

# Difficult conversations in social care

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## About this briefing

This briefing is for social care practitioners, supervisors, managers and leaders. Its overall aim is to support practitioners in approaching emotionally challenging conversations with people they support and care for and with their colleagues. Specifically, the briefing will help social care practitioners and others to:

- > Recognise and implement ethical principles that underpin effective communication in direct practice.
- > Explore the impact of emotion and relationships when engaging in difficult conversations.
- > Identify, examine and address the power dynamics in conversations between practitioners and the people they support.
- > Develop understanding of some key communication techniques to facilitate these conversations.

The briefing supports practitioners and supervisors to make positive use of supervision and other reflective spaces to identify and support personal development in leading conversations on sensitive subjects.

The briefing also considers the crucial role that organisational culture plays in creating positive environments for difficult conversations to take place. It is therefore also of relevance for first line managers.

## Introduction – Difficult conversations and social care

Conversation is an integral part of social care. As a participatory practice that ‘supports working with rather than for people’ (International Federation of Social Workers, 2014), social work requires developing the knowledge, skills and values for communicating purpose and empathy effectively. The Merriam-Webster definition of a conversation is:

*An oral exchange of sentiments, observations, opinions or ideas.*

Central to this definition is mutuality: a conversation requires the active engagement of all participants. Meaningful and authentic dialogue – i.e. dialogue that can lead to positive change – relies on both parties expressing their position effectively and being open to negotiating the outcomes of discussion.

This is an important starting point for thinking about difficult conversations, especially in a professional context where the presence of power needs to be acknowledged and attended to (Thompson, 2020). When developing their skills in this area, practitioners may focus solely on the confidence that they need in order to say difficult things, rather than considering how to maximise active participation and authenticity in the exchange (Whyte, 2004).

## Difficult conversations in social care – where they take place

Social care practitioners often have to balance competing priorities and navigate ethical dilemmas. In this context, it can be challenging to remain connected and authentic while also being professional, purposeful and objective (Henderson, 2018). Balancing the statutory requirements of care and support with one's own emotions is an ongoing task for social care practitioners that requires a relational and reflective approach.

Promoting and upholding human rights is at the core of social work (International Federation of Social Workers, 2014). Practitioners are expected to apply human rights principles with accountability and professionalism in every aspect of their practice, whether when working alongside people, challenging decisions and injustice, or undertaking legal requirements. But balancing legal and procedural requirements with ethical principles of practice presents some of the greatest challenges to those working in social care (Braye & Preston-Shoot, 2016; Featherstone et al., 2014; Ferguson, 2011; Healy, 2014; Ingram, 2013). It is at such junctures that practitioners are most likely to engage in a challenging conversation.

Some authors call conversations such as these 'courageous conversations' (see Davys, 2019). However, this term is also used to describe anti-racist strategies for discussing racism and discrimination within institutions (Singleton and Linton, 2006). So as not to dilute the meaning of this phrase, this briefing uses the term 'difficult conversations' to describe emotionally challenging exchanges between social care practitioners and the people accessing their support. Some difficult conversations may speak to instances of discrimination and racism, but not all will relate directly to these themes.

It is in the nature of these conversations that nuanced power dynamics will be at play between the practitioner and the person they are working with. As discussed later in the briefing, attending to the power dynamic and developing skills to reduce its undue impact are important if meaningful conversations are to take place.

Figure 1 below highlights areas of practice in which difficult conversations are likely to be needed, as identified by social care practitioners who took part in a Research in Practice knowledge exchange in 2021; the words in larger font are those that were mentioned most often. As Figure 1 also shows, difficult conversations are not restricted to conversations between practitioners and the people they support: they also take place with other professionals, managers and senior leaders. The principles and tools introduced in this briefing will therefore be of use in many areas of communication.



**Figure 1: Areas of practice where difficult conversations are most likely to be needed, as identified by practitioners in a Research in Practice knowledge exchange event in 2021.**

When faced with challenging conversations in practice, some people may find their first reaction is to sidestep the difficulty. Even in situations that require high levels of professionalism, human beings are naturally inclined to employ a range of techniques to avoid conflict. A typical response to dealing with situations presenting conflict or distress may be to ‘delay, avoid or delegate’ (Meyer et al., 2009, p. 352).



