



LEVEL 2 DIPLOMA

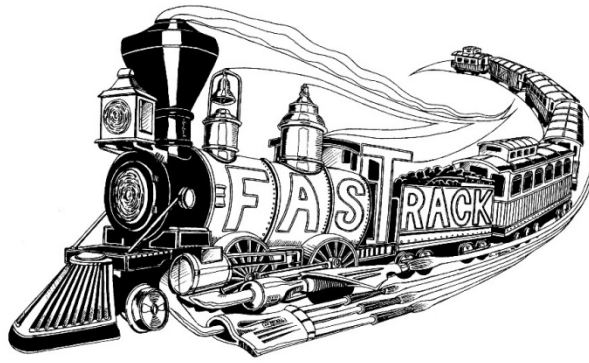
IN

HEALTH AND SOCIAL

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The Name of the Game is to Train

FOREWARD

The Jet Qualification and Credit Framework Modules are designed to Inform, Educate and Probe the Candidates Knowledge and Understanding of the subject matter to confirm their competence on the subject

This programme module is designed to help the candidate in several ways.

- To aid the understanding of what the criteria is asking for
- To give advice and guidance as to what is required
- To gain definitions to help the candidate understand the wording that underpins the criteria
- To give relevant answers to the specific questioning
- Information has been collected from previous NVQ training which still has validity as specific training needs and is specific to the subject matter.

I wish you well with your training.

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QUALIFICATIONS AND CREDIT FRAMEWORK

SHC 021 INTRODUCTION TO COMMUNICATION IN HEALTH, SOCIAL

Level 2

Credit value 3

Learning outcomes are the black on white overview statements that 'The learner will:' The Assessment criteria (1.1 et al) is what after the assessment 'The learner can:'

1. UNDERSTAND WHY COMMUNICATION IS IMPORTANT IN THE WORK SETTING

1.1 Identify the different reasons people communicate

In a psychological context

- 1). To satisfy our id (our pleasure mind).
- 2). To remain sane.
- 3). To balance social life with personal life.
- 4). To allow ourselves to reach a personal data prospective of life.
- 5). To reason with our id and ego.
- 6). To surpass Freud's stages of development.
- 7). To Learn new things.
- 8). To stabilise our voices and our communicative mind.
- 9). To enjoy being one.
- 10) To Survive

Ten Good Reasons Why We Need To Communicate

- No Communication Leads to Chaos, Disorder and Anarchy
- Poor Communication is Inefficient in Time Energy and Costs
- Lack of Information and Communication Leads to Poor Quality
- Poor Communication can Lead to High Individual Turnover
- Lack of the Correct Information can Lead to Negligence
- Information is Needed for Systems to Function
- Individuals are More Motivated if They Have Information to be Effective
- Good Communication Ensures Continuity of Functions
- Better Understanding Leads to Lower Costs
- People Need Direction; Communication Aids and Promotes Direction

'Advice is seldom welcome, and those who want it most always like it the least.'
Phillip Stanhope, 4th Earl Chesterfield (1694-1773)

1.2 Explain how effective communication affects all aspects of the learner's work

GUIDELINES FOR EFFECTIVE COMMUNICATIONS

Communication must take place with individuals at their level of understanding, using an appropriate

manner, level and pace according to their abilities.

- Convey Warmth
- Show Respect with Active Listening and Without Passing Judgement
- Convey Empathy by Reflecting the Individual's Feelings
- Show Interest
- Take Time to Listen
- Be Aware of Body Language
- Use a Friendly Tone
- Treat the Individual as you Would Wish to be Treated
- Ask Open Questions
- Summarise at Relevant Points in Your Own Words
- Clarify as Required
- Use Key Words or Phrases
- Be Specific, Ask for Specific Examples
- Do not Allow the Conversation to Go Off the Subject
- Stick to the Facts
- Point Out Discrepancies

1.3 Explain why it is important to observe an individual's reactions when communicating with them

Purpose of Communicating

Communicating is required to review the individual against their requirement, performance in the environment and against their needs to see if they have attained a satisfactory level of achievement in all the relevant departments, and then looking forward to future advancement and improvement. The outcome should be an agreed statement of the individual's contribution to the Home and their future development. Both positive and negative features should be weighed equally so that a fair, equitable and balanced view of their performance can be elicited. Communicating should improve the overall performance of the individual by the skills used by the Counsellor in the process.

