

Communication and Relationships in Care Practice

At the heart of good care practice are genuine, warm, helping relationships. But what do these consist of?

Fundamental to a helping relationship is communication.

Communication is commonly defined as 'the imparting or interchange of thoughts, opinions or information by speech, writing or signs'.

Communication can be verbal (words, either spoken, written or signed) or non-verbal (body language, eye contact, tone of voice, etc.). Non-verbal communication also includes symbolic communication referring to aspects of presentation and behaviour. For example you can convey messages through the way you dress or your punctuality or the kind of environment you help to create. Aspects of non-verbal communication enter verbal communication, so that it is not so much what is communicated but how something is communicated that is important. Showing interest and enthusiasm through what you say combine both verbal and non-verbal aspects of communication.

Listening is an extremely important part of communication. Among the main reasons for misunderstanding someone is not listening effectively to what that person is communicating. Listening goes beyond interpreting what is communicated verbally and includes noticing the way information is communicated. It requires concentration, an open mind and a lack of any kind of prejudice.

Underpinning communication and relationships in care practice is the **Code of Practice for Social Service Workers** (SSSC 2002). The Code of Practice states that as a social care worker you must:

- Protect the rights and promote the interests of service users and carers
- Strive to establish and maintain the trust and confidence of service users and carers
- Promote the independence of service users while protecting them as far as possible from danger and harm
- Respect the rights of service users while seeking to ensure that their behaviour does not harm themselves or other people
- Uphold public trust and confidence in social care services
- Be accountable for the quality of your work and take responsibility for maintaining and improving your knowledge and skill

Especially important in communication and relationships are protecting the rights and promoting the interests of service users and carers, the maintenance of trust, confidence and accountability, and promoting independence while also protecting people from danger and harm.

[Click here to read the full version of the Code of Practice for Social Service Workers.](#)

Establishing communication and building a relationship

When you are meeting a service user and/or carer for the first time what do you think it is important to do? Think about what you want the outcome to be. You want that person to feel valued, to have a say, to feel included, to feel that they can trust you and that you care about them. What helps you to achieve that? Here are a few suggestions.

- Use a tone of voice that is welcoming and use the person's name. Find out what this person likes to be called
- Find out how this person communicates best e.g. through speech, signing, in English or another language. Adapt your communication to their needs. Find a way of communicating with them
- Find out whether there are any obstacles to communication. These may be physical e.g a lack of hearing or speech, emotional e.g. depression may make a person reluctant or unable to communicate very much, cultural e.g. there may be a difference of language or meaning attached to language. Do what you can to overcome these obstacles. You may for example need a signer, you may need a lot of patience to listen and interpret what someone is saying
- Be genuine. Say what you mean and do what you say you will do
- Use empathy. This means trying to put yourself in the other person's shoes and imagining what it may be like to be them. How would you like someone to treat you if you were in this situation
- Show warmth, what Carl Rogers (Rogers 1991) calls 'unconditional positive regard'. Here the person is accepted and their worth is unquestioned
- Listen. Don't do all the talking.
- Ask open questions that give people an opportunity to say more than 'yes' or 'no'. For example, instead of saying 'Are you well?' you may ask someone to tell you about a typical day or how they feel when they are doing a particular activity. If you are going to assist someone at meal time you may ask 'perhaps you can tell me how and when you like to have your lunch and what you would like to eat.'
- Also use closed questions sometimes. For example, if a person is under great stress it may be easier for them to have a choice of only a yes or no answer
- Devote as much time to communication as you can. Even if you have a lot to do, you can still enable a person to feel valued through the way you talk to them and explain gently if you really don't have time to stay for very long
- Communicate when you are doing activities and always explain why you are doing what you are doing
- Personalise your communication; ensure that it is appropriate for this person in these circumstances
- Ensure your communication gives optimum power, choice and control to the service user

Developing and maintaining a helping relationship

Communication, whilst at the heart of a helping relationship, is not its only component. What does a relationship need in order to optimise the service user's quality of life, ensure maximum independence and choice, and also safeguard the service user from possible

danger or harm? There are many ways of looking at relationships, but here it is considered under three main headings which cover the main components of a helping relationship:

- Acceptance and Respect
- Confidentiality
- Personalisation
- Empathy
- Being Genuine
- Showing warmth
- Oomph

Acceptance and Respect

Acceptance means taking people as they are without judging them. It requires an absence of prejudice and being active in terms of anti-discriminatory and anti-oppressive practice. It forms the basis for respect, which means unconditional regard for this person as a worthwhile human being.