### Questions for reflection

- > If you are faced with a difficult situation at work, how do you usually respond? Is your reaction different with different types of conflict or distress?
- > When might have you relied on techniques such as ‘delay, avoid or delegate’?
- > What supports you in responding to difficult situations?

## Emotion and difficult conversations

Emotions are a part of the lived reality of relational practice, both for practitioners and the people they support (O'Connor, 2020). The social care practitioner's working day is often 'suffused with emotional content' (Howe, 2008, p. 13). Moreover, 'what we see, what we think and how we behave are deeply influenced by emotion' (p. 31).

Research tells us that how emotions are displayed and experienced is complex and unique to each individual. Emotions are complex physiological, cognitive, neurological, social, cultural, unconscious processes (Day Sclater et al. 2009). These processes may manifest as a racing heartbeat or the speeding up of one's speech when conveying a difficult message, or they may lead to a sudden sense of being overwhelmed or the sensation of oncoming tears. Once bodily responses are triggered, this aroused or emotional state can 'monopolize brain activity' (LeDoux, 2002, p. 320) and be challenging to move past.

In her research on the impact of emotion on social care practitioners faced with ethical dilemmas, McAuliffe (2005) described a range of physiological manifestations – from headaches, sleep disturbance, gastrointestinal disorders and raised blood pressure to physical exhaustion, mental weariness and feeling drained of energy. It is easy to see that such powerful sensations can be overwhelming when trying to remain purposeful and professional in conversations.

## Emotion and professionalism

There is an uneasy relationship in social work between the experience of emotions and the pursuit of rational decision-making (Ingram 2013, p. 10). Emotions may represent something of a paradox for practitioners (O'Connor, 2020): on the one hand they are an acknowledged aspect of practice, but they may not always be perceived as consistent with being professional. This ambivalence can be seen not only in the way practitioners respond to emotion in their interactions with individuals, colleagues and managers but also in their sense of professionalism and professional identity.

While some practitioners may worry that emotions may 'cloud' their judgment, in a relational practice it is not possible to remove emotions and subjectivity from the equation entirely (Myers, 2008, p. 205). Instead, it is important to recognise, reflect upon and appropriately respond to heightened emotion. It takes conviction to engage in conversations where complexity and intense emotions are present.



### Questions for reflection

- > Are you able to identify your own experience of emotion in practice?
- > How does it affect you in relation to decision-making and interventions?
- > Are there some emotions that you feel more comfortable expressing than others?
- > How does it impact on your own wellbeing?
- > In what ways do you manage the impact of emotion in your work?

## Emotion as a resource

Much of the literature focuses on emotion as potentially negative, but emotion can be a valuable resource for social care practitioners. Renewed attention in recent years to relationship-based practice, particularly strengths-based and restorative practice, has given rise to a sharper focus on the role of emotion in social care.

In her review of child protection (2011), Munro highlights the central importance of emotions and intuitive understanding to relationship-based practice (pp. 89–92). Emotional learning can support practitioners to make sense of complex information and circumstances and help to clarify choices about action (Ingram, 2013). Moreover, Ferguson (2005) has highlighted the potential danger of unchecked unconscious emotions in social care. So, in the context of challenging conversations in direct practice, being attuned with our emotions – both positive and negative – can provide clarity of purpose and can support more confident and authentic engagement in our work.

The overwhelming message from people with lived experience of social care is that warmth, genuineness and empathy are among the qualities they most value in professionals (Beresford et al., 2008; TLAP, n.d.). Research by Beresford et al. (2008) found that people identified reciprocity, flexibility and straight-talking as especially important. It is also possible that relationships can be forged through conflict if negotiation is genuine rather than artificial (Kleipoedszus, 2011). In a profession that relies heavily on communication, practitioners and the people they support can benefit from having both the permission and the opportunity to explore emotional depth. Without appropriate attention, the emotional element of practice will remain present but unexamined, potentially affecting outcomes. from the equation entirely (Myers, 2008, p. 205).

## ‘Me’, ‘you’ and ‘us’

As noted in the introduction, it might be assumed that approaching difficult conversations just involves a practitioner having the confidence and skills to articulate themselves assertively, particularly in challenging situations. Whyte (2004) noted that, in practice, the focus of the conversation may be on what needs to be said, rather than the relationship.