*'But you only need to know things on a .need to know. basis..
"Bernard, I need to know everything, how else can I judge whether
or not I need to know it".*

Bernard Woolley / Sir Humphrey Appleby (Script from .Yes Prime Minister., 1986)

It's important to view reactions, because only about 70-80% of communication is verbal, meaning that you are going to be missing out on a large part of communication if you aren't paying attention to people's facial and bodily reactions.

Firstly, obtain, record and gain the individual's agreement to pass on information about their speech, communication and language needs and preferences

Work with individuals to observe your understanding of their preferred methods of communication and language and ensure that any specific aids they require are available

Identify different styles and methods of communicating to meet the needs and preferences of individuals and key people to minimise surprise and negative outcomes from that communication

If a communication is difficult and needs others' input, it is important to seek information and advice from key people where: difficulty in communicating with individuals' and their reactions are not conducive to achieving positive outcomes

It is important to observe an individual's reactions when communicating with them when you seek information on:

- the issues to be communicated with the individuals and key people
- how to deal with any potential reactions to the communication
- meeting the individual's changing needs
- where the communication methods are inappropriate or ineffective

2. BE ABLE TO MEET THE COMMUNICATION AND LANGUAGE NEEDS, WISHES AND PREFERENCES OF INDIVIDUALS

2.1 *Show how to find out an individual's communication and language needs, wishes and preferences*

Firstly, agree with the individual how to arrange the environment for effective communication and understanding

The interviewer should then check that individuals have the appropriate support to communicate their views, wishes and preferences

Those involved should use appropriate styles and methods of communicating to meet the needs and preferences of individuals and key people

It is important to communicate in ways which:

- are sensitive to the individual's needs, concerns and reactions
- are appropriate to the content and purpose of the communication
- give individuals sufficient time to understand the content of the communication
- observe and respond appropriately to the individual's **reactions** during communications
- work with individuals to help clarify any misunderstandings
- support individuals to deal with the content and their reactions to the communication

2.2 *Demonstrate communication methods that meet an individual's communication needs, wishes and preferences*

Methods of Communication

The importance of the two-way nature of communication in which the success of the process depends heavily upon the sender receiving feedback. The sender requires assurance that his / her points are being received and understood, e.g., on a notice board, if a petition has been put up, the group organising the petition need others to put their name on the petition to give feedback, and show that the message is being spread across. It is the use of a common system of symbols, signs and behaviour in exchange for information, ideas and emotions.

Communication Process

SENDER --> MESSAGE --> VISUAL / ORAL / WRITTEN --> RECIPIENT

Example:

Sender Recipient

Teacher Students
Manager Employees

Formal: Communications which are routed through what have been known as 'official channels,' for example, a written memorandum from a manager to his / her staff to call a meeting.

Informal: Information is passed on by word of mouth among interested colleagues who have received it from various sources e.g. visits.

Diagonal: There is no obvious line of authority through which a middle manager may want a service or job to be done.

Vertical: The principal channel for routing directions, instructions and policies from top decision makers down through the organisation to the people, who at various levels will implement them.

Verbal: Includes speaking to another person over the telephone, face to face etc, in a discussion, debate, interview, presentation etc.

Non – verbal: There is no spoken language e.g., eye contact, body language, sign language etc.

Visual: When information is displayed in various ways e.g., tables, advertisements etc.

Written: When the message being sent is displayed in writing, e.g. email, letters, fax etc.

The way you communicate with others in personal and public arenas reflects a lot about your personality.

If you are communicating positively then you would obviously get a same kind of response and vibes. Pertaining to all this, since the past few years, communication skills and techniques have gained a lot of importance in almost all the professions. It is more so with professions where you meet numerous people like hospitality, public relations, human resources, health, , media and so on. But the field where communication has an impact which can really make the other person's life better is within . The way a r deals with the clients is extremely important for the well being of the individual, mentally and physically.

Techniques of Communication in

General Communication Techniques

Speaking or Verbal Communication: If most of us would not have been able to speak, I wonder what we all would have done. I mean, just try and gauge the amount of time we spend speaking and talking in a day! But coming back to nursing, nurses or any other type of givers need to speak clearly first of all. Maintaining slow, even tone helps the individual to understand what they want to say. Once they put across the point, wait for the individual to respond. Care requires you to be slow and gentle, so not rushing thorough is one of the techniques for communicating effectively.

