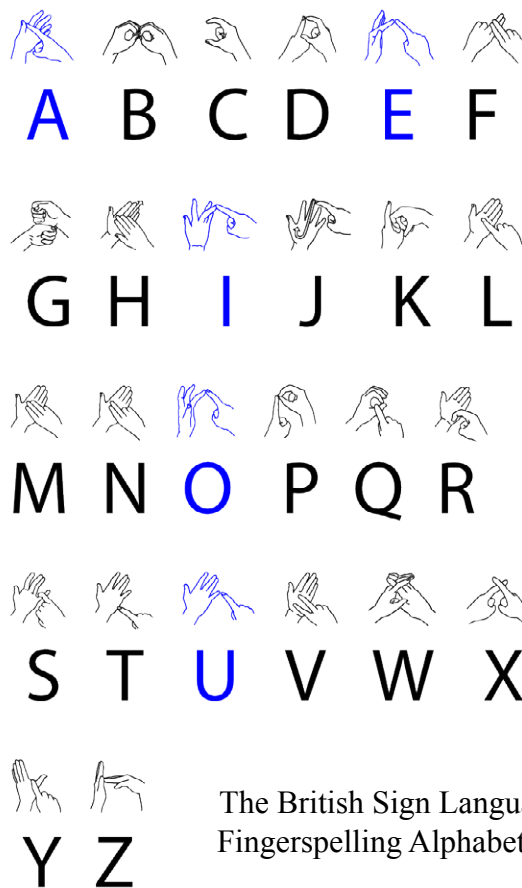
SIGN LANGUAGE FOR CHILDREN

Sign language involves using visual signs rather than sounds to communicate with individuals who have impaired hearing.

Makaton is a method of communication that used signs, symbols and also speech actions. It is often used for those with learning difficulties.

Signing Puppets, also known as Living Puppets, are proven to be extremely successful learning/attention aids for children with ADHD, Autism and behavioural issues, as well as teaching children how to sign in sign language.

PECS (picture exchange communications system). Children learn to initiate communication by exchanging a picture for the item/activity they want.



SAMPLE LEARNER WORK

ASSISTIVE TECHNOLOGY

Voice Recognition Software

Speech recognition programs allow users to write text, use the internet, send email, and use applications by using their voice rather than a mouse or keyboard. These programs can be very helpful to people who do not have full use of their hands and therefore have difficulty using a keyboard and mouse. Example - children with a diagnosis of cerebral palsy who may have difficulties with fine motor skills and dyspraxia makes handwriting and using a keyboard difficult.

Aided Communication Systems

This describes communication methods that require equipment. For example:

VOCAs (Voice Output Communication Aids). These devices can display letters, words, and phrases, or a variety of symbols, to allow the child to construct messages. Messages can be spoken electronically and/or printed on a visual display or strip of paper. Voice Output Communication Aids may involve a single button press to speak a whole message or require multiple button presses to build up a sentence.

Children need to have a reliable method of access in order to use aided communication systems. For example:

- Pointing
- Eye pointing
- Using a keyboard
- Scanning using a switch to select the relevant item

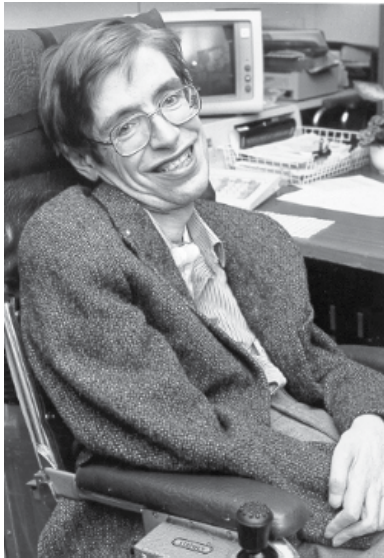
Case studies from:

<http://www.talkingpoint.org.uk>

Prolonged periods of time without a communication system can lead to frustration or may result in children having reduced interest in activities and becoming very passive.

VOCAs allow children to have some control in their lives and to demonstrate what they can achieve.

SAMPLE LEARNER WORK



Stephen Hawking was diagnosed with motor neurone disease at the age of 21. He now communicates through a computer and a voice synthesizer by twitching his cheek.

Hawking uses a menu controlled by a computer system to speak. A computer highlights cells in a big grid of letters or words, and when the correct one is highlighted, he presses a switch. It is an infrared system mounted on his glasses which detects movement in his cheek muscle.

This type of technology is becoming more common as can be seen in the case study of Edie below, she uses eye pointing and switches to communicate at her nursery.

Edie has the spastic quadriplegic form of cerebral palsy. The term spastic refers to tightening and stiffening of the muscles and quadriplegic means that it affects all four limbs. This affects her ability to control the movement of her arms and legs, and her ability

to speak. Edie has recently started attending a nursery within a special school.

Edie's disability has meant that it is difficult for her to play with toys independently and to speak. It has been important to find ways that she can have some independent control and maintain her active engagement with activities. Similarly it has been important to develop ways for her to communicate other than by speech.

Edie is very good at looking and using her eyes to 'talk'. Using your eyes to give information is called 'eye pointing'. From a very young age Edie's mum has interpreted Edie's communication by following where she is looking. Edie can use her eye pointing skills to direct someone else to manipulate her toys, but sometimes it is fun to do it herself. For this reason Edie has tried to use a switch to operate toys and activities. Switches can be used to control many different things as well as toys and computers. Switches can operate Voice Output Communication Aides (VOCAs) and powered wheelchairs.

