



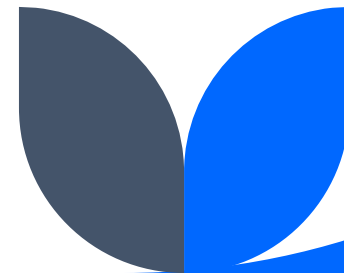
Communicating with clients throughout casework

Fatima Bhula and Suzy McGarrity, with Warren Palmer



Agenda

- Building rapport with new clients, active and effective listening
- Having difficult conversations, constructive questioning, responding with empathy
- Dealing with conflict and de-escalation
- Reflective practice, after-care tips for client and caseworker



Meeting with a new client

- Preparation
- Considering the environment
- Managing expectations
- Accessibility and communication needs...



Accessibility and Communication needs

Common needs you might come across:

- Physical health which may affect the ability to access a building or room, or perform certain actions such as handwriting or signing documents, e.g.: Cerebral Palsy, Parkinson's disease, other muscular-skeletal issues
- Physical health which fundamentally affects communication such as vision loss, deafness, speech disorders
- Neurodiversities such as Autism and Dyslexia which may affect how the client communicates and their communication preferences
- Mental Health issues such as Schizophrenia which may affect communication styles and preferences
- Illiteracy – around 17% of adults in England have literacy rates at or below 'level 1'- that is, the literacy skill expected of a 5-7 year old (Literacy Trust)
- Digital Illiteracy or exclusion
- English as a second language or limited English

Other resources:

[Working with vulnerable clients | LawWorks](#)

[LawWorks InfoExchange on supporting people with communication difficulties | LawWorks](#)

Boundaries

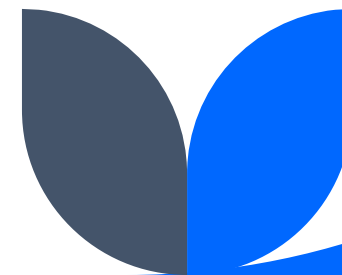


What do we mean by boundaries?

We all have personal boundaries which are essentially guidelines about what we feel comfortable doing or not doing in a given situation, or for a given person.

Professional boundaries similarly define the limits of a professional role and the duties and tasks that form it.

In private and commercial practice, most clients will be used to such boundaries being in place and will not need them clearly defined for them. However, this is not always the case when working with more vulnerable groups.



Accessibility and Communication needs

Considerations:

- How is it best to conduct the interview, e.g.: in person or online, and what does this entail?
- Who can help e.g.: interpreters, carers or family members? If anyone else is involved in the interview, remember to check that this is OK with the client
- Can technology help and do you have access to it? E.g.: BigWord interpreters, AbilityNet etc...
- What you do and don't know- remember that issues such as illiteracy and mental health are often stigmatised and your client may not wish to tell you about them
- The words and phrases you are using e.g.: idioms can be difficult for people with Autism and people with less English
- Your non-verbal communications- e.g.: making eye-contact might be difficult for some people
- Your processes- e.g.: follow-up letters or calls

Resources:

- Tips for working with spoken language interpreters- [TIP SHEET: Interpretation and sensitive topics – EN - Translators without Borders](#)
- Tips for working with BSL interpreters- [Top tips for working with BSL/English interpreters - Deaf Action](#)
- [A digital world accessible to all. | AbilityNet](#)

Boundaries

Discussion point-



What might make it harder to maintain boundaries when working with vulnerable people?



Boundaries

Why are boundaries so important?

- Reduces conflict when you clearly manage expectations
- Creates a sense of safety and structure for the client
- Empowers client to access other services
- Keeps your work and role focused
- Protects your wellbeing

[Session 4: Professional Boundaries - Bing video](#)

Active and effective listening

What do we mean by active listening?

This is engaged listening that improves the listener's understanding, makes the speaker feel understood and valued, and promotes connection and collaboration between the speaker and listener.

Resources:

- Samaritans DEAL- self-led Active Listening skills sessions for staff teams: [Developing listening skills | DEAL | Samaritans](#)
- An overview of active listening from British Heart Foundation: [10 tips for active listening - Heart Matters magazine - BHF](#)

Active and effective listening

Discussion point-



What are the elements of active listening?