Non-Verbal Communication: When dealing with individuals who cannot hear well, nurses ideally need to use hands along with speech to tell what they want to say. Further, they also need to look out for non verbal cues they are reflecting - the body language, voice and so on. Please say the things which you are convinced about. Use other methods like writing or drawing out pictures and the likes so that the individual gets to know what you want to say if he or she is unable to understand you. Even silence can work wonders when it is about non verbal communication. These are very important care communication strategies.

These and the few other techniques like helpful behaviour and positive mentality are important components of communication skills for nursing practice. Now, let's take a look at therapeutic communication techniques for nursing.

Therapeutic Communication Techniques

Attention: To attract and hold the individual's attention and to add a personal touch, use the name of the individual. Similarly, just as you would call the individual by his or her name, it is always nice to introduce yourself too. It adds a comfort level to the interaction and lays the foundation for a good rapport. Other things which can ensure a nurse the optimum attention from a individual are: checking out on their basic needs, avoiding distractions, having an eye contact and few other seemingly insignificant things, which are, however, very crucial.

Behaviour: While dealing with individuals, a nurse should empathize and acknowledge the mentality of the individual. A carer's behaviour should reflect that and if that is not the case, it does communicate many things to the individual. Encouragement is another essential factor in case of communication techniques in nursing and individual. Already the individual is sort of demoralised and if the carer discourages the individual on top of it, the individual would have it. So, as therapeutic technique, encouragement works wonders. Generally being helpful, concerned, bright and friendly is the best therapeutic behavioural technique.

Help in Dealing with Disorientation: Living in a Care environment is a very traumatic experience for the elderly and thus they might tend to get disoriented. So, if they say something which is not true, just calmly tell them the truth in a normal tone, without challenging what they have said. If individuals are dealing with memory loss, give them gentle and polite reminders all the time. Show them or tell them how to do a particular thing.

Be Interactive: Wherever and whenever possible, a individual should be included in decision making. After all, it is about the individual. Let the individual be communicated as if he or she is in control. Avoid talking about individuals to others as if they do not exist. Being interactive does not mean that you nag or pester the individual to open up. Let the individual open up and express his or her feelings only when they want to. Do not rush into that.

Communication techniques in care are umpteen if you delve even deeper into the scheme of things. The above was just a glimpse of what are the fundamentals in it. There are many more therapeutic communication techniques for nursing like being individual, being clear, listening to the individual and so on. As one gains experience, he or she imbibes these qualities.

2.3 Show how and when to seek advice about communication

There are times when a carer feels inadequate and unable to understand, comprehend or absorb the communication and the issues involved, it may be a matter on learning, training, street knowledge or complexity of information. The carer may feel ineffective, personally involved,, out of their depth or have strong feelings (i.e. religious convictions which affect care needs).

It may be that a little counselling, advice, training, perspective may be required on issues, but where the carer is not in control of the situation, advice must be sought at the most appropriate juncture, and this should not be seem as a weakness, but as an understanding that there are limits to our ability to deal with all situations and knowledge. It is important to realise that whilst inexperience may be an issue in seeking advice about communication, all individuals have issues from time to time, sometimes because of family

history or things that have happened in the past which are brought back to light by certain events, so it is not seen as a weakness in the carer but a learning curve or an appropriate time to hand over to someone else whilst the issue is still current.

3. BE ABLE TO OVERCOME BARRIERS TO COMMUNICATION

3.1 Identify barriers to effective communication

BARRIERS TO COMMUNICATION

Minimise any Barriers to Communication. Try a variety of approaches if the message is unclear.

Barriers being such as:

- Boredom or Impatience
- Threatening or Use of Harsh Language
- Negating or Devaluation of an Individual
- Jumping to Conclusions
- Judgmental Approach, Unwanted Advice, Arguing
- Distractions
- Interruptions
- Closed Questions
- Monosyllabic Answers
- Multiple or Overloading Questioning
- Mumbling
- Unspoken Unresolved Issues

'Much unhappiness has come into the world because of bewilderment and things left unsaid.'
Dostoevsky (written 1895)

3.2 Demonstrate ways to overcome barriers to effective communication

Breaking Down Those Barriers

Always treat people the way you would wish to be treated if you needed the same form of action or advice as you would in that circumstance. Earn individuals' trust and respect by acting in a professional way. Set High standards for yourself and follow the established methods and Procedures.

Your attitude and actions affect how people feel about themselves. Everything about you send signals and affects the way people feel and react to them; the way you stand and move, your appearance and demeanour.

