5 Working with People

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The chapter aims to:

- Explore how concepts of equality, human rights and diversity inform communications between professionals and service users
- Develop a range of communication skills and interventions used by practitioners in a range of settings
- Explain the importance of self-awareness when working with vulnerable people

Key terms:

Equality
Equity
Diversity
Therapeutic relationship

Introduction

The term ‘health and social care’ encompasses a wide range of different types of services which provide support for an infinite number of individual needs. Each setting has its own ways of working which suit the specific type of care being provided. However, there are some universal skills and values which are vital for ensuring high-quality care can be provided (Gee 2017). This chapter seeks to introduce these core skills and values to give a foundation upon which many other professional attributes can be developed. The chapter is entitled ‘Working with People’ because, at the most basic level, this what health and social care professionals seek to do – to be able to provide support to individuals, no matter their needs, characteristics, background or other factors.

This is such a key tenet of the caring professions that it forms the first standard of the Standards of Conduct, Performance and Ethics set out by the Health Care Professions Council (HCPC):

> **1. Promote and protect the interests of service users and carers**
> *Treat service users and carers with respect*
> 1.1 You must treat service users and carers as individuals, respecting their privacy and dignity.

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1.2 You must work in partnership with service users and carers, involving them, where appropriate, in decisions about the care, treatment or other services to be provided.
1.3 You must encourage and help service users, where appropriate, to maintain their own health and well-being, and support them so they can make informed decisions.

Make sure you have consent

1.4 You must make sure that you have consent from service users or other appropriate authority before you provide care, treatment or other services.

Challenge discrimination

1.5 You must not discriminate against service users, carers or colleagues by allowing your personal views to affect your professional relationships or the care, treatment or other services that you provide.
1.6 You must challenge colleagues if you think that they have discriminated against, or are discriminating against, service users, carers and colleagues.

Maintain appropriate boundaries

1.7 You must keep your relationships with service users and carers professional.

(HCPC 2016, p. 5)

Caring professionals often meet service users at a time when they feel particularly vulnerable. They have come to a service for help and support with an issue (or often multiple issues) which are causing them distress. The initial interaction the service user has with a professional is often vital in ensuring that appropriate and effective care can be given (Gotlieb 2000; Komen 2015). Professionals need to rapidly build trust and rapport with the individual to enable them to 'open up' about what is causing them distress. If the individual feels uncomfortable or unwelcome, they are unlikely to feel safe to share personal information and may be deterred from using the service in the future (Neighbour 2018). Professionals must ensure that everyone who comes to the service feels equally welcome and supported, and this chapter aims to introduce the core values and skills needed to do this. The first section of this chapter explores some key concepts which professionals need to be aware of when ensuring they are providing high-quality care to all. The second section focuses on developing the practical skills needed to develop a therapeutic relationship. The third section explores some of the specific barriers experienced by those with a protected characteristic and how these can be overcome.

Discrimination, Marginalisation and Health Inequality

The Equality Act (2010) made it unlawful for any public body, organisation or workplace to discriminate against an individual because of any of any of nine protected characteristics. This law consolidated several existing pieces of legislation into one simpler act. It also made clear the responsibility of care providers to ensure they consider the impact of their policies and procedures on individuals with any of the nine protected characteristics.

The nine protected characteristics:

1 Age
2 Disability

3 Gender reassignment
4 Marriage and civil partnership
5 Pregnancy and maternity
6 Race
7 Religion or belief
8 Sex
9 Sexual orientation

(Equality Act, 2010)

The term discrimination describes the unfavourable treatment of an individual or group because of a protected characteristic (known as direct discrimination) or putting in place a rule or policy or way of doing things that has a worse impact on someone with a protected characteristic than someone without one, when this cannot be objectively justified (known as indirect discrimination).