However, focusing solely on oneself ignores the central tenet of mutuality in conversation. Any conversation is a two-way process with three aspects that need attention: ‘me’, ‘you’ and ‘us’.

The previous section considered how emotion can impact on the practitioner (‘me’) both negatively and positively in a work situation; the same attention should be paid to how practitioners converse with the person they are supporting (‘you’). A major difference between oneself and others is that while you know exactly what you’re thinking and feeling, others only know what you appear to be thinking (Honey, 2001, p. ix).

In social care, conversations with individuals are usually initiated by the practitioner and are often connected to a legal mandate. Prior to a conversation taking place, the practitioner may have been thinking through and rehearsing the interaction, but the person ‘on the receiving end’ may be surprised by what is said and may need time and space to prepare for an authentic and meaningful conversation.

The questions set out in Table 1 encourage practitioners to focus on the reciprocal nature of a conversation before it takes place. In some instances, it may be helpful to discuss the questions with the individual directly; where this is not the case, or where the urgency of a situation does not allow it, practitioners can still use the framework to adopt an empathetic approach when planning to speak to someone.

The questions themselves can be used in a number of ways – for example, as an individual checklist during planning for a conversation or as part of a supervision tool to support practitioners. Thinking about how reactions may differ between parties in conversation can help practitioners to think about the impact of their words and how to prepare for emotionally challenging discussions.

Question	Me	You
<b>Why are we having this conversation?</b> What is the legal and practical context of this meeting?		
<b>What is the aim of the conversation?</b> What do we want to happen? What needs to change?		
<b>What emotions might be triggered?</b> Both parties may feel strongly about the issues raised in different ways. How can this be supported safely?		
<b>How does previous experience impact on this conversation?</b> What assumptions or inferences might be made based on past experiences? How does this situation compare?		

**Table 1: Questions to support planning for conversations in practice.**

This table can be used to plan for a conversation that a practitioner already knows will be challenging for one or both parties, or to consider how the conversation may be received. Only after they have considered both the ‘me’ and ‘you’ perspectives can practitioners start to engage in an authentic conversation.

Social care can be thought of as a ‘self in action’ task in which practitioners operate at the interface between two or more individuals (Fewster, 2005). The conversation itself represents ‘us’ coming together. Human beings are hard-wired for cooperation but this can only be achieved meaningfully when everyone is given space to contribute on their own terms (Gilligan, 2011).



### Question for reflection

- > How can you support individuals to prepare for the conversation in order to maximise participation?

## Power in conversations

Considering the issue of power and its presence in social care interactions is important in preparing for conversations. If practitioners are to engage in meaningful conversations in which individuals feel respected and valued, then it is essential to recognise the multiple social identities that people inhabit and to consider the nature of the relationship between the self and the other (Ben-Ari and Strier, 2010). Facets of identity that are important to consider can include age, gender, class, race, disability and sexuality.

### **Practice Supervisor Development Programme: Social GRRRAACCEESSS and the LUUTT model**

Working in social care requires practitioners to have a holistic view of a person and their situation and to understand complexity. Bernard (2020) highlights the importance of intersectionality as a framework for understanding and analysing the different forms of oppression that interact and intersect to influence lived experience. People often experience more than one form of oppression. Thinking about each potential area of discrimination or unfair bias that individuals may have experienced can be useful prior to the conversation, as can remaining alert to the ways in which professional power can exacerbate those experiences during a conversation.

### **Video resource: Professor Claudia Bernard discusses the concept of intersectionality and how it can be applied in social care practice with older people.**

Engaging in conversations can be challenging when there are high levels of hostility and low levels of trust. In their research on relationships between social workers and 'involuntary clients', Ferguson et al. (2021) found that workers are often paralysed by the emotional impact of hostile relationships and can become restricted in both their thinking and actions. One strategy to move past this is practising 'respectful uncertainty' (Laming, 2003) whereby practitioners aim for a balance between trust and doubt. For practitioners, the ability to demonstrate respect while discussing sensitive issues, and potentially enforcing the law, is key.

The following sections further explore the role of supervision and supportive environments in enabling practitioners to plan and reflect on their conversations.