Active and effective listening

DO's	DON'T's
Make eye contact and face the speaker	Rush through or rush the client
Use non-verbal cues to show that you are listening e.g.: nods and 'mm-hmms'.	Hear what you want to hear or jump to conclusions
Open questions	Seem or be distracted by other tasks, e.g.: form filling
Have open and relaxed body posture	Think about what you want to say rather than listening
Other tasks- minimise or explain necessary secondary tasks e.g.: note-taking or form-filling.	Fill silences
Be aware of unconscious bias	

Unconscious bias

The human brain is very good at creating rules or 'heuristics' which allow data to be categorised very quickly with little conscious effort (e.g.: 'I was bitten by a red snake and got very ill. I don't care what type of snake it was- I'm just going to avoid all red snakes in future'.)

However, when such assumptions get applied to a group of people, this can cause considerable issues!

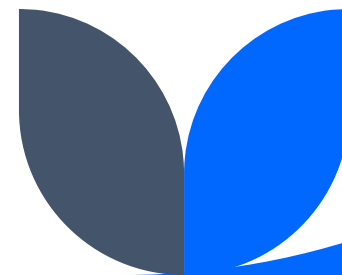
The good news is that having an awareness that bias occurs can help to tackle it.

Resources – [Anti-Bias Resources — Unconscious Bias Project](#)

Over to Warren!

Having difficult conversations

- Context-what is it about?
 - bad news/ disappointing news
 - Challenging the person, e.g.: on their behaviour
 - Safeguarding/ a well-being issue
 - An issue that is not usually talked about openly e.g.: mental health
- What makes it difficult?
 - Worry that it will become confrontational
 - The client's feelings- will they be upset, angry? Will they cry or shout?
 - Your feelings about the situation/ how you will react to their reaction
 - Feeling unprepared/rushed/ not knowing enough about the situation
 - Stigma- there is a strong societal stigma around talking about certain things which can make you very uncomfortable
 - Feeling you don't have the skills needed



Having difficult conversations

- Planning for difficult conversations
 - Check that you are the right person for this conversation!
 - Gather the facts
 - Plan what you're going to say, possible issues that might come up and responses
 - Reflect on or ask about the person you are talking to. Consider how they might react
 - Get support from colleagues/management
 - Use policies and external information as back up
 - Manage your own emotions
 - Give yourself time and space for the meeting
 - Look for solutions rather than focusing on the issue
- Mistakes to avoid
 - Avoiding the conversation or leaving it too late
 - Rushing through it
 - Matching the client's (negative) energy
 - Imposing your own solution to get it over with
 - Ignoring red flags in order to get it over with

We will talk more about red flags and safeguarding later on...

Effective/constructive questioning

- Questioning skills – it's important to know what questions to ask when, and indeed when to allow silence or reflection.
- Types of questions:
 - Open questions- use at the start
 - Closed questions- use the elicit specific facts
 - Reflective questions e.g.: how did that make you feel?
- Unhelpful types of questioning
 - Leading questions
 - Questions that sound like judgments e.g.: 'Why did you do that?'
 - Repetitive questions
- The right to make unwise decisions e.g. go against advice.



Resources:

- [MCA: Respecting the right to make unwise decisions | SCIE](#)

Make these questions better/ Would you mind making these questions more constructive for me?

1. Did you get the email I sent you?
2. Do you worry about your finances?
3. Why didn't you send the form in?

Responding with empathy

What is empathy?

Empathy v Sympathy

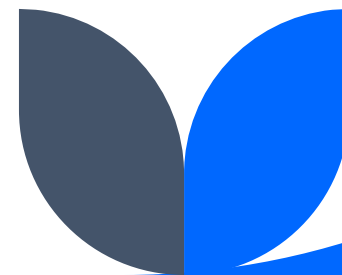
Understanding the client's reaction

Avoiding "at least..."

