

Language – brief- for further information please refer to our practice guide



Language
Guide.docx

The Power of language - spoken and unspoken words - the power we hold, language is a building block for our relationships.

This is the start of a journey in relation to our language and we will all continue to build on these principles as our journey progresses.

Language is vast and evolving, the words and terminology we use can mean different things to different people, in different circumstances and at different points in time. We need to continue to reflect, adapt and evolve ensuring we remain open and honest and that we consider the imprint we leave on others.

Within this guidance we will consider some words and phrases that are commonly used in children's services for us to rethink new ways of communicating that promote relationships and connection.

Underlying principles:

- Be aware of all forms of communication (not just words), recognising that many adults/children we work alongside have developed skills to protect themselves which mean they can interpret tone of voice, eye contact, facial expressions and body language differently;
- How can we foster compassion - this can make difficult experiences more bearable - and act as a bridge to build connection;
- Showing compassion also aids self-compassion to grow;
- Be aware of the learning needs of families and children/young people and consider using different forms of communication, e.g. visual aids or games;
- Be curious in relation to the language the child, young person or adult prefers - are there any words that they dislike;
- How does the child/young person/family wish to receive feedback;
- How can we best help - what is needed from us;
- Use first person language - humanising language which sees the person first not the situation/behaviour;
- How can we use our authority to support individuals to make changes;
- Acknowledging that individuals hold power - it is our role to support them to realise their power and empower them to make change;
- Where possible, try and give individuals the opportunity as to how they wish to be referred or how they wish their experience to be framed - for example a person's mental health diagnosis and their relationship with this, or where they might consider themselves 'a survivor' rather than 'a victim' - or referring to lived experience;

- Be mindful of how they wish to be addressed in meetings - for example the use of 'mum' 'dad' when professionals are referred to by their name can reinforce power;
- Ensure that a balanced perspective of the situation is explored, including strengths, skills and aspirations that can be built on to promote change - what is unique about the person and their family;
- When talking about birth families to children and young people, provide a balanced narrative and honour the role and value they have in the child/young person's lives;
- Remember that as professionals, we can alter the trajectory of a families' situation by our own preconceptions and confirmation bias';
- Avoid definitive or restrictive terms such as, 'must not', 'always', 'never' – these phrases limit choice and add to power imbalances;
- Avoid the use of jargon;
- Consider the use of abbreviations and their meaning - both now and in the future;
- Consider contextual and intersectional factors such as age, gender, culture, race, ability/disability - including the historical context;
- When writing about the behaviours, focus on the behaviour and not the individual - and what the behaviour is telling us that the person may not have the words to describe;
- Consider the drivers for the behaviour- a strategy which people often employ at times of stress which may have worked for them before or has aided them to cope. What are they trying to receive from their behaviour that they may not be able to ask for?
- How can we recognise and honour's people's feelings;
- Make our words matter within our conversations and our recording;
- If the child or young person/family was sat beside us when we talk or write about them and their situation what would they think and how would we feel;
- Does the person understand what is being said- how can we assist them to understand;
- If a young person returned in the future to read their record would we be comfortable with what they saw and would our recording enable them to understand their journey and aid the development of a positive identity;
- Avoid language that stereotypes and labels people- describe the behaviour with evidence and information;
- Acknowledge what we observe and validate - I see your upset for example;
- Acknowledging that when people are afraid they can become controlling in terms of their behaviours to cope;
- Shaming people for what they should have known never supports progress - helping them to see what they don't know yet;

Be mindful of abbreviations and their meaning for different audiences

Directory:

Below is the starting point for changing our language and examining the language we use and how we can ensure it is not adding to harm, shame and blame. This is not an exhaustive list and no doubt we can all identify other words/phrases that are not within this document. However, it is a starting point for our journey to critically evaluate our language and to talk together about how we can communicate with the children and families we work alongside and with one another in a meaningful way, to build communication and relationships with care and compassion as the cornerstones for our work.

If you can add to this guide or area of work, please make contact and we will include in our next phase of work - this guide has already been contributed to by many staff and through findings of our audit activity. There is a real commitment and drive to ensure that our practice continues to reflect our values.

These words should aid us in rethinking our language and there are some suggestions for alternative ways in which common words we use could be spoken or written in a less harmful manner. All language detailed below is a guide and it is always best to talk to children, young people and their families about the language they prefer. This is of particular relevance when talking to care experienced young people about spending time with their birth family as views can differ from person to person.

| Words Used | Alternative? |
|---------------------------|---|
| Aggressive, argumentative | Person X has a right to be angry but needs safer ways to express this; Person Y has been give some difficult information and need time to process this and is angry and the information they have been given; Person Y has not had the opportunity to learn ways to self sooth and self-regulate; Person B is passionate about this subject as it means a lot to them. |
| Abscond/missing | Things are pushing them away from where they need to be; Left without people knowing; Things are pulling them to other places/people. |
| Allegation/disclosure | The young person has said... |
| Asylum seeker | Safety seeker Seeking safety Seeking refuge |

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| Behavioural issues; Angry, defiant, attention seeking, meltdown | Trying to communicate but doesn't have the words; Connection seeking; Trying to show us how upset they are; Managing big/difficult emotions/feelings; In pain; Frightened/ scared/ anxious; Trying to gain control; Feeling shame/guilt; Unable to soothe or accept soothing care. |
| Birth/biological parent | Parent Natural parent Mother/Father |
| Care leaver | Care experienced Moving on Moving to independent living |
| Care plan | Young person's plan My/your plan Independence plan Future plans |
| Case | Child/young person- name; Family we/I are/am working alongside |
| Case study | Example of practice Child study Family study |
| Committed suicide | Died by suicide |
| Connected carer Special Guardian | Living with a relative; Looking after their grandchild- nephew, niece |
| Contact | Family time; Spending time with family |
| Contact centre | Family centre Visiting centre |
| Did not attend | Was not taken to the appointment – the reason why |
| Difficult to place | No matches Considerable support needed Looking for the right home/environment Extra support needed |
| Disguised compliance | Is avoiding a difficult situation; Avoiding further pain/distress/shame/harm; Is worried about the consequences of telling the truth/their story; |

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| | Always consider whether this is an active attempt to mislead - or a coping mechanism |
| Drop out | Early school leaver Withdrew from education Change in pathway/direction |
| Eating disorder | Disordered eating |
| Failed to protect Unable to protect | Needs support and guidance to keep them safe; Needs support and guidance to understand the impact on the children; Unable to recognise the person's behaviour is harmful to them/their children. |
| Foster Carers | Foster parents Foster mum/dad Use their name, ask the child what they call them |
| Intervention | Guidance/help Involvement Support |
| Kicking off | A family/child person is in crisis right now and is struggling to manage how they are feeling; |
| LAC Looked after child | Care experienced; Living away from their families; Living with different families |
| Manipulative Lying | Person X has had to develop good ways of keeping herself safe; Person X is in the developmental stage where truth and lies mean; Person A- is worried what telling the truth would mean. |
| Mental health difficulties | Diagnosis of... Has difficulties managing difficult/ emotions; Has not been encouraged to develop the skills to manage/regulate their emotions; Finds situations anxiety provoking; This means that when Person A is feeling low he/she can... |
| Moving placement | Relocating Moving home Moving families |

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| No attachment | Complex relationships; Describe the relationship; Finds it hard to connect; Connect in ways that causes hurt; My observations of X and Y's relationship are.. |
| Non engagement Failure to engage Difficult to engage Did not engage Won't engage | We haven't found a way to connect with this person yet; Is struggling with a very difficult situation; Is avoiding feelings of shame/pain or fear by not being around people who are trying to help; Did not pick up the phone/reply to me/wasn't at home; Person x has said they do not wish to work with /me/service |
| Offender | Person who has committed offence |
| Peers | Friends Mates Support |
| Perpetrator | Person who caused harm; Person who can cause harm; |
| Physical chastisement | Child has been hit/smacked, name the action and behaviour. |
| Placing themselves at risk | Missing, vulnerable to exploitation |
| Poor home conditions | The following observations of the home lead me to conclude the home is unsafe/unhygienic; The following needs to change to the home to ensure the children are safe and comfortable. |
| Promiscuous | Behaviour which has a risk to sexual health; Develops patterns of behaviours which can be health harming. |
| Puts his/her needs above the child's/children – implies a conscious effort to do this. | Needs support to recognise/understand their child's needs; Needs a way to balance all the needs of the family; Needs support to understand the impact of his/her behaviour/choices or illness on their child and how alternative action could be taken. |
| Respite | Time away Short break |
| Reunification | Returning home Going back to family Reuniting |
| Rehabilitation | Recovery/recovering Developing identity |
| Risky adults | Adults whose behaviour has the potential to pose a risk of harm |
| Sibling | Brother or sister |

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| Significant harm | When talking to families- we are worried X has been harmed/hurt or is likely to be harmed/hurt because of |
| Special needs | Additional needs Additional support |
| Stepping up/down | Needs have changed; Different services would be better at this time; X would be better supported by X team. |
| Substance abuser | Uses alcohol/name of substance - this is separate from who they are. Person X says they use..... |
| Threshold | How we understand what is going on; How we understand needs; How we organise services to meet these needs; This is the right service for the family; This is not the right service for the family; Needs have been explored and this is the outcome. |
| Transition | Big change Life change/life stage |
| Travel warrant | Bus ticket, travel/train ticket |
| Unacceptable behaviour | Understandable behaviour in the context of their lived experience |
| Victim | Survivor Harmed party Person harmed |