DEVELOPING SKILLS FOR SOCIAL WORK PRACTICE

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CHAPTER 1

PERSON-CENTRED COMMUNICATION

Links to the professional capabilities framework:

• Professionalism • Values and ethics • Diversity • Knowledge • Critical reflection and analysis • Intervention and skills

Key messages

- Personalised practice means being led by the uniqueness of every individual, in everything you do, every day.
- Communication is a two-way, interactive process.
- Everyone communicates.
- Person-centred thinking is vital to person-centred communication.
- Person-centred communication is vital to achieving person-centred support.

INTRODUCTION

Much of our thinking about person-centred communication stems from the work of Carl Rogers relating to person-centred counselling. Although not a social work approach per se, its 'techniques for talking, listening and being with people' are influential to how we understand and engage in person-centred and relationship-based practice (Lomax and Jones, 2014: 46).

The ethos of being *person-centred* is firmly embedded in UK health and social care policy; indeed, it is now a legal right for adults and carers assessed as eligible for social care support under the Care Act 2014. This reflects what is often referred

to as the personalisation agenda, specifically the transformation of public services, from the traditional *one size fits all* approach, to one in which care and support should be tailored to individual requirements.

However, critics argue that personalisation is too often reduced to narrow, tokenistic descriptions of 'increased choice and control' (Beresford et al., 2011: 24) as opposed to 'a completely different way of seeing and working with people' (Sanderson et al., 2007 cited in Parley, 2001: 301). Whilst a full appraisal of these debates is beyond the scope of this chapter, the fundamental message is that person-centredness is 'not another job – it's the job' (Glynn et al., 2008 cited in Carr, 2012: 80).

This chapter introduces the essential components of general communication skills, before explaining the importance of person-centred communication and illuminating different methods for achieving it in practice. Whilst the focus of the chapter relates to adults rather than children, much of the content is relevant to both adults and children. See Chapter 3, for a dedicated discussion on communicating with children.

INTRODUCING COMMUNICATION

Communication theory explains the essence of communication as follows:

> 1) A means of conveying a message *(language, gesture, writing)*; 2) the decoding of the message by the recipient *(hearing, seeing reading);* and 3) making a response on the basis of the interaction *(reply)*. (Randall and Parker, 2000 cited in Parker, 2010: 124)

This is illustrated by Collins's communication cycle: it acts as a helpful reminder to provide as many opportunities for communication as possible during the communication process:

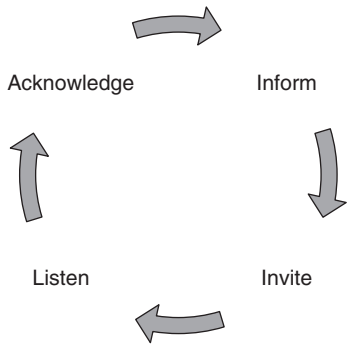

Figure 1.1 Collins's communication cycle (Collins, 2009: 30)

Inform:	Present the information to be conveyed (in whatever format works best for the person)
Invite:	Wait for a response (allow as much time as the person needs, and provide whatever communications aids/resources the person needs to enable them to respond)
Listen:	Listen to, and/or recognise the person's response, using whatever methods are appropriate to check you have heard what the person intended you to hear
Acknowledge:	Demonstrate that you have listened, heard and understood *before* moving on to another piece of communication. (Collins: 2009: 30)

Remember that as you work through the cycle above, the act of communication can take many forms (see Table 1.1).