Resources:

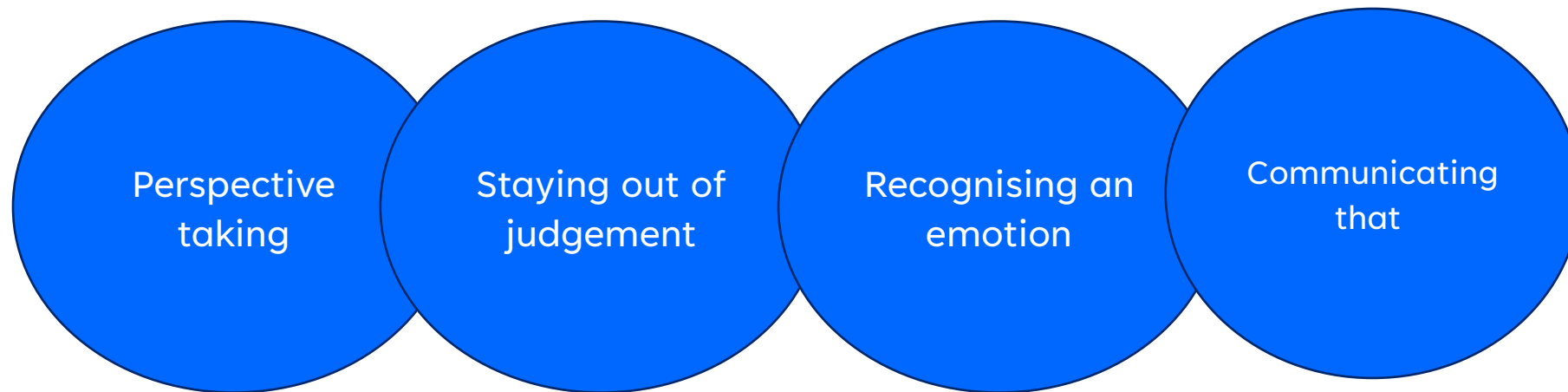
[Brene Brown on Empathy](#)

[What is trauma? – Mind](#)



Responding with empathy

The Four Elements of Empathy



Theresa Wiseman – nursing scholar

<https://www.youtube.com/watch?v=1Evwgu369Jw>



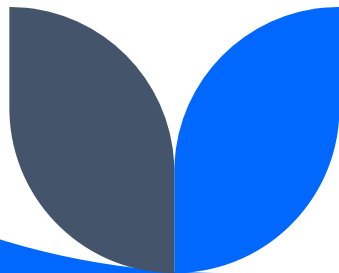
De-escalating

All the previous techniques work to reduce the likelihood of conflict, however...

If a client is becoming agitated, consider the following tips to de-escalate possible conflict:

- Be Empathic and Non-judgmental- Respect and acknowledge the person's emotions e.g.: 'I understand that this must be upsetting for you.'
- Respect Personal Space- be aware of your movements and don't crowd the client. If you have to be in their personal space, explain what you're doing e.g. 'I just have to lean past you to get the door'.
- Use Non-threatening Non-verbals- when people are stressed they struggle to take in meaning and may pay more attention to your non-verbal cues such as tone of voice, facial expression, posture.
- Keep Your Emotional Brain in Check- Remain calm, rational, and professional. Bear in mind that your client is reacting negatively to a stressful situation, not negatively to you.

Continued...



De-escalating

Continued...

- Ignore or re-direct unconstructive challenges rather than engaging – e.g.: ‘so you don’t care if I lose my house then?’ Rather than saying ‘of course I do’, or ‘I’m just telling you the facts’ you could say ‘we can discuss your housing issue again, but first let’s take a short break’ or ‘I know it’s really scary being in this situation, but you’ve done the right thing by asking for advice’.
- Set Limits- As a person progresses through a crisis, give them respectful, simple, and reasonable limits. Offer concise choices and consequences, e.g.: ‘this is very upsetting for you- we can take a short break now or we can talk on another day’.
- Choose Wisely What You Insist Upon-It’s important to be thoughtful in deciding which rules are negotiable and which are not. For instance, it’s never acceptable for a client to be abusive to you, but if the client is already distressed you might let a minor curse word slide rather than pick up on it.
- Allow time and space to think and make decisions- rushing or bombarding a client who is already upset might make them feel ‘backed into a corner’, which might lead to lashing out.

