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# *IO4-A4. LEARNING MATERIALS – Scotland (U.K.).*

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## *2. SUPPORT PACK for Effective Communication for Enhanced Home Care Workers (Unit 2).*

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*West College Scotland, May 2017*

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## **Support Pack for Effective Communication for Enhanced Home Care Workers**

**Welcome!** If you are reading this then it is because you are a home care worker undertaking the Enhanced Home Care Worker qualification. This pack has the support notes for the unit called, Effective Communication for Enhanced Home Care Workers

### **How do I use this pack?**

This pack is designed to provide you with some knowledge for the unit, which will help you with evidence for the Knowledge and Understanding section. It doesn't cover everything you would need to know, but it will provide helpful information and will also refer you to useful websites or reading material too.

You can systematically work your way through the pack or you can 'dip in and out' of particular sections. There are exercises for you to complete; these aren't compulsory, but they will enhance your learning.

### **How will this pack help me?**

Each unit in the Enhanced Home Care qualification has a Knowledge and Understanding section. When you are fulfilling the Competences section, you will be expected to show your understanding of these Knowledge and Understanding points. This pack will help you with information you need to know and will help you develop your understanding through a series of exercises.

### **Do I work through the pack alone?**

You can work through this pack on your own or you can use it as a forum for discussion with your mentor. Some of the exercises would be useful to discuss with your mentor or the Individuals you are working with.

I hope you enjoy realising what you know already, finding out new things about yourself, getting a greater understanding of your work practice and developing yourself as a professional worker.

### **So Let's Begin.....**

## Why am I studying Effective Communication

The core of good care work is knowledge and relationships. Relationships are built on effective communication and clear communication is essential for gaining and imparting knowledge.

## What is Effective Communication?

Communication consists of

- Verbal communication
- Non-Verbal Communication
- Written Communication

Sometimes effective communication is viewed as talking clearly and articulately, however, effective communication is much more. It is a balance between talking and listening and includes non-verbal communication (body language) writing skills and the use of sign language and equipment too. In this pack we will look at many aspects of good communication.



### Activity 1





Think of an interaction you have had with someone that didn't go very well. It may be with a colleague, friend etc and it led to an argument, or just feeling uncomfortable.

1. What was the body language and tone of voice of the other person saying to you? (Think of their arms and hands and how they were sitting or standing. What was their facial expression like?)
2. What was your body language saying to them?
3. How was their verbal communication? Were they clear? Did you understand them? Did they use big words or technical jargon, which you didn't understand? Were you confused by the way they structured their argument or were they clear and was it easy to follow their points?

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4. How clear do you think you were? Were you clear in your own head what you wanted to say? Did you come across clearly or was the person a bit confused about what you were trying to communicate? What was your tone like?
5. On reflection, did the disagreement between you arise wholly because you disagreed with the other person's view or was it partly due to how the view was expressed?

Good communication is a mixture of all of these points. It is about:

-  **Non-Verbal Communication (Body Language);** this includes facial expressions, how arms and hands are placed, our eye contact, how we are sitting, how close we are standing to the person etc.
-  **The tone of Voice;** this could be soft or harsh. It could come across as cheeky, insulting or kind.
-  **The volume;** high or low can be either helpful or unhelpful depending on the context. Someone might shout in order to be heard over a noise or shout because they are angry.
-  **The Words used;** the choice of words will obviously determine how a communication is understood or interpreted. If someone uses words that aren't in everyday use then it can cause confusion or annoyance. This can also be a form of indirect aggression as someone may be deliberately trying to make someone feel inferior or excluded.

Using professional technical terms/jargon needs to be kept in check as it can isolate people or lead to misunderstandings. Health terms can be used a lot by health professionals but mean very little to the patient or Individual you are working with.

For communication to be effective, it needs to be clear and not confusing. The conversation needs to be **pitched at the level of understanding** of the person you are working with. This could mean changing the terms or words you normally use and using ones that are more easily understood. If you have something important to say to someone, then rehearse it in advance and be clear on **what** you want to say and in what order. Also consider **how** you want to say it; be clear on what you hope the person will understand from the conversation.

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Communication is only effective if the person has understood what you are trying to communicate. You may think you have been articulate, clear and to the point, but if the person at the end still hasn't understood then you have to re-think how to communicate the information. This may mean breaking it down into smaller chunks, using different words, repeating the information and/or checking your body language isn't giving off a different message from your words.

### Non-verbal communication and why it is important

It has been said that communication is approximately:

80% Body Language

10% Tone of Voice

5% Words Used

What psychologists are saying is that for any verbal communication between two people, the message of the body language and tone is what the person will walk away with and not the words the person has said. It is important therefore, that our body language matches what we are saying for any communication to be effective. For example you can say to someone that you are interested in what they have to say, but if you don't have good eye contact with them then they will leave with the opposite message.



### Activity 2

Look up the following link on body language and read the two sections **Body Language-Basics and Introduction** and **Body Language is More About Body Positions and Movements**.

<http://www.businessballs.com/body-language.htm#body-language-introduction>

This provides some basic information on body language, which is useful to know, but this website also provides additional information should you want to go into the subject in more depth. **I recommend also reading the section on Body Language in Different Cultures, which can be accessed through the section headed Body Language Analysis.** It is important if you are working with someone from a different culture that you understand the body language of their culture in order to reduce misunderstandings or causing unnecessary offence.

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Picking up on the non-verbal communication of the other person is important in effective communication. Sometimes the Individual you are working with might tell you one thing verbally, but their body language tells you another. It is important to be able to understand both to support someone effectively.



### Activity 3

1. Record part of a TV programme and watch it with the mute button on so there is no sound. A soap opera or drama are good choices.
2. What do you think the people are talking about? What feelings are they expressing through their facial expressions and body language?
3. Now play it back again and check if you were accurate at all.



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We all learn from an early age to interpret people's body language. If you are working with someone who is incongruent i.e. their body language isn't matching the words they use then, it is helpful to check out with the person what their feelings are about the subject, 'Can I just check something, you seem to me to a bit annoyed about all this, am I right?' This gives the person the chance to discuss or express what they are truly feeling.

### Listening

Empathic listening is an important aspect of effective communication. Before we look at what empathy is let's consider why listening is important.



#### Activity 4

Read the following anonymous poem.

#### ***LISTEN***

When I ask you to listen to me  
and you start giving me advice,  
you have not done what I asked.

When I ask you to listen to me  
and you begin to tell me why I shouldn't feel that way,  
you are trampling on my feelings.