Table 1.1 Different forms of communication

Language	The use of speech, which may be oral, written, electronic or sign language
Paralanguage	The subtle signals that accompany the use of language, such as speech rate, pitch and tone. Everyday users of language become adept in how they practise these accompanying features of communication, so much so that they may not even be aware of it. In social work, however, it is important to remember that the features of paralanguage can be significant and highly meaningful in how they shape communication. In response, we must develop a level of sophistication in how we perceive and react to such signals.
Body Language	Essentially, this refers to all forms of non-verbal communication, such as eye contact, facial expression, gesture, touch, body movement and so on. Such communication is a powerful factor in shaping how people interact, and the meanings they attach to it. As with paralanguage, it is often done implicitly, without conscious awareness. Again, this requires the need to develop a level of sophistication in observing, reading and expressing non-verbal signals during our interactions with others. Adapted from Thompson (2010: 82–83)

In practice, it is useful to tune in to each of these forms of communication simultaneously. Understanding a person's statement that they are angry will be more successful if you tune in to their pitch and tone of voice, paralanguage and associated non-verbal communication. This will better enable you to assess how to respond to the person, and adapt your speech, paralanguage and non-verbal expression accordingly.

LISTENING AS WELL AS TALKING

It is imperative that we understand the point of view of the people we are working with. This is identified as a 'recurring theme in conversations about person-centred support' with people who use services (Beresford et al., 2011: 249).

Silence is communication: Silence is not necessarily negative. Indeed, the *use* of silence offers space to think about and reflect on what has been communicated, as well as what is yet to be communicated. It is not always useful to fill the silence. Instead, use the time to ask yourself some reflective questions, such as:

> Do you or the person feel awkward – if so, why might this be the case?
>
> Have you posed a difficult or complex question, and does the person need time to think?
>
> Is the person waiting for you to respond to something they have said?

You could acknowledge the silence by saying something like 'talking is difficult sometimes', or perhaps return to what was being said previously by summarising their last comment or stating 'you were saying …' (Koprowska, 2008: 78). Whichever approach you take, it is important to 'respect the silence' and 'remain engaged' with the person (Lishman, 2009: 106). For further information on active listening skills, see Chapter 2.

WHAT IS PERSON-CENTRED COMMUNICATION?

In essence, person-centred communication is the adaptation of the different forms of communication outlined above, to the uniqueness of the individual you are working with, and their particular communication style. By doing so, we should be better able to communicate with *all* people, regardless of their method of communication.

This is relevant to all of us every day. For example, you may have had the experience of communicating to another person, and although they did listen, perhaps you did not feel heard. Whilst having our communication taken seriously is something we all value. It is particularly important to people receiving health and social care, as it often dictates the basis for subsequent intervention; that is, the identification of needs and associated responses.

All of us have preferred methods of communication, or communication comfort zones, and this is not particular to people with specific needs. However, as social workers, we do work with people that have identified communication needs; for example, people with some form of cognitive impairment, such as a learning disability, brain injury or dementia. We also work alongside people who experience other forms of neurodiversity or mental distress, or some form of physical impairment that affects communication, such as a visual or hearing impairment.

It is important to remember, however, that regardless of the level of communication difficulty a person may experience, all people communicate in one way or

another, including individuals that are non-verbal. This may include pictorial communication, sign language, paralanguage, the use of bespoke communication aids and/or behavioural communication through body language and so on. In essence then, 'We cannot not communicate, whatever we do, individually or collectively, gives off messages to other people, whether intentionally or not' (Thompson, 2010: 81). It is important to remember that lack of verbal skills does not amount to an inability to communicate. In such a circumstance, the onus is upon us as social workers to step outside of our communication comfort zone, in order to ascertain and work within the person's own communication style.

On this basis, it is imperative that we take *all action practicable* to enable the people we work with to communicate. Failure to do so can result in significant consequences for the individual; for example, not being able to:

- Have a conversation
- Make choices about what they need and want
- Exert mental capacity to make decisions
- Express and fight for their rights
- Access facilities and services as they would wish to
- Achieve independence
- Express themselves, which could lead to frustration, anger or behaviour that others find 'challenging'. (Collins, 2009: 23)

However, research tells us that people who 'communicate differently' are more likely to have other people speaking on their behalf:

> People with more problems, they tend not to listen to them. I think they can't be bothered to make the effort of sitting down with that person because it's going to take longer to talk to them … It tends to take a long time to communicate and they end up making decisions for that person. (Beresford et al., 2011: 252)

REFLECTIVE ACTIVITY

Consider this example: You are on a visit, and you witness a person being supported to choose their activity for that afternoon. The person is able to point at their chosen activity from a number of different photographs. The person then enters the dining room for lunch, and you observe them being given a sandwich and drink, without being asked what they want. You question this, but the member of staff states that the person is unable to speak, so they have made the decision for them.

