



Best Practice Guidance: Language in Practice

Introduction

This guidance is for practitioners across Telford and Wrekin who are undertaking assessments, family plans and care planning for adults, children and their families. This guidance was produced following learning identified through Child Safeguarding Practice Reviews. This guidance can be used to promote continued reflection of our practice with a key part of this exploring why we may use certain terms over others and how we can aid connection and relational working in terms of the conversations we hold and the records we keep.

This guidance can be read alongside the following:

- **The child's Journey practice guide- Telford and Wrekin Council**



Life Journey
Practice Guide - LS v

- **The children's society language when referring to child exploitation- 2022.**
<https://www.childrenssociety.org.uk/sites/default/files/2022-04/Child%20Exploitation%20Appropriate%20Language%20Guide%202022.pdf>
- **Language that Cares-** [TACT-Language-that-cares-2019_online.pdf](#) (tactcare.org.uk)
- **Social Work Action Group** has produced a video around the power of language and communication - <https://youtu.be/70k6MkxuZRU>
- **Attending to language when working with exploitation**
- <https://youtu.be/PZtFUPQMNZk>
- **Ian Thomas talking about the power of language and connection**
<https://www.youtube.com/watch?v=OoPHCtyVwqA&feature=youtu.be>
- <https://richarddevinesocialwork.com/2020/06/19/she-prioritises-her-own-needs-above-her-childs>
- <https://www.kingsfund.org.uk/blog/2021/08/inclusive-language-health-and-care>
- **Body language, the power is in the palm of your hands** | Allan Pease | TEDxMacquarieUnivers (youtube.com)
- **Your body language may shape who you are** | Amy Cuddy | TED (youtube.com)
- **spoken-communication-and-patient-safety-in-the-nhs-full-report.pdf**
(england.nhs.uk)
- **How to care for someone with communication difficulties - Social care and support guide** - NHS (www.nhs.uk)
- **Mehrabian's Communication Model** - Learning to Communicate Clearly (mindtools.com)
- **Body Language - Beyond Words – How to Read Unspoken Signals**
(mindtools.com)
- **Pease, A. & Pease, B. (2006).** The Definitive Book of Body Language. Bantam Books.

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

The families we work alongside have experienced and are experiencing trauma, they are living in the context of relational and emotional poverty. Connection and relationships are the biggest protectors to aid the recovery from trauma, however to adults and children who have experienced trauma they are often the biggest threat as they have often been living in or continue to live within environments where hyper vigilance and other survival mechanisms are in place to protect themselves.

It remains that adults and children that have experienced trauma long to be understood, heard and have positive relationships, however these can be the most terrifying as they often do not feel worthy of this, they may have not had any positive relationships before so they are mistrustful of peoples motives, they can be terrified and unsure how to relate so build strategies to avoid it and to avoid being hurt further.

Our language aids the building blocks for aiding connection and relationships, language is powerful and is a part of everyone's life. Often people who have experienced trauma, particularly when this has involved significant figures in their lives often internalise these experiences as occurring due to them being flawed in some way. With this in mind our approach has the power to reinforce this view and add to feelings of shame or the power to aid healing and recovery.

In addition we need to acknowledge the power we hold when entering into children, young people, adults and families lives and how we can seek to empower and enable a surfacing of this power so it is more equal, our families have experienced oppression, abuse which has often involved control in addition to this very often they are receiving services from a none voluntary perspective which reinforces these previous experiences. We can seek to distribute power more equally when we come together with our learnt and lived experiences and seek to honour children, young people, adults and families for their strengths and viewing them as a whole person.

Our systems and processes often create language of their own which can be helpful and focussing help and support but it can also further reinforce shame, blame and oppression experienced by the families, young people and adults we are seeking to help and support. We can become focussed on certain aspects of their life that dominate our thinking and can lead us not to explore the whole person. When shame and blame are reinforced the likelihood of building meaningful relationships that seek to make a difference is minimal.

When we enter into the lives of children, adults and families we aim to build connection, create relationships and foster environments that influence positive change however the language we use is the foundation for this approach and we can often use language that is negative, impersonal and can be harmful. We can often use words or phrases due to culture, speed, stress, feeling vulnerable, anxious, external influences, pride and fear.

We need to continuously be aware of our language including what is said and un-said through our body language and how we can promote connection that reduces shame.

We are often faced with making difficult decisions that often involve taking actions to protect children or adults and whilst these actions are often necessary we can still ensure that our interactions even in difficult circumstances are held with compassion and humility. During these times we can often be influenced by our own emotions and it is important that these are acknowledged and attention paid to our tone, use of words and how we can continue to stay regulated and calm.

As a service we are holding ourselves accountable to reflecting on our language and approaches and ensuring that we continue to strive to ensure our language and interactions are underpinned by empathy, compassion, positive regard and honouring the person as a whole being.

It is important to remain curious as to the person's lived experience and how they make sense of their world in addition to triangulating that information with observations and different perspectives.

We are paying attention to our language to ensure that this is reflective of our value base as a service, this involves reflecting on the language we use every day, with each other and the families, adults, children and young people we work alongside. We seek to ensure that we are changing our language whereby this does not reflect our values and aiding each other on this journey by being a critical friend.

We acknowledge that language is a powerful tool at our frequent disposal and the words we use and the values we promote have the power to influence and improve the experience of everyone we work alongside.

