**BTEC HEALTH AND SOCIAL CARE**

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**Bridging Course - Week 3**

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****St Mary’s Catholic School

BTEC HEALTH AND SOCIAL CARE Bridging Course

**This bridging course will provide you with a mixture of information about BTEC Health and Social Care, and what to expect from the course, as well as key work to complete. Students who are expecting to study Health and Social Care, and are likely to meet the entry requirements, must complete the bridging course fully and thoroughly, to the best of their ability. You should complete all work on paper or and keep it in a file, in an ordered way. You will submit it to your teacher in September. All of the work will be reviewed and selected work will be assessed, and you will be given feedback on it. This work will be signalled to you. If you do not have access to the internet, please contact the school and appropriate resources will be sent to you. If you are thinking about studying BTEC Health and Social Care you should attempt this work to see whether or not you think studying a subject like this is right for you. If you later decide to study Health and Social Care, you must ensure you complete this work in full. This work should be completed after you have read and completed the Study Skills work that all of Year 12 should complete.**

**Entry Requirements for Studying BTEC Health and Social Care?**

* Students who are expected to achieve at least a grade 4 in GCSE English and Maths.
* Students who are prepared to undertake work experience in a health or social care setting.
* Students who enjoy learning about a wide range of contemporary issues pertaining to the health and social care sector.
* Students who are willing to take part in class discussions and presentations on their research findings.
* Students who enjoy independent research tasks and preparing written assignments.

**What to expect from BTEC Health and Social Care.** BTEC courses do work differently to other subjects and you will be expected to work hard both in and out of your lesson to meet coursework deadlines. You will also be presented with many different opportunities to broaden your vocational learning, as this qualification contains a wide range of contemporary topics pertaining to health and social care. A variety of assessment methods are also used, ranging from external exams to course work. Additionally, this BTEC qualification has been designed with employers and representatives from higher education and professional bodies. In this way, the qualification is up to date and covers all of the knowledge, skills and attributes that are required in the health and social care sector. Students will also undertake work experience in a health or social care setting, this provides an excellent opportunity for you to experience working with other professionals in the sector.

**Course outline**

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| **External Assessed Units** | **Coursework Unit** |
| * You will undertake **3** external exams. * Human Lifespan Development 1.5 hours – You will be presented with an individual who has specific health and wellbeing needs. You will be required to consider their circumstances from a health and social care perspective and answer a mixture of short and long answered questions. * Working in the Health Sector 1.5 hours – You will be presented with 4 case studies about individuals who are currently accessing a health or social care service. You will be required to respond to several short and long answer questions. * Research Enquiries 3 hours – Four weeks before this exam you will be presented with a research article. You will be able to prepare notes to take into your exam. In the exam you will be presented with 4 questions about the reliability and validity of the research that require an essay style response. | * You will undertake **5** coursework units. * Supporting Individual Needs - This unit will focus on the care and support that individual’s need. * Promoting Public Health - You will explore the aims of public health policy and the current approaches to promoting and protecting public health in the UK. * Principle of Safe Practice - This unit explores the importance of safe working practices, safeguarding procedures and responding to emergency situations. * Physiological Disorders - This unit explores the physiological disorders of two individuals, including how they are diagnosed and treated. You will also investigate the impact the disorder has on their long term health and wellbeing. * Supporting Individual with additional needs - This unit will explore working with a full range of individuals who have additional needs. |

The following work requires a lot of independent research, and some of the ideas might be challenging to understand on first reading. Remember to take regular breaks, go back to any of the tasks after some time away, and try your best. Your Health and Social Care teacher will go over the following with you in lessons, early in Year 12.

1. This week we will focus on the **skills and attributes of effective communication** in health and social care. This is a critical aspect of Unit 2, 5 and 7 and will contribute to the marks in the exam and in against criteria in coursework units.

Communication techniques

Good communication skills are vital for people working in health and social care as they help them to:

* develop positive relationships with services users and their families and friends, in order to understand and meet their needs
* develop positive relationships with work colleagues and other professionals
* share information and feelings with people using the services, by providing and receiving information and report on the work they do with people.

Communication between service users and providers is almost always interpersonal. However, service providers may never actually meet, and so communication may be by telephone, text or email

Body language

Body language is very important. It often gives service providers a better idea of how someone is feeling than what the service user says. It is also important, as a carer, that you understand what messages your own body is giving to the person you are trying to help. Body language includes the following.