Individuals or groups who experience discrimination can become marginalised in society. Marginalisation means being pushed out to the edges, in essence being made to feel like you do not belong in the society in which you live. Marginalised groups feel unwelcome or disadvantaged in their society to a point where they feel unable or unwilling to participate. Bradby et al. (2020) found that service users from minority groups felt services were dismissive of their concerns. In response, these service users often withdrew from the services or sought alternative provision which prioritised their needs more effectively. This experience of marginalisation and a lack of understanding of individual needs creates a barrier to seeking further help. If those in marginalised groups do not feel cared for or welcomed by health care services, they will not seek medical care when they need it which can lead to further deterioration in health status, worsening existing health inequalities. For this reason, it is vital that services actively seek to engage with marginalised groups and ensure they remove the barriers which have deter them from seeking help in the past.

Equality, Equity or Removing Barriers?

The term 'equality' is used freely in the media, in educational settings and in general conversation. However, its meaning is often unclear (Thompson 2018). Does it mean treating everyone the same? Let's explore the meaning of 'equality' by also discussing two other interrelated terms – 'equity' and 'removing barriers'. Figure 5.1 illustrates the difference between the words equality and equity. If all three baseball fans were treated equally (each being given the same box), then one fan still cannot see the game. However, if we use those same resources, we can create equity so that all three fans can watch. We can see that making our society fair and accessible for all does not mean treating everyone the same, it is about providing support or tools to those who need them to ensure everyone has an equal opportunity to participate.

There is also a third way to ensure all three fans in this image can participate though – by removing the barrier which is creating the inequality. In this example, the solid wooden fence could be replaced by a wire fence so all three fans can see through it, removing the need for the boxes. This removal of barriers is the ultimate goal in achieving equality of opportunity. Rather than those who are at a specific disadvantage having to seek support to achieve equity, we redesign to remove the barriers which cause the disadvantage. Thompson (2018) therefore defines equality as meaning 'equal fairness'.

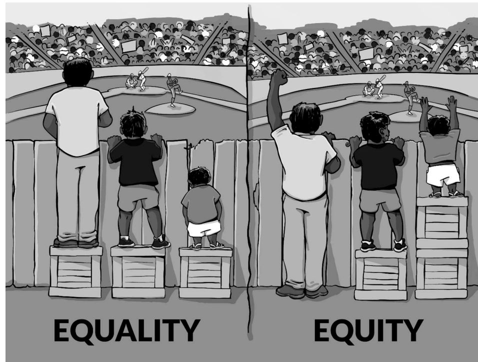

Figure 5.1 Equality vs. equity.

Source: https://interactioninstitute.org/illustrating-equality-vs-equity/

Another way to explore this concept is to look at the word 'disabled'. This term implies that an individual is unable to do something. However, it is often the environment, not the individual where the disabling barriers exist. For example, an individual may have an impairment which means they need to use a wheelchair, but it is the lack of ramps which disables them from entering a building. This is what is referred to as the social model of disability – the barriers and attitudes of society prevent someone with an impairment from participating, not the individual themselves (Goering 2015).

Professional Self-Awareness

Often, we can be unaware of how our behaviour impacts on others. It is easy to unknowingly make someone feel you are not listening with a simple gesture such as a yawn. Whilst in everyday life this can be socially uncomfortable, in a care setting it can be much more problematic. A vulnerable individual may have taken a lot of time to build up the confidence to seek help, if their first interaction with a professional makes them feel devalued, judged or unwelcome, they are unlikely to continue to seek support. This can lead to them becoming more vulnerable. By contrast, if a service user feels listened to, valued and respected, they are much more likely to engage with the support available leading to a more positive outcome.

Professionals working in the caring industries must regularly reflect on their own practice to develop self-awareness (Jasper and Rosser 2013). Being aware of how our gestures, words and actions impact on a service user helps us to develop our skills. Although we are unaware of them, our unconscious biases can influence the quality of care we provide (Matarozzi et al. 2017). Self-awareness also involves becoming aware of our private beliefs or prejudices and how these may be affecting our professional behaviour. This is often an uncomfortable process but it can be an important step towards ensuring we are not acting in a way which disadvantages anyone (Neighbour 2018).