Case study from: www.talkingpoint.org.uk

Advocates

An advocate is someone who speaks on behalf of a service user. Situations where this would happen would include illness or serious learning disability. An advocate could be a lawyer representing someone in court; a volunteer who helps to communicate a person's needs to others; or someone such as a nursery nurse who speaks to other professionals on behalf of a child and their family.

Interpreters

Interpreters are people who communicate a conversation, whether it is spoken or signed to someone in a different language they will understand. For example a mother might learn sign language in order to communicate information to a deaf child. A nursery nurse may sign for the same reason if children in the nursery have hearing problems.

SAMPLE LEARNER WORK

Factors that Positively Influence Communication:**A Guide for New Nursery Nurses****POSITIVE FACTORS****INFLUENCING COMMUNICATION IN A NURSERY**

<u>ENVIRONMENTAL INFLUENCES</u>	
Everyone needs to feel safe and comfortable in their environment in order to communicate well	
Heating and ventilation	Good air circulation and temperature are important. The nursery should not be too warm or too cold; children may get irritable and sleepy if too hot or withdrawn if too cold and so will not interact as well with each other or the staff.
Lighting	In a nursery good lighting is required so that children and staff can see each other and what is going on; also for safety reasons. When working with the children it is important that for example in summer if the sun is shining through the window and obscuring the child's view a blind should be used so that this does not happen and have a negative effect on the interactions taking place.
Room layout and noise	<p>Whether it is a group, one-to-one, formal, or informal situation will affect the room layout used. If a discussion is confidential it will require a private area where there will be no disturbances or noise. A group activity with the children will require space and an area where noise doesn't matter.</p> <ul style="list-style-type: none">• A meeting with a child's parents about a personal matter requires privacy and would probably take place in an office or small room rather than in the main classroom where the conversation would be overheard or it might be too noisy. To create an informal, non-threatening, atmosphere easy chairs would be used perhaps around a low coffee table This would help the parents feel relaxed and lead to a better interaction.• A group activity with the children could take place around a table so that they will interact with each other. Each child would need to have their own work space, so the tables would have to be arranged around the room giving each group their own area with enough room to work and so the groups are not too big.• Story time could involve the children sitting in a half'-circle in front of the nursery nurse. This would enable eye contact and feel 'inclusive' as everyone will be sitting together and be involved in the same activity.• A quiet corner is useful so that children can concentrate on what they are doing or be alone if that is what they need. It could be used for one-to-one sessions by the nursery nurses, for example carrying out child assessments, individual learning support or teaching reading and vocabulary.

SAMPLE LEARNER WORK

POSITIVE FACTORS**INFLUENCING COMMUNICATION IN A NURSERY**

INTERPERSONAL INFLUENCES	
Everyone needs to feel safe and comfortable in their environment in order to communicate well	
Relationships	<p>Having good relationships with the children and their parents or carers is essential. Effective communication enables the development of good relationships, Verbal skills, body language and specialist methods of communication used appropriately will demonstrate to service users that they are valued and supported in the nursery setting.</p> <p>Full description and detailed examples of how are in the 'Guide to Effective Communication: A Guide for New Nursery Nurses' and 'Specialist Communication: A Guide for New Nursery Nurses' booklets.</p>
Active listening	<p>Active listening is more than hearing, it involves using the communication cycle and being able to demonstrate what you have understood when you listen to another person.</p> <div data-bbox="426 952 823 1223"> <pre> graph TD Inform --> Invite Invite --> Listen Listen --> Acknowledge Acknowledge --> Inform </pre> </div> <ul style="list-style-type: none"> • Inform: this is where the conversation starts by asking an open question • Invite: this is where you wait for a response • Listen: it is important to listen as you need to hear what is said in order to continue the conversation • Acknowledge: this is important because it demonstrates that you are listening <p>Example: A parent has just had to drop off her child, Holly, in a hurry because she has to go to an appointment. Holly is upset because her mum usually stays for 5 minutes to settle her in.</p> <p>Inform: How are you feeling this morning Holly?</p> <p>Invite: Waits for a response</p> <p>Listen: Holly has been invited to talk about what has happened</p> <p>Acknowledge: You must be missing your mum this morning</p> <p>Using active listening, as in the example above, demonstrates that you value people and are concerned about their feelings and needs.</p>
Body language and personal space	<p>Nursery nurses need to be approachable by children and parents and so it is important that they use open body language. It makes them appear more welcoming and trustworthy. It will also make them, and the children, feel more comfortable and relaxed in any situation.</p> <p>See pages 5 – 7 of your 'Guide to Effective Communication' booklet for full description and detailed examples of using positive body language and personal space.</p>

SAMPLE LEARNER WORK

POSITIVE FACTORS**INFLUENCING COMMUNICATION IN A NURSERY****Respecting different cultures**

The term 'culture' refers to the norms, values, customs and beliefs of a particular group of people. Understanding different cultures and not making assumptions or having stereotypical attitudes will enhance communication with the diverse range of children families who use nurseries.

Providing a welcome sign and happy birthday sign in many different languages makes a very positive impact.



Having nursery displays representing a variety of celebrations is a non-verbal method of communicating respect for all cultures; for example Eid, Hannukkah, Chinese New Year as well as Christmas.

Multi-cultural resources could be used, such as the Diwali images below or picture books with stories about different countries and their customs.

Diwali Images / Puppets | Free EYFS & KSI Learning | Resources

<http://www.earlylearninghq.org.uk/celebrations-festivals/diwali>

Featuring images of the main characters from one of the Diwali stories. These full body images can be cut out and used as visual aid stick puppets or can be used to create any number of Diwali themed resources, posters and displays. The document contains images of: Rama, Sita, Ravana, Hanuman, Lakshmana and the golden deer.

