

Intervening with Conversation Analysis in Telephone Helpline Services: Strategies to Improve Effectiveness

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Abstract

This article overviews the way conversation analytic work on telephone helplines can make an impact in practical situations. It takes three illustrative themes in helpline research: (a) the giving, receiving, and resisting of advice; (b) the expression of strong emotion and its identification, management, and then coordination with helpline goals; (c) how helplines' policies and practices shape the interactions between caller and call-taker. For each of these themes, we show how CA research insights have been applied to improve helpline effectiveness. This has been done through a variety of practice-based reports, consultancy exercises and training initiatives, including workshops where we aim to identify and facilitate good practice. Intervention studies of this type are at the forefront of interactional research on telephone helplines. Data are in Australian and British English.

Conversation analysis has a long history of studying institutional interaction on telephones: from Harvey Sacks's early work on calls to a suicide prevention line (e.g. Sacks, 1966; 1967), through a body of work examining calls to the emergency services (e.g. Whalen & Zimmerman, 1987; Zimmerman, 1992); to studies spanning a wide range of types of helpline, including – *inter alia* – those concerned with health, psychological wellbeing, relationships, law, finance, technology, and provision of utilities and other consumer services.

Symposia in Aalborg, Denmark (2000) and Riva del Garda, Italy (2005) laid much of the groundwork for work on helplines, resulting in two of the field's formative publications: *Calling for Help* (Baker, Emmison & Firth, 2005); and the Special Issue of this journal (Edwards, 2007). Many of the contributions focused on advice and support in the broad areas of physical health and emotional wellbeing, reflecting the focus of most helpline services, according to the *Helplines Partnership* directory, (which accredits over 400 helplines in the UK). Further symposia on helpline interaction also reflect this focus (e.g. Wilkinson, 2014).

Most of the interactional research on helplines has been concerned with specifying the conversational practices through which 'seeking help' and 'providing help' are accomplished – in other words, it has been essentially *descriptive*. However, alongside the continuing specification of helpline practices, researchers are beginning to apply what we know in order to improve telephone helpline effectiveness.

The Loughborough University Helpline Research Unit – founded by Carly Butler, Alexa Hepburn, Jonathan Potter and Sue Wilkinson (with colleagues Elizabeth Stokoe

and Paul Drew) - has worked with over a dozen helplines, often in collaboration with colleagues from across the UK, Australia and Sweden. Our goals are to further specify helpline practices, and to improving helpline effectiveness. As we will show, these practical goals are inextricably linked.

Traditional social science notions of application in terms of control and prediction can be problematic for interactional approaches (Hepburn, 2006); consequently we are less concerned with questions of variables and predictions, for example how social class influences the incidence of child abuse, and more focused on specifying what type of communicative problems might be encountered in reports of child abuse, and how those problems can be managed. Typically helpline training materials work with normative reconstructions of everyday practice. This means that call-takers may be hampered by training that uses guidelines, scenarios and stock phrases that sits uneasily in the complex environment of natural interaction. These materials are then invoked by professionals, leading them to an unrealistic portrayal of their practices (see Stokoe, 2014 / this volume, for a critique of role-play, and how CA can solve some of its problems). At its extreme this may generate a situation where call-takers worry that their practices seems messy and inadequate. It can come as a relief when they work with experts on interaction, who can unpack some of the messiness.

By focusing on practices in helpline interactions, our research reveals the complexities of the troubles call-takers encounter, and the ways they manage them. Our starting point is that call-takers are 'the primary

owners of expertise' (Hepburn, 2006: 339) in that they are highly skilled at managing callers. Yet they lack expertise in how to articulate those practices, which are typically organized at a level of detail that is hard to remember or reproduce. Our applied research has typically developed our original vision for "training aids that allow CPOs to step through digitized calls with analytic observations and suggestions about ...trouble and its solution." (Hepburn & Potter, 2003: 195). We then combine our analytic expertise with practitioners' practical understandings to clarify what constitutes effective practice, effectively turning helpline 'practices into strategies' (Hepburn, 2005:254). The outcome is the co-production of interventions between academics and practitioners (see also Kitzinger & Kitzinger, 2007). More recently, this goal has been facilitated by the development of the CARM animation software that supports playing audio and transcript synchronously (Stokoe, 2011 and 2014 / this volume).

In what follows, we provide examples of three key areas of research that we draw on in the development of our training and resources for helpline operators:

- (i) Identifying practices for giving and receiving advice
- (ii) Demonstrating how emotion is expressed and managed
- (iii) Examining and developing helpline policies and practices

(i) Identifying practices for giving and receiving advice

Advice-seeking and advice delivery is a core element of many helpline interactions.