3.3 Demonstrate ways to ensure that communication has been understood

GUIDELINES FOR EFFECTIVE COMMUNICATIONS

Communication must take place with individuals at their level of understanding, using an appropriate manner, level and pace according to Individual abilities.

- Convey Warmth
- Show Respect with Active Listening and Without Passing Judgement
- Convey Empathy by Reflecting the Employee's Feelings

- Show Interest
- Take Time to Listen
- Be Aware of Body Language
- Use a Friendly Tone
- Treat the Employee as you Would Wish to be Treated
- Ask Open Questions
- Summarise at Relevant Points in Your Own Words
- Clarify as Required
- Use Key Words or Phrases
- Be Specific, Ask for Specific Examples
- Do not Allow the Conversation to Go Off the Subject
- Stick to the Facts
- Point Out Discrepancies

3.4 Identify sources of information and support or services to enable more effective communication

Carers can get information for communications from the following;

- Care/case Notes
- Staff Handover
- Care Plans
- Letters
- Memos
- Books
- Magazines
- Newspapers
- Professional Magazines
- Professional Advice
- Care Standards Act
- National Minimum Standards
- Email
- Text
- Internet
- Support Services
- Pharmacies
- Relatives/friends
- Colleagues

4. BE ABLE TO RESPECT EQUALITY AND DIVERSITY WHEN COMMUNICATING

4.1 Describe how people from different backgrounds may use and/or interpret communication methods in different ways

Equality and Diversity

How can we be both Equal and Diverse at the same time? If someone is Diverse (different than) then they are ipso facto not Equal to (the same as). And this is where the nub of the issue is.

By Equality we mean "Of Equal Value"

Whether people want to admit or not, we are all capable of prejudice. We all make assumptions about others that reinforce our stereotypes; indeed we look for evidence to support our biases. We're all guilty of the occasional toss-away line that cuts deep; and we all have intolerant behaviours that are so ingrained we don't even notice we're doing them. Bigotry happens, whether it's around race, gender, disability, sexual orientation, age, religion or nationality.

Equal opportunities, equality and diversity training has been created over the years to stop discrimination, some of it is successful and a lot of it not so successful. Of course it's important to look at current legislation, especially now the new Race and Employment Directives are coming into force. But no law can truly get under the skin of how people feel and behave. To do that you need to focus on examining people's attitudes, feelings and perspectives on equality, difference and diversity, on discrimination and harassment, on bullying and exclusion.

You need to grapple with your own prejudices and stereotypes; and see how prejudice translates into active discrimination. True understanding of equality and diversity means that who a person is, is far more important than what they are. The most successful diversity understanding helps people develop reflective thinking, empathy, understanding, raised awareness, sensitivity, an understanding of consequences and a desire to be fair.

There are a number of cultural verbal and nonverbal communication differences that can impact on the communications, counselling, testing and intervention process with individuals from culturally and linguistically different backgrounds. If misunderstood and/or misinterpreted, many of these communication differences can seriously jeopardize the establishment of rapport between carer and client. If carers are not familiar with some of these differences, they also may inadvertently mistake certain communication behaviours as signs of disorder. Differences in learning style preference can also impact on the testing process and lead to misunderstandings as well as inappropriate judgments. For this reason, it is important for carers to have some awareness of the communicative behaviours and learning styles that vary cross-culturally as well as the potential impact of these differences on the care and support delivery process.

Issues on cultural communication feature in the following

- Cultural differences in verbal and nonverbal communication;
- Cultural differences in communicative(discourse) and narrative style;
- Cultural norms for greeting and addressing individuals;
- Culturally based learning style preferences;
- Cultural differences in rules for adult-child discourse;
- Cultural differences in the conversational roles of children;
- The impact of cultural communication and learning style differences on the educational and/or clinical process.

What is non-verbal communication?

Definition (CBC): “nonverbal communication involves those nonverbal stimuli in a communication setting that are generated by both the source [speaker] and his or her use of the environment and that have potential message value for the source or receiver [listener] (Samovar et al). Basically it is sending and receiving messages in a variety of ways without the use of verbal codes (words). It is both intentional and unintentional. Most speakers / listeners are not conscious of this. It includes — but is not limited to:

- touch
- glance
- eye contact (gaze)

- volume
- vocal nuance
- proximity
- gestures
- facial expression ? pause (silence)
- intonation
- dress
- posture
- smell
- word choice and syntax
- sounds (paralanguage)

Broadly speaking, there are two basic categories of non-verbal language:

- nonverbal messages produced by the body;
- nonverbal messages produced by the broad setting (time, space, silence)

Why is non-verbal communication important?

