Listening & Talking

Listening to one another, really listening, is at the heart of effective communication. Taking the time to understand what someone is trying to say shows you are interested and care about them. Many residents will be coping with hearing and sight problems and sometimes with speech difficulties too. It is very important for you to understand how these problems affect their ability to communicate and how best to help them express themselves, stay involved in their care decisions and participate in their home life.

**Much more than specs and hearing aids**

Not being able to say how you feel or to understand what is going on around you can make people depressed, isolated and lose confidence. Some may get frustrated and angry; some may lash out while others might withdraw.

Some residents will have complex needs and it may be that ‘difficult’ person just needs a little more time or support to be understood. To stop what you’re doing and focus on them, to notice and check on any changes can save a lot of time and aggravation in the future.

**Set the scene**

Our environment affects us all. It is impossible to hear on the phone in a noisy environment. So think about background noises. Is the clattering from the kitchen or trolley, or noise of the television, stopping people from joining in?

Most people with sight loss recognise people better in bright but non-glaring light. Avoid wearing bold patterns which can be confusing to those with poor sight or dementia.

**Keep up the conversation**

There are some practical ways to enjoy a good conversation. Know the person you are speaking to. If they cannot see or hear you, gently touch them, and introduce yourself. Ask them what they like to be called and always use that name with them. Speak slowly, choosing plain language, to suit their understanding or hearing – but don’t talk down to them.
your sentences short, one topic at a time. If something is not heard first time, don’t repeat it, say it in a different way. Always give the person time to answer and show your interest in their response. Remember your body language; use your face to express your feelings and your hands to point to what you might be talking about.

Don’t forget your sense of humour; it can bring you closer to the person, and bring relief to difficult moments or misunderstandings.

Always let the person know when you are ending a conversation and about to go; don’t just walk away.

**Keeping involved**

As well as your own conversations with residents, there are ways to help them join in with each other. See they have the aids they need in good working order. Consider reading menus and activity diaries with residents to encourage them to choose and join in. Tell people what is going on, like who is sitting with them or describing the meal. Encourage people to sit with their friends or others they might like, and help them get conversations going.

Notice and speak to a person if they are finding it harder to communicate. For instance, are they giving an odd answer to a question they misheard, are they less interested in things they used to enjoy, or frustrated or angry over minor misunderstandings? If so, report it!

**Check and upgrade**

The basics of understanding one another can continue if we make sure there are regular hearing and sight checks and the upgrading of aids or the medical treatments they identify.

The care plan needs to be relevant and up to date. Communication difficulties are very likely to increase so report any changes you notice and let visitors know; it will help them stay connected.

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**ISOLATION AND DEPRESSION**

Action on Hearing Loss’s 2012 report, *A World of Silence*, reveals that three quarters of all care home residents suffer hearing loss, leading to isolation and depression. The report also shows the positive impact that staff training can have on effective communication.