The balance between these activities, and the ways in which they are sought and

delivered, regularly reveals the institutional fingerprint of a helpline organization. This is particularly the case for advice, in that the extent to which a call-taker makes suggestions about what a caller can do, and the methods they use to do this, often embodies the guiding policies and institutional remit of a specific helpline. While some organizations are set up to advise callers, others take a more non-directive approach and refrain from making explicit suggestions about what a caller should do (see Emmison & Firth (2012) for discussion of advice on helplines).

Conversation analytic work on advice was kick-started by Heritage and Sefi (1992) in their study of interactions between health visitors and new mothers. They characterized advice as happening when the health visitor “describes, recommends or otherwise forwards a preferred course of future action” (p.368). As Pilnick (1999) notes, this broad description allows for a focus on what participants themselves treat as being advice, and for the identification and discussion of advice delivery to be an empirical matter.

Heritage and Sefi (1992) emphasised two core dimensions of advice – it is normative and asymmetric. When a person forwards a future course of action for another person, it implicitly or explicitly implies that this course of action is *better* than alternatives (including inaction). Thus the ‘preferred’ component of advice captures the sense that advice is normative and prescriptive – the advice recipient *should* carry out the proposed future action, which in turn occasions moral implications that require careful management (Shaw & Hepburn, 2013). The normative dimension of advice also invokes its asymmetrical dimension, in that the advice-giver positions themselves as more knowledgeable than the advice recipient. This asymmetry is not simply a

structural feature of advice, but is something that advice-givers and recipients actively negotiate in advice-giving episodes (Butler et al., 2010; Heritage & Sefi, 1992; Vehvilainen, 2001; Waring, 2007). Both the design of the advice and the response of the recipient demonstrate the participants' production and recognition of an asymmetrical distribution of knowledge and rights.

Call-takers can tailor the design of advice in ways that either minimise or maximise the normative and asymmetric dimensions. For example, Kids Helpline in Australia works with policies of offering empowerment and child-centered practice (Butler, Danby & Emmison, forthcoming). Callers are encouraged and supported to identify and evaluate their own solutions to their issues. Butler et al (2010) showed that one way this is done is via the use of *advice implicative interrogatives* in turns that referenced, or alluded to, a future course of action. In some instances counsellors could be clearly heard (and were treated) as using questioning format to offer suggestions or give advice, thus employing *advice-implementing* interrogatives. In other instances, they used *advice-relevant* interrogatives: where advice was implied or made relevant in a question, but the action being done was designedly ambiguous.

Advice-implementing interrogatives can ask whether a young person has the capacity to carry out a future action, for instance, 'Could you talk to Gary about your concerns?' They tend to be treated by recipients as suggesting or proposing, however the interrogative format and design of the turn softens both the normative and asymmetrical dimensions of this as advice. The interrogative addresses the prerequisite that the client could potentially carry this out. This privileges the client's

own authority about the contingencies within which any course of action is do-able, allowing them to reject a suggestion and assert their own agency and authority.

Advice-relevant interrogatives often adopt a ‘history-taking’ form and ask whether the client has tried a particular course of action *in the past*, for example, ‘have you ever talked to anyone about that stuff?’ The normative element is evident in the implication that if the client hasn’t done this, then they *should*. However, because this is merely implied rather than asserted, that normativity is attenuated. Furthermore, the advice recipient can undermine or counter the implication that they should carry out this course of action and also use the interrogative to turn this into a proposal for a course of action, which supports their active role in addressing their situation.

In Kids’ Helpline, our analysis reveals specific aspects of turn design that are skilfully adapted to soften the entitlement and authority of the counsellors to offer advice to young clients. Clients are put in a position of authority in terms of deciding the relevance and appropriateness of the future course of action, giving them the opportunity to resist or reject it. This demonstrates the practical skills of the Kids’ Helpline counsellors in supporting and empowering children and young people. Analysis also highlights how nuances in the ways form and function intersect in language use can challenge or undermine traditional guidance about how to communicate with clients.

Advice resistance

People contact helplines seeking some sort of help, and there is a common assumption that the call-taker will be in a position to offer that help. When the help sought is a way of dealing with a current situation or problem, the call-taker may be treated as expectedly able to deliver advice. However, problems arise when the nature of the advice sought and the nature of the advice able to be offered are not the same.