This guidance has been developed to build on our values and why we all enter into our role of supporting others and making a difference. It offers some principles to think about and some words and phrases many of us use every day with some suggestions as to what we could say instead that reflects delivering support that decreases shame, blame and harm.

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 we use and terminology 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 adults and children's services for us to rethink new ways of communicating that promotes relationships and connection.

Below are some guiding principles to consider in all forms of communication that can aid us to think about our current practice and build positive change:

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/adult/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 in conversation and other forms of communication;
- 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/adult or 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 or adult 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

Abbreviations

Working in particular areas of service with different systems and different requirements, always creates language relevant to this, Children's and adults services, health, housing and other agencies are no different and we have language of our own with shortening of words and abbreviations. This language can aid use to understand meaning, understand need, allocate resources and understand the plan. They can often speed things up and make it clear what type of need there is and what service is being offered.

However when these terms are used in forums with other professionals or families, children or adults where there isn't always a shared understanding of their meaning which aids isolation, disconnects and can add to power imbalances. The intention of the phrase/ abbreviation isn't always clear or understood and this becomes even more

challenging where by a person has additional learning or communication needs or where English is not their primary language.

When we consider where we can make changes to abbreviations and jargon our initial starting point can be the following:

- Looked after children being abbreviated to LAC, this can be interpreted as lacking in something;
- Child in need abbreviated to CIN which can sound like SIN suggesting something bad about them;
- Placement- suggests this is where the child has been put for a while;
- Service user- suggests that the person has a choice and they are actively using the service;
- Respite- which suggests taking a break from something uncomfortable which in this context is a child/young person- this can enable the child/young person to think people need a break from them as they are flawed.

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, adults 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
Bed blocking/bed blockers	delayed discharge
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 or supported to attend 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; 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
Elderly person OAP or pensioner	older adult or older person/ people older age groups, people in later life. Try to avoid writing in a way that encourages generalisation or implies older people are a group that's separate from the rest of society. ¹
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.

¹ The Centre for Ageing Better (2024) *Make your comms and writing age-inclusive*. London: The Centre for Ageing Better. <https://www.agewithoutlimits.org/resources/your-comms-and-writing>

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
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. If referring to an adult who hoards items the clutter image scale should be used in discussions with other professionals
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
Service user	A person who uses services ² , 'people who use services' ³ , people ⁴
Sibling	Brother or sister
Significant harm	When talking to families- we are worried X has been harmed/hurt or is likely to be harmed/hurt because of

² Think Local Act Personal (no date) TLAP Care and Support Jargon Buster.

<https://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupportJargonBuster/#Service%20user>

³ Care Quality Commission (2022) *Glossary of terms used in the guidance for providers and managers*. London: CQC. <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/glossary-terms-used-guidance-providers-managers#s>

⁴ McLaughlin, H. (2009) *What's in a Name: 'Client', 'Patient', 'Customer', 'Consumer', 'Expert by Experience', 'Service User' – What's Next?* The British Journal of Social Work, Volume 39, Issue 6, September 2009, Pages 1101–1117. <https://academic.oup.com/bjsw/article/39/6/1101/1677129>

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.....
Suffers from	has [name of condition or impairment] ⁵
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

Body Language ⁶

Body language is the unspoken part of communication that we use to reveal our true feelings and to give our message more impact. Communication is made up of so much more than words. Nonverbal cues such as tone of voice, gestures and posture all play their part. Facial expressions, gestures, and eye gaze are often identified as the three major types of body language, but other aspects such as posture and personal distance can also be used to convey information. Understanding body language is important, but it is also essential to pay attention to other cues such as context. In many cases, you should look at signals as a

⁵ Cabinet Office and Disability Unit (2021) Guidance

Inclusive language: words to use and avoid when writing about disability. London: Cabinet Office and Disability Unit. <https://www.gov.uk/government/publications/inclusive-communication/inclusive-language-words-to-use-and-avoid-when-writing-about-disability>

⁶ Taken from [\(PDF\) Towards Automatic Body Language Annotation \(researchgate.net\)](#)

group rather than focus on a single action. Below is a short table with common gestures which you may encounter.

Action	Possible Meaning
Folded arms	Leave me alone; defensive action, person is cold
Arms behind head, leaning back	Expressing desire for control; egotistical; superiority
Body tense	Concern with the discussion topic
Hand covering mouth, chin	Insecurity; person not being open; if person is talking they could be lying
Fidgeting	Boredom; nervousness; impatience
Pointing finger	Very aggressive; simply pointing
Hand on neck	Person you are talking to is a pain
Chin on hands	Bored
Fiddling	Bored; nervous
Leaning forward	Listening
Nodding	Understanding

Reminders

Anger Iceberg

Icebergs are large pieces of ice found floating in the open ocean. What you can see from the surface can be misleading. Most of the iceberg is hidden below the water.

This is how anger works. Often when we are angry, there are other emotions hidden under the surface.

Angry

embarrassed, scared, grief, shame, tricked, overwhelmed, frustrated, depressed, disgusted, distrustful, grumpy, stressed, attacked, rejected, helpless, guilt, trapped, nervous, anxious, trauma, annoyed, exhausted, disrespected, unsure, envious, disappointed, lonely, offended, uncomfortable, worried, insecure, regret, hurt

The Gottman Institute



NON-VERBAL

DOESN'T MEAN THAT I HAVE NOTHING TO SAY IT MEANS THAT YOU WILL NEED TO LISTEN TO ME WITH MORE THAN JUST YOUR EARS