[CPI's Top 10 De-escalation Tips Revisited \(crisisprevention.com\)](https://www.crisisprevention.com)

De-escalating

Ultimately...

Be safe! know your limits and how you will end the interview if you feel unsafe.

- Notice when conflict is escalating beyond what you are comfortable with- this might look like a client standing up, pointing a finger, swearing, being confrontational etc...
- Know the organisation's policy for calling for help- some may have panic buttons or similar
- If you are worried, make sure you are able to get to the door before the client
- Ask a colleague to check in on you at a set time
- Have your phone on you



Safeguarding

It is likely that you will either experience disclosures of safeguarding issues- such as abuse, neglect, self-harm, suicidal ideation, exploitation, unmanaged severe ill-health (both physical and mental)- or notice signs and symptoms of these.

You may hear- '**Safeguarding is everyone's responsibility**'- this means that we are all responsible for acting on what we see and hear.

HOWEVER, as a volunteer you should not be expected to handle a safeguarding issue alone, or to manage a safeguarding case (e.g.: keeping full records, taking this to POVA teams etc...). Your organisation (or a partner organisation) should have a Designated Safeguarding Officer.

Your organisation should also have a safeguarding policy which you should be aware of.

Resources:

- [Group A Safeguarding | Social Care Wales](#)
- [Basic safeguarding training for volunteers - YouTube](#)



Safeguarding

If someone tells you that they are experiencing abuse, neglect, self-harm, suicidal ideation, severe health issues, etc... you should respond in the following ways:

- **Reassure** the person that you understand, and that they've done the right thing by telling you.
- Stay **calm**; try not to show shock or alarm as the person may interpret this negatively. Never be judgmental.
- **Let them talk** without interrupting for the most part.
- **Ask simple questions** to gather the facts, e.g.: 'when did this happen?'
- **Avoid leading questions** e.g.: 'how many other times has this happened?'
- **Do not promise** to keep the disclosure a secret. You will have to share this with your manager or Designated Safeguarding Officer. They may have to escalate this further.
- **Next steps**: what would the person like to happen next?
- **Check for immediate danger**. If the person is at imminent risk of harm (including suicide or severe self-harm), you must deal with the issue- normally by calling the emergency services.

Resources:

- <https://www.lawworks.org.uk/solicitors-and-volunteers/resources/mental-health-and-suicide-awareness>

Safeguarding



After the disclosure:

- **Make notes** as soon as possible afterwards. Stick to the facts- do not add your interpretation. Note the person's actual words if possible.
- **Record any actions** you took, such as calling the police.
- **Sign and date** your record.
- **Speak to the most relevant person.** If possible, speak to the DSO directly, or your manager if not.



Think about these situations

1. A client is reluctant to share information with you. How can you encourage them to talk?
2. A client asks you "why me, what have I done to deserve this?" How might you respond?
3. A client is visably upset and says they 'just want everything to end'. How do you react?