Basically, it is one of the key aspects of communication (and especially important in a high-context culture). It has multiple functions:

- Used to **repeat** the verbal message (e.g. point in a direction while stating directions).
- Often used to **accent** a verbal message. (e.g. verbal tone indicates the actual meaning of the specific words).
- Often **complement** the verbal message but also may contradict. E.g.: a nod reinforces a positive message (among Americans); a “wink” may contradict a stated positive message.
- **Regulate** interactions (non-verbal cues convey when the other person should speak or not speak).
- May **substitute** for the verbal message (especially if it is blocked by noise, interruption, etc) — i.e. gestures (finger to lips to indicate need for quiet), facial expressions (i.e. a nod instead of a yes).

Note the implications of the proverb: “Actions speak louder than words.” In essence, this underscores the importance of non-verbal communication. Non-verbal communication is especially significant in intercultural situations. Probably non-verbal differences account for typical difficulties in communicating.

Cultural Differences in Non-verbal Communication

General Appearance and Dress

All cultures are concerned for how they look and make judgements based on looks and dress. Americans, for instance, appear almost obsessed with dress and personal attractiveness. Consider differing cultural standards on what is attractive in dress and on what constitutes modesty. Note ways dress is used as a sign of status?

Body Movement

We send information on attitude toward person (facing or leaning towards another), emotional state (tapping fingers, jiggling coins), and desire to control the environment (moving towards or away from a person).

More than 700,000 possible motions we can make — so impossible to categorize them all! But just need to be aware the body movement and position is a key ingredient in sending messages.

Posture

Consider the following actions and note cultural differences:

- Bowing (not done, criticized, or affected in US; shows rank in Japan)
- Slouching (rude in most Northern European areas)
- Hands in pocket (disrespectful in Turkey)
- Sitting with legs crossed (offensive in Ghana, Turkey)
- Showing soles of feet. (Offensive in Thailand, Saudi Arabia)
- Even in US, there is a gender difference on acceptable posture?

Gestures

Impossible to catalogue them all. But need to recognize: 1) incredible possibility and variety and 2) that an acceptable in one's own culture may be offensive in another. In addition, amount of gesturing varies from culture to culture. Some cultures are animated; other restrained. Restrained cultures often feel animated cultures lack manners and overall restraint. Animated cultures often feel restrained cultures lack emotion or interest.

Even simple things like using hands to point and count differ.

Pointing : US with index finger; Germany with little finger; Japanese with entire hand (in fact most Asians consider pointing with index finger to be rude)

Counting: Thumb = 1 in Germany, 5 in Japan, middle finger for 1 in Indonesia.

Facial Expressions

While some say that facial expressions are identical, meaning attached to them differs. Majority opinion is that these do have similar meanings world-wide with respect to smiling, crying, or showing anger, sorrow, or disgust. However, the intensity varies from culture to culture. Note the following:

- Many Asian cultures suppress facial expression as much as possible.
- Many Mediterranean (Latino / Arabic) cultures exaggerate grief or sadness while most American men hide grief or sorrow.
- Some see "animated" expressions as a sign of a lack of control.
- Too much smiling is viewed in as a sign of shallowness.
- Women smile more than men.

Eye Contact and Gaze

In USA, eye contact indicates: degree of attention or interest, influences attitude change or persuasion, regulates interaction, communicates emotion, defines power and status, and has a central role in managing impressions of others.

- Western cultures — see direct eye to eye contact as positive (advise children to look a person in the eyes). But within USA, African-Americans use more eye contact when talking and less when listening with reverse true for Anglo Americans. This is a possible cause for some sense of unease between races in US. A prolonged gaze is often seen as a sign of sexual interest.
- Arabic cultures make prolonged eye-contact. — believe it shows interest and helps them understand truthfulness of the other person. (A person who doesn't reciprocate is seen as untrustworthy)
- Japan, Africa, Latin American, Caribbean — avoid eye contact to show respect.

Touch

Question: Why do we touch, where do we touch, and what meanings do we assign when someone else touches us?

Illustration: An African-American male goes into a convenience store recently taken over by new Korean immigrants. He gives a \$20 bill for his purchase to Mrs Cho who is cashier and waits for his change. He is upset when his change is put down on the counter in front of him.