Developing professional self-awareness can be a formal or informal process and can be done individually or as part of a professional group of peers (Trafford 2017). Exercises for developing professional self-awareness include:

- Writing reflective accounts of interactions with service users to evaluate their efficacy and impact

- Participating in role-plays or simulated interactions to practice or develop therapeutic communication skills
- Discussing or reflecting on ethical issues related to the professional setting to explore the impact of personally held beliefs on professional decision-making
- Seeking feedback from service users or peers to identify areas for development

Developing the Interpersonal Skills Employed by Practitioners to Engage with Service Users in a Range of Settings

In our daily lives, we communicate in a variety of different ways. We naturally adapt the style and content of our speech to match the audience and purpose. Certain words, phrases and behaviours are expected in a social situation, but would not be acceptable in a more formal setting. In developing advanced interpersonal communication skills, such as counselling skills, a professional seeks to become aware of how they are communicating and how this may influence an interaction (Beesley 2017).

What Is a Therapeutic Relationship?

All care should be person-centred and tailored to meet the needs of the individual. This is difficult to do without first understanding that individual's needs. A therapeutic relationship is one in which a professional actively seeks to engage with an individual to explore their needs and provide support using a person-centred approach (Egan and Reese 2020). It is a broad term which can be used to describe the relationship between the service user and the professional in a variety of contexts. The term 'therapeutic relationship' can describe many types of caring, professional relationships. Such relationships are distinct from personal relationships as they are formal in nature, with boundaries and a clear purpose.

The therapeutic relationship is one of mutual respect, with the client seen as the expert on their own needs and circumstances. Using this approach, Egan and Reese identified three outcome-focused goals of the therapeutic relationship:

1. Life enhancing outcomes for the service user
2. Learning how to help oneself
3. Developing a prevention mentality

Each of these requires the empowerment of the service user to take an active role in the process of change. The building and maintaining of a professional relationship can therefore be vital in enabling meaningful change for the individual.

Beginnings

At the beginning of any therapeutic relationship, it is important to establish purpose, boundaries and expectations (Nelson-Jones 2013). You may be meeting with a service user who is reluctant to accept help or does not understand why they need to engage with you. Starting with a clear introduction can help to build their confidence in your and avoid misunderstandings about how you can help. Whilst

the introduction you give will be different in every role or service, there are a few fundamental points which should be included.

At the beginning of the first meeting, it is important to introduce yourself and your role. Often service users are referred to a new setting without understanding why. People with complex needs may see lots of health and social care professionals in many different settings so identifying who does what can be confusing. Ensure that you state your name clearly and explain your role, including the reasons you feel the meeting is needed (Boyd and Dare 2014). Making the purpose of the meeting clear upfront can also help the session to be more meaningful as it enables the service user to focus on the aspect you are there to help with.

Explaining the boundaries of the therapeutic relationship is also an important initial step. It is often important for the service user to understand whether the session is confidential and what exceptions there may be to this confidentiality. Other boundaries may include whether or not the service user can contact you outside of your arranged meeting times, whether others can join the session (for example a partner or family member) and where meetings can take place (Moss 2020).

Perhaps the most important part of the introduction is to set mutual expectations for the session or series of sessions. Be sure the ask the service user what they would like to achieve during your time together. You may have conflicting aims, the service user may feel that they wish to focus on a different aspect of their care to the one you feel should be the key focus. By discussing what each party wishes to achieve in the session, you can ensure that the time spent together is meaningful and productive. Setting expectations is an important part of this negotiation. It is not uncommon for a service user to have unrealistic expectations of what a service can offer. By talking about what they expect and what you are able to deliver, you can avoid conflict later on and set an agenda which is mutually beneficial (Morrison 2014). You may find that the service user is not happy with the purpose of the meeting and does not wish to continue, such decisions must be respected.

Activity 1 Skills

Whilst you are practicing these skills, it can be a good idea to develop a set of notes to help you to remember all the information needed in a first meeting.

Imagine you are a social worker meeting a service user for the first time to discuss how you can support them. Create a set of notes of what you might say to introduce yourself and explain the purpose of your meetings.