SAMPLE LEARNER WORK

Respecting different cultures (continued)

Nursery staff having an awareness of how different cultures interpret verbal and non-verbal messages and humour in different ways is a very positive influence on communication and avoids offence. For example different gestures, phrases, body language can mean completely different things in different cultures.

There are many different cultures and it is impossible to be aware of all the differences. But a nursery worker must be sensitive and take cultural differences into account when dealing with parents and children who use the nursery and other practitioners. Both verbal and non-verbal communication is influenced by culture.

For example:

'In Britain the hand gesture with palm up and facing forward, means "stop, don't do that". In Greece it can mean, "you are dirt," and is a very rude gesture'

(Moonie 2005, page 65)

Further examples of cultural variations in communication – verbal and non-verbal:

Facial Expressions

A smile is one of the most common examples of a facial expression in different cultures. While Americans smile freely at strangers, in Russia this is considered strange and even impolite. In Asian cultures a smile isn't necessarily an expression of joy and friendliness but it can be used to convey pain and embarrassment. For many Scandinavians a smile or any facial expression used to convey emotions is untypical because it is considered a weakness to show emotions.

Head Movements

In many cultures in the Middle East and Bulgaria, the head movement for "Yes" is just the opposite of the head movement for "Yes" in almost any other culture. You can imagine how confusing it can be to see that somebody is all smiles but his or her head movement means "No" to you. In such cases saying "Yes" or "No" with words is enough to avoid confusion.

Hand and Arm Gestures

Hand and arm gestures as a form of nonverbal communication also vary widely among cultures. While in some cases a particular gesture means nothing to a representative of another culture, in other cases--for instance the "thumbs up" gesture or the "OK sign"--have vulgar meanings in Iran and Latin America, respectively. Yet in other countries the "OK" sign means just "zero", which is not offensive.

Eye Contact

Eye contact is one of the forms of nonverbal communication where the differences are most striking. In America and Latin America not looking the other person in the eye is a sign of disrespect and it might even look suspicious ("he or she doesn't dare to look me in the eye, so he or she is hiding something"). In other cultures, i.e. Asian cultures, prolonged eye contact is especially offensive, so you should avoid it at all costs.

<http://www.brighthub.com/office/project-management/articles/85141.aspx>

An effective practitioner will ensure that information is provided in the person's own language or in another format, such as pictures so that it is accessible for them. Employing staff of different ethnicities and who can speak different languages can be very helpful if some children do not have English as their first language.

SAMPLE LEARNER WORK

Barriers to Communication in a Nursery

Barrier	How the barrier can influence communication	How to overcome the barrier
Patronising language	Nursery workers could be dismissive in the way they speak to the children or parents by 'talking down' to them. When a child or parent is spoken to like this they will not feel valued and they will be less likely to be co-operative. Parents could take offence and feel disrespected. it could have a negative effect on a child's self esteem.	Nursery staff need to be trained in active listening techniques. This would enable them to relate better to their service users and not make assumptions about them.
Tiredness	If a child is tired they may be uncommunicative and not engage in activities; they may also become irritable and argumentative.	Nursery staff should be empathetic to the fact that the child is tired and help them to choose suitable activities that will not cause irritability or further tiredness. Looking at a picture book in the quiet corner for example rather than a group activity where arguments might start. If a child is constantly tired this needs investigating, is the child ill or is something happening at home to disrupt sleep? This should be tactfully discussed with parents.

SAMPLE LEARNER WORK

Barriers to Communication in a Nursery (continued)

Barrier	How the barrier can influence communication	How to overcome the barrier
Inappropriate body language	<p>Nursery workers who invade the child's personal space, for example sitting too close to them or touching them, when having a chat, can make the child feel very uncomfortable. Using closed body language can make the nursery nurse seem distant, cold and disinterested. Examples of closed body language include:</p> <ul style="list-style-type: none">• folding your arms or clenching your fists.• covering your body with your arms• hiding your hands in your pockets• not making eye contact	<p>Nursery nurses need to be approachable by children and parents and so it is important that they use open body language. It makes them appear more welcoming and trustworthy. It will also make them feel more comfortable and relaxed in any situation:</p> <ul style="list-style-type: none">• maintain eye contact at all times during your conversation.• smile if appropriate for the situation• keep your hands on the sides of your body• keep a friendly and open posture• lean forward to show interest
Aggression	<p>If a child is aggressive they will not be liked by the other children and will not make friends. The aggression could lead to someone being hurt, this could be emotionally or physically. Aggression from staff will inhibit communication. It will cause fear and children will become withdrawn not respond.</p>	<p>Nursery staff need training in how to deal with challenging behaviour.</p> <p>Staff should try to find out what is the trigger for the aggressive behaviour; this can be done by monitoring when it happens. They should use verbal skills such as a calm tone of voice and non-threatening body language.</p> <p>Diverting the child's attention to something s/he likes can help; or provide an opportunity for 'quiet time.'</p> <p>Nursery staff should never be aggressive in their approach.</p>

SAMPLE LEARNER WORK

Barriers to Communication in a Nursery (continued)

Barrier	How the barrier can influence communication	How to overcome the barrier
Difference in language spoken	The nursery staff, parents, and children will not be able to communicate with each other successfully. Information may not be understood.	It is helpful if there are staff who speak different languages. Alternatively an interpreter or telephone translation service can be used. Pictures can also help to some extent. Leaflets and information should be provided in a range of languages.
Speech difficulties due to disabilities or illness	As above, communication would not be achieved.	Staff training may be needed for specialist methods of communication. Use of Braille, sign language, Makaton and other specialist aids and methods as discussed in the earlier section 'Specialist Methods'. Advocates could be used.
Noisy environment	If a nursery room is too noisy there is a danger that the children may not hear important information eg safety instructions. A private meeting with parents would be difficult in a noisy room. Too much noise can affect the ability to concentrate.	The noise levels need to be appropriate for the situation. The nursery staff would need to ensure the children are quiet if needed for important information. A quiet room should be available for a private meeting for example, so that discussion would not be inhibited. The nursery should be organised into different areas for different activities so that noise is not a problem.

