

Managing calls from the public

Call handling guidance

About this guide

Members of the public contact Healthwatch for advice and information about health and social care services. These calls are often complex and at times you may find it challenging.

This guidance covers:

- Top tips for managing calls
- Handling last resort calls
- Handling repeat callers - caller care plan
- What to do if you feel a call is becoming abusive

Top tips for managing calls

To help you know what to do when you experience a difficult call, we've put together some tips from Healthwatch staff and volunteers.

Focus on what you can do, rather than what you can't

People might call with high expectations, which might make you feel like you are failing them by not being able to help. Be clear and honest about the remit of our service and focus on what you can help them with, rather than what you can't.

For example, *"We can provide you with some information about support groups for people living with cancer,"* rather than *"we don't provide medical advice"*.

Keep an open mind

If you go into a conversation thinking someone is difficult, you will find yourself on the defensive, which is likely to heighten the tension between the two of you. Reframe your thoughts and focus on what the person needs from us. It's not personal, they are likely to be experiencing a difficult or frustrating situation. A warm empathetic response coupled with clear boundaries can help you manage difficult callers.

Acknowledge strong emotions

Our work means that people may call feeling angry, distressed, or upset. The process of sharing their experience may also trigger different emotions. Acknowledge how they are feeling and give them space to experience it.

Use phrases like *"I can understand that this has made you feel very disappointed/angry/upset"*. Don't say things like *"calm down"* as it can be very dismissive, and it's not helpful to tell someone how they should be feeling.

Empathise

You can empathise with somebody's situation by acknowledging what they've told you. For example, *"It sounds like you have been through a difficult time,"* or *"I can hear you are frustrated by your experience of X."* However, this doesn't mean you need to feel that it's your role to fix the problems they have faced.

If you need to take control of the call, do so confidently

Use phrases like *"can I just stop you there"* and then explain why, e.g. *"you have told me a lot of information about your situation, and that you have spoken to a lot of other organisations, I would like to explain how Healthwatch may be able to help."*

If you can't help the caller, be honest while acknowledging that this is not a comfortable situation. You can be empathetic while staying focused on the facts.

Don't be afraid to say you need to call the person back

You may not know the answer right away, as you might need to consult a colleague, another service or do some research into the person's situation. Be clear about when you will be able to get back to them and what information you hope to be able to provide.

Remember, don't commit to a deadline you cannot meet. You should also check if it is okay to leave messages on their answerphone or if they would prefer another method of communication (some people may not want you to do this if someone else has access to their messages).

Don't use jargon

Some people may not understand health and social care terminology and it can place distance between you and the caller. Make sure you use plain English and check they fully understand.

Handling last resort calls

Some people contact Healthwatch after they've spoken to several other services, feeling like we are their last resort. There may be some parts of the call we are more able to help with than others and this can be particularly hard for you as the call handler if you feel like you are someone's only hope.

If you are not able to help someone you should:

- Allow the person to explain their situation so they feel listened to. This will help you understand if there are elements of the problem that you can help with.
- Make a note of any organisations they have already spoken to, as there may be other options that they have not tried.
- If it becomes obvious you cannot help them, you may need to stop them from going into a lot of detail. For example, *"I just need to stop you there. I am conscious that you have been through a lot, and from what you have told me so far, we may not be able to directly help, although we can suggest another organisation that can."* But you need to be sensitive, particularly if the person you're speaking to has experienced some form of trauma or distress.
- In some situations, a face-to-face conversation would be more beneficial. If possible, arrange a meeting and ideally make sure you have a supportive colleague with you.
 - COVID-19: Please follow the latest [government guidance](#) about coronavirus before arranging to meet anyone.
- In some instances, it might be a good idea to get an idea of the interaction the individual has had with previous services and, where necessary, make contact with the service to check in with them for more information to see if they can help. If you have agreed that you are going to call the person back, try not to debate about the different versions of events and stick to the facts. For example, *"I have just spoken to your social worker and she has advised me that if you are concerned about your situation, you can call her during the day, or the emergency duty line out of hours."*

- Reassure people that their experience will be passed onto people running local services.

Handling repeat callers - caller care plan

If someone is repeatedly calling you, either with the same issue or a different one, you may need to agree how your team will consistently manage future calls from this person. This is called a caller care plan and makes sure that everyone is giving the same support and advice.

What should the caller care plan include?

- outline of the situation and the asks of the individual
- the agreement as to how your Healthwatch can or can't help
- what to advise the person if they are unhappy
- how to address this person on other platforms e.g. social media and email

This should be agreed to by all staff or volunteers who take calls from the public.

If you find staff or volunteers are not dealing with a situation in a consistent way, it needs to be discussed and one approach agreed across the team, with any training needs identified.

Some callers may identify different staff and volunteers as being 'helpful' or 'not helpful'. It is important that those who have been identified by a caller as being the 'helpful' do not deviate from the caller care plan. It is also important that those who have been identified as 'not helpful' are supported and reminded that it is the Healthwatch service that is not able to help the person, not them.

What to do if you feel the call is becoming abusive

There is a difference between a person presenting with strong emotions, such as anger, and someone demonstrating abusive behaviours such as unkind language or personal comments.

It's a good idea to agree with your Healthwatch a policy around what to do or say if you feel the caller is being abusive or personal. For example, *"I feel you are being abusive to me and I will end this call if you continue."* Agree how many times you will say this before ending the call (three times is commonly used by helplines).

If you feel vulnerable or find that you that you've been thinking about the call more than you are comfortable with, speak to your manager or a colleague to see how you can be supported.

Sometimes we remember the difficult calls and forget all the people we have helped. Remember you are providing a valuable service and are making a difference. Many people are grateful for our advice and information about health and care services.

"It's nice to hear a friendly voice from someone that is willing to help me."

Feedback shared with a local Healthwatch after using the service