Service users have said the following about these qualities:

"A good care worker is someone who respects you as a person."

"I felt worth something and that I could make a difference."

"They listen to me and are non-judgemental."

Confidentiality

Another aspect of respect is respect for the confidentiality of what the service user says. Confidentiality in a caring relationship is an extension of the principle of privacy, relating to promoting the service user's right to the privacy of information. It means protecting information from misuse, and only passing on information where it needs to be passed on, only to those who need to know it, and with the consent of the service user wherever possible. It does not mean total secrecy. In fact, sometimes keeping secrets is not helpful to good practice. Although personal information should be regarded as confidential, there are occasions when information must be shared e.g. in relation to the disclosure of child abuse, or where information is required as evidence in court proceedings. There are other occasions when information should be shared in the interests of good practice. Agency policy regarding confidentiality should be explained to the service user. There should be a negotiated agreement about its limits and boundaries, so that the service user understands how information will be used, as well as what is confidential and what is not.

Activity

Write 5 guidelines on confidentiality that could be used in a social services organisation.

You could have suggested the following:

- Information supplied for one purpose should not be used for another
- Information supplied should not be disclosed without the person's consent other than in exceptional defined circumstances. There should be an explanation about when exceptional circumstances apply
- All records should be kept under lock and key, or if on a computer, protected through secure systems and passwords
- Access to records should be limited to the service user and 'approved' others
- Service users and carers should not be talked about behind their backs or to others who are not members of the care team.

Personalisation

Personalisation is about people having the right to choose, the means to do it and the right to make mistakes. It is about supporting people to make decisions and providing or supporting the carer to provide the support needed to enable this to happen. (Department of Health 2009)

Personalisation is radical. It is not just about tinkering at the edges to modify services so that they are more focussed upon the needs of the service user. It means that care workers need to develop new and innovative ways to work with people so that they can:

- Choose what it is they would like assistance with
- Choose how they want this assistance delivered and in what circumstances
- Participate in and are fully included in the decision-making process
- Fulfil their responsibilities as citizens to the best of their ability
- Have as much control as they wish over the budget for their services
- Are enabled to be as independent as possible
- Are safeguarded and protected when this is necessary
- Rely on services that are joined up and work in collaboration with one another

The care and support worker always has to balance safeguarding responsibilities with optimising the full participation of people in determining how they live their lives.

Empathy

Empathy is part of personalisation. Through empathy the care and support worker is trying to see the world through the service user's eyes. Empathy needs the worker to listen to what the service user is saying and to be aware of non-verbal communication, then to respond in such a way as to demonstrate that what has been heard and observed is done from the user's point of view, not the worker's. Here's an example of empathy. A service user, Jessie Reid, says to you in a stressed and concerned way: 'I'm worried about my daughter. I haven't heard from her for three weeks'. If you say something like 'Don't be silly. I'm sure she'll be fine', the opportunity for discussion is lost and so, probably, is the basis for a useful helping relationship. If on the other hand you respond to Jessie's concern, saying something like 'I can see you're worried about your daughter. Would you like to tell me about her' this opens the way for further discussion and shows that you are trying to understand the situation from Jessie's viewpoint. You are showing empathy.

Being Genuine

Being genuine is about being yourself and not pretending: not pretending you have skills you don't have, not pretending you can solve a problem when you're not sure you can, not pretending to be something other than what you are. Here's the example of Jo, a care and support worker in a day centre for older adults. He enjoys his job and the people he works with. He usually arrives at work with a smile on his face, asks people how they are feeling and waits for their replies, is upset with everyone else when a service user is ill, admits that there are aspects of the job that he doesn't like much, like dealing with incontinence, but is able to imagine what it must feel like to be incontinent. He is genuine because:

- he behaves consistently so that people feel they can rely on him
- he doesn't pretend and is confident enough not to need to
- he is generally spontaneous and when he smiles he means it
- he is honest about what he doesn't like but has empathy with what it must feel like to be the other person

Showing warmth

Warmth is conveyed mainly through non-verbal communication and indicates that the worth of the service user is unquestioned and the person is accepted without conditions attached.