What is the problem? Traditional Korean (and many other Asian countries) don't touch strangers, especially between members of the opposite sex. But the African-American sees this as another example of discrimination (not touching him because he is black).

Basic answer: Touch is culturally determined! But each culture has a clear concept of what parts of the body one may not touch. Basic message of touch is to affect or control – protect, support, disapprove (i.e. hug, kiss, hit, kick).

- USA – handshake is common (even for strangers), hugs, kisses for those of opposite gender or of family (usually) on an increasingly more intimate basis. Note differences between African-Americans and Anglos in USA. Most African Americans touch on greeting but are annoyed if touched on the head (good boy, good girl overtones).
- Islamic and Hindu: typically don't touch with the left hand. To do so is a social insult. Left hand is for toilet functions. Mannerly in India to break your bread only with your right hand (sometimes difficult for non-Indians)
- Islamic cultures generally don't approve of any touching between genders (even hand shakes). But consider such touching (including hand holding, hugs) between same-sex to be appropriate.
- Many Asians don't touch the head (Head houses the soul and a touch puts it in jeopardy).

Basic patterns: Cultures (English, German, Scandinavian, Chinese, Japanese) with high emotional restraint concepts have little public touch; those which encourage emotion (Latino, Middle-East, Jewish) accept frequent touches.

Smell

- USA – fear of offensive natural smells (billion dollar industry to mask objectionable odors with what is perceived to be pleasant) – again connected with “attractiveness” concept.
- Many other cultures consider natural body odors as normal (Arabic).
- Asian cultures (Filipino, Malay, Indonesian, Thai, Indian) stress frequent bathing – and often criticize USA of not bathing often enough!

Paralanguage

- vocal characterizers (laugh, cry, yell, moan, whine, belch, yawn). These send different messages in different cultures (Japan – giggling indicates embarrassment; India – belch indicates satisfaction)
- vocal qualifiers (volume, pitch, rhythm, tempo, and tone). Loudness indicates strength in Arabic cultures and softness indicates weakness; indicates confidence and authority to the Germans; indicates impoliteness to the Thais; indicates loss of control to the Japanese. (Generally, one learns not to “shout” in Asia for nearly any reason!). Gender based as well: women tend to speak higher and more softly than men.
- vocal segregates (un-huh, shh, uh, ooh, mmmh, humm, eh, mah, lah). Segregates indicate formality, acceptance, assent, uncertainty.

4.2 Show communication that respects equality and diversity

EQUALITY AND DIVERSITY POLICY

We will encourage clients to be independent members of the community and to take as much charge for their own self-care as is possible, within their Rights And Responsibilities.

In my work, I adhere to the Legal Requirements of the Care Standards Act. I meet the requirements of the Registering Authorities within my role and aim to improve on these requirements. I have a 'duty of care' to my clients.

I will advise and support clients with any matter they may require assistance with, within my role and capability. I ensure that no personal information regarding a client is disclosed to a third party without prior agreement of the client concerned.

Communication with clients should be at the level of their understanding and provide privacy and promote dignity and self-respect. Carers via communications with client's family, previous recording assessment and observation will be aware of any associated difficulties. It may be necessary to remind e.g. confused elderly clients from time to time and assist where necessary.

The Home encourages care workers to take on the role of advocates to promote the awareness of clients' rights and help them gain access to the services they need.

The following set of values is supported for all clients:

- The freedom of choice on personal matters and preferences.
- The opportunity to fulfil personal ambitions and develop knowledge and skills.
- The right to the fullest expression of citizenship.
- The right to lead an independent a life as possible.
- The right to privacy and personal space without hindrance.
- To be treated with respect and dignity in a caring manner at all times.
- To be recognised as an individual with regard to personal needs irrespective of circumstances.
- The right of freedom of movement from one place to another without restriction.

It is necessary that all records be accurate, legible and complete and current in all circumstances including the promotion of rights and responsibilities. An example of this is a Clients Contract.

I believe in client rights and will promote those rights. I believe that when I am discussing care issues, I stick firmly to the facts and keep personal opinions out of the issues.

5. BE ABLE TO APPLY PRINCIPLES AND PRACTICES RELATING TO CONFIDENTIALITY AT WORK

5.1 Explain the term confidentiality

Confidentiality is an ethical principle associated with several professions (e.g., medicine, law, religion, professional psychology, and journalism). In ethics, and (in some places) in law and alternative forms of legal dispute resolution such as mediation, some types of communication between a person and one of these professionals are "privileged" and may not be discussed or divulged to third parties. In those jurisdictions in which the law makes provision for such confidentiality, there are usually penalties for its violation.