Make sure you include the following key points:

- Introduce yourself and your role
- Explain the purpose of the meeting
- Explain confidentiality (and it's limits)
- Encourage the service user to introduce themselves and their expectations of the meeting

Building the Relationship

There are many skills which an effective communicator uses to develop a therapeutic relationship. When used appropriately, these help to build trust with the service user and help to ensure that meetings are productive and client-focused. Together, this group of skills is often referred to as active listening (Moss 2020). Using active listening skills signals emotional awareness which can help to reduce distress and develop the therapeutic relationship (Bodie et al. 2015). Some of these valuable skills are introduced in Table 5.1.

Table 5.1 Skills

Positioning	The layout of a room and the positioning of the seating can be important in ensuring that a service user feels comfortable and able to talk. The space between the professional and the client should be sufficient that personal space is not invaded and that the interaction does not feel intimidating. On the other hand, too much distance can become a barrier to communication. Different cultures have different distances at which they feel comfortable (Sorokowska et al. 2017). Where possible, a professional should allow a service user to moderate the interpersonal space so they feel comfortable. Often reducing physical barriers can also help to build trust, for example avoiding having a large desk between the two parties.
Body language	Professionals must be aware at all times of the non-verbal signals we are sending to service users through our body language and facial expressions. Adopting an open body posture, avoiding crossed arms and facing the service user send signals that they have our full attention and we are listening.
Tone, pace and volume	An individual's tone of voice can influence the meaning of what is being communicated. The same words can be perceived as aggressive if shouted or soothing if whispered. To create a calm and supportive environment in which a service user feels comfortable to talk, it is important that the professional uses a calm and clear voice. It can take practice to develop a voice which conveys care and support, especially if a professional naturally speaks quickly or loudly.
Open questions	When building a therapeutic relationship with a service user, a professional seeks to encourage them to say as much as possible about their situation, their feelings or their needs so they can provide appropriate support. One way to do this is through the use of open questions. Open questions are those which require a fuller answer and cannot be answered with one word such as 'yes' or 'no'. Asking open questions invites the service user to follow their own path in explaining things, rather than restricting them to answering in a specific way. This helps a session to be more client-centred (Royal College of Nursing 2021). Examples of open questions include: 'Tell me how you have been feeling this week' 'What do you think we should discuss today?' 'What are your main concerns?' 'Describe the situation in your own words'

(*Continued*)

Table 5.1 (Continued)

Closed questions	Whilst closed questions restrict the service users' answers, they can be useful for clarifying certain points (Semyonov-Tal and Lewin-Epstein 2021). Closed questions can be used carefully to check understanding or present a choice. Examples may include: 'Did that happen today?' 'How old were you when that happened?' 'Are you happy to continue with this session?'
Mirroring	An advanced skill, which should be used subtly and sparingly is mirroring. This technique can be a way of overcoming barriers and building a connection with a service user. Here, the professional mirrors the posture or gestures of the service user. For example, if the service user is leaning back with crossed arms, the professional could adopt this posture briefly, then slowly move to a more open posture. Doing this can encourage the service user to do the same thing which can help them to feel more open and engaged.
Reflection of content or feelings	The professional can make the service user aware of a key point or feeling by using reflection. For example, if the service user begins to cry, the counsellor may say 'You're feeling sad'. This shows understanding and acceptance of the feelings being expressed. This skill must be used sensitively though to avoid making assumptions (Geldard, Geldard and Foo 2019).
Paraphrasing	Paraphrasing can be vital for checking understanding and showing that a professional has listened. The professional gives a brief summary of what the service user has said and asks the service users if they have understood correctly. This helps to avoid misunderstandings before proceeding further.
Challenging	Challenging is another advanced skill that should be used with care. Here, the professional questions the words used or the beliefs held by the service user about a particular subject. The aim is to encourage the service user to think from another perspective, not to devalue what has been said. For example, if a service user says 'I'm not good at anything', a professional could challenge this by highlighting something they are good at to show this broad and harmful sentiment to be untrue. Another example of challenging involves exploring contradictions for example if the individual's non-verbal behaviour does not match with what they are saying (Geldard, Geldard and Foo 2019). For example, 'You say this was a fun experience but talking about it seems to make you anxious, why is that?'
Probing	Probing questions encourage the service user to give more detail about what has been said or think more deeply about it. Example of probing questions include: 'Tell me what happened before/after that' 'How did that make you feel?' 'What are your thoughts on what happened?' 'Tell me more about that'
Revisiting	Often a service user may mention something which seems important but, in trying to explain lots of things at once, brushes over it quickly. As professionals should try to avoid interrupting as much as possible, it can be useful to make a note of these things and revisit them later in the session. This is referred to as revisiting as the professional is going back to something mentioned earlier to gain more detail or understand how it relates to the conversation.