## Creating supportive cultures

The relational aspects of professional practice involve both conscious and unconscious processes that can operate at an individual or organisational level (Ruch et al., 2018). In order to effectively engage in challenging conversations, social care practitioners need to feel supported by their colleagues, by their managers, and by the organisation.

It is important for practitioners to feel that there is a space and a culture that allows emotion to be processed and learning to take place. Ingram (2015) has highlighted the importance of creating **psychological safety**, which Edmondson (2019) describes as a ‘climate in which people are comfortable expressing and being themselves. They are confident that they can speak up and won’t be humiliated, ignored or blamed’ (p. xvi). Psychological safety is about creating a space where mutual trust can thrive and people can be both honest and caring at the same time.

In their development of a Human, Learning, Systems approach, Lowe and Plimmer (2019) focus on the role of organisational leaders in creating the conditions that enable relational practice. Practitioners should feel confident that they can respond to the lived realities they encounter in practice without fear of reprimand or criticism. Lowe and Plimmer highlight the importance of a learning culture in which dialogue and reflection are encouraged as a means of supporting practitioners to adapt and build on practice, and they emphasise the responsibility of system leaders to remove any barriers that prevent practitioners working in relational ways.

As well as having difficult conversations with individuals who access social care, practitioners will often need to discuss a wide range of sensitive issues with colleagues, managers or organisational leaders. For practitioners, these can present different challenges, depending on whether the conversation is with a peer or a manager. The power at play in high-stakes situations means psychological safety and effective operational policies are important for supporting respectful communication.

# Supporting communication through reflection and reflexivity

## Supervision and difficult conversations

Most of the literature on supervision and difficult or ‘courageous’ conversations concerns the relationship between supervisor and supervisee (Beddoe & Davys, 2016; Davys, 2019; Grant et al., 2012). While these resources support the development of skills and techniques to address challenges within the supervisory relationship, they can also model direct practice with individuals and families – for example, Rock’s (2006) model of ‘speaking with intent’ (p. 85), which encourages practitioners to be succinct, specific and generous in their interactions. Davys (2019) suggests that when difficult conversations are well managed within supervision, this can model competence and provide learning opportunities for dealing with conflict beyond the supervisory relationship, thereby helping practitioners to build awareness and confidence.

**Video resource: The Supervisor Development Programme contains video resources and reflective questions to support effective communication in supervision**

## Reflective and reflexive supervision

Discussing sensitive subjects is commonly accompanied by high levels of emotion. Providing the opportunity and space for practitioners to articulate and process this emotion is vital (Trevithick, 2014). Supervision provides a key space not only for managing emotions but also to funnel them into an active part of practice (Ingram, 2013). Hawkins and Shohet (2000) describe the emotional element within a supervisory relationship: ‘the supervisor’s role is not just to reassure the worker, but to allow the emotional disturbance to be felt within the safer setting of the supervisory relationship, where it can be survived, reflected and learned from’ (p. 3).

A more reflexive form of supervision can support a deeper emotional connection to practice. While the importance of reflection is widely acknowledged by those working in social care roles (Ferguson, 2018), the concept of reflexivity requires a deeper examination of one's self in practice – notably, on what the practitioner brings to a situation. Reflexivity requires an honest exploration of one's own assumptions, pre-conceptions or biases and how they may impact on one's work (Ingram and Smith, 2018, p.11). It invites the practitioner to consider the connections with wider issues of power, culture and social exclusion. Ingram (2015) calls for reflexive supervision to support practitioners to integrate the theoretical, ethical and personal aspects of their role, clarifying the powerful impact of self in their practice.



### Further reading

The **Practice Supervisor Development Programme** produced by Research in Practice contains further practice guides, tools and other resources for supervision.

The resource '**Having courageous conversations as a practice supervisor**' expands on Davys's (2019) framework for effective communication in supervision.

## Head, Heart, Hands – squeezing the heart back into practice

The pedagogical concept of Head, Heart, Hands was first developed by the Swiss social reformer and educator Johann Heinrich Pestalozzi (1746–1827). Petrie et al. (2009) and Charfe and Gardner (2019) advocate use of the Head, Heart, Hands model to support practitioners to integrate all three strands in their work. Importantly, applying the model in social care practice explicitly invites practitioners to consider the use of emotion in their work, giving them a language to understand and articulate the uniqueness of the work that they do.

The **head** represents the intellectual component, clarifying the facts and evidence and drawing on theory. It also includes identifying the relevant legal requirements, policy and procedures and considering structural issues of power, discrimination and bias that may be having an impact on the situation. Critical analysis at an intellectual level is taking place.




The **heart** is a space to focus on how it feels to deal with the situation at an emotional level. The heart involves questioning how past experiences affect your response to the current situation, exploring the sense of agency and power in relation to self, others, the organisation and society; consideration of ethics, morals and accountability beyond the organisation.

The **hands** symbolise practical application, decisions and actions. The hands bring together the learning from the head and the heart and support the practitioner to plan their interventions. Emotions have been checked, and gut instincts have been explored and analysed in light of factual information and evidence, and both elements contribute to an action plan.

Head, Heart, Hands helps provide the clarity to enter into conversations with confidence and purpose. Considering these elements separately and in combination with each other can be an effective supervision tool to reflect upon the complex elements of situations that arise in social care practice. .

The model can also be used to review and reflect on past conversations as a learning tool for moving forwards. The model reinforces the importance of recognising both the independent and interdependent nature of the head and the heart in practice. Each step is essential to achieving a balance between personal engagement and statutory responsibility, so any temptation to move straight from ‘head’ to ‘hands’ should be avoided.

Having an emotional response to a situation does not preclude an informed response; rather, it brings to light the connection between the two (Hennessey, 2011). Even where procedures are followed with the greatest precision, subjective decisions will inevitably be required. There may be an ‘interpretative gap’ (Ingram, 2013, p. 12) between procedures and their use in practice, as workers bring their values, emotions and experience into this gap to guide their decisions. The reflexive nature of supervision can encourage use of emotion as a valuable stream of information in social care practice.

<p><b>Head</b></p> 	<ul style="list-style-type: none"> <li>&gt; What knowledge/facts inform the situation?</li> <li>&gt; Which theories are useful in understanding the situation?</li> <li>&gt; Are there any specific legal requirements?</li> <li>&gt; Which pieces of legislation are informing your work?</li> <li>&gt; How is power and oppression impacting on the situation?</li> </ul>
<p><b>Heart</b></p> 	<ul style="list-style-type: none"> <li>&gt; What emotions does this present for you?</li> <li>&gt; What past experiences does this remind you of?</li> <li>&gt; What are your hopes?</li> <li>&gt; What are your fears?</li> <li>&gt; What are you frustrated about?</li> <li>&gt; What are the tensions for you as a practitioner?</li> <li>&gt; Does this present any ethical dilemmas for you?</li> </ul>
<p><b>Hands</b></p> 	<ul style="list-style-type: none"> <li>&gt; What is your plan of action and why?</li> <li>&gt; Think about the evidence from your head and heart in defending the decisions you have made.</li> </ul>



### Further reading

The Research in Practice **Supervision Change Project** complements the use of emotions and self-awareness in practice and offers useful tools to support practice – in particular, the notion of the ‘inner supervisor’, which is described as the part of the self that can ‘hover above and observe the thoughts and feelings’ impacting on other parts of the mind (Guthrie, 2018, p. 9).

## Two approaches to difficult conversations in practice

This section considers two approaches (or tools) to support practitioners when approaching conversations: **dialogic practice** and **nonviolent communication**. Each can be used in direct practice or when undertaking conversations with colleagues, managers or other professionals.

It is important that social care practitioners act with ethically sound intent at all times and provide good rationale for their interventions, but they should also develop clear, effective and empathetic ways of communicating in their practice. All communication takes place within a relationship dynamic; this means that **communication is more than a simple exchange of information**.

Drawing on speech act theory, Tsohatzidis (2016) suggests that everything we say is more than a pure description – it also performs an act. In social care, a clear example might be informing a parent that their child is going to be removed following a section 47 assessment under the **Children Act 1989** or telling an adult that they are to be subject to a section 2 assessment under the **Mental Health Act 1983**. Making a statement like this enacts a significant change in the world for those involved. Professionals hold considerable power in such situations, so it is important that attention is paid to the intricate ways in which practitioners communicate.