SAMPLE LEARNER WORK

Barriers to Communication in a Nursery (continued)

Barrier	How the barrier can influence communication	How to overcome the barrier
Inadequate space	The amount of space required depends on the activities. If there is not enough space the staff and children may not be able to see each other's facial expressions, gestures, or body language. This would lead to a less successful interaction.	For example, positioning for a one to one interaction would need the child and adult to be at the same level sitting near each other; for group activities a circular table would be best with each child having enough space to do the activities and play properly together. It may be necessary to move furniture around, stack chairs etc to provide a flexible space.
Poor lighting	Lighting needs to be appropriate for the situation. If a child is upset, sitting with a nursery nurse in an office with bright spotlights will not be conducive to finding out why s/he is upset. Poor lighting would reduce the ability to notice non-verbal communication such as body language or facial expression; this could lead to misunderstandings. Sign language and lip reading would be impaired if lighting was inadequate.	Lighting should be appropriate for the activity. If a nursery nurse is giving instructions for a craft activity bright lighting is important so that the children can see clearly what is being demonstrated to them. In the situation where a child is upset, a quiet corner with low lighting would be more comforting and perhaps encourage conversation more readily.
Unsuitable furniture	Example: for interactions taking place in a nursery between a child and an adult. If the adult sits in a normal chair they will tower over a child who is sitting in a low chair, this is very threatening. The child will not feel relaxed and will not want to interact with the adult.	It is best for the adult to be at the same level as the child. Special adult nursery chairs of the right height are available. See below for details.

SAMPLE LEARNER WORK

Barriers to Communication in a Nursery (continued)

Teacher low chair

- Seats teachers low enough to interact with young children at their level
- Adequate depth, width and back support for most adults
- Easy to move from one location to another



Marking commentary on MB3 sample learner work

Total awarded for learning objective 1: 19/20 (11 marks MB3 + 8 marks MB3).

The candidate demonstrated a thorough understanding of effective communication. Excellent examples are given and all relevant to a health, social care and early years setting.

The candidate has shown how theory can be put into practice with clear explanations of all the types of communication.

There is a thorough description of all the factors from the specification and their positive effect on communication.

Barriers are identified and a thorough description is given of each with detailed and effective ways to overcome them.

All examples are relevant to health, social care and early years settings.

Why it was awarded MB3 not MB2

All of the factors were included and used. Detailed and effective ways for barriers to be overcome were given.

Theory to practice was closely linked throughout the evidence for learning objective 1.

MARKING BAND 3 SAMPLE LEARNER WORK

Learning Objective 2 – Understand the personal qualities that contribute to effective care

SAMPLE LEARNER WORK

Personal Qualities That Contribute To Effective Care

Patience

Patience is the state of endurance under difficult circumstances, meaning however hard or time-consuming something may be, instead of becoming angry and impatient, not giving up and staying calm is a needed quality in health and social care. A care worker may need to be patient if a person asks the same question over and over again, for example a service user may be suffering from a mental illness and may forget certain things such as the time or names of people, and feel the need to ask questions repeatedly. Another example from a care setting is in a hospital, someone with cancer may be offered treatment such as chemotherapy, and need to consider many things, such as side effects, their own feelings and the feelings of others around them. By taking so much into consideration, the service user will need time to think about their decision and the care worker needs to accept that and be patient.

Understanding

Understanding enables care workers to see things from another person's point of view or perspective. Sympathy could be used by a care worker in a school if a student's family member died and the teacher has experienced something similar, and could relate to the student's feelings. Persuading the service user or even care worker to share good memories about their passed loved one is likely to build up trust and establish good relationships between the care worker and the service user.

Empathy

To be able to empathise with service users means to see and feel things in the same way as them. Care workers being able to relate to have been in the same situation and can relate to the service user's feelings. Empathy can build up trust in relationships between care workers and service users. By the language care workers use when using empathy, service users will recognise empathy and won't be hesitant in sharing more life experiences.

Respect

Respect is a positive feeling of esteem or deference between 2 or more people. Respect can be a specific feeling of regard for the actual qualities of the one respected. Care workers who show respect value service users for who they are. They call them by their preferred names and listen to what they have to say without walking away in the middle of their sentence. An example of respect is in a care home, a service user may prefer to be called, for example, Mrs Gordon instead of Brenda. If called by the wrong name, they may find it offensive or ignorant.

Willingness

Willingness means being open to helping others. Care workers who are willing to be helpful are always appreciated by other care workers as well as service users. Being willing to do things for others means not complaining about the tasks they are given and usually offer to do things themselves. Service users are more likely to appreciate a person with this quality.

SAMPLE LEARNER WORK

Sense of Humour

Making something good out of a bad situation is needed in all care settings. Caring for people in the same boring way, like a routine day, will not be appreciated by other care workers or service users. For example if a child falls over in a school playground, the teacher could joke with them to make them laugh and forget the pain they're experiencing by saying 'did you trip over thin air!?' or something upon them lines.

Cheerfulness

Cheerful care workers are easily recognised. they greet service users in a manner that shows they are pleased to see them and are genuinely interested in them. Cheerful care workers are much more likely build positive relationships with service users. Cheerful care workers usually have a friendly approach which is conveyed by their tone of voice.