Confidentiality has also been defined by the International Organization for Standardization (ISO) in ISO-17799 as "ensuring that information is accessible only to those authorized to have access" and is one of the cornerstones of information security. Confidentiality is one of the design goals for many cryptosystems, made possible in practice by the techniques of modern cryptography.

Confidentiality of information, enforced in an adaptation of the military's classic "need to know" principle, forms the cornerstone of information security in today's corporations. The so called 'confidentiality bubble' restricts information flows, with both positive and negative consequences.

5.2 Demonstrate confidentiality in day to day communication

CONFIDENTIALITY POLICY

All information regarding clients or other parties must be recorded in the appropriate place, i.e. Care Notes, Staff Files, Diary, Computer Files. No information should be left unattended or in a place where others can view the information. Any Computer Files should be consistent with the Data Protection Act.

All records must be current, accurate, legible and appropriate at the time of writing or recording.

Only those who have a right to access information should be able to view it. Any unauthorised viewing is contrary to policy and a disciplinary offence. Any outside agency or internal employee must identify who they are and the reasons for their interest in the information

Any statement, verbal, written, sign language must be consistent with the need of that information and information should not be given outside of that need. All staff should be aware of the need for confidentiality and be sensitive to whom and why the information is given

Where information is given which is relevant outside of inter-personal communication, the individual giving the information to the other person must be made aware of the fact that the information will be given to any appropriate individual or organisation.

All records that carry confidential information should be stored securely and where appropriate, locked in a room or cupboard which has access only to those whom have authority to hold a key or enter that area.

5.3 Describe situations where information normally considered to be confidential might need to be passed on

Confidentiality, like consent, is a common issue in care. Most carers recognise a moral need to protect confidentiality, but dilemmas can occur. One problem is when the need to protect confidentiality comes into conflict with other important ethical issues. For example, the need to protect others (particularly children) and the rights of others to have information about individuals in their care.

Take the case of a pregnant 14-year-old who claims her father has sexually abused her and that her 12-year-old sister may be at risk.

She believes she has a right to confidentiality in all situations, whereas the carer feels that sexual abuse must be reported to social services.

Why does confidentiality matter?

Confidentiality is important for four reasons:

1. **Autonomy** Respecting confidentiality involves respecting the autonomy of the individual. Autonomy is ethically important, and is a cornerstone of medical ethics.
2. **Privacy** Respecting confidentiality means protecting the individual's privacy.
3. **Trust** Consultations would soon become dysfunctional if the individual could not rely on the carers to respect their confidentiality. Individuals would not reveal anything embarrassing or intimate.
4. **Promise keeping** There is an implicit and sometimes explicit duty of promise-keeping between carers and individual, which includes the promise 'I will keep your secrets'.

The 14-year-old referred to above is fully autonomous because she can make informed decisions and has the same right to have her confidences respected as an adult.

She deserves respect for her privacy, and will expect from the carers an implicit promise to keep secrets. Perhaps most important of all, she would not come to you if she expected her confidentiality to be immediately broken by you contacting her parents.

The next obvious question is: 'Can confidentiality ever be broken?' If this question was put to a Catholic priest, the answer would be a resounding No. For the carers the answer is an equally definite Yes.

Confidentiality is therefore not an absolute moral rule. The BMA, the GMC and the courts accept there are some situations where carers may break confidentiality, and some where they should break confidentiality.

The GP confronted with the pregnant 14-year-old claiming abuse has two opportunities to break confidentiality. The first is to tell the girl's parents about the pregnancy. We know for sure the girl did not give consent, in fact the opposite is true.

We know from the Gillick case that the courts are very comfortable with children not telling their parents if they understand the implications of this act. The one argument for telling her parents (and it is not a strong argument) is that they cannot look after the child properly without full information.

The second opportunity is where the girl reveals who made her pregnant. Interestingly, the girl still autonomously wants you to keep this information confidential. Is she any less autonomous this time? Possibly: she may be frightened or infatuated, but the key issue is that her 12-year-old sister may be at risk. The risk to the third party trumps the duty to respect confidentiality. As the GMC states: 'A carer who decides to disclose confidential information about an individual must be prepared to explain and justify that decision.'

