Keeping a conversational style

Overview

Communication, whether verbal or non-verbal, often takes place in the form of a conversation between the practitioner and the person. It is during these that their impressions, views and thoughts about each other are shaped, and decisions about levels of confidence, openness, honesty and trust are made. Thus, the conversations we have, whether in person or via phone, are critical to establishing the right kind of relationship to facilitate effective social work. Miller and Cook (2012) assert that good conversations are the best way to support a person to identify their personal outcomes. However, there are barriers to conversations, for example practitioners can perceive assessment forms or tools as prescriptive and insufficiently flexible to facilitate a conversation (Johnstone and Page, 2014). Other procedural factors such as the need to take notes, time or workload pressures, and how prepared we feel also impact on the quality of our conversations; as do emotional factors, for example feeling stressed, having had an argument prior, personal attitudes, opinions or values and the behaviours of those we are conversing with too. Physical or environmental factors, such as the comfort of a chair, room temperature, doorbells and phones, feeling unwell, tired, hungry or thirsty can also influence how engaged or relaxed we are. These factors will vary from day to day and conversation to conversation and may not always be under the control of the practitioner or the person.

However, reflecting forwards to pre-empt potential barriers, planning ahead to prevent or minimise the impact of these factors makes good sense. Aiming to leave unconnected emotions 'at the door', starting with 'an open mind' and being conscious of our own reflexivity are important. In terms of procedural factors, Think Local Act Personal (undated) advocate for setting the context and preparing beforehand, not only by the practitioner but also the person. Allowing both to have a good understanding of the purpose of the conversation and what they want to get out of it should help with barriers. In addition, setting the scene at the beginning of a conversation, reviewing and reflecting on the expectation of the parties involved should provide a helpful starting point.

When the conversation revolves around a process, procedure or form, dialogue can become stilted or driven in specific directions rather than being person-centred. Note taking can become a barrier to communication, and can also impede active listening, observation and use of powerful questions. Concentrating too much on your notes can lead the person to feel you are not really listening to them. Addressing these factors takes time and practice but is critical to prevent *a tendency for processes and procedures to tip the balance in the wrong direction* (Romeo, 2016). As the Chief Social Worker for England urges *let's start with a conversation about what matters* (Hoque, 2016).

Practice development exercises

1. Listen to the audio clips of <u>Martha and Shirley's</u> conversation in order. After listening to each clip consider the following:

a) The extent to which Martha has allowed Shirley to lead the conversation.
b) Use of the <u>quality of life</u> wheel as part of the assessment and the extent to which Martha has managed to keep a conversational style as opposed to asking rigid questions about each section of the tool.

2. Read the case study ['Elaine'](#) and consider the following:

a) What procedural, physical, and emotional factors might you have experienced during the conversation on the ward with Elaine and Francis?
b) How might you have addressed these by preparing, thinking reflexively, applying the required organisational processes flexibly?

Relevant research, references and further reading

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