Butler et al (2009) discussed how nurses on an Australian Child Health Line managed requests for advice they were unable to deliver. Callers regularly contacted the service seeking advice about how to deal with their ill infants and children which, unsurprisingly, often involved requests for medical advice. This was problematic for the nurses, as the remit of the service did not allow them to give medical advice. One way nurses handled this problematic position was by re-specifying a problem as a parenting or child development issue. The difference in the way advice of this nature was delivered was striking, with nurses clearly demonstrating their authority over such matters, and their entitlement to display such knowledge to advise parents.

Emmison, Butler & Danby (2011) discussed ‘script proposals’ in advice sequences in calls to Kids Helpline. Seemingly at odds with the non-directive philosophy of the helpline, they noted that counsellors sometimes provided a ‘script’ proposing what the caller should say, as in lines 2-7 below:

Extract 1¹

PC050608_1414

01 Cou: Don't enter into it .hhhh when she comes
02 along and dumps it on you: you say Mum
03 (1.2) um (0.5) ah: I'm not your counsellor,

¹ Data in the extracts are reported in this article on the basis of ethical oversight and approval cited in their original publication.

04 (.) and I'm not your mother, (0.6)
 05 Call: °Mm[:°
 06 Cou: [I'm so:rry tah hear that, (0.4) but it's
 07 not my business.
 08 Call: °Mhm°
 09 (1.4)
 10 Cou: Wouldju be able †tah say that?
 11 (1.3)
 12 Call: Yea:~h cos I'm quite [crue:l to her [now.
 13 Cou: [Okay, [.hh
 14 Well (.)

The content of the script proposal – “Mum, I’m not your counsellor, and I’m not your mother, I’m sorry to hear that, but it’s not my business” (lines 2-7) – incorporates the caller’s previously displayed stance towards the problem. Its format is as direct reported speech, with the counsellor ‘modelling’ the position of the caller. Such script proposals were typically found in third position: after a recommended course of action from the counsellor and resistance from the caller.

Hepburn and Potter (2011) discussed advice resistance in calls to the National Society for the Prevention of Cruelty to Children (NSPCC) helpline. The role of the Child Protection Officer (CPO) is to assess the seriousness of the situation the caller is concerned about, and to judge whether to refer the case to Social Services. At the time of the collection referrals were made in less than 20% of calls to the service (Potter and Hepburn, 2003). In the remaining cases, CPOs generally offered advice to the callers – however advice was found to be resisted by callers in around a third of calls (Hepburn and Potter, 2011). Typically, such resistance follows instances where the caller has not actually asked for advice, but has requested some other form of action (requesting some intervention from NSPCC or Social Services that CPOs know they wouldn’t provide is common).

This mismatch between what the caller wants, and the nature of the help delivered by the CPO (advice) leads to the caller resisting suggestions about future courses of action they could take. Hepburn and Potter (2011) explored how call-takers managed this resistance by deploying conversational objects like idioms and tag questions, which serve to counter the resistance of the caller, and shift the talk back into their own area of expertise. These sequences evidenced a ‘subtle epistemic struggle ... in which each party has different resources, like a chess game where one player has their rooks and the other their knights’ (pp. 236-7).

In the following extract from the NSPCC Helpline, a caller is seeking to get her disruptive daughter put into care. The CPO has tried various strategies to get the caller to take responsibility for fixing the problem herself by repairing the relationship with her daughter.

Extract 2

WO Problem daughter II
01 CPO: R:ight.=[would it not be possible for you to] maybe take
02 Call: [.h h h h h h h h h h h h h h h]
03 CPO: some lea:ve while-while she’s livin [wiv you.]
04 Call: [.shih] I:’ve only
05 jus’ started this jo:b.=I [mean] er i’ possible but
06 CPO: [Ri:gh’.]
07 Call: you know I’d be unpaid ‘n I’m [just st]ahrtin a new
08 CPO: [Mm:.]
09 mhor(hh)tghage hhan [I-]
10 CPO: [Ri]:ght.
11 CPO: Ri[ght.]
12 Call: [Ye kn]ow it’s::
13 (0.6)
14 CPO: °°k (.)°°tk Yer:h.=.hh I mean- ye know at the end of the day
15 i-it’s about priorities isn’ it.=an [ye know o]bviously
16 Call: [I know:.]
17 CPO: she:’s got to come fir:st in all of this=
18 CPO: =[because she:’s (the-)]
19 Call: =[Yeah but if I’ve got] nowhere to li(hh)ve then she sh-.hhh