Legal aspects

Prosecution for breach of confidentiality would usually occur as an action in negligence. The defendant would have to show there was:

- a duty of care
- this duty was deficient
- that harm came from this neglect of duty (which was of a sort that would be compensated).

It is difficult to bring actions for breach of confidentiality, usually the only harm is loss of dignity and embarrassment, and these cannot be quantified in compensation terms.

Furthermore, if an action is taken in negligence, the Bolam rule would hold. The defendant would have to show the standard of confidentiality fell below the standard of an equivalent body of medical opinion. This is hard to do. In practice, most actions against GPs over negligence are taken to the GMC, which takes a firm line on these matters.

When the individual consents.

When the individual is unable to give consent (e.g., if unconscious) and it is in the individual's best interests (e.g., to inform a relative, close friend or solicitor). Usually this is to ascertain the individual's wishes for their future management.

On a need-to-know basis (e.g., when referring to a specialist).

When the court compels you.

When there is a statutory duty to break confidentiality (eg, infectious disease notification, death certification, termination of pregnancy).

When there is a substantial risk to others (eg, driving and epilepsy, possible child abuse, sexually transmitted diseases, serious police investigations). Note: there is no absolute right for the police to ask for confidential information, except when there is a serious risk to others. Disclosure should be made to a senior officer. Exemptions to this rule are the 1988 Road Traffic Act and the Prevention of Terrorism Act.

What is confidentiality?

- A owes a duty of confidentiality to B if:
- B discloses to A information which B regards as confidential

and

- A promises (implicitly or explicitly) not to divulge it to anyone who does not already possess it

5.4 Explain how and when to seek advice about confidentiality

Those to whom information has been given in confidence, or who have acquired information which they regard as confidential, may not always be sure whether they should disclose this information or not. In these circumstances it may be sensible to seek advice from an appropriate person e.g. a manager or close colleague, on whether the matter is sufficiently important to breach confidentiality, and, if so, to whom they should report their concerns. A concern for confidentiality need not, and should not, prevent communication that is necessary to help individuals in difficulty.

It is essential all carers know the limits of the confidentiality they can offer to individuals and any required actions and sources of further support or help available for the individual and for the carer within the home and from other agencies, where appropriate. All carers at the home encourage individuals to discuss difficult issues with their relations, friends, advocates, professionals or carers, and vice versa. However, the needs of the individual are paramount and carers will not automatically share information about the individual unless it is considered to be in the individual's best interests.

Where a carer has concerns about information given to them by an individual, they must decide how appropriately to deal with that information e.g., if an individual states that they dislike another, it may be that this information is relevant only to them as it does not affect anyone else, however, if the dislike happens to reach a situation of threatened violence then it has to be shared with other senior members of staff and agencies as the potential harm to the other person could be violent and fatal. The carer could even be negligent if disclosure of the treat was not passed on.

There will also be times when the information given by the individual is beyond the knowledge, experience or training of the carer and they may need to seek advice from others in order to understand the threat or danger or harm.

Limits of confidentiality: a duty of care?

Are you asking questions that could reveal difficulties where you might need to act to ensure that the participant, or someone identified by them, can access help or support? That might include disclosure of abuse or neglect, or it could relate to serious physical or mental health problems, or it could relate to their support needs.

You need to consider – in advance – what could arise and at what level of concern it might be appropriate to act. You also need to make sure that you have clear procedures in place for members of the care team, in case such concerns arise.

If at all possible, individual carers should not have to make the decision to breach confidentiality on their own – systems should include provision for the carers to consult with a manager, professional, or another agency (and, if necessary, to make contact outside office hours

You should check the guidelines of your own professional association to see their guidance in relation to confidentiality. However, in general, the following principles are a useful starting point:

- As part of the consent procedure, the carers should explain that if (s)he hears or sees something that gives cause for concern, (s)he has a duty to act, but will talk with the participant (adult or child) first about what to do. That might mean that the carers should first encourage the person to talk to someone who could help, or agree that the carers should talk to someone else on their behalf.
- In exceptional circumstances – if someone would be put at greater risk by consulting in this way with the participant – it may be necessary for the carers to breach confidentiality without first talking to the participant.

This means that when seeking consent – and in your consent form and information sheet – you need to explain the limits of confidentiality. For example, you might say:

'We will not tell anyone what you tell us unless we think someone might be hurt. If so, we will talk to you first about the best thing to do.'