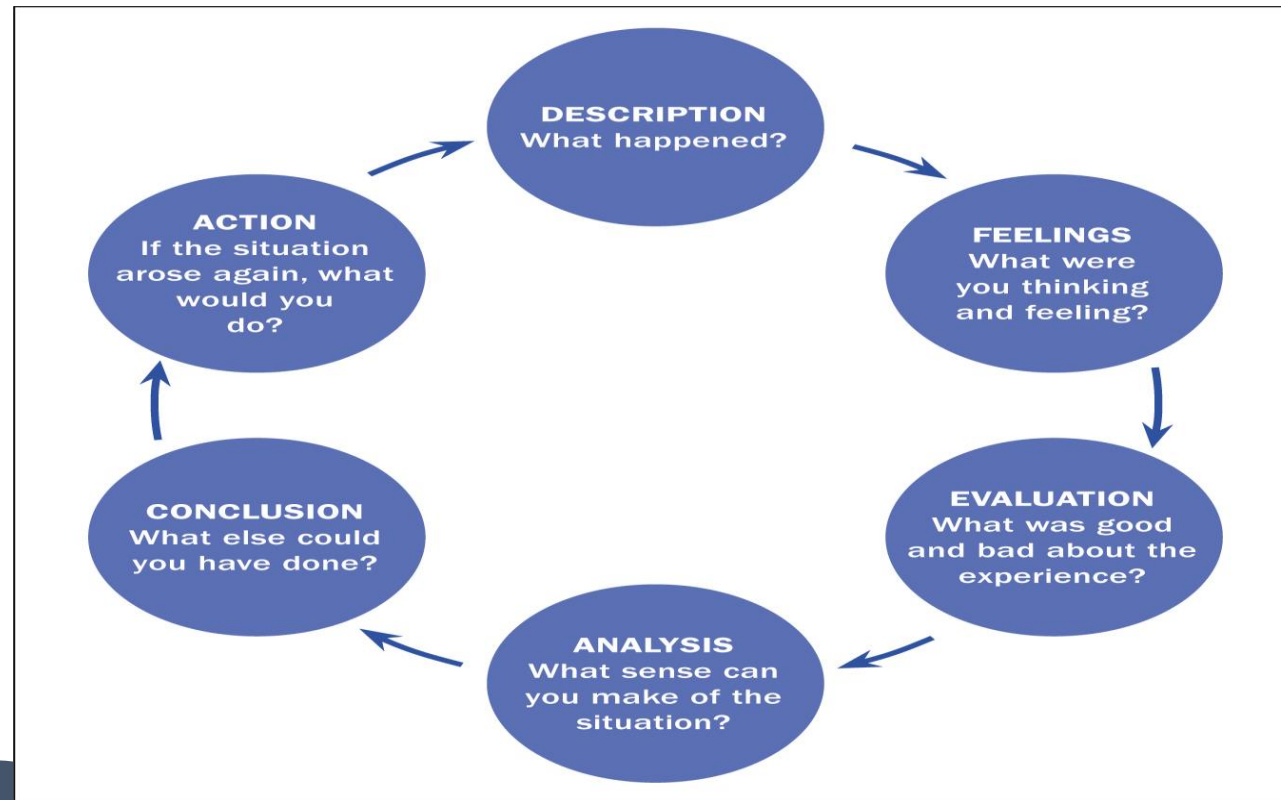


After the appointment

- Client aftercare
- Self-care- what is helpful/unhelpful to do after a stressful meeting?
- The importance of debriefing
- Reflective practice

Resources: [Reflective practice | \(hcpc-uk.org\)](https://www.hcpc-uk.org)

Gibbs Reflective Cycle



Signposting

Your organisation may already have a signposting document, but if not, this is a good start!

Mental Health support:

- Find a local urgent mental health helpline (England only) at <https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline>
- C.A.L.L. Mental Health Helpline - (Wales only)-callhelpline.org.uk- **0800 132 737 24/7, 365 days a year.**
- Mind InfoLine- 9am-6pm Mondays-Fridays (England and Wales)- **Call 0300 123 3393** or email **info@mind.org.uk**

Suicidal ideation support:

- Samaritans- **Call 116 123** for support in English- 24/7, 365 days a year.
Call 0808 164 0123 for support in Welsh-7pm - 11pm, 365 days a year.
- Papyrus Youth Suicide Prevention (England and Wales)- **0800 068 4141**- open 9am-12pm, 365 days a year

Drugs and alcohol:

- Frank (England and Wales)- **Call- 0300 123 6600 24/7.** www.talktofrank.com

Domestic Violence:

- Women's Aid England directory- <https://www.womensaid.org.uk/womens-aid-directory/>
Welsh Women's Aid/ Live Fear Free Wales- **Call- 0808 80 10 800/Email- info@livefearfreehelpline.wales / Text - 07860 077333**

Thank you

Any questions/thoughts?

We'd be grateful if you could complete a short evaluation form:

<https://www.surveymonkey.co.uk/r/W2VPTXC>