Reflect on the importance of your own decision-making. How would you feel if other people didn't understand what you communicated to them? How would you feel if people misunderstood you, or got it wrong? How might you feel if others made decisions on your behalf that you could make for yourself?

The above exercise offers a powerful insight into the experience of being disempowered through failure to engage in person-centred communication

Failure to engage in person-centred communication is incompatible with the legal and policy directives of person-centred support, as outlined in the introduction to this chapter. It is also in conflict with duties under the Care Act 2014, the Mental Capacity Act 2005 and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). For further information on these legal and policy documents visit the companion website.

So, how can we be person-centred in our communication? The answer is: preparation, preparation, preparation. This reflects what Koprowska refers to as second-order skills:

> **First-order skills** are those required in direct communication itself, with service users, colleagues and others
>
> **Second-order skills** are those employed in *planning* our communication strategy, thinking about what we are doing, observing interactions, paying attention to feedback, reviewing what has happened, and modifying our next and future communications accordingly. (Koprowska, 2008: 8)

We know it is possible to better understand and respond to a person's communication needs by getting to know them (Espiner and Hartnett, 2011). In doing so, we are employing Koprowska's 'second-order' skills outlined above. The starting point must be to ascertain precise information about the person's specific communication style, then formulate an accessible, person-centred response.

The more we can understand the person's communication strengths and limitations the better. Useful reflective questions include:

- What is the nature of the person's communication difficulty? Do they have a cognitive and/or physical impairment, and what impact does this have on their communication strengths and limitations?
- Does the person require support with the format of how information is presented? For example, if the person is deaf, can they lip read or use British Sign Language (BSL)? If the person is non-verbal, might Makaton, talking mats or pictorial communication aids be useful? Does the person prefer plain language, and short sentences and/or easy-read materials?
- Does the person require support to comprehend information? For example, abstract information about moving home. Might tangible communication aids be useful, such as photographs of different housing options?
- Does the person require support to convey their communication to others? Are these methods the same or different from those used in how information is presented and comprehended, and if so how?
- Does the person have access to appropriate communication equipment, such as functioning hearing aids, glasses with a current prescription, false teeth (where appropriate)? Failure to provide these can have a deleterious effect on a person's ability to communicate.

- How does the person feel about using assistive technology? Might a sound amplifier be useful? A minicom machine that translates speech into text, or a computer program that translates text into speech? What about a visual smoke detector or doorbell? Is the person aware of speech and language therapy iPod apps that can aid communication and emotional expression? Has the person considered a memory app designed for people living with dementia?

BEING LED BY THE PERSON

In addition to utilising the 'second-order skills' outlined above, it is important to recognise and value the expertise of the person you are working with. Essentially, this means engaging with the person in a manner that works for them. So rather than arranging a visit according to what is best for your diary, consider what day, or time might work best for the person. Some people communicate better in the morning rather than the afternoon, and vice versa. Similarly, it might not work for the person to be visited after taking powerful medication, as this can significantly affect a person's ability to communicate. Remember to take these matters into consideration when planning your person-centred communication.

In being led by the person, you are learning from their know-how of what does and does not work for them. In the rare circumstance that your ability to learn direct from the person is limited, endeavour to learn from other people who know the person better than you. This will likely be the person's family, friends and informal carers, as well as professionals who have experience of working closely with the person, such as a keyworker or speech and language therapist.

If possible, try to spend time with the person, and, if appropriate, with others who know them, and can assist you in learning their communication style. This will enable you to better understand the person's needs, and which communication aids work for them. Not only will this provide a sturdy foundation upon which to base your communication, it will also assist you to establish a rapport and build a positive working relationship.