## Dialogic practice

Dialogic practice is a strategy for practitioners to enter into conversations with curiosity and uncertainty rather than with set solutions. A dialogic approach is underpinned by humanistic principles: it sets out to gain people's full participation in defining and solving their own challenges, rather than relying on the more traditional concept of social care in which the focus is on professional intervention and assessment of a person's 'needs' (Garavan, 2013). The objective is to create a mutual, interactive process of listening and responding.

The growing interest in and commitment to conversation-based practice in social care, which is evident in the strengths-based approach (see Department for Health and Social Care, 2019), operates on the basis that people are the experts on their own lives and that the role of the professional is to facilitate this understanding and support the implementation of solutions.

Garavan (2013) describes dialogic practice as having five steps: **purpose, underlying principles, goals, core assumptions** and **working methodology**. The practice elements to each of these steps are described in Table 2 below, alongside questions for practitioners to consider.

Step	Practice	Consider
<b>Purpose</b>	<ul style="list-style-type: none"> <li>&gt; Allow the individual (or group) the power to identify, define and name their own problem (or problems).</li> </ul>	<p>As a practitioner, how do you introduce concerns? Do you ask individuals to offer their perspective from the outset – or only in response to your definition?</p> <p>How might this affect the dynamic between you and people you work with? What role does power play in this relationship?</p>
<b>Principles</b>	<ul style="list-style-type: none"> <li>&gt; Be willing to enter into dialogue with uncertainty and ‘unknowingness’.</li> <li>&gt; Aim to build meaningful and authentic dialogue.</li> <li>&gt; Commit to finding shared meanings, understandings and approaches (wherever possible) to address problems.</li> <li>&gt; Recognise the legitimate wisdom of each person, and adopt a hopeful mindset.</li> <li>&gt; Create a culture of trust in the process of dialogue.</li> <li>&gt; Recognise and maximise the opportunity for the dialogic process itself to build capacity and resilience.</li> </ul>	<p>Are you willing to demonstrate uncertainty, or do you need an answer for everything? How might this affect the chance to build meaningful and authentic dialogue?</p> <p>Do you enter most professional conversations with a clear plan of outcomes? What about when you’re addressing legal requirements: is it more or less difficult to suspend your pre-conceived ideas?</p> <p>Do you have hope and belief that the situation can be turned around?</p> <p>How do you create an atmosphere in which people feel able to talk openly?</p> <p>In some situations, you will be required to deliver difficult messages and impose restrictions on people’s lives: how can you use dialogue positively to recognise people’s strengths and resilience?</p>
<b>Goals</b>	<ul style="list-style-type: none"> <li>&gt; Goals emerge through the process of dialogue.</li> <li>&gt; The problems or issues that people experience are turned into generating questions.</li> <li>&gt; Questions are used to generate the search for solutions.</li> <li>&gt; The ultimate goal is the humanisation of participants (this is particularly important where agreed solutions and goals cannot be reached).</li> </ul>	<p>How do you remain open to agreeing action, goals and outcomes depending on what emerges from the dialogue?</p> <p>To what extent does your legal mandate allow or prevent you from doing this?</p> <p>Where intervention is resisted or goals cannot be agreed, how can you use dialogue to promote respect and humanity in your exchanges?</p>

Step	Practice	Consider
<b>Assumption</b>	<ul style="list-style-type: none"> <li>&gt; Those affected by issues are the best source of knowledge about what needs to be done.</li> <li>&gt; They are not the <b>only</b> source, but they are the <b>best</b> source: they have the greatest data and experience of their reality.</li> <li>&gt; The practitioner is not necessarily someone who <b>knows</b> but someone who <b>learns</b>.</li> <li>&gt; Through listening and responding, the practitioner gains insight that was not available prior to the dialogic engagement.</li> </ul>	<p>How can you prepare and conduct conversations that convey your belief in the person's expertise? How might turning problems into questions support you in achieving this?</p> <p>What does it mean to be learning rather than knowing? How might this feel in professional engagements?</p> <p>How could you demonstrate your new insights to individuals at the end of conversations?</p>
<b>Methodology</b>	<ul style="list-style-type: none"> <li>&gt; The problem is explored and defined, generating a question or questions.</li> <li>&gt; Questions are then turned into dialogue.</li> <li>&gt; Dialogue is orientated towards finding answers or solutions.</li> <li>&gt; Professionals support individuals in mobilising solutions or accessing support.</li> <li>&gt; Individuals determine solutions, as far as possible, and take accountability for their implementation.</li> </ul>	<p>What type of preparation could you undertake for your conversation with an individual? How might this preparation help or hinder you in dialogic practice?</p> <p>How do you discuss differences in perspective in a dialogical process?</p> <p>How do you support individuals to take responsibility for implementing solutions?</p> <p>How and when do you 'hold back' or 'step in' when individuals are determining their own solutions within a dialogic practice?</p>