Read the case study below and identify the main skills of the care worker in communicating and relating to Ben

Ben is a young man in his early 20s who is deaf, partially sighted and who has a degree of learning disability. He has no speech, though he can make signs and uses his own limited adaptation of British Sign Language (BSL) as a form of communication. He lives in a small residential unit run by a voluntary organisation.

Ben's key worker has been very concerned to improve his quality of life and has through communicating in every possible way (signing, touch, giving encouragement, time, company, sharing meals and activities), built up a trusting and beneficial relationship with Ben. One thing which it has been difficult to establish with Ben has been any kind of continuity or structure to his life. In order to enable Ben to participate fully in his own timetable of activities, and to empower him to exercise a degree of control over and choice about daily living, his keyworker suggested the idea of a day planner which they could work on together. This would enable Ben to shape his plans for each day and subsequently have some idea of what to expect from it. Since he only possesses a short memory span he can go to his planner to remind him about what he is doing next or at any particular time during the day.

What has emerged after a long, slow process of working together is an absolutely enormous, colourful day planner which is a magnetic board on the wall of Ben's room. There are symbols with words next to them for Ben to put on the planner to show all the things which he might do in a day, ranging from taking a shower or going to the day centre, to a trip to MacDonald's. If something crops up which Ben has not done before, a new sign is made and introduced just before the activity.

A good deal of communication has already taken place: communication used in forming a relationship, communication to establish what Ben likes doing and the creation of a tool which communicates to Ben his plans for the day. But the tool is also being used as a further tool to enhance Ben's communication skills. He can say what he is going to be doing by indicating it on his day planner. The symbols for different activities are accompanied by words. Gradually, the symbols are becoming smaller and the words are becoming bigger so that eventually Ben will be able to recognise an activity by the word for it rather than a symbol.

Skills of the Care Worker:

Some of the skills of the care worker in communicating and relating to Ben could be:

- the care worker shared the activity with Ben; Ben was fully included to the best of his ability
- the care worker used a variety of means of communication, according to Ben's needs
- the worker demonstrated respect for Ben
- the care worker recognised Ben's difficulties with verbal communication, hearing and sight and worked with him to overcome these by using visual means large enough for him to see, that could convey his choice of activity
- Sharing with Ben the activity of making the day planner contributed to improving Ben's communication skills and to the care worker developing a positive helping relationship with Ben
- The care worker gave Ben as much choice, control and independence as possible

Oomph

Ellen Lancaster developed this concept (see Miller & Gibb 2007, p64) and defined it as 'that bit extra'. The ingredients necessary to form relationships are good communication, all the above components, the values and principles underpinning practice, a knowledge of human behaviour, a knowledge of the person... and also that bit extra – the oomph factor.

To quote:

The ingredients which bind together the oomph factor are as follows:

- **Enthusiasm** is ardent interest, eagerness and includes encouraging and having a great faith in others. Care workers need to be energetic and possess inspiration in what they are practising. If there is a day when the carer does not feel 100% then it is best to apologise and explain this to the service user without going into too many details. The service user will then realise that any reserve is not because of them.
- **Dedication** is consistent support and commitment to the well-being of the service user. As far as possible try to be reliable and let your service user know where you will be. When you do have to be away, always explain that you will not be there and state when you will be back.
- **Vocation** emphasises the professionalism of care work and that it is 'not just a job.' Your heart has to be in caring for other people. If you work 'by the clock' then you should not be in care.
- **Genuine Interest** includes being interested in all people, knowing people's likes and dislikes, frustrations, expectations and also being truthful.
- **Enjoyment and humour** involve the worker in showing and feeling genuine pleasure in what they are doing and sharing successes or even failures, however great or small. What a difference a smile makes, and that pleasantness needs to be evident from the minute you start work until you finish. A real challenge!
- **Positive self-disposition** emphasises that the care worker should be confident and happy with him or herself in what he or she is doing, and striving to share this confidence and happiness with the service user. If the care worker does not feel this way then the service user will sense it. There may be a time when the care worker does not feel happy. He should then reflect on and evaluate his own life to decide whether there are changes that need to be made.