When I ask you to listen to me  
and you feel you have to do something to solve my problem,  
you have failed, strange as that may seem.

Listen! All I asked was that you listen.  
Not talk or do – just hear me.  
Advice is cheap: 25 cents will get you both Dear Abby and  
Billy Graham in the same newspaper.  
And I can do for myself: I'm not helpless:  
Maybe discouraged and faltering, but not helpless.

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When you do something for me that I can and need to do  
for myself, you contribute to my fear and weakness.

But, when you accept as a simple fact that I do feel what I feel,  
no matter how irrational, then I can quit trying to convince  
you and get about the business of understanding what's behind  
the irrational feeling.

And when that's clear, the answers are obvious and I don't need  
advice.

Irrational feelings make sense when we understand what's behind  
them.

Perhaps that's why my prayer works sometimes, for some people  
because God is mute and he doesn't give advice or try to fix things. "They" just listen  
and let you work it out for yourself.

So, please listen and just hear me. And if you want to talk, wait a  
Minute for your turn, and I'll listen to you.

Anonymous

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### Activity 5

Complete the following Checklist to assess your own listening skills. Just tick the column that best describes you.

#### Listening Checklist

	Read the following statement about listening, assess how true they are for you and tick the appropriate box.	OFTEN	SOMETIMES	NEVER
1	I find it hard not to join in with my reply			
2	I 'switch off' when I have heard it all before			
3	My mind tends to wander to more interesting or important topics			
4	I think about my reply while the other person is still talking			
5	I stop listening when someone uses jargon words			
6	When I'm tired I 'cut off'			
7	I interrupt to get my views across			
8	I find it really difficult to listen to someone with an accent from another area			
9	If I get angry about something that's been said, I stop listening			
10	I find it difficult to concentrate when there is too much background noise			

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<b>11</b>	My feelings about the person talking can get in the way of my listening			
<b>12</b>	Sometimes I find a topic so distasteful that I just can't listen			
	Note below your personal areas for action:			

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### Activity 6

Watch this short YouTube video on the body language of listening.

<https://www.youtube.com/watch?v=3sO84bGgra8>

What does the video highlight are the main points of listening and rapport building body language?

1.

2.

3.

4.

5.

6.

7.

8.

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The last point on the video about touch is one that should be approached cautiously as touching may not be welcome at all or could easily give the wrong message too. However, a gentle touch can be very reassuring if someone is upset.

### **What is Empathy and Empathic Listening?**

Carl Rogers states empathy is ‘To sense the client’s private world as if it were your own, but without ever losing the “as if” quality-this is empathy’. (P103, Richard Nelson Jones).

Carers develop empathy with the Individual they work with by projecting themselves imaginatively into their world. They do this by asking themselves: What are they feeling right now? What does the person see in his/her world? How does he/she view their situation? This means “putting oneself in the other person’s shoes”.

Empathy should not be confused with sympathy. While sympathy is about saying how sorry we feel or agreeing with another person’s point of view, empathy involves being non- judgemental, not taking sides but accepting the person. It has been described as “walking along with the speaker on his/her journey” commenting on what we see. Importantly the carer remains a separate person fully aware of his or her own personal feelings in this process. It is only ‘as if’ otherwise you can become overwhelmed by another’s experiences and feelings.

To be empathic with people from a variety of backgrounds and cultures, the carer needs to learn about groups he/she may know little about. People with a very narrow social experience and with no interest in being with or learning about those in other social groups or communities are unlikely to have the imagination needed to empathise with people whose way of life or cultural beliefs they have no interest in understanding.

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### How is Empathy expressed?

Empathy is expressed through active listening and appropriate responding. We all enjoy being really listened to and having our feelings understood.

If you are wanting to use your body language to let the person know you are listening, interested in them and trying to understand their experience then:-

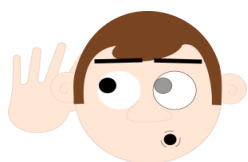
1. Have good eye contact. If you are looking away from the person, you are communicating you are distracted or not listening.
2. Lean forward towards them in your seat, it shows interest.
3. Avoid crossing your arms as this communicates annoyance or you are feeling defensive and uncomfortable. Instead have open arms, perhaps just clasping your hands on your knee.
4. Sit with your chair side by side at a slight angle. If you sit directly opposite someone it can be confrontational and embarrassing if the person has something personal to talk about.
5. Nod your head appropriately when the person is talking. This shouldn't be constant, but just occasional to encourage the person to talk.
6. Use Minimal Encouragers. These are short words to encourage the person to speak, without interrupting them e.g. uhuh, hmm, ok. They encourage the flow of conversation and let the person know you are listening attentively.
7. Make statements which “feed-back” to the person that you have understood what it feels like to be in their position. Comments like “I’m beginning to understand” e.g. can be helpful.
8. It is also important to “check out” with the person what he/she is feeling as you may be misunderstanding them.

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### ACTIVITY 7

Choose someone you need to have quite an important talk with and set aside some time with them. It might be a person you are supporting, a colleague or even friend. Plan to empathically listen to the person. Consciously decide that they will be the sole focus of the discussion i.e. it will all be about them and an opportunity for them to be listened to. Don't interrupt or give them the message you are just waiting for a break in the conversation to talk. Instead, really pay attention to them and wait until there is a natural break in the conversation before contributing; actively listen with your whole body.



What was the conversation about?

How did you show that you were really interested and listening?



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What difference did it make by empathically listening?

Is there anything you could have done that would have improved things even more?

When we actively listen to someone and show them empathy, it often encourages the person to talk freely and openly. They are likely to get the message that you are to be trusted and someone who won't judge them, but someone who is interested in them and what they have to say. You are much more likely to get helpful information. If the person can express how they are feeling then they might begin to get a different perspective on a problem or at least feel better about it.

Another way to show you are listening and showing empathy, is something called **Reflecting Feelings**. This is when you are listening and paying attention to what the person seems to be feeling as well. It may be their non-verbal communication that gives you that information or it might be just the subject matter they are talking about.

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Example:

Relative: “I have been running to the hospital to see my mother and trying to keep things ticking over at home with the children while also trying to help my father who is very upset.....”

Home Care Worker: “That sounds like a very stressful situation for you”.

The HCW has summarised in one word ‘stressful’, what the person seems to be feeling. This ‘tapping into’ their feelings can help someone feel listened to and understood.

Sometimes just saying:

- I sense you are feeling anxious
- That seems like an anxiety provoking event
- You’re sounding a bit low today, am I right?