**Table 2: Garavan's five steps to dialogic practice** (Adapted from Garavan, 2013)

Garavan's model aims to support dialogue with individuals in the community or groups, but the steps can also be adapted to conversations with other professionals or agencies when addressing issues of concern. There may be situations when the legal mandate prevents practitioners from engaging in dialogue as proposed in Table 2, but the overarching humanistic principles – and recognising people as experts in their own lives – can and should be at the heart of all conversations with individuals.



## Further reading

Research in Practice has produced a range of resources around co-production and strengths-based practice that support dialogic conversations:

[www.researchinpractice.org.uk/all/news-views/2020/july/co-production-involving-people-and-strengths-based-practice](http://www.researchinpractice.org.uk/all/news-views/2020/july/co-production-involving-people-and-strengths-based-practice)

The Frontline Briefing *Embedding strengths-based practice* (Guthrie & Blood, 2019) includes tools and resources to support strengths-based approaches in practice situations.

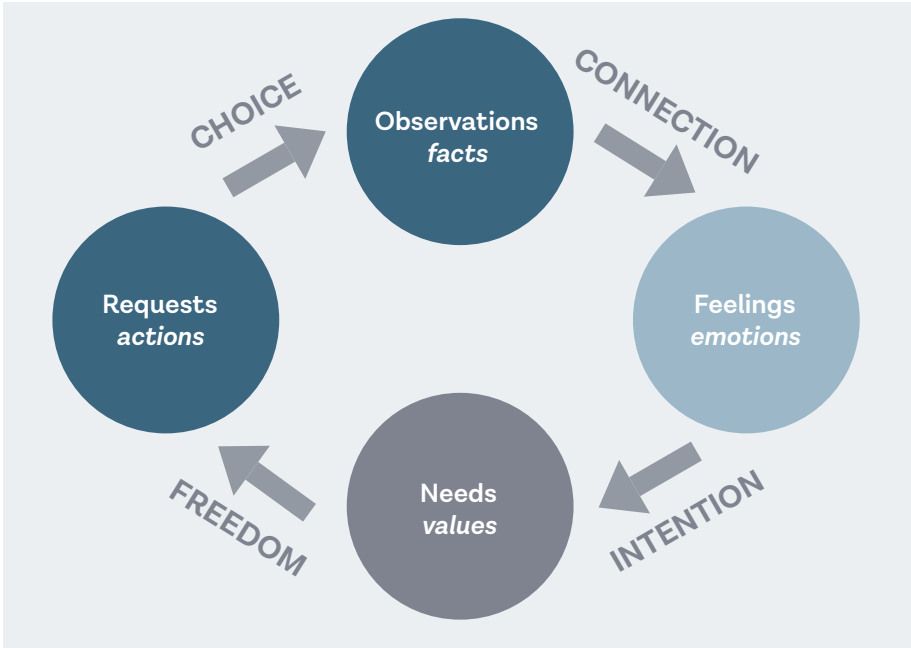
## Nonviolent communication

Nonviolent communication (sometimes referred to as compassionate communication) is based on the idea that all human beings have the capacity for compassion, and they only resort to harmful behaviour when they don't recognise more effective strategies for meeting their needs.

As shown in Figure 3, there are **four components to nonviolent communication**:

- > **observations** (facts – what we observe is happening in a situation)
- > **feelings** (emotions – how we feel when we observe what is happening)
- > **needs** (values – what needs of ours are connected to those feelings)
- > **requests** (actions – what we want from the other person).  
(Rosenberg, 2015, p. 6)

Nonviolent communication consists of expressing honestly and receiving empathically through the four components (Rosenberg, 2015).