▸ **Posture**: the way you sit or stand can send messages. Even the way you move can give out messages. For example, shaking your head while someone else is talking might indicate that you disagree with them, or waving your arms around might mean you are excited. Sitting facing the person you are talking to, with your arms unfolded and a smile on your face shows a positive and warm response.

▸ **Facial expression**: the human face is very expressive. It is able to express countless emotions without any words being used. The facial expressions for happiness, sadness, anger, surprise, fear and disgust are the same across cultures. It is important to match your facial expressions to the conversation: for example, not smiling when someone is talking about something sad.

▸ **Eye contact**: most people find that what they see affects them most so eye contact is especially important. You can often tell what someone is feeling by their eyes. Our eyes become wider when we have positive feelings, for example, when we are excited or happy, attracted to, or interested in someone. Eye contact is also important in keeping a conversation going and for judging the other person’s response.

▸ **Appropriate use of touch**: touching another person can send messages, for example care and affection or power and control. It is important to think about the setting you are in and what you are trying to convey before touching a person in a health and social care environment.

▸ **Gestures**: there are certain common signs or gestures that most people automatically recognise, but it is important to understand cultural norms so that you do not unintentionally cause offence. For example, in Western cultures, thumbs-up can mean that all is well and is perfectly acceptable whereas in the Middle East, it is not only unacceptable but also one of the biggest insults possible.

It also causes offence in countries such as Greece and Russia.

▸ **Non-threatening body language**: it is important not to give out negative messages through your body language. Turning away slightly with your arms folded portrays negative feelings of boredom, coldness and lack of interest. Getting too close to someone, and so invading their personal space, can cause discomfort, intimidation or distress.

▸ **Personal space**: getting too close to, or too far away from, someone can create unease. The size of a person’s personal space depends on cultural norms. For example, Americans tend to require more personal space than many other cultures. Also, getting too close to someone with a mental illness can be very distressing for them. If a person backs away a little when you are speaking to them, don’t try to close the gap as this will make them feel uncomfortable. How close you can move into a person’s personal space depends very much on individual preference and context.

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| Communication skills 3: non-verbal communication | Nursing Times | Non-verbal communication | First Steps | RCN |
| What does this image demonstrate about the nurse’s communication skills? | What does this image demonstrate about the nurse’s communication skills? |

**Activity**

The manager of a local care home is having a staff training day about how to communicate effectively with service users and their families. This is following on from several complaints that have involved poor communication issues.

Create a poster or leaflet for the training day that will include the correct verbal and non-verbal language that staff must adopt when working with residents and their families.

Active Listening

Listening to people involves more than just hearing what they say. To listen well, you need to be able to hear the words being spoken, think about what they mean and then think what to say in reply. You can also show that you are listening and what you think about what is being said through your body language, facial expressions and eye contact. By yawning, looking at your notes or watch, or looking around when someone is speaking, you will give the impression that you are bored by what is being said. This is not only very rude but can also cause the person distress and negatively affect their self-esteem. The process of active listening and responding involves:

* + - allowing the person who is talking time to explain
    - not interrupting
    - giving encouragement by smiling, nodding and making encouraging remarks such as ‘Really?’ and ‘Oh yes.’
    - asking question for clarification, such as ‘Can you explain that again please?’
    - showing empathy by making comments such as ‘That must be so difficult for you.’
    - looking interested by maintaining eye contact and not looking at anything else
    - not being distracted by anything else – switch off your mobile

Review the picture below:

* How can you tell the service providers are interested and listening carefully?

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Overcoming barriers to communication

It is sometimes necessary to find an alternative form of communication to meet people’s differing needs, such as when someone has visual or hearing impairment or learning difficulties. By using these alternative forms of communication it can overcome significant barriers that the service user may experience. In doing so, it enables the service user to communicate effectively and be able to explain all of their care needs.

Activity 2:

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| Visit the following NHS England website and **take notes** on how to care for an individual with communication difficulties.  <https://www.nhs.uk/conditions/social-care-and-support-guide/practical-tips-if-you-care-for-someone/how-to-care-for-someone-with-communication-difficulties/> |

Activity 3: Conduct research on the following alternative forms of communication that can be used to overcome barriers to communication.