Sometimes people tell you they are feeling one thing, but their non-verbal communication conveys something else. For example, someone might say they aren’t bothered that their neighbour no longer talks to them. However, their body language might be defensive (arms crossed) or angry (tightness in their jaw or not having eye contact). The genuine feelings are more likely to be the ones communicated by their body posture. Sometimes it is too painful to face up to our true feelings, but our body language tells people what they are. If a Care Worker shows empathy and kindness, then with gentle encouragement the person may be able to face their true feelings and talk about it.

## Communication Skills: Helpful Questioning and Paraphrasing

### Helpful Questions

Sometimes you will need to find out important information in order to best support someone. You may need to know background information, details of a health condition, family relationships, support networks etc. How you ask a question can make the difference between a conversation closing down or opening up and getting the necessary information.

**Closed Questions:** are questions, which require short, factual answers, often only one word.

Examples are:

‘What is your name?’

‘Is this address correct?’

‘Can I come back and see you next week?’

Closed questions are appropriate when brief factual information is required. They are not appropriate when the aim is to encourage the client to talk at more length.

‘So did you stick to your drinking plan last week?’ which could be answered ‘yes’ or ‘no’ is not the best way to encourage the client to talk about his experience of moderating his drinking over the week. A better question would be an open question, such as ‘How did you get on with your drinking plan last week?’

**Open Questions** give the opportunity for full answers e.g.

‘How did you manage yesterday?’

‘How did you feel about your diagnosis?’

What do you think about me coming to see you regularly to support you while you are unwell?’

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Open questions enable the person to answer without feeling interrogated.

**Direct and Indirect Questions:** Direct questions are straight questions or queries, e.g.

‘How did you manage on your medication?’

Indirect questions imply a question but indirectly without a question mark at the end, e.g., ‘It must be hard coping with the new medication?’

By making a question indirect we can make it more open and leave the Individual greater choice about how to respond.

Probing questions (G. Egan) defines prompts and probes as ‘verbal tactics for helping people to talk about themselves and define their problems more concretely and specifically’. Probes can be open or indirect questions or requests to help people talk about their concerns.

Example:

‘You sound very upset, but I’m not quite sure what it’s about’.

‘You said that you and Jane had several rows this week. Perhaps you could tell me a bit more about what they were about’.

A probe can also be an accent, a one or two word restatement highlighting a previous response:

‘I was a bit annoyed with her at the time’.

‘A **bit** annoyed?’

**Biased Questions should definitely be avoided.** Biased questions indicate the answer which the questioner wants to hear, or expects to hear. In other words, biased questions are likely to bias the response by leading the person in a particular direction.

Examples:

‘You’re feeling better today, aren’t you?’

‘You have been doing what we discussed last time, haven’t you?’

‘Surely you aren’t going to do that again are you?’

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**Multiple Questions should also be avoided as they can cause stress and confusion.**

Multiple questions contain more than one question. They are likely to confuse the listener, who will now know which questions to answer and is unlikely to be able to remember all that he was asked. Examples:

‘Is this a serious problem for you? – when did it start?’

‘It might help if you got some exercise – do you get a chance to get out – is someone available to take you for a walk?’

**Paraphrasing;**

Paraphrasing is the skill of putting into your own words the essence of what someone has said. Paraphrasing can:

1. Convey to the Individual that you are with him/her.
2. Crystallise the Individual’s comment by making it more concise.
3. Provides a check that you have understood correctly what was said.
4. Gives a direction to the interview/conversation.

To paraphrase accurately what someone has said means you really have to listen well and not just passively hearing what the person is saying. You will need to understand the essence of what they are saying. On the receiving end, a person can sometimes get insight into a problem when they hear it put in another way. It can be quite an emotional experience to feel so listened to and understood by someone who is putting in such an effort.

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Example:

**Individual:** I haven't slept all night. I have been in so much pain and I kept tossing and turning in my bed. I kept thinking about everything that has been going on; what will happen to me, how long will I take to recover or if I'll recover at all. Then there's the bills to be paid and who will look after the cat if I have to go into hospital? What will Joe do without me, he doesn't know how to look after himself.

**Home Care Worker:** Sounds like you have a lot of worries just now and which have been interfering with your sleep. Let's address them one by one.



### Activity 8

Active and Empathic listening, helpful questioning, reflecting of feelings and paraphrasing are all counselling skills. They can be used in formal counselling sessions or informally when trying to support someone needing care. If you would like to see these skills demonstrated or find out more about them then go into YouTube, for example:

<https://youtu.be/s1DZHImMXy0>

[https://youtu.be/FhCggSecq\\_0](https://youtu.be/FhCggSecq_0)

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### Barriers to Communication

Sometimes things get in the way of good, effective communication. It can be any number of things, some we can anticipate, others we can't and we just need to be flexible and adapt.





**Environmental:** Background Noise, poor equipment, not knowing how to use communication equipment, hearing aids not working etc.

**Language/Cultural:** Using a different language or accent can mean someone has difficulty understanding. These can just be slightly different nuances because of regional differences in language. If somebody uses regional words that are not used universally then that can cause confusion. People sometimes make assumptions about other's cultures, which cause offence or misunderstandings. In many cultures it is important to have eye contact when speaking to someone and considered rude not to, but in other cultures it is frowned upon when speaking to someone older or different gender. It is important as a Home Care Worker, to research aspects of the culture of someone you are supporting in order to be sensitive to these differences.

**Perceptual Barriers:** How we perceive (view) ourselves in relation to others, how we view others and how we view situations will all have an impact on communication. If you are working with someone who has low self-esteem, or hasn't been accepted into their community or felt powerless in their lives then their perception of a situation can be different because their experiences have been different. Trying to 'put yourself in their shoes' can help communication; you will understand their perspective better.

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**Physical Barriers:**

-  **Hearing problems** even if someone has a hearing aid. You will need to talk clearly, and perhaps a little more slowly, but not in a patronising tone. It is important to let the person see your mouth so they can gather information from your lip movements. Turning away to do something while speaking can leave the person unable to understand at all what you have been saying
-  **Poor eyesight** could mean the person misses important cues from your lip movements or gestures. Speaking clearly and sometimes more slowly is important to allow the person time to assimilate the information
-  **Pain** can mean a person finds concentration difficult and may miss vital information. It is important to take this into account and perhaps repeat important information or check out they have processed what has been agreed.
-  **Cognition problems** can mean communication issues arise. An Individual may have a learning disability, brain damage, dementia, poor memory or problems planning. A person may have difficulty formulating sentences, which means they can't fully engage in social situations or make their needs known. Sometimes people just need others to give them time to enable them to communicate at their speed. It is important for the Home Care Worker to communicate at people's level of understanding. This may mean speaking slightly slower or explaining things in more than one way. It may mean leaving a written copy of instructions as well as giving verbal ones e.g. a daily routine or medication or information on expected visitors. It is important to always talk to the person with a disability and not to someone else on their behalf. They should be fully engaged with any communication, the focus of the communication and not excluded even if it is quicker to speak to a carer or relative. This not only ensures showing respect, but it also empowers the person with a disability to have control over their own life decisions.