Endings

The way an interaction is concluded can be as important as the way it is begun (Neslon-Jones 2013). In most health and care settings, interactions are limited to appointment slots with strict timings. To ensure an interaction does not end abruptly, it is useful to signpost to the service user that the session is coming to an end. This can help the service user to ensure that they have covered all the points they wished to discuss. The next step is to summarise what has been discussed to ensure there is agreement about the key points and the meaning both parties will be taking away from the interaction. This helps to ensure that nothing has been missed and that there is no misunderstanding. This summary should lead to a clear set of actions. These could be things that the professional is going to do (for example a referral form), or things the service user will do (for example regular breathing exercises). There may also be discussion about meeting again and what purpose the next meeting will have. Finally, it is important to value what has taken place. Often interactions between service users and professionals involve the sharing of deeply personal information which can leave an individual feeling vulnerable or exposed. It is vital to take time to acknowledge this, to thank the service user for their time and to reassure them that what has said will remain confidential (Moss 2020).

Considerations when Working with People with Specific Characteristics

Whilst each service user's needs are unique, there are some of the factors a professional may need to consider when working with individuals with certain characteristics. The following section will explore some of the barriers experienced by people with specific protected characteristics and introduce ways in which these barriers can be overcome. First, gender and sexuality are discussed, followed by race and ethnicity. Whilst these are just some of the protected characteristics covered by the Equality Act (2010), it is hoped that they demonstrate some of the complexities of overcoming health inequalities for all.

Gender and Sexuality

The LGBT Foundation (2022) conducted a survey exploring the experiences of accessing primary health care services for people in the LGBTQ+ community. They found that 41% of respondents felt their GP surgery did not meet their needs as an LGBTQ+ individual and 12% had experienced discrimination based on their gender identity or sexuality in the past year. This may be due to a lack of services aimed specifically at the LGBTQ+ community and the feeling that existing services are designed from a heteronormative perspective, which do not welcome or consider the needs of people who are not heterosexual or cisgendered, leading to further marginalisation (McDermott 2021; Scott 2021).

A lack of awareness amongst primary care staff can add extra burden to non-binary and transgender individuals who feel obligated to educate the professionals they meet about their gender and needs. Professionals may place unnecessary emphasis on gender-related issues once they know an individual is non-binary or

transgender which, although well-meaning, can lead to further reluctance to access primary care in the future (Vincent 2020). Specific awareness training aimed at supporting mental health practitioners to talk comfortably about issues related to sexuality and gender can be beneficial and have a positive impact on outcomes for LGBTQ+ service users experiencing self-harm or suicidal tendencies (Hughes, Rawlings and McDermott 2018).

Professionals should check how a service user would like to be addressed. An individual's preferred name and pronoun may differ from their legal name used official paperwork such as a referral form. Professionals must be sure to use the gender pronoun that each individual prefers (for example 'he', 'she' or 'they'). It is vital that professionals do not make assumptions about the sexuality of service users. For example, assuming a female service user is in a heterosexual relationship by referring to their partner as 'he'. Such examples of unconscious bias can make the service user feel the professional is making a judgement and create a barrier to forming a trusting relationship.