The CPO has developed a line of advice involving the mother spending more time with her daughter by taking leave from work. The caller counters this by invoking her new job (line 5) and, no doubt hearing an impending suggestion to take unpaid leave, provides 'stahr tin a new mhor(hh):gage' as an account for not being able to take that leave (7- 9). The design of the CPO's response (lines 14-17) contains features useful for countering continued advice resistance. Idiomatic expressions such as 'at the end of the day' (line 14) are often found in attempts to repackage courses of action that are being resisted (here, that the caller should prioritise her daughter), while the tag question (line 15) treats the caller as able to confirm this resisted course of action. The CPO then latches further talk to the tag, which unpacks the idiomatic construction, filling in the nature of the priority explicitly (the daughter), and building this further construction as both known in common ('you know') and self-evident ('obviously'). Although the caller continues with further resistance (line 19), by the end of the call, persistence and skillful handling by the CPO using practices such as this resulted in the caller committing to sign up for a local family therapy group.

By conducting close analyses on our collections of sequences containing advice (in the "pre-intervention phase" as Robinson and Heritage 2014 / this volume call it), we have been able to explicate the interactional production of advice and advice resistance, and then use these kinds of detailed practices (e.g. using interrogatives or script proposals to package advice; summing up in ways that are idiomatic or hard to refute; and employing tag questions, recycles and claims to shared knowledge to treat the caller as already on board with the issues) as resources for practitioners in workshops where dealing with advice resistance is discussed, and good practices are shared.

With complex issues such as advice, and particularly where there are helpline-specific remits, we believe knowledge exchange is most productive - combining the practice-based knowledge of professionals with the analytic knowledge of conversation analysts. Our starting point with larger organizations such as NSPCC has been that the call-takers are highly competent professionals with extensive training. Our role is not to know better about what goes on in the day-to-day running of the helpline, but rather to explicate participants' own practices and displayed understandings, and use these as a basis for high level discussions about what works, and the implications of different practices in different environments. We have found that one of the most important services we offer is to show skilled helpline practitioners that although they may think their interaction is messy and confused it is actually highly organized and responsive to a set of parallel and asynchronous projects.

In summary, then, the variation in the ways advice can be delivered is a resource for helpline call-takers. Conversation analytic research shows what sort of variation that is, and what the implications of various ways of delivering advice are in relation to desired outcomes and helpline policy.

(ii) Demonstrating how emotion is expressed and managed

It is common for both professionals and social scientists to treat emotions as something that emerges within people, sometimes bursting through cultural restrictions, perhaps the legacy of a more primitive animal past. This view is the starting point for much of the traditional psychological research into emotion, where

emotions are typically operationalised as variables that explain human practices, or contrasted with more rational cognitive processes. Typically this wipes out the very phenomena that perform important actions – the ongoing procedural unfolding of emotions in everyday life. This omission has far-reaching implications for the possibility of conducting applied research into emotion.

A major contribution of discursive psychology (hereafter DP) has been the critique of experimental approaches to emotion and the specification of emotions as interactional phenomena (Edwards & Potter, 1992). DP does not treat emotion as underlying and separate from interaction, rather as something invoked, described, displayed and made accountable for the purposes of actions in talk. Edwards (1999) showed that emotion terms can be used to perform a range of social actions such as ascribing blame, assigning intentionality and motives, or offering excuses and accounts, and embedded in other social activities.

Building on these discursive psychological insights and on conversation analytic work on laughter (e.g. Jefferson 1985), Hepburn (2004) developed a body of research that focuses not simply on the categories or formulations of emotion, in this instance upset, but also on the specifics of its interactional display. The main reason for the focus on upset was that the NSPCC helpline identified it as something they would appreciate further help with. Extract three provides a dramatic illustration for why that might be. Caller 1, Kathryn (a pseudonym), is calling on behalf of her friend (Caller 2), who has confided to her that her mother's boyfriend is sexually abusing her. The CPO urges Caller 1 to persuade her friend to come on the line.

Extract 3

AD Two 12 year old girls

01 Call 2: Yeah I'm ok(h)ay.
02 CPO: Y'okay ab't- al:right then.
03 .HHH so:=um:= (.) okay.=so ↑Kathryn
04 was just sayin abou::t (0.2)
05 [ye know th-]
06 Call 2: [AHH HH]Hk↑↑iuHHhh↑uhh
07 (.)
18 Call 2: ↑↑I ↑↑ca(h)n't ↑↑ta(hh)lk.
19 (1.2)
10 Call 1: Hello:?
11 CPO: Hello::?
12 Call 1: I'm sorry she's just li:ke >broke out in
13 tears< she ca:n't spea:k.