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**Sensory Overload** is an issue for a minority of people, but it can severely affect their ability to communicate effectively. Some people's sensory experience can be overwhelming; their sight, sounds, touch signals. For example, A man with Autism goes into the supermarket for his favourite ice cream, but the lights, the crowds, the music and other noises created a great deal of anxiety and he had had to leave. This can also occur in a room with lots of people talking and perhaps the TV on or music playing.

**Not Having Correct Communication Aids** can be a substantial barrier to communication with someone with a particular disability. Augmentative and Alternative Communication aids can enable people to communicate if made available.

**Emotional Barriers:** strong emotions, such as fear, anger, sadness and anxiety, etc. can all get in the way of clear communication. It is difficult to hear instructions or discuss important matter when you or someone is trying to manage these emotions in themselves. If people are feeling stressed then their capacity to listen and reason can be impaired. Their concentration can be divided between what is stressing them and the need to listen or talk.

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**Barriers: Stress experienced by family members**



### Activity 9

Which of the following scenarios are likely to impede the effective communication with a family member. Tick the ones that apply. The family member:-

• Is worried that their relative will die.	
• Is upset at seeing their loved one's health deteriorate.	
• Is anxious about meeting with doctors, nurses or social workers in case they don't understand them or they might take control.	
• Is upset at the changes taking place in their life due to the poor health of someone they care about.	
• Is exhausted by juggling the usual daily responsibilities with a crisis in an elderly parent's health.	
• Is worried people will think they aren't doing enough or being caring enough.	

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<ul style="list-style-type: none"> <li>Feels that whatever they do is wrong. If they intervene and take over they are criticised, if they try to encourage the person's independence, then they are criticised for not supporting enough.</li> </ul>	
<ul style="list-style-type: none"> <li>Doesn't like being dependent on other people to help them support their parent, but they cannot manage it all themselves and they don't know what resources there are.</li> </ul>	
<ul style="list-style-type: none"> <li>Is 'left' in the dark while the professionals wait to meet and decide on the best course of action; they feel helpless and stressed waiting as their loved one is distressed.</li> </ul>	
<ul style="list-style-type: none"> <li>Gets contradictory information on what is the plan of care is for their relative or plans are changed without involving or informing them.</li> </ul>	
<ul style="list-style-type: none"> <li>Is worried the hospital will send their relative home without adequate support, which has happened before and led to an emergency situation, which they had to manage.</li> </ul>	
<ul style="list-style-type: none"> <li>Is worried people will think they aren't doing enough or being caring enough.</li> </ul>	
<ul style="list-style-type: none"> <li>Feels that whatever they do is wrong. If they intervene and take over they are criticised, if they try to encourage the person's independence, then they are criticised for not supporting enough.</li> </ul>	
<ul style="list-style-type: none"> <li>Doesn't like being dependent on other people to help them support their parent, but they cannot manage it all themselves and they don't know what resources there are.</li> </ul>	
<ul style="list-style-type: none"> <li>Is 'left' in the dark while the professionals wait to meet and decide on the best course of action; they feel helpless and stressed waiting as their loved one is distressed.</li> </ul>	
<ul style="list-style-type: none"> <li>Gets contradictory information on what is the plan of care is for their relative or plans are changed without involving or informing them.</li> </ul>	

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<ul style="list-style-type: none"> <li>Is worried the hospital will send their relative home without adequate support, which has happened before and led to an emergency situation, which they had to manage.</li> </ul>	
<ul style="list-style-type: none"> <li>Is worried people will think they aren't doing enough or being caring enough.</li> </ul>	
<ul style="list-style-type: none"> <li>Is worried they won't have enough money to pay for the care of their loved relative.</li> </ul>	
<ul style="list-style-type: none"> <li>Feels guilty that they don't know if they can continue to put in the level of support their relative continues to need.</li> </ul>	
<ul style="list-style-type: none"> <li>Anxious that no-one will help them with their increasingly stressful situation as they try to care for someone.</li> </ul>	
<ul style="list-style-type: none"> <li>Is an older adult themselves (70yrs old) with ongoing health problems and daily pain and caring for their parent in their 90's.</li> </ul>	

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### Answers



**All of the above** scenarios and many more are **stressful situations** faced by relatives and explain why some of them get upset, angry or uncommunicative. I hope you have identified that all, therefore, can have a negative impact on communication between them, yourself and other Care Professionals. Taking the time to actively listen to their concerns, give reassurance where you can and sometimes just letting them express their feelings (within limits) can make a huge difference. Taking this approach can de-escalate a situation and prevent it becoming an angry outburst or crisis for the Individual needing care. Empathy is a very valuable skill here. If you can empathise, ‘put yourself in the shoes of the Family Member/Informal Carer’, then your desire to understand, kindness and patience will come across and likely prevent a worse scenario developing. Don’t be too quick to give reassurance in order to pacify the person. Instead genuinely listen to their concerns then give assurances which are genuine only. People know when they are being ‘palmed off’ in order to get them out the way.

### Barriers: Use of Technical Terms

Another Barrier to effective communication is the professional’s use of technical terms or ‘jargon’. All professions have their own language and those outside the profession can be baffled by it. Since the use of jargon words or abbreviations speed up communication within a profession, they can be used frequently and unconsciously. The problem only arises when they are used with patients/service users and then causes confusion. A statement I heard recently to an 89 year old woman about her husband;

‘He is out of ICU now and will be a couple of days in the HDU. We will be ‘taking on board’ suggestions by the O.T and Physio so hopefully he will be home within the week.’

In addition to being confusing it was also said quickly and the woman departed with no understanding of the situation. What should have been said was;

‘He is out of Intensive Care now and will be in the High Dependency Unit for a couple of days. That is just a smaller ward with more support available. He will then move on to another ward when we will start the process of rehabilitation in order to get him fit for home. This will involve the Occupational Therapist who

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will help with things like walking aids, risers for his seat at home or shower seats etc. The Physiotherapist will also work with him to improve his mobility to ensure he can walk before leaving. Do you have any questions you would like to ask me about that?’

If the nurse had provided that fuller, slower, jargon free statement, then the confusion and stress that followed could have been avoided.



### Activity 10

Look up the SSSC website, click on Learning Zone and you will see a number of topics of interest to you in your development as a Home Care Worker. The link below is about jargon busting.

<http://learningzone.workforcesolutions.sssc.uk.com/mod/glossary/view.php?id=483>



### Barriers: Unclear, irrelevant or missing information

Inquiries into child abuse cases often conclude that poor communication between professionals resulted in children ‘slipping through the net’ and not being protected from their abusers. Similar situations can arise with adults or adults not getting correct treatment or support because of poor communication between professionals involved in their care.

Passing on information clearly and correctly can save lives as well as provide the highest quality care. **When you are recording information, it should be-**

- **Legible and clear;** you should avoid abbreviations unless you are certain the reader will understand; this also applies to colloquial terms. Terms used in one local area, might not be understood from people in another. If your message is hand written it needs to be clear to all and not just yourself so printing is best.

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- **Factual, Accurate and Non-Judgemental;** Information should be factual and not based on hearsay. There shouldn't be a judgemental tone or comments, just factual points and observations.
- **Succinct;** people cut off and start missing out sentences if something is rambling and too long. If you are someone who has a tendency to use several words when one will do, then learning the skill of succinct writing is worth developing.
- **Relevant and Sufficient for Purpose;**

'You need to record accurately any distress or worries you have tried to deal with, any, physical signs of illness or accidents...but the importance is the usefulness of what you write in terms of communication' (P59, Nolan 2001).

It is vital that important and helpful information is included and irrelevant detail is omitted. A son visiting his mother in the evening would be keen to read the Home Care Worker's observations during her visit, provided permission had been agreed previously. Knowing what was done e.g. wound dressings checked and podiatrist visited are important, but so is the emotional state of the person, any changes in mobility or memory, whether his mother was agitated or calm. He would want to know if you had any concerns that needed discussing and if he had to take any action that evening.

For additional information and specific examples of helpful and unhelpful writing of records, read **Care S/NVQ level 3** by Y. Nolan.

Effective communication with significant others in the person's life can reduce stress for these people and the individual being cared for.



## Activity 11

### Scenario 1

Mr Baronowski (89yrs) was admitted to hospital for abdominal surgery. Prior to his admission he was driving, carrying out everyday tasks and walked a mile, round trip, to purchase his newspaper every day. When admitted to hospital they ceased his water tablets because it interfered with other medications during his hospitalisation. After his operation and recuperation, he returned home. Due to not being on his water tablets for 3 weeks, however, he now had severe water retention which meant his arms, hands, legs and ankles were extremely swollen. He now needed to use a Zimmer to walk as his legs were so heavy, he couldn't lift them properly. Nobody warned him in advance this physical change would take place. It wasn't discussed with him during his hospitalisation, except to tell him, it would 'go away'. The man went home, distressed at his new, inability to walk. His family had no information on how long his body would be deformed like this and unable to do basic tasks for himself. Within 24 hours of discharge he fell because he tried to move without his Zimmer. He was back at the hospital with an injured shoulder.

Question: How could this situation possibly have been prevented?

### Scenario 2

A Home Care Worker was working with an elderly man with Parkinson's. She recorded every day clearly what had taken place and any actions that needed followed up. She Heard him mention one day that he had received a reminder about a gas bill. A couple of weeks later she noticed him looking at a final notice for his gas bill and tactfully asked if she could help as he looked concerned. He said it must be a mistake because he had given money to his nephew to pay the bill. The Home Care Worker asked his permission to look into it, she contacted her manager who investigated the matter and discovered that the nephew had made several unauthorised withdrawals from his bank account as well as not paid the bills.

Question: What were the benefits of seeking his permission and passing on information in this scenario?



## Answers

**Scenario 1:** You will probably have decided that if the man had been warned in advance of the effects of not taking the water tablets then he would have been psychologically prepared for not being able to walk unaided, for the first time in his life. If they had given him a timescale for full recovery then he wouldn't have felt so frustrated that he tried to walk without his Zimmer and fell. If the family had been informed of the effects then they could have emotionally supported him and reassured him and probably reduced his distress.

**Scenario 2:** By being observant and picking up on his confusion the Home Care Worker was able to helpfully intervene. By asking his permission and involving him, she kept their relationship respectful and by passing on the information she prevented further fraud from taking place.

## Confidentiality

Part of clear, effective communication is knowing what not to say as well as what to say clearly. Respecting confidentiality is fundamental to care work. Keeping information safe and passed on only to people who have a right to know is very important and you will have covered this in your basic training as a Home Care Worker. There are occasions when this can also be quite challenging. Is it always clear who has a right to know? What do informal carers have a right to know? Do the police have a right to know information if they ask you? It can be easy for confidentiality boundaries to be eroded when you become familiar with family members, neighbours etc. It is important to abide by your organisations policy on confidentiality.



### Activity 12

1. Look up your organisations policy on confidentiality. What does it say about it and what are your responsibilities?

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2. Imagine you are involved daily with Mrs Bashir. Her daughter comes in every evening to give her mother her dinner and get her ready for bed. Mrs Bashir doesn't want her daughter to know her personal business, but her daughter, understandably asks because she also cares for her mother daily and wants to know how if there is any deterioration in her condition etc.

What approach do you take?

Discuss your answer with your mentor.

If in the situation above, you are working in partnership with family members, it can be useful to have the Individual's permission to pass on certain pieces of information to enhance the care provided. A helpful approach would be to discuss this with the Individual you are supporting and clarify if anything can be passed on, on a 'need to know basis'.

The law relating to protecting written information is the Data Protection Act 1998. There are eight guiding principles of the Act; Data must:-

- Be fairly and lawfully processed
- Be processed for limited purposes
- Be accurate
- Be adequate, relevant and not excessive
- Not be kept for longer than necessary

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- Be processed according to individual rights
- Be secure
- Not be transferred to countries without adequate protection

This is the legal framework organisations work within and on which they base their policies and procedures.

“The importance of data protection, confidentiality and appropriate secure record keeping is further reinforced via Codes of Practice for Social Service workers and the National Care Standards, as well as via the Care Commission inspection visits” (P179. HNC in Social Care: Sue Price, 2009).