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| Alternative form of communication | * Who does it help and how? * What are the advantages of using this form of communication? * What are the disadvantages of using this form of communication? |
| Makaton |  |
| Braille |  |
| British Sign Language |  |
| Communication Boards |  |

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| Review the following video made for nurses by Health Education England.  <https://youtu.be/dFnJ9RyY8q0> | 1. What are the **top tips** for effective communication? 2. How does effective communication between the nurse and the patient **help** them? |
| Challenge…  Do you want to progress into a career in healthcare?  Try and practise your communication skills with the people in your home. | |

**Michael Argyle**

Michael Argyle (1925–2002), a social psychologist, specialised in the study of interpersonal behaviour, social skills and body language, or non-verbal communication. In the 1960s, he found that non-verbal signals can be more important than verbal communication in conveying people’s attitudes. His research showed that, when you talk to a stranger, your gaze tends to be averted but, with a close friend, you make direct eye contact more often. Argyle said that feelings of friendship and a positive attitude can be encouraged simply by looking at people in the right way. He also said that it was important not to let verbal and non-verbal signals conflict. For example, if you speak sternly to a child with a smile on your face this will undermine the main point of the communication, namely, to tell them off, because they will remember the smile more than the words.

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| **The Argyle Communication Cycle (1972)**  **Watch this video to explain further:** [**https://www.youtube.com/watch?v=vCmHia-nTpA**](https://www.youtube.com/watch?v=vCmHia-nTpA) |

Once you have decided you need to communicate with someone, it is helpful to think about the communication cycle. Michael Argyle’s 1972 communication cycle is when someone decides to communicate, takes action (message sent), which is received by the other person (message received), who then works out the meaning (message decoded) and lets the other person know they have understood (feedback). The feedback is the response to the message and then the whole cycle may start again.

How do we choose which method of communication to use? Firstly, we need to think about the purpose of communication – is it to find out information, or to reassure and comfort someone who is distressed? Perhaps you need to get to know someone, or you want to exchange ideas and thoughts. Maybe you are responsible for informing and instructing others. Don’t forget, the meaning of the message is the responsibility of the sender, not the recipient. However, when communicating in health or social care, it is helpful to think about your service users and their needs, since the core of your job role is likely to be helping people. Not all service users are the same and certainly do not present with the same needs.

**Activity 4:**

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| Consider the case studies below. Referring to Argyle’s theory of communication:   * Explain what factors may be affecting communication * What action you would need to take in order to communicate effectively in each situation. * What are the consequences of not doing so?   **Case Study 1**  You are caring for Mr Johnson, who is 78 years old and is recovering from a stroke. His speech is slurred and difficult to understand. This is making him frustrated, anxious and occasionally short-tempered.  **Case Study 2**  In the GP surgery, Mrs Iqbal has brought her son for his immunisations but is unsure about the programme on offer. She speaks very little English as it is her second language.  **Case Study 3**  In a school placement, you are helping the class teacher support Molly, who has a hearing impairment and has had a cochlear implant. She has some hearing but not a full range of sounds.  **Case Study 4**  You are a social care support worker attending a weekly multi-disciplinary meeting to discuss the care plans for three patients being discharged from hospital. You will be responsible for one of the patients and will have to report back to your supervisor. Describe how the group will work together and how you will present your report. |

**Activity 5**

When you embark on studying health and social care it is very important to become familiar and use key technical terms. To develop this knowledge of vocabulary please find a definition for the key terms detailed below.

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| **Technical Term** | **Meaning** |
| **Interaction** |  |
| **Interpersonal** |  |
| **Proximity** |  |
| **Reflective Listening** |  |
| **Technological Communication Aid** |  |
| **Assertiveness** |  |

1. Now, it is time to **consolidate** your learning on effective communication.

Imagine you are the owner of a newly opened residential care home for older people who need extra help and support. Some of the new residents have conditions such as dementia. The home has 33 rooms and your prospective new residents range in age from 72 to 101. John has decided to have a trial period at the home. He is hearing impaired and uses a hearing aid, additionally he is very withdrawn and quite shy.

**Task**

Prepare a report for the care staff to explain and assess the strategies and communication techniques that you and your staff plan to use with John, to overcome different challenges. You should also justify the strategies and techniques that you will use to overcome and any challenges that may arise.

Your report should include:

* A description of verbal and non-verbal skills that staff should adopt when talking to John.
* An explanation of the Argyle communication cycle and how this might be affected due to his hearing impairment.
* An overview of equipment or strategies staff could use to overcome his hearing impairment.
* A description of strategies staff can use to help him to feel comfortable and less withdrawn.