Qualities Needed to Be A Nursery Nurse

The qualities needed to be a nursery nurse include being friendly, caring and calm, Being friendly is important to let the service user, in this case a mother, family and baby or child, know that you're welcoming them into a friendly, warm environment. Being caring is an obvious quality to have when you're working in any care setting. Being able to feel for others and show concern and empathy will let the mother, and her family know that they are in a safe environment full of professionals that show skill and care.

It also helps if they have a positive outlook on life, therefore if something bad was to happen within the unit, although it's understandable and easy to get upset or angry about things, being a positive person can bring you through the bad and get to the good. Being motivated, flexible, reliable and adaptable can build trust up in relationships between the care worker and the service user. If the service user knows that they can trust you and share things with you in confidentiality, there is more chance to be a stronger bond created between the care worker and the service user.

SAMPLE LEARNER WORK

Task 3 LO2 Personal qualities that contribute to effective care

Quality	How the quality contributes to effective care (e.g. empowerment, reassurance and value)	How this quality is used when caring for an individual in a health, social care or early years setting
Patience	<i>Patience empowers a service user because you are not rushing them for eg. to make a decision. You let them think for themselves & make their own decisions. This reassures them as it makes them feel valued.</i>	<i>In a care home a service user may be forgetful & care workers will need to repeat what they had said. If they are patient, it stops the service user from getting embarrassed at themselves. For example; in a school, a teacher could be trying to teach algebra & students may find it difficult to understand. If the teacher is patient & repeats the formula, students will eventually understand it with practice.</i>
Understanding	<i>If a care worker is understanding it empowers a service user because they feel that they are being listened to, & that the care worker values them as a person.</i>	<i>In a hospital, a person may refuse treatment. The doctor would need to understand their reasons & respect their wishes. In a doctor's surgery a patient may be frightened of needles. The nurse treating them should be understanding & be gentle with them.</i>
Empathy	<i>When a care worker empathises with a service user's circumstance / situation, it reassures them & empowers them to take control of the situation. This is because they have someone to talk to & they are more informed & don't feel alone.</i>	<i>eg. In a hospital – a service user may receive bad news from the consultant telling them they have a terminal illness. Empathising will help them to come to terms with the news they had been given. e.g. In a school – a child could be upset because they failed an exam. The teacher could empathise with them to make them feel better.</i>

SAMPLE LEARNER WORK

Task 3 LO2 Personal qualities that contribute to effective care (continued)

Quality	How the quality contributes to effective care (e.g. empowerment, reassurance and value)	How this quality is used when caring for an individual in a health, social care or early years setting
Respect	<p><i>If a care worker shows respect for the service user then it empowers them as it makes them feel that they have some control over their care & they can make choices / decisions for themselves.</i></p> <p><i>It also makes them feel valued as a person.</i></p>	<p><i>If a care worker shows respect for the service user then it empowers them as it makes them feel that they have some control over their care & they can make choices / decisions for themselves.</i></p> <p><i>It also makes them feel valued as a person.</i></p>
Willingness	<p><i>If a care worker is wishing to help a service user or other employers, it empowers them because the care worker may help them to make decisions about their care.</i></p> <p><i>This will also make the service user feel valued & cared about because the care worker has taken time to help them.</i></p>	<p><i>In a nursery – a nursery nurse could help a child complete a task that they are finding difficult.</i></p> <p><i>In a care home – a care worker could help a service user what to eat if they are unsure if which meal to eat.</i></p> <p><i>In a care home a care worker could help a service user get dressed if they are unable to help themselves.</i></p>
Sense of humour	<p><i>If a care worker has a good sense of humour, it can help a service user to see the lighter side of things when they are going through a difficult time.</i></p> <p><i>It can empower them to take control of a situation & reassures them that things can get better.</i></p>	<p><i>In a school – if a teacher has a good sense of humour & it helps them have a better relationship with their students, being able to laugh at themselves when they do something wrong.</i></p> <p><i>In a hospital – after a patient has died the nurse can help their family think about the good times & the good memories.</i></p>
Cheerfulness	<p><i>If a care worker is cheerful it reassures a service user because it cheers them up & makes them feel better about a situation.</i></p> <p><i>It also makes them feel valued as they can turn to the care worker to cheer them up when they are down.</i></p>	<p><i>In a hospital if a patient has received some bad news then the doctor could be cheerful whenever they see them & makes them feel better about the situation.</i></p> <p><i>Will also make them more appreciated.</i></p>

Marking commentary on MB3 sample learner work

Total awarded for learning objective 2: 12/16 (MB3).

The candidate has produced a detailed description of different personal qualities from the specification and connections between personal qualities and effective care are clearly given. Some links to how these are used when caring for an individual in a health, social care or early years setting, with sound examples given (best fit).

Why it was awarded MB3 not MB2

Several personal qualities were given and thoroughly explained showing how they contributed to effective care and why.

Many links are given in the detailed examples showing how the personal qualities are used when caring for an individual.

MARKING BAND 3 SAMPLE LEARNER WORK

Learning Objective 3 – Be able to communicate effectively within a health, social care and early years setting

SAMPLE LEARNER WORK

I am going to plan and carry out a practical demonstration of communicating effectively in a one-to-one and a group interaction with service users.

I will have a group conversation with Skye and her friends at Parrots Playgroup and a one-to-one interaction with Surinder at his local day care centre.

Skye

Skye is four years of age. She attends 'Parrots Playgroup' for three mornings each week. While at the playgroup Skye likes to join in some of the creative activities that are taking place. She enjoys making things.