The Codes of Practice for Social Service Workers (sssc.uk.com) states:

2.1: Be truthful, open, honest and trustworthy

2.2: Communicate in an open, accurate and straightforward way

2.3: Respect confidential information and clearly explain my employer’s policies about confidentiality to people who use services and carers.

6.2: Maintain clear, accurate and up to date records in line with procedures relating to my work.



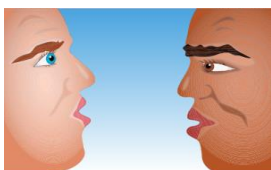
### Activity 13

For this activity, you should access the Skills for Care website using the link below.

[http://ccpdignity.co.uk/downloads/principles\\_to\\_practice\\_guides/principle\\_3.pdf](http://ccpdignity.co.uk/downloads/principles_to_practice_guides/principle_3.pdf)

Read the booklet on Principles to Practice, Principle 3, Value communicating with individuals in ways that are meaningful to them. Read the scenario and answer the questions which follow. I then recommend you discuss your answers with your mentor.

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## Managing Conflicting Views



### Activity 14

1. Have you been involved in a situation where you have had opposing views from someone and you felt strongly about your view?
2. Did you come to understand their point of view? If so how did this occur? If no, what prevented this happening?
3. Why do you think you felt so strongly about your view? Did it reflect your fundamental values in some way?

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4. How did you feel when you were in disagreement with the person? Did your feelings impair or enhance the situation in any way?



A career working with people means you will always have occasions where there is conflict. These conflicts can take many forms. For example, you may have two family members with differing views on how their parent should be cared for. Whatever the situation, conflicting views of how to deal with a situation can lead to strong emotions being expressed.

### Case Study

Sometimes there is a 'history' behind the disagreement. The real issue might not be the presenting one, for example, Susan says her Mother is doing too much after her heart by-pass operation. Her sister Bernie thinks her mother needs to do things in order to build up her strength and regain her abilities. The Home Care Worker is in the centre of a heated disagreement over whether or not their mother should be making her own lunch. The sub text or history here is that Susan has always been cautious by nature and Bernie more of a risk taker. Susan is resentful because she thinks their mother has always preferred Bernie because she is adventurous. Bernie thinks Susan is too anxious unnecessarily about everything and has wasted her life being scared of everything. The issue is really one of a conflict of values and sibling competitiveness, but this comes out in a conflict about whether their Mother should be making her own lunches. It isn't the role of the Home Care Worker to play psychologist and work these issues out. It is helpful, however, to be aware that other underlying issues may be the reason why emotions are unexpectedly high or conflict has developed.

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<https://www.helpguide.org/articles/relationships/conflict-resolution-skills.htm>

Provides some helpful information on conflicts, they state:

- **A conflict is more than just a disagreement.** It is a situation in which one or both parties perceive a threat (whether or not the threat is real).
- **Conflicts continue to fester when ignored.** Because conflicts involve perceived threats to our well-being and survival, they stay with us until we face and resolve them.
- **We respond to conflicts based on our perceptions** of the situation, not necessarily to an objective review of the facts. Our perceptions are influenced by our life experiences, culture, values, and beliefs.
- **Conflicts trigger strong emotions.** If someone isn't comfortable with their emotions or able to manage them in times of stress, they won't be able to resolve conflict successfully.
- **Conflicts are an opportunity for growth.** When people are able to resolve conflict in a relationship, it builds trust between them.

If you find yourself in a situation where people have conflicting views, what is the best approach? Recommendations are:-

1. Don't ignore a festering conflict, instead, allow people to talk.
2. Be prepared for possible angry exchanges and remember the de-escalation approach covered earlier.
3. Listen to each party. If they won't listen to each other then try and get agreement that each should take a turn to speak without interruption so that each can be heard.
4. Conflicts within ourselves and between people often come down to two things; a desire for safety or desire for developing oneself. These are opposing, but there can be some agreement there too so...

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5. Look for common ground in both perspectives. In the example above, Bernie wants her mother to develop and grow, Susan wants her mother to be safe. The common ground is that they both want what is best for their mother because they both care for her. People are more likely to see the other person's perspective if they can agree there is some common ground between them; it often diffuses emotions.
  
6. Look for a compromise that values each of their contributions. Mrs Smith could make her lunches initially with some support to alleviate Susan's concerns and then if all goes well, support can be withdrawn as soon as possible in order for her to re-gain her skills and independence.

It is important to note that other people's conflicts can have quite an emotional impact on you too so seek support from your mentor and discuss the situation and how it made you feel. You may need their intervention if the conflict is having a negative impact on the Individual you are working with or yourself.

**For additional information look up:**

<https://www.youtube.com/watch?v=DSGy5yvC0hM>

Dr Clare Albright, psychologist and coach has some additional guidance in <http://www.mediate.com/articles/albright.cfm> if you want to look the subject in more detail.

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### Assertive Communication



Passive



Assertive



Aggressive

Communicating assertively is different from being aggressive or passive. If someone is behaving passively then they aren't saying what they truly think or feel and often agreeing to do things they don't actually want to do. Aggressive communication is about getting what you want and disregarding the feelings of others in the process. Neither passive nor aggressive communication is helpful in health or social care. Aggressive communication ruins relationships and impedes team working. Passive behaviour means you don't stand up for yourself or others and more dominant people will make the decisions.

Being assertive is about standing up for your rights and for others in a way that is respectful. It is about being clear about what you want, but still considering the rights, needs, and wants of others. According to Mindtools.com

"Developing your assertiveness starts with a good understanding of who you are and a belief in the value you bring. When you have that, you have the basis of self-confidence. Assertiveness helps to build on that self-confidence and provides many other benefits for improving your relationships at work and in other areas of your life. In general, assertive people:-

- Get to "win-win" more easily- they see the value in their opponent and in his/her position, and can quickly find common ground.
- Are better problem solvers-they feel empowered to do whatever it takes to find the best solution.
- Are less stressed- they know they have personal power and they don't feel threatened or victimised when things don't go as planned or expected.



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- Are doers-they get things done because they know they can”.



### Activity 15

Watch the video below on the importance of health care workers being assertive. The same applies to Home Care Workers.

<https://youtu.be/ZUV-OhxXVeA>



### Activity 16

Having support from your mentor with this activity would be helpful. Answer the following questions and experiment with being more assertive.

You will find it beneficial to check out the links at the end of this section on how to be more assertive before proceeding.

1. Who would you benefit from being more assertive with? (You may wish discussing this with your mentor).
2. What could be the possible benefits?
3. What specifically do you need to do differently in order to be assertive?

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4. Experiment! You can start by role playing how you will handle the situation. Then take an assertive approach with the person.
5. How did it go? Were you clear about what you wanted? Were you assertive in your comments?
6. Did you achieve what you hoped you would?
7. What would you do differently the next time? What would you repeat?

Assertiveness Training is out with the remit of this Support Pack, however, if you think you aren't assertive enough in your communications with people then, request to attend an Assertiveness Training Course. **Alternatively for more information on how to be assertive go to:-**

**www.Mindtools.com** (enter Assertiveness in the search). There are articles and videos.

**www.Mayoclinic.org** (enter Assertiveness in the search); Being Assertive: Reduce stress, communicate better.

<http://www.nhs.uk/video/Pages/low-confidence-and-assertiveness-podcast.aspx>  
(Audio)

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## Empowering Individuals

In this section we will be looking at how you can empower the individuals you are working with to:-

- Encourage self-management
- Discuss their wellbeing with Care Professionals
- Develop or maintain social relationships

The World Health Organisation (WHO) defines empowerment as

*“a process through which people gain greater control over decisions and actions affecting their health.....it is a process in which patients understand their role, are given the knowledge and skills by their health-care provider to perform a task in an environment that recognizes community and cultural differences and encourages patient participation.” (2009)*

<https://www.ncbi.nlm.nih.gov/books/NBK144022>

You can see by this definition, why good communication is important when it comes to empowerment.

**Activity 17**

1. How do you feel when others make decisions on your behalf?
  
  
  
  
  
  
  
  
  
  
2. How do you feel when your likes or dislikes aren't taken into account?
  
  
  
  
  
  
  
  
  
  
3. How does it feel when you can't do something you used to be able to do?

Chances are you might have said you feel frustrated or angry when you aren't allowed to make your own decisions or have your likes and dislikes discounted. You may also have said helpless or even depressed if you can't do something you used to. Hopefully you will understand through studying this topic, why empowerment is so important in health and social care.

Empowerment means:-

- Organisations and professionals taking a client/patient centred approach.
  
  
  
  
  
  
- Creating opportunities for people to be fully involved in decisions about their welfare and care.
  
  
  
  
  
  
- Enabling people to be more involved in decisions about their welfare. This could be by ensuring they can fully participate in meetings by adapting the room etc, discussing issues in lay terms, enabling them to attend etc. It may be encouraging them to have more self-belief so that

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they have the confidence to make decisions about their own health and wellbeing.

- Adapting a person's environment so that they can be more self-managing. Occupational Therapists play an important part with adaptations to the home that enable independence. New Assisted Living Technologies also play a vital role now.
- Individuals taking responsibility for their health and wellbeing, which may involve lifestyle changes. The Home Care Worker has an important role in providing health promotion information, encouragement to make small life style changes, emotional support to maintain positive changes etc. This may involve also organising transport to enable someone to attend a social activity in the community.
- The Community adapting to ensure people with chronic illnesses or disabilities can access local services and activities.



### Activity 18

Look up the links below on the Social Care Institute of Excellence. This region has embraced empowerment by encouraging service user and carer participation in delivering it's care services.

<http://www.scie.org.uk/socialcaretv/video-player.asp?guid=c549a76b-5d52-4c8f-93f7-b79aa264aaf9>

Cambridgeshire have developed a Falls Prevention Programme, which empowers people by enabling them to be more independent again. Click on the link below to watch the short video explaining the re-enablement approach.

<http://www.scie.org.uk/socialcaretv/video-player.asp?guid=7f99fdd1-0e82-47c9-adb9-b939284397fc>



### Activity 19

The First European Conference on patient empowerment was held in 2012. The principles apply to service users in their own home.

Look up the website and watch the video about Patient Empowerment.  
<http://www.enope.eu/patient-empowerment.aspx>

The conference comments that “an empowered activated patient:

- Understands their health condition and its effect on their body.
- Feels able to participate in decision-making with their healthcare professionals
- Feels able to make informed choices about treatment.
- Understands the need to make necessary changes to their lifestyle for managing their condition.
- Is able to challenge and ask questions of the healthcare professionals providing their care.
- Takes responsibility for their health and actively seeks care only when necessary
- Actively seeks out, evaluates and makes use of information.

Empowered patients will better understand how to navigate between the many players in the healthcare system including family, physicians, health insurers, healthcare regulators, pharmacists. When unsure about where to go or what to do next, the empowered patient will feel confident to ask for the information they need.”



### Activity 20

Go on to the website about the new National Care Standards [www.newcarestandards.scot](http://www.newcarestandards.scot) and under the **Case Study Videos**, watch Archie's Story. Archie has dementia and lives at home.

1. What does Archie say is important to him now that he has dementia?
  
  
  
  
  
  
  
  
  
  
2. What was wrong with how he was given information about his condition and the implications for him? How should it have been given?
  
  
  
  
  
  
  
  
  
  
3. Since information is empowering, what information would be helpful for him to have?

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4. At the bottom of the same webpage you will find the principles of the new National Care Standards. These are; Dignity and Respect; Compassion, Be included, Responsive to Care and Support and Wellbeing. Click on Compassion, Be Included and Wellbeing. If these principles were applied how would Archie be treated now?



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### Answers

You may have answered something similar to the following. Archie states that maintaining his independence is very important to him. He was distressed to be told about his condition so bluntly and leaving him with leaflets to navigate by himself. Archie should have been given information about his condition and given the opportunity to ask questions. The worker should have arranged to come back a second time to discuss his thoughts and feelings once he had time to think about it all. The implications are substantial and his emotional needs should be addressed by listening and being empathic.

Archie should have been told about people and resources available to him and what support he could expect as his condition deteriorates. He should have been told how to access an online community for support, if he was interested. He would be included in all discussions and decisions about his wellbeing. He should also have been given tips and tools to help with memory loss. Since his social needs are important too, he should have been provided with information on support groups or day centers and ways in which to ensure he maintains his present social life as much as possible. If all of this had taken place then Archie would indeed be being supported to 'reach his full potential' as outlined in the new national care standards.

Watch Linda's video story too for additional information on how living at home with chronic illness can be successful.



### Activity 21

1. Reflect on two Individuals you support. Are they people who make decisions about their own care and treatment? If not, what would help them to do so?
2. Are their homes adapted to enable them to be as independent as possible? If yes, in what way? If no, what would help?