**Figure 3: The four components of nonviolent communication**

In the following example, Tyler is preparing for a conversation with her supervisor. Tyler wants to speak about her supervision sessions regularly being cancelled or interrupted. The example considers how Tyler might use the nonviolent communication model to engage positively with her supervisor.

### Applying nonviolent communication in a supervision session

**Observation:** Observation involves describing the situation as specifically and neutrally as possible. This provides a context for the expression of feelings. It is important to separate judgments, evaluations and interpretations from descriptions of what has happened. This can be difficult, but separating them will increase the chances of the person hearing your position without criticism. Rosenberg (2015, p. 31) describes how even seemingly innocent words, such as ‘never’, ‘always’, ‘frequently’ or ‘seldom’, lead to mixing observations with evaluations and are likely to raise more defensive reactions.

#### Tyler’s observations:

- > *You always cancel my supervision session either an hour before they start or they are cut short because somebody more important wants to speak to you.* ✗
- > *In the last three months, I have had two supervision sessions cancelled and one cut short due to you needing to speak to another colleague.* ✓



**Feelings:** Feelings represent our emotional experiences and are associated with our needs. It is important to identify, name and connect with the feeling. Again, this can be difficult to do as we tend to conflate our feelings with our interpretations of what others think. By naming emotions, we help others to hear what is important to us.

#### Tyler’s feelings:

- > *I feel like I am unimportant in this team and that you don’t care about my professional wellbeing.* ✗
- > *I feel anxious about decisions I am making in practice.* ✓



**Needs:** The next step is to be able to identify what you need. Your own needs in a situation are very personal and are connected to your core values. Although all human beings have needs, they vary considerably. It is important to share the need you have rather than the strategy or action you want someone else to complete.

**Tyler's needs:**

- > *I need you to make sure I am doing things right and not making wrong decisions.* 
- > *I need to feel safe and confident in my decision-making.* 

**Requests:** In order to meet our needs, we can make a request. This can be a specific strategy or action but should be connected to how it will meet the need. Importantly in nonviolent communication, any proposed action should be asked in the spirit of a request; we will know whether it is a request or a demand by our response if the request is denied. A denied demand is likely to lead to punitive consequences, whereas a denied request often leads to further dialogue.

**Tyler's request:**

- > *Can you make sure you don't cancel any more supervision sessions and focus on me for the entire hour?* 
- > *Please can we try to organise a better slot when you have the time and space for my supervision session?* 

Honesty is also required to acknowledge and explain when individuals' needs or requests cannot be met. But even in restrictive situations where legislative requirements and procedures have to be followed, it should still be possible to separate out some aspects of our work in which we can respond to requests or avoid placing demands on individuals. The ability to develop compassionate connections is central to nonviolent communication. In the context of conversations where challenging messages are conveyed, nonviolent communication can be an effective tool.

Using nonviolent communication to connect compassionately with others can be helpful when working with people who may be distressed or angry about interventions being imposed on them. Rather than focusing on people's reactions or behaviour, nonviolent communication encourages the practitioner to hear the observations, feelings and needs that the individual is expressing and to support them even where disagreement remains.

## Conclusion

The relational aspect of social care requires curiosity, compassion, conviction and courage in order to engage with individuals and groups in positive, respectful, sensitive and clear ways. The evidence explored in this briefing has highlighted the mutuality required to have meaningful and authentic conversations and how emotion can be used in adaptive ways to improve engagement. This requires practitioners to have access to good reflective and reflexive processes that enable them to explore, process and learn how to use emotions positively, while also managing the potentially negative impact that emotion can bring to practice.

Similarly, discussing sensitive matters with people in direct practice requires continuous examination and commitment to addressing power imbalances. Awareness of the subjective and personal experiences that people bring to conversations is central. The ability to communicate effectively and to balance clarity and compassion is just as important. Effective conversations do not take place in isolation by individual practitioners; rather, they are supported by supportive leaders and compassionate cultures in which wellbeing, learning and creativity are encouraged. Starting with some of the tools presented in this briefing, sensitive and reflective communication can be embedded in the mindset of the whole organisation.



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