Remember, since *all* communication should be person-centred, there is no *correct* method or *one size fits all* approach. Koprowska exemplifies this in her discussion of emotional communication and face-to-face contact:

> It is especially important for people with hearing impairments, both to take in nonverbal information and to lip read, if they do so; they may also need to sit nearer than a hearing person and use touch. For other people, reading faces is difficult. People with varying degrees of visual impairment will take in only partial information, or none at all, and are more attuned to tone of voice, pace of speech, and larger body movements which can be seen, heard or felt. People with autism [may] find face-to-face contact disturbing or even painful, and have difficulty in recognising the expression of emotion. (2008: 38)

So, the basic principle of person-centred communication is to set aside your preferred method of communication, and tune in to that of the person you are wanting to communicate with.

> **REFLECTIVE ACTIVITY**
>
> Think of someone you have met either on placement or in practice who has a different communication style to you. Consider how that person's communication style is different to yours, and think through *how you* could use person-centred communication to maximise your ability to communicate with them

PERSON-CENTRED PLANNING TOOLS

Person-centred planning tools are a communication method that encapsulates the principles set out above. While there is a general consensus that involving people in their own care and support is right and proper, such good intentions are insufficient without direct action. Person-centred planning tools aim to bridge this gap, and act as a conduit for achieving person-centred support in practice. There are a family of different person-centred communication tools available, which combine to form the basis of a person-centred care plan. All adhere to four key features: 1) they are orientated to the person's future; 2) they focus on strengths, not deficits; 3) they aim to illuminate the person's hopes and desires; and 4) they advocate creativity in planning and implementation (Stalker and Campbell, 1998 cited in Dowling et al., 2006: 7).

Another key feature of the method is that it should always be supported by a 'planning team' led by the person, including family members, friends, community advocates and professionals. The aim of the team is to assist in transforming the person's aims and aspirations into reality (O'Brien and O'Brien, 2002, cited in Taylor and Taylor, 2013: 217).

Pre-prepared person-centred communication tools

Whilst the tools outlined below originated from work with people with learning disability, they are also used with children with special educational needs; older adults, including people with dementia; people who experience mental distress; those living with substance use; and people living with cancer and other long-term conditions:

PATH (planning alternative tomorrows with hope): This approach begins by identifying the person's dream, then working back to ascertain the steps required to achieve it. It works particularly well with individuals who know what their dream is, but who feel stuck in working through how to make it a reality (developed by Jack Pearpoint, Marsha Forest and John O'Brien).

MAPS: This approach creates drawings that reflect a person's life. It describes their gifts and qualities, as well as their dream and nightmare. It learns from a person's past in order to shape their future, or in other words, it helps them move away from their nightmare towards their dream (developed by Judith Snow, Jack Pearpoint and Marsha Forest, in conjunction with John O'Brien and others).

Essential lifestyles planning: This involves using a collection of person-centred communication tools designed to get to know the person. Different tools are used to ascertain the most important things about a person's everyday life. Examples include:

- one-page profiles;
- what we like and admire about the person;
- what is working/not working;
- what is important to/for a person;
- what good support looks like;
- communication charts;
- decision-making agreements;
- relationship circles.

For further information about these person-centred planning tools and access to a 'How to ...' guide on one-page profiles, visit the companion website (https://study.sagepub.com/rogers).

Whilst the value of pre-prepared person-centred tools is obvious. Critics argue that this reflects an encroaching 'industrialisation' of person-centred planning, as a once 'simple' person-centred exercise has now become 'a tool' that requires specialised training materials and accreditation (Kinsella, 2010). However, this does not have to be the case. While it does require time, space, a commitment to the person and person-centred thinking; it is an approach that is open and accessible to us all.