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3. Do they have leisure pursuits? If not, why not?
4. Do they have social contact with people out with their own family? If not, how could this be encouraged or enabled?
5. Do they need to make any lifestyle changes to help them take some responsibility for their wellbeing?
6. Does their local community need to change to assist them be more a part of leisure/social/health facilities?
7. Are there any other ways you or your organisation can empower them?

Discuss your answers with your mentor, line manager and the Individuals you support.

Sometimes people need to believe they are important enough to stand up for themselves and to take the opportunities to be involved in decisions about their welfare. Being chronically ill can undermine your self-confidence. You can very quickly feel helpless and behave as though you are helpless when pain or inactivity is long-term.

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The Home Care Worker can make a substantial difference to someone's life by being empathic and encouraging. By gathering information on resources available you can open up opportunities for someone. Information gives people back some control over their lives. By encouraging and helping the person to be as independent as possible, you can empower them. When the Home Care Worker combines encouragement, empowerment, information and support in being assertive, they enable the Individual to discuss their needs with the Professionals involved and Key People in their life. All of us prefer and benefit from having as much control over our lives and circumstances as possible. We benefit physically, psychologically, cognitively, socially and spiritually.

By enabling them to socialise you will have a positive impact on their mental health and their physical health. By having knowledge of Assisted Living Technologies (see the separate unit on this), you can enable someone to connect with a wider circle through social media. These wider social circles can provide additional information which in turn helps people to have greater self-management.

Empowerment, providing information on resources, encourage social contact all require good communication skills on the part of the Home Care Worker.

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## Communication Skills of Inter-disciplinary Team Working

‘Recognise and respect the roles and expertise of workers from other professions and work in partnership with them’.

SSSC Codes of Practice 6:7 ([www.sssc.uk.com](http://www.sssc.uk.com))



### Activity 22

1. Review the communication skills we have covered so far. List them below.
2. Review the barriers to communication and list them below.

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3. Review what being assertive is about.



Inter-disciplinary team -working involves all of these communication skills. It involves:

- Listening
- Being clear in your verbal communications
- Being congruent in your non-verbal communications
- Being able to understand other people's non-verbal communication
- Being knowledgeable about the Individual and their condition and needs.
- Being assertive instead of passive or aggressive in your communications

It also involves advocacy and negotiating skills. Sometimes the person who knows the Individual better is the Home Care Worker rather than people who have a more distant role. Your contribution is essential to help people see the whole person and all their needs, not just the health condition they have. You will be observing the person in their own home doing daily living activities on a regular basis, which provides vital information. It is important not to be intimidated by other professionals, but to view your contribution as vital to creating and maintaining an effective care plan. You may have to advocate on behalf of the Individual if you think the plan of care or treatment proposed isn't what they want or meet their needs. This means standing up for their rights when they can't do so themselves. As you can see effective communication skills are central to inter-disciplinary team working.

Knowledge of the role of other professionals also contributes to effective inter-disciplinary team working.

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### Activity 23

1. What health and social care professionals are involved or likely to be involved with the Individuals you support?
2. Take each one in turn and identify what their main role/remit is? If you don't know, carry out some research to find out.

You may have identified, Doctor, Nurse, Community Psychiatric Nurse, Social Worker, Activity Co-ordinator, Occupational Therapist, Physiotherapist, Psychologist etc. By understanding their roles, the limits to their roles and the overlap of their responsibilities, you will be better able to discuss, advocate or contribute to the inter-disciplinary team; knowledge empowers!

## Legislation, Policies and Procedures

This information is covered earlier, but to re-cap. Each organisation creates their own policies and procedures based on the country's legislative requirements and on their particular remit. As mentioned previously, it is therefore, important to familiarise yourself with your organisations policies and procedures. Concerning communication, the Data Protection Act 1998 is the main legislation you need to know.

The Data Protection Act 1998 controls how personal information is used by organisations, businesses or the government. Everyone who is responsible for using data has to follow strict rules called 'data protection principles'. They must make sure the information is:

- ❖ **Used fairly and lawfully** ( You only share information when authorised to do so)
- ❖ **Used for limited, specifically stated purposes** ( For the purposes of providing care and support)
- ❖ **Used in a way that is adequate, relevant and not excessive**
- ❖ **Accurate** (Does not contain personal observations or judgements. Reports are factual and a true account of events for the intended purpose of providing support and safeguarding vulnerable groups)
- ❖ **Kept for no longer than is absolutely necessary** ( Your organisation will have guidelines for this)
- ❖ **Handled according to people's data protection rights** ( Promoting privacy and confidentiality and not shared with unauthorised persons or without consent )
- ❖ **Kept safe and secure** (This might mean that you advise service users not to leave their care diaries out on their 'coffee tables' and explaining why. Think how you would feel if your assessor discussed you with other candidates? The individuals we support and make reports about, have the same rights as you where personal information is concerned)
- ❖ **Not transferred outside the UK without adequate protection**

The National Care Standards and Scottish Social Services Codes of Practice have clear guidelines on how Home Care Workers should treat confidential information, promote privacy and record clearly and accurately.

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Another piece of legislation which guides your organisations policies and procedures is the new **Public Bodies (Joint Working) (Scotland) Act of 2014**, which came into effect on 1<sup>st</sup> april 2016. This Act concerns the integration of health and social care services in Scotland. Health Boards and Local Authorities are required to establish integrated partnership arrangements. There will be an integrated budget and planning. Multi-disciplinary team working will be the norm in trying to achieve the best outcome for people's health and wellbeing.

In broad terms, the aims of the legislation are threefold:

1. To improve the quality and consistency of care for patients, carers, service users and their families.
2. To provide seamless, joined up care that enables people to stay in their own homes, or another homely setting, where it is safe for them to dos so.
3. To ensure resources are used effectively and efficiently to deliver services that meets the needs of the growing population of people with longer term and often complex needs, many of whom are older.

<https://news.gov.scot/news/health-social-care-integration-due-to-go-live>

Moe information can be accessed at <http://www.gov.scot/Topics/archive/Adult-Health-SocialCare-Integration/About-the-Bill>

You might also like to Look at the **Freedom of Information Act 2002**, which gives people the right to request information from public authorities. If the authority have the information, they must provide it. Some information is exempt, e.g. confidential information about individuals (Maclean, Shiner and Surtees, 2015).

**Access to Medical Records Act 1988** allows people the right to see a medical report written about them and can request amendments are made or they can comment on it.

**Human Rights act 1998, Article 8**, Everyone has the right to respect for their private and family life and their correspondence. (Maclean, Shiner and Surtees, 2015).



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