While she is at the playgroup she will talk to the nursery nurse about the activities she is doing and ask questions. Children always want to know 'why' when they are asked to do things.

The nursery nurse may on some occasions ask Skye some questions when she needs some information, for example, if she is upset or pleased about something or when she finds an activity that interests her.

Skye has arrived at the playgroup and has decided to join in the creative activities session using card, materials and paints.

- Have a **group conversation** with a small group of children about what they would like to make for a special event that the nursery is holding.

Surinder

Surinder is 70 years of age. He still lives in his own home but he has severe mobility problems and is very overweight. He attends the local day care centre three times each week.

When he first visits the day care centre a key worker will want to obtain information from Surinder about his personal and medical conditions. Surinder will also want to find out what happens at the day care centre so that he can decide which activities he would like to take part in.

The day care centre will provide Surinder with the opportunity to exchange views and opinions with others of the same age as him, there is always time for getting to know other people.

You are working at the local day care centre with Surinder.

- Have a **one-to-one interaction** with Surinder to find out about his eating habits when he is at home, or about ways in which improvements could be made to this area of his care plan.

SAMPLE LEARNER WORK

Skye – Group interaction.**Plan for my interaction.**

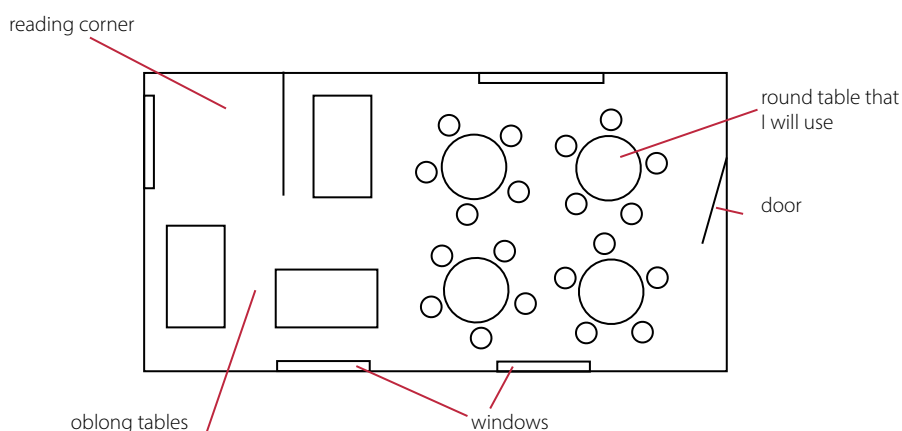
Purpose – the purpose is to have a conversation with a group of children at Parrots Nursery about what they would like to make for the nursery's 5th anniversary celebration party.

Objectives – I hope to find out:

- what types of activities the children enjoy at the nursery
- what each child is making for the celebration party

Action Plan

Timescales	I have been allocated thirty minutes with a group of four children.
Environmental factors	<p>I will use a round table so that I can see all four children and they can see me. This is important to maintain eye contact with them and so that they will all see me and hear me if I give them any instructions. The round table will also allow easy access to the materials and equipment they will be using for their craft activity session.</p> <p>There will be twelve other children in the room doing similar activities with other members of staff, so there is likely to be quite a lot of noise, so we will all have to try not to make too much noise or no-one will be able to hear anything. The round table should help to keep my four children focussed as we will all be facing each other.</p>
Activity or topic of conversation	I know that the nursery is planning a display of all the children's favourite things that they enjoy at the nursery. Parents will be coming to the party and so each child needs to have something on display. It is important that I ensure that all of my four children have decided on their favourite thing and have started to make a collage or paint a picture of it.

Seating arrangements and room plan for the interaction

I have chosen to use a round table even though there is not a lot of space, it will be better for the reasons given above.

There is plenty of light (windows & ceiling lights) in the room so that will not be a problem.

SAMPLE LEARNER WORK

Structure of the interaction.

Introduction	I will introduce myself to the children and ask about what they are doing.
Main content	Here I will need to discuss with them all what their favourite activities are in the nursery and talk about their ideas for their picture that will be displayed at the party. I will use some open and some closed questions to help them with their ideas.
Reflection and winding up	Here I will need to make sure each child has a clear idea about what their picture will show and how they are going to create it eg painting, cutting and sticking, felt pens etc

Communication skills I will use

Active listening	I will use eye contact so the children know I am listening to them. I will use questioning about what they have said to show I am interested in what they have said.
Body language	I will use open, positive body language to make the children feel relaxed and hopefully comfortable with me. I will sit on a small chair like theirs to bring myself down to their level, I do not want to tower over them. I will smile encouraging them to talk and join in.
Using appropriate language: Verbal skills: clarity tone pace empathy Using the individual's preferred means of communication	I must speak clearly and not too quickly so that the children can understand me. I will use short sentences so the children can follow what I am talking about. I will use a simple vocabulary that I know they will understand as I do not have the time to explain new words if I am to complete the task in time. I will use a friendly and cheerful tone of voice, making sure I vary it so that I'm not boring or disinterested. To empathise I will sound enthusiastic as I am sure the children will be excited about their party. I have checked and none of the children need any special methods of communication, their vision, hearing and speech are fine. None of the children have any learning disabilities.

SAMPLE LEARNER WORK

Record of the Interaction.