Caller 2 was lucid just prior to this extract, but when the CPO begins to raise the issue of reporting abuse on lines 5-7, the caller breaks down. On line 12 Caller 1 resumes the call, but terminates abruptly after another minute (Caller 2's pleas to finish the call can be heard in the background), obviously preventing potentially significant child protection issues from being pursued. So there is a delicate interactional challenge to be managed here; the difficulty seems to be keeping the focus on the abused child and, at the same time, preventing the caller from terminating the call.

Research on an initial corpus of 140 calls showed that 10% had extended sequences of crying in them. Many other calls had elements of upset, especially in formulations of abuse and reports of personal experiences. Hepburn (2004) showed that prosody, timing, volume and other specifics of delivery play a key role in both displays of, and uptake to crying. Displays included increased aspiration, elevated pitch, tremulous delivery, as well as more obvious features such as sniffing and sobbing. Careful transcription of these features and different ways of responding to them revealed a collection of loosely associated and sometimes escalating practices, which in turn facilitated identification of its interactional features. For example, analysis showed that crying is something that can inflect and replace talk, so can interfere with, as well

as dramatize or underscore talk. This can make its uptake complex and tricky – it involves orientating to something that is displayed or to the manner of its delivery, rather than to an action, claim or proposition. Also, criers may be unwilling for their emotional state to become part of public discourse and this can create further difficulties in acknowledging and affiliating.

Building on initial work, Hepburn and Potter (2007, 2010) showed the value of setting out a procedural definition of uptake, such as sympathy and empathy. They suggested that empathic actions are typically formed from two key elements: a) a formulation of the crying party's business or emotional state (e.g. 'I can hear that you are very upset'); and b) some kind of epistemic marking of the contingency or source of that formulation, for example by using yes/no interrogatives, constructions such as 'I can hear that..' or by tag formatting. This dual feature allows crying recipients to claim some access to this type of experience while deferring to the rights of the upset party to define the nature of their troubles. By contrast, they suggested that sympathy tokens need not be propositional. Rather they are mainly identified by the prosodic delivery of the turn—usually stretched, sometimes with elevated or rising–falling pitch and/or creaky delivery, sometimes explicitly involving some kind of token such as “oh” or “aw,” sometimes with softened volume and increased “breathiness” or aspiration. Although they can mirror prosodic elements of crying, sympathetic turns are hearably specific to the action of sympathizing or soothing. Analysis of the example below illustrates this.

in the following extract a caller reports an attack that his son has just phone to tell him about . The CPO is taking details of the attack so that she can pass them on. The police have already been called.

Extract 4

NSPCC Distraught Dad 3.47

31 Call: Grabbed round th'throat yeh
32 (0.4)
33 CPO: Grabbed round the throat_
34 (0.4)
35 Call: .shnh
36 (0.5)
37 Call: Hhuhhh
38 (0.8)
39 CPO: ↑Okhay:.
40 Call: .shih
41 (3.3)
42 CPO: An 'is head hit the wall.
43 Call: .Hh °°Ye- yhess°°
44 (0.5)
45 CPO: °Tch
46 (0.5)
47 CPO: Okay take yer ti:me.
48 Call: .Shih
49 (2.0)
50 Call: >.hh .hh< .h
51 (0.4)
52 Call: >.Hhieh .hhihhh<
53 CPO: D'you want- d'y'wann'ave [a break for a]moment_=
54 Call: [Hhuhh >.hihh<]
55 Call: =>hhuhh hhuhh<
56 (0.6)
57 Call: .shih
58 (0.3)
59 Call: °°K(hh)ayh°°
60 (1.8)
61 Call: .shih >hhuh hhuh[h]<
62 CPO: [S]'very har:d when
63 they're not there with you isn't it.=
64 and [you're-] (.) you're tal:kin about it.
65 Call: [>.hhih<]
66 (0.8)
67 Call: >.Hhuh .HHuh<

As is common, the caller begins to get hearably upset for the first time in this call while delivering the all-important details of the attack on his son. It's easy to see why call-takers find upset a particular challenge, when there are crucial details to be passed on, and yet major disruptions in their delivery caused by upset. Our first focus point is on line 39 – the CPO's '↑Okhay:.' This gentle and sympathetic sounding yet

fairly minimal acknowledgement of upset follows the first hearable signs of upset, and is delivered with elevated pitch and a small amount of stretch and aspiration – characteristic features of ‘sympathetic’ sounding turns (Hepburn & Potter, 2007). The CPO then continues with the business of the call on line 42, having left a fairly long gap on line 41. However, as the whispered turn on line 43 makes clear, the caller is now running into more serious problems of delivery. Our second focus point is therefore line 47 – ‘take your time’ - another common feature of responding to upset on the helpline (recycled more elaborately on line 53). As Hepburn (2004) noted, these types of turn license the disruption to ongoing institutional business, and typically follow rather than simply precede extended bouts of silence. Hepburn (2004) also discusses evidence suggesting that a lack of acknowledgement of upset can lead to caller termination. ‘Take your time’ is also common in environments where the caller is attempting but failing to express themselves.

Our third focus point is on line 62-64, and illustrates some of the classic features of what we identified as an ‘empathic’ turn, including a formulation of the crying party’s emotional state (‘it’s very hard..’), and a marker of the speaker’s contingent access to that state (‘..isn’t it’). The tag question makes a response relevant from the caller by offering the content of the declarative as something in the caller’s domain and that they are able to confirm. As Hepburn and Potter (2011) noted, as well as targeting the contingent access to the caller’s emotional state, the addition of further post-interrogative material softens the response requirement of these types of turns, and allows for the caller’s possible delay in responding by filling the space that might otherwise have been silence. In what follows this extract, the CPO cycles through another two versions of empathic response before getting the caller back on track with

the report. Recycling the available repertoire of turns is also a useful way of keeping interaction going in this difficult environment.

One challenge was then how to feed these rather elaborate findings back to call-takers at the NSPCC. As we've noted, this has involved playing back anonymized calls and using them to generate discussion. We then take precisely the focus points we have outlined (use of empathetic constructions, sanctioning delays, offering reassurance and absolution for apologies, using sympathetic delivery to maintain progressivity, recycling all the above) and use them as 'choice points' where different types of upshot could be delivered. The use of choice points is no accident. Conversation analysis is preeminently a study of contingent voluntary action. Conversation unfolds through turn-taking, with options at each point. These choice points are, of course, central to call-takers who are faced with options on an ongoing basis – leave more silence, offer a sympathetically inflected continuer, start to build back towards advice, and so on. In a workshop we thus play a recording of the call, stop the recording at key points of choice, and ask call-takers to consider what their next turn would be – not just the wording, but *how* they would deliver it. The intensity of group engagement in such exercises is palpable. The exercise offers a platform for demonstrating skills and commenting on those of others. More recently the use of the CARM presentation style (Stokoe, 2011 and 2014 / this volume) has facilitating easy stopping and starting of calls at choice points. We also ask call-takers to explain why they might make this choice, and then compare their responses with other call-takers. For many parties this is the first time they have had a focused conversation of this intensity about their strategic choices.

(iii) Examining helpline policies and practices

A third key way in which CA can be used to improve telephone helpline effectiveness is through advising organizations about their policies and practices (see, in a wider context, Drew et al's 2014 / this volume, experience of offering CA-based advice to the UK Department of Work and Pensions). In helplines, many organizations collect monitoring data on who uses their services, and there may be concerns from call-takers about collecting these data and/or concerns from the organization about its accuracy.

It is not always straightforward to move from the 'main business' of a helpline call – particularly an emotionally-charged or deeply intimate call - to the relatively mundane bureaucratic task of collecting monitoring data. In addition, call-takers may experience particular difficulties in collecting 'socially sensitive' data, such as information relating to social class, sexual orientation, or ethnicity. Wilkinson (2011a, b) worked with a health-related charity which had recently added a question about ethnicity to its standard call-monitoring form and was experiencing problems in getting call-takers to ask the ethnicity question appropriately – or sometimes at all.

One key problem she identified was call-takers launching the ethnicity question directly, without any kind of 'pre' (Schegloff, 2007) and often disjunctively from the prior sequence - as in extract five below (at line 26). Such 'topical disconnection' (Drew, 1997) not uncommonly led the caller to initiate repair (as in lines 27-8):

Extract 5

[D012: 'Bella']
10 Bel: I've been suff]ering for quite some time but
11 no[body p]ut their finger o[n it and] now=

12 Vol: [Yes.] [No.]
 13 Bel: =they've put a name to it.
 14 Vol: Good yeah. [hhhHHH]hhh
 15 Bel: [So uh:m]
 16 (.)
 17 Bel: So at least they know now.
 18 Vol: Yes[:. °heh°]
 19 Bel: [You know what] s:teps to take
 20 Vol: Ye[s.]
 21 Bel: [(] ɿ)
 22 (0.2)
 23 Vol: Yes. .h[h h]h
 24 Bel: [(Mm.)]
 25 (0.2)
 26 Vol: Um what- ↑what is your ethnicity. hh[hh]
 27 Bel: [I bel]g
 28 Bel: your pardo[n,]
 29 Vol: [Wh]a- what is your ethnicity.

Advice for improving practice centred around making a more effective transition to the call-monitoring questions as a distinct piece of organizational business. Possible strategies included: explicitly setting off call-monitoring from the rest of the call with a (short) 'pre' in first position (e.g. "Just before you go, may I ask you one or two questions, please"), with perhaps a further 'pre' before the ethnicity question (e.g. "And one other question, if I may) – the 'and'-prefacing (Heritage & Sorjonen, 1994) marking it as the next in a series of questions.

Call-takers' difficulties in asking the ethnicity question were manifest through simply omitting it from the list of call-monitoring questions, and/or asking it in a variety of different formats (e.g. as "What's your ethnic origin?", "What's your nationality", "Where are you from?", "Where were you born?"; even "Are you White European?" or "I presume you're White British").

Advice for improving practice included, firstly, proposing a standard format for the question - in the style of a survey question, with response alternatives (see Houtkoop-

Steenstra, 2000; Maynard et al, 2002 on standardized survey interviewing), and perhaps providing a short post-response account for asking the question (e.g. “We need this information for our funders”; “This is just for our statistics”). Secondly, it was recommended that the organization train volunteers to ask (not presume) ethnicity, and to ask the ethnicity question clearly and consistently, in the standard format prescribed by the organization (Wilkinson, 2011a).

Helpline policies can also have a major impact on how calls are handled, and the kinds of difficulties that may arise. For example, callers to the helpline run by the charity Compassion in Dying – which supports people in making informed choices about end-of-life issues – not uncommonly ask questions about assisted suicide (Wilkinson, 2013). Often they request information about the service provided at the Swiss clinic run by the right-to-die organization, Dignitas. Compassion in Dying has developed a policy *not* to provide such information because assisting a suicide is illegal in England & Wales, and providing information about Dignitas could (possibly) be construed as assisting a suicide, thereby risking the possibility of prosecution.

The ‘no information’ policy creates a difficult situation for the helpline call-takers: repeatedly facing questions from callers which they are mandated *not* to answer. In CA terms, relating to preference organization (Sacks, 1987; Schegloff, 2007), the call-taker has to manage providing a highly-dispreferred response to a request for information: i.e. a refusal to provide that information. In the extract below, the call-taker (‘Emp’) does not succeed in doing this without alienating the caller. The caller’s opening circumlocution (lines 36-38) asks for information about going to

Dignitas (“that particular clinic”) for an assisted suicide (“the care that they provide”) in the face of terminal illness (“at that time”).

Extract 6

[CiD:C02]
36 Cal: ... it's the: .hh aspects of uh:m going to
37 that particular clinic for the care that they
38 provide (.) at that ti:me. [you see:]
39 Emp: [Ri:ght. >Y]eah
40 I know.< We're- we're not able to- to
41 suppl[y: any ki]nd of information .hh=
42 Cal: [A'right.]
43 Emp: =li[ke that j-]
44 Cal: [Who would th]en?
45 Emp: Uhm I don't- I don't know how to get that
46 kind of information.=I'm sor[ry:.]
47 Cal: [Oa:h]h.
48 (.)
49 Cal: .hh It does seem uh:m ra:ther uh-hhh! .hh
50 hh I don't know uh: I:- I think it sounds
51 uhm (.) .tch I'm not blaming you: [b't I-]=
52 Emp: [Mmm.]
53 Cal: =I just don't like the inference as if
54 you're doing something that's not (.) .hhh
55 >you know< almost: (0.2) i-#it# hhhhh
56 >I don't know how to put it really< cause
57 it isn't very good u- to me: that .hhh
58 it should be more open. We ar- I [thought]=
59 Emp: [Yeah.]

The call-taker's refusal to provide the requested information takes the form of a simple inability account (“we're not able to ...”, lines 40-41). The caller quickly accepts this (“A'right”, line 42) – and seeks an alternative source of information (“Who would then”, line 44). However, the call-taker (at lines 45-46) disclaims even the knowledge of how to access the type of information requested. The caller responds to this further refusal with an exasperated-sounding “oahh”; and then (at lines 49-60) shows – even while disclaiming blame (line 51) - that the call-taker's response has reinforced an existing impression that seeking an assisted suicide is (in her view, wrongly) considered unethical, even by this organization. She also objects to the hidden, clandestine nature of the topic more generally.

The call-taker does, of course, know - as an 'expert' in end-of-life issues - a certain amount about Dignitas, and he certainly knows how to access this information. And it is likely that the caller knows - or not unreasonably presumes - that he knows. It is therefore frustrating (at best) for the caller to face a refusal – and negative responses are common.

Advice to the organization on how to deal with the effects of their 'no information' policy on call-handling, based on a sample of 200+ recorded calls to the helpline, includes recommending specific training for call-takers on how to handle 'Dignitas calls' (Wilkinson, 2014). Such training involves examining different call-takers' handling of the problem across a range of different calls, in order to identify good practice and examine the specific techniques that constitute this. A relatively 'successful' call (i.e. one which does not alienate the caller) requires the call-taker to convey that he or she is 'on-side' (in a context in which a refusal may be heard as indicating that he or she is not). This might include techniques such as acknowledging the nature of caller's request and displaying understanding of it (e.g. by saying "I think a lot of people feel that way"), and offering an appropriate account for the refusal to provide the requested information (e.g. by saying "the difficulty is ...", followed by a simple explanation of the law). Call-takers are then encouraged to incorporate these techniques into their own call-handling practice.

The evaluation of the Compassion in Dying helpline enabled interventions in the organization's practices on a number of other levels (Wilkinson, 2013). For example, on the basis of callers' displayed difficulties in understanding some of the documents used by call-takers, it was possible to make recommendations for changes to those

documents – recommendations which the organization accepted and implemented. It was also possible to propose specific training for call-takers on how to handle recurrently-problematic kinds of calls (such as the ‘Dignitas calls’) and how best to present complex information, particularly legal information – and the organization has begun the process of delivering such training. Finally, it was possible to provide an evidence base on which the organization could draw in its outreach and policy-making activities. On the basis of the report, Compassion in Dying has expanded its programme of community-based information and advice clinics; and has also been able to prepare an evidence-based response to the House of Lords Select Committee on the Mental Capacity Act (Compassion in Dying, 2013).

Conclusion

We began with a focus on three of our broad areas of research in the Helpline Research Unit: giving advice, managing emotion, and examining current policies and practices. Putting these studies together with some of the other applied work we do, we can start to develop a clear sense of the range of different types of application possible for interactional work with helplines.

First, we encourage practitioners to engage with the detail of their practices so that they can refine what they currently do, recognise good practice in different situations and start to use it as scaffolding to think about how they might do things differently. For example, Hepburn’s (2004) research identified why managing emotion can be a

challenging task for call-takers, and detailing clear elements of upset and its uptake gives analytic insights into what good practice looks like.

Secondly, we can incorporate issues related to procedural matters into feedback and training. Wilkinson's research provides an example of how we can develop suggestions about how to ask questions about ethnicity in a different way, or how to turn down requests for information in ways that maintain affiliation with the caller. Related to this, our research has also allowed us to highlight issues about the use of different modalities of support such as instant messaging and email counselling (Danby, Butler & Emmison, 2009; Harris et al., 2009) and how software support systems, notepads, prompts, flow charts might affect efficiency or stifle smooth interaction. Pooler (2010) offers a good example of this. Relatedly, Butler et al.'s (2009) research on the management of requests for medical advice by nurses on Child Health Line was shared with developers of a new algorithm system that is now used to triage calls about child health.

Thirdly, we also undertake single call consultancy, where we use CA skills to address a particular helpline call (typically urgent or highly confidential) that organizations want feedback on. In a recent example one of our helplines had a call where things went severely wrong. We were able to show precisely why it went wrong, and why, for very good interactional reasons the call-taker did what they did. The helpline found this both useful and reassuring. Of course, despite transcribing and working extensively on this, we would not consider disseminating the findings.

Fourthly, we have formed partnerships with umbrella organizations such as *Parenting Across Scotland*, and *Helplines Partnership*, which allows us to discuss our findings and run workshops at conferences, reaching many of the 400+ helplines across the UK. We also discuss current accreditation training and how our research findings can feed into that.

Finally, Butler, Hepburn and Potter's research has suggested clear practices that comprise effective advice-giving and management of advice resistance. Where there are complex and helpline-specific issues such as advice, our workshops try to develop a knowledge exchange arena for both parties to draw upon their expertise to engage in high level discussion, where each can appreciate what the other does. An important element of this is that we can demonstrate to call-takers the effectiveness of what they do, so provide reassurance about good practice. This focus on good practice provides currency for productive discussions of different strategies, which has often led to various incremental changes in practices.

Intervention studies, such as those conducted by our Helpline Research Unit, are at the forefront of interactional research into helplines. They provide an exciting opportunity to combine further specifications of helpline practices while making a research-based impact in 'real world' contexts.

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