Communicating with Children & Families

- Language and communication are central issues with regards to caring for children and their families.
- The way we talk, the words we use, and the dialects and accents all convey messages and impressions about ourselves.
- Language is acquired as babies and children, and the influence of parents is paramount in the early years.
- As children grow older, they are more likely to be influenced by the education system and/or their peers.
- Command of language and ease of expression are essential not only for safety and meeting basic human needs, but also for social fulfilment.
- Language pragmatics is the way children learn to use speech to communicate with others.
- Children seem to learn the pragmatics of language at a remarkably early age.
- A child as young as two years adapts the form of his language to the situation he is in or the person he is talking to.
- Among older children, language is even more clearly adapted to the listener; a four year old uses simpler language when talking to a two year old then when they talk to adults (Tomasello & Mannle 1985).
- The child's language is meant to communicate, and the child adapts the form of his language in order to achieve better communication.
- Two things about communication within the family seem to make a difference for the child; the amount and richness of the language spoken to the child, and the amount of conversation and suggestions from the child that the parent encourages.
- Children from families with open communication are seen as more emotionally and/or socially mature (Baumrind 1971, Bell & Bell 1982).
- Open communication within the family is also important for the functioning of the family as a unit.

- It is reported that those families in which parents and children report good, open communication are more adaptable to stress and/or change and are more satisfied.
- Effective communication is the key to effectively negotiated care.
- Nurses need to learn how to restructure communication with families so that it becomes more collaborative (Ahmann 1994).
- The use of communication models can contribute to the development of true collaborative partnerships, which do not happen to easily for most nurses, other health care professionals and families.
- Without good communication assumptions are made by parents about what constitutes nursing and what is expected of them. Misunderstandings and conflicts arise if mutual expectations and assumptions are not addressed (Casey 1995).

LEARN Framework

Berlin & Fowkes (1983) introduced a communication model that can be implemented to assist in the delivery of good communication. This is known as the LEARN framework.

- The LEARN model is strongly focused on the need for families and nurses to listen carefully to each other and to acknowledge differences and similarities in their individual perceptions of problems, prior to negotiating the child's care.
- If nurses understand the concept of Family Centred Care (FCC) but do not use their skills to put into practice, then utilising a communication framework, such as LEARN, can support nurses in putting them into practice.

The Acronym LEARN Represents -

Listen empathetically and with understanding to the family's perception of the situation.

Explain your perception of the situation.

Acknowledge and discuss the similarities as well as differences between the two perceptions.

Recommend interventions

Negotiate an agreement on the interventions

Communication frameworks facilitate the development of those skills in nurses, which support the key attributes of collaboration and negotiation.

Phases in the Negotiation Process

- Structuring expectations (Pre Assessment)
- Discovering the other's needs (Assess)
- Moving towards settlement (Plan)
- Achieving agreement (Implement)
- Reviewing the agreement (Evaluate)

Distortions of Communication

Gourlay (1987) identifies two main factors that cause a distortion of communication.

Filters may be seen as a psychological block, which then distorts what another person is saying.

Filters are used in relation to assumptions, preconceptions and defensiveness.

Assumptions: as we often assume that we know what the objectives and needs of the child/family are.

Preconceptions from the information we have. First impressions often set the tone for subsequent communication. Do we communicate differently with families from different socio-economic backgrounds? As a result we may be receiving the messages sent accurately.

Defensiveness; we protect ourselves from criticism by putting the blame or faults of our own behaviour or actions to others. This can result from the family's quest for information/knowledge about the child's condition etc leaving the nurse feeling challenged possibly leading to a defensive reaction.

The second factor identified by Gourlay (1987) is that of 'double messages'. Double messages may send out a covert communication, which is actually the opposite of what is being said. We need to be sure that we mean what we say and say what we mean.

Remember –

Consider child's age and developmental achievements
Culture & socio-economic background of the family
Active Listening
FCC
LEARN Framework
Open Communication
Acknowledge limitations and boundaries
Always say what you mean & mean what you say

Key reference:-

Smith, L., Bradshaw, M. & Coleman, V. (2001) **Family Centred Care: Concept, Theory & Practice** Palgrave Macmillan U.K.