Introduction	<p>Questions I phrases I used:</p> <p>(I made sure all the children had chance to talk in turns)</p> <p>Hello my name is Kelly, tell me yours</p> <p>Tell me how old you are..</p> <p>Tell me what you are doing today?</p> <p>Are you looking forward to the party?</p>
Main content	<p>Questions / phrases I used:</p> <p>What do you enjoy doing most at nursery?</p> <p>What is your most favourite thing?</p> <p>What is your picture going to show?</p> <p>I used pauses to give each child time to give their answers, but it was difficult to stop them all talking at once. I should have used their names more and told the others that we should 'all listen to what Skye is saying now'</p> <p>Are you going to draw or paint your picture?</p> <p>Have you thought of using material/glitter/felt pen to do that?</p> <p>Can I help you to cut that out...</p> <p>That looks really good....</p> <p>I used praise – well done, isn't that a lovely colour etc</p>
Reflection and winding up	<p>Questions / phrases I used:</p> <p>So Skye you are going to draw a picture of.....</p> <p>Jayne, you will need some silver glitter to finish off your picture....</p> <p>James and Stefan is there anything you need for your pictures?</p> <p>I have enjoyed talking with you,</p> <p>Thank you for inviting me to your party, I'm looking forward to it.</p>

SAMPLE LEARNER WORK

Analysing Communication Skills Checklist

Student: KellySituation: Skye - Parrots PlaygroupAssessor - A.Woolliscraft

1 = very effective use of the skill

2 = some appropriate use of the skill

3 = slightly ineffective / inappropriate use of the skill

4 = very ineffective / inappropriate use of the skill

<u>Group</u> or One-to-one (circle)	Rating scale 1 - 4	Comments on evidence seen
Non-verbal communication - body language		
Eye contact	① 2 3 4	Very effective use of body language. Got down the same level as the children and was very approachable and welcoming.
Facial expression	① 2 3 4	
Angle of head	① 2 3 4	
Posture	① 2 3 4	
Position of hands & arms	① 2 3 4	
Gestures	① 2 3 4	
Proximity	① 2 3 4	
Specialist methods	N/A 1 2 3 4	
Verbal communication / para-verbal & listening skills		
Clarity	1 2 ③ 4	Good pace – allowed the children thinking time. Varied tone of voice. Appropriate vocabulary used. Needed to be more assertive when all started talking at the same time.
Tone of voice	① 2 3 4	
Pace of conversation	① 2 3 4	
Encouragement	1 2 ③ 4	
Reflection	1 2 3 4	
Use of prompts	① 2 3 4	
Conversational skills	1 2 3 4	
Questioning	1 2 3 4	
Use of silence / pausing	① 2 3 4	
Turn taking	1 2 ③ 4	
Creating emotional safety		
Empathy	① 2 3 4	The group were evidently at ease with Kelly. Used enthusiasm to motivate the children.
Understanding	① 2 3 4	
Warmth / cheerfulness	① 2 3 4	
Attention to values		
Appropriate choice of language	① 2 3 4	Involved all the children, ensured they could all contribute ideas.
Rapport / not patronising	① 2 3 4	
Respect for diversity	① 2 3 4	
Understanding of the influence of culture and gender on communication	1 2 3 4	
Privacy / maintaining confidentiality	N/A 1 2 3 4	
Quality of the environment for communication		
Room layout	1 ② 3 4	Room was rather cramped but this was unavoidable. Good use made of the available space.
Heating & ventilation	1 ② 3 4	
Lighting	① 2 3 4	
Noise	1 ② 3 4	

SAMPLE LEARNER WORK

Witness Statement - LO3 Group Interaction

LO3	Be able to communicate effectively within a health, social care and early years setting.
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LEARNER NAME	Kelly		
ASSESSOR NAME	A.Woolliscraft		
ASSESSOR SIGNATURE		DATE	19/12/12

ASSESSOR FEEDBACK - please give detail of how learners have met the criteria for the grade awarded.

Carrying out a demonstration of a group interaction	Please tick	Assessor comments
MB1 May need guidance and support when demonstrating basic communication skills, but relates positively to the service users and maintains, at a basic level, a conversation with them. Shows some application of theory into practice.		<i>Overall a good interaction. Well planned and thought through. Related very well to the children. Asked questions to trigger new ideas.</i>
MB2 Demonstrates confident and competent communication skills requiring little support, relating positively to the people who use the service, effectively maintaining a conversation with them. Show the ability to apply theory to practice.		
MB3 Demonstrates confident, clear and coherent communication skills independently, relating positively to the people who use the service, consistently maintaining a conversation with them. Clearly applies theory to practice.	✓	

Areas for improvement / general comments

It became a little too noisy with all the children talking at once. You need to encourage the children to listen and take turns more assertively to direct the conversation more.

SAMPLE LEARNER WORK

Surinder — One to-one Interaction.**Plan for my interaction.**

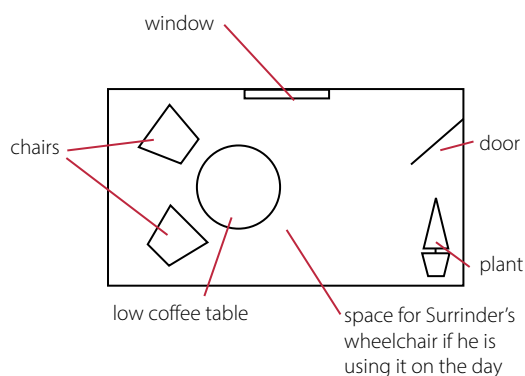
Purpose – the purpose is to find out about Surinder's eating habits and ways in which this aspect of his care plan could be improved to better meet his needs.

Objectives – I hope to find out:

- What Surinder's current eating habits at home are
- Any problems Surinder has with his diet or eating
- Improvements Surinder would like to have in this aspect of his care plan

Action Plan

Timescales	I have been informed by the day centre staff that I will be able to talk with Surinder for about 20 minutes before he has to attend his physiotherapy session. I must ensure I have finished in time because he cannot be late for this appointment. This means that I will have to plan what I am going to ask him to ensure I cover everything in the time available.
Environmental factors	<p>The main room of the day centre is quite a busy area, there are a lot of activities going on and usually quite a lot of staff and service users. As I want to have a quiet conversation with Surinder I have arranged to use a small meeting room that is available. I will set out the small coffee table and chairs as shown in room layout below. This will make my session with Surinder less formal and will provide a private and quiet area where there will be no disturbances.</p> <p>I will have to check in advance to make sure that the room is not too hot or cold and I will adjust the heating controls accordingly shortly before my session with Surinder.</p>
Activity or topic of conversation	The main topic of conversation will be to find out about Surinder's eating habits. However I will also talk with him generally about his interests and if he enjoys the day centre. It would be rude to just talk about his eating habits.

Seating arrangements and room plan for the interaction

The room is pleasant because it is well lit and has a window and a plant so it is welcoming.

There is enough space not to be too close to each other so personal space will not be invaded.

There are two comfortable chairs with room for a wheelchair if needed. The seating arrangement allow for body language and facial expressions to be seen.

SAMPLE LEARNER WORK

Analysing Communication Skills Checklist

Student: KellySituation: Surinder at the day centreAssessor - A.Woolliscraft

1 = very effective use of the skill

2 = some appropriate use of the skill

3 = slightly ineffective / inappropriate use of the skill

4 = very ineffective / inappropriate use of the skill

Group or <u>(One-to-one)</u> (circle)	Rating scale 1 - 4	Comments on evidence seen
Non-verbal communication - body language		
Eye contact	① 2 3 4	Relaxed body language and posture. Smiled often. Faced Surinder + used eye contact when appropriate.
Facial expression	① 2 3 4	
Angle of head	① 2 3 4	
Posture	① 2 3 4	
Position of hands & arms	① 2 3 4	
Gestures N/A	1 2 3 4	
Proximity	① 2 3 4	
Specialist methods N/A	1 2 3 4	
Verbal communication / para-verbal & listening skills		
Clarity	① 2 3 4	Focussed conversation due to good planning. Good listening skills, was able to build up rapport. Questioning used successfully to reflect + sum up at the end.
Tone of voice	1 ② 3 4	
Pace of conversation	1 ② 3 4	
Encouragement	1 ② 3 4	
Reflection	① 2 3 4	
Use of prompts	① 2 3 4	
Conversational skills	① 2 3 4	
Questioning	① 2 3 4	
Use of silence / pausing	① 2 3 4	
Turn taking	① 2 3 4	
Creating emotional safety		
Empathy	① 2 3 4	Was able to find out what Surinder's real problem is regarding meal preparation.
Understanding	① 2 3 4	
Warmth / cheerfulness	① 2 3 4	
Attention to values		
Appropriate choice of language	① 2 3 4	Showed respect for Surinder not wanting anyone else in his house preparing meals. Private room.
Rapport / not patronising	① 2 3 4	
Respect for diversity	① 2 3 4	
Understanding of the influence of culture and gender on communication	① 2 3 4	
Privacy / maintaining confidentiality	① 2 3 4	
Quality of the environment for communication		
Room layout	① 2 3 4	Very pleasant room. Comfy chairs. Light + airy.
Heating & ventilation	① 2 3 4	
Lighting	① 2 3 4	
Noise	① 2 3 4	

SAMPLE LEARNER WORK

Witness Statement - LO3 One-to-One Interaction

LO3	Be able to communicate effectively within a health, social care and early years setting.
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LEARNER NAME	Kelly		
ASSESSOR NAME	A.Woolliscraft		
ASSESSOR SIGNATURE		DATE	19/12/12

ASSESSOR FEEDBACK - please give detail of how learners have met the criteria for the grade awarded.

Carrying out a demonstration of a group interaction	Please tick	Assessor comments
MB1 May need guidance and support when demonstrating basic communication skills, but relates positively to the service users and maintains, at a basic level, a conversation with them. Shows some application of theory into practice.		
MB2 Demonstrates confident and competent communication skills requiring little support, relating positively to the people who use the service, effectively maintaining a conversation with them. Show the ability to apply theory to practice.		<i>Independently planned + carried out. Related well to Surinder and gained his confidence. Demonstrated excellent questioning skills to reflect and effectively confirm understanding of the issues raised.</i>
MB3 Demonstrates confident, clear and coherent communication skills independently, relating positively to the people who use the service, consistently maintaining a conversation with them. Clearly applies theory to practice.	✓	

Areas for improvement / general comments

*Kelly confidently used a range of communication skills.
Tone of voice could be varied more to demonstrate interest.*

Marking commentary on MB3 sample learner work

Thorough plans have been created for both interactions one-to-one and group. Plans show timescales, environmental factors, structure of the interaction etc. The group interaction gives a comprehensive account of the structure of the interaction, including, introduction, main content and reflection.

Communication skills are appropriate to the effective communication of the activity. There is also a record of the interaction and this is supported by a witness statement which shows that the candidate worked consistently, independently and gave thorough consideration to the skills used. Although the witness statement shows that the one-to-one interaction was carried out in the same depth the written evidence was limited from the candidate.

Why it was awarded MB3 not MB2

Witness statements for both interactions indicated there was a thorough rather than a clear understanding of types of behaviour that fail to value people.

Witness statements indicated specifically how the candidate had performed throughout the interactions.

Planning was also reflected in the interaction and endorsed by the witness statement showing the candidate to be competent, coherent and having the ability to work independently.



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