Race and Ethnicity

Both interpersonal and structural racism still have a negative impact on the opportunities of people from ethnic minorities within the United Kingdom. Experiencing racism significantly increases the chances of developing mental illnesses (Kwate and Goodman 2015; Williams and Etkins 2021). Experiencing racism has also been linked to hypertension and chronic stress (Brondolo et al. 2011). The recent COVID-19 pandemic highlighted the impact of health inequalities. The pandemic disproportionately affected ethnic minority communities, who experienced significantly higher infection and mortality rates than their white counterparts.

MacPherson (1999, p. 49) used the following statement to define institutional racism in the Stephen Lawrence Enquiry:

> The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people. It persists because of the failure of the organisation openly and adequately to recognise and address its existence and causes by policy, example and leadership. Without recognition and action to eliminate such racism it can prevail as part of the ethos or culture of the organisation. It is a corrosive disease.

This stirring definition also provides a template for how institutional racism can be overcome to reduce inequalities and ensure equity of opportunity. Eliminating institutional racism requires a systematic review of procedures and practice at every level of an organisation. There must be an ongoing, active dialogue between practitioners, public bodies and the communities served by an organisation to identify barriers to access and overcome these effectively (Bhui et al. 2018).

Memon et al. (2016) found that a lack of flexibility within current mental health care provision was often a barrier to seeking mental health support amongst ethnic

minorities. Participants felt that the service provider did not recognise or could not respond to their individual needs in a rigid system designed for the majority, not for individual needs. It is therefore vital that practitioners take time to understand the individual needs and concerns of minority ethnic service users and develop strategies for providing culturally sensitive and individually tailored care.

People from an ethnic minority are less likely to trust a medical practitioner than their white counterparts which can lead to reluctance to seek help or follow medical advice, further compounding health inequalities (Campos-Castillo 2015). Lack of trust contributes to other health behaviours such as vaccine hesitancy. COVID-19 vaccine rates were lower amongst minority ethnic groups in the United Kingdom. Razai et al. (2021) argue that trust in medical professionals amongst ethic minorities has been eroded by discrimination, institutional racism, past unethical medical research in black populations and cultural insensitivity. Rebuilding this trust will be complex but necessary if we are to reduce health inequalities.

Complex Needs and Intersectionality

Whilst understanding the barriers and issues faced by people within individual groups or characteristic is helpful in improving practice, it does not show the full picture. People are complex, belonging to multiple 'groups', having multiple 'characteristics' and multiple social roles or identities. For example, and individual can belong to an ethnic minority, the LGBTQ+ community and have a disability or impairment. The term intersectionality describes the complexity of being an individual with multiple facets to their identity and encourages us to explore the way that these different facets interact to shape the individual (Romero 2018).

Unfortunately, having multiple protected characteristics can create further barriers to well-being within our current care systems. People of colour within the LGBTQ+ community are six times more likely to experience discrimination in a primary care setting than their white counterparts (LGBT Foundation 2022). Whilst the expectation of stigma amongst black transgender youths led to reluctance to access health care services (Goldenberg et al. 2019)

Practitioners must take a holistic approach to understanding the multifaceted lives of those under their care and explore the factors which are influencing the individual's well-being.

Conclusion

The ability to work with people from all walks of life is a vital skill for health and social care professionals. Creating an inclusive and welcoming environment for all which takes into account the barriers cause by the intersection of identities, such as gender, race and disability ensures that good quality care can be provided. Whilst this seems like a simple premise, there are still those in our society who feel marginalised or excluded from seeking the support they are entitled to. By developing their communication skills and building therapeutic relationships with service users, professionals can play a vital role in overcoming these inequalities.

This chapter has provided an introduction to the core principles and skills needed to engage with service users in any health or care setting. The role of the Equality Act (2010) has been used to provide a framework for exploring the challenges of working with a diverse and varied population. The practical skills required for developing a therapeutic relationship have been introduced and their importance in relation to providing person-centred care has been discussed. Finally, specific challenges and barriers faced by people with protected characteristics and concept of intersectionality have been explored.

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