Indeed, for people with very particular communication needs, the best tools are often those designed with the uniqueness of that person in mind. This is particularly so in situations where you may wish to support a person to communicate their thinking on a specific matter, but no pre-prepared tool is appropriate. Do not worry if you are unable to locate the 'perfect' communication tool off the shelf. Instead, consider this an opportunity to engage in some one-to-one work with the individual, according to the person-centred communication principles outlined above. Utilise person-centred thinking to create some bespoke tools using whatever resources are likely to be successful for that person. This will likely involve the adaptation and amalgamation of some existing pre-prepared communication tools, alongside the expertise of the person and those who support them. Now visit the companion website (https://study.sagepub.com/rogers), and access some social work case law in which bespoke person-centred communication tools were used to good effect.

POTENTIAL BARRIERS TO PERSON-CENTRED COMMUNICATION:

As much as the benefits of person-centred communication are well founded, the 'subjective, ambiguous and contingent nature of staff interpretation' is problematic (Phelvin, 2012: 32). This is not to deny the value of professional 'intuitive skills', but to acknowledge the 'dangers and limitations' associated with interpreting other people's communication (ibid.: 34). As with any form of social work intervention, this necessitates the use of critically reflective and reflexive practice (see Chapter 6). We must be open to disconfirming evidence regarding competing interpretations of a person's communication, and not consider our understanding as the whole truth.

Furthermore, it is not always possible to achieve the conditions necessary for person-centred communication, as barriers can exist due to external variables, such as environmental distraction or interruption. Other difficulties may arise due to mistakes on our part, such as relationship difficulties, lack of rapport or misjudging the appropriate timeframe. Where possible, any such barriers should be anticipated, mitigated and resolved. Where this is not possible, and it is determined that person-centred communication is unlikely, we should reassess what needs to change in order to make it happen.

Notwithstanding these difficulties, person-centred communication/approaches can have a 'positive impact on the lives of people' across the whole of health and social care (Wigham et al., 2008: 143; Dowling et al., 2006). Indeed, if used to good effect, person-centred approaches can 1) facilitate respectful interaction and trust; 2) provide direction by raising the question 'What matters to this person, now and in the future?'; 3) animate people so they try new things and increase their chances of discovering new opportunities and resources; and 4) create opportunities for updating the person's care plan, and encourage close attention to what is actually happening (O'Brien, 2004: 14). However, in acknowledging the benefits of this approach, we must recognise the 'implementation gap' that exists in practice (Mansell and Beadle-Brown, 2004: 5).

One way of achieving this is to encourage individuals' person-centred 'planning teams' to become 'circles of support' (COS). A COS is a group of friends, relatives and other invited, non-professional people, who meet regularly to support the implementation of the plan (Stalker and Campbell, 1998 cited in Dowling et al., 2006: 7). This is illustrated by McIntosh and Sanderson's recommendation that: 'It requires persistence, patience, and great commitment from staff, families and people … Engaging families, working with them as colleagues and supporting them to lead in developing and implementing their relative's plan' (2006: 31). In doing so, we would be taking action to sustain the long-term success of the plan, as per the genuine ethos of person-centred care. This would be a valuable legacy of our involvement, conducive to honouring the person's voice and promoting 'a greater sense of ownership and control' over their lives (Espiner and Hartnett, 2011: 69).

CONCLUSION

This chapter introduced the personalisation agenda as the backdrop to person-centred communication and support before outlining the essential principles of person-centred communication, and how they can be used in practice. Effective communication also requires critical reflection, reflexivity, empathy and anti-oppressive practice, and you will be introduced to each of these subjects during the subsequent chapters of this book. For further information on how to apply your learning from this chapter in practice, see Chapter 24 on person-centred social work.

RECOMMENDED READING

Bauby, J. (1998) *The Diving Bell and the Butterfly*. London: Fourth Estate.

Beresford, P. (2014) *Personalisation*. Bristol: Policy Press.

Carr, S. (2012) *Personalisation: A Rough Guide*. London: Social Care Institute of Excellence (SCIE).

Collins, S. (2009) *Effective Communication: Workbook for Social Care Workers*. London: Jessica Kingsley Publishers.

Helen Sanderson Associates Person-Centred Thinking Tools: www.helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools/