

# Better Together

BUILDING  
RELATIONSHIPS,  
STRENGTHENING  
FAMILIES

## Practice guidance around language



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# Foreword

'Sticks and stones may break my bones, but names can never hurt me' is possibly the most incorrect statement that children and young people ever learn in the playground. Language is the most powerful tool that we have as humans, for positive or negative results.

As professionals, we need to always be aware of the power dynamic that language can create and how we need to be aware of our own privilege in relation to language to ensure that the children and families that we work with are empowered through it, rather than injured.

Language (verbal and non-verbal) is a constantly evolving process which we need to be ready, willing and interested to adapt with. It is my hope that this guide is our first step in ensuring that we hold ourselves to a high standard in our use of language, ensuring that children, young people and the families that we work with can engage with us and take ownership of the journey that we are travelling with them.

*Susannah Beasley-Murray, Director of Supporting Families*

## Introduction

### Why this is important

There has been lots of work done over the years by a range of organisations to help us hear from children and families about how hurtful and unclear the way we record our work with them can be (see for example [Language That Cares](#)). This reflects what children have told us in Tower Hamlets when we have asked their view and they have asked us to "make reports and the language in them, more caring and personal" (Corporate Parenting Strategy 2023).

Being careful about language has at times been described negatively as 'political correctness'. Let's be clear that, whilst that term has got negative connotations, there is nothing negative about wanting to use language that is helpful and clear, builds connection rather than disconnection and is sensitive to people's needs rather than being judgemental. The hope is that this guidance will give people the tools to write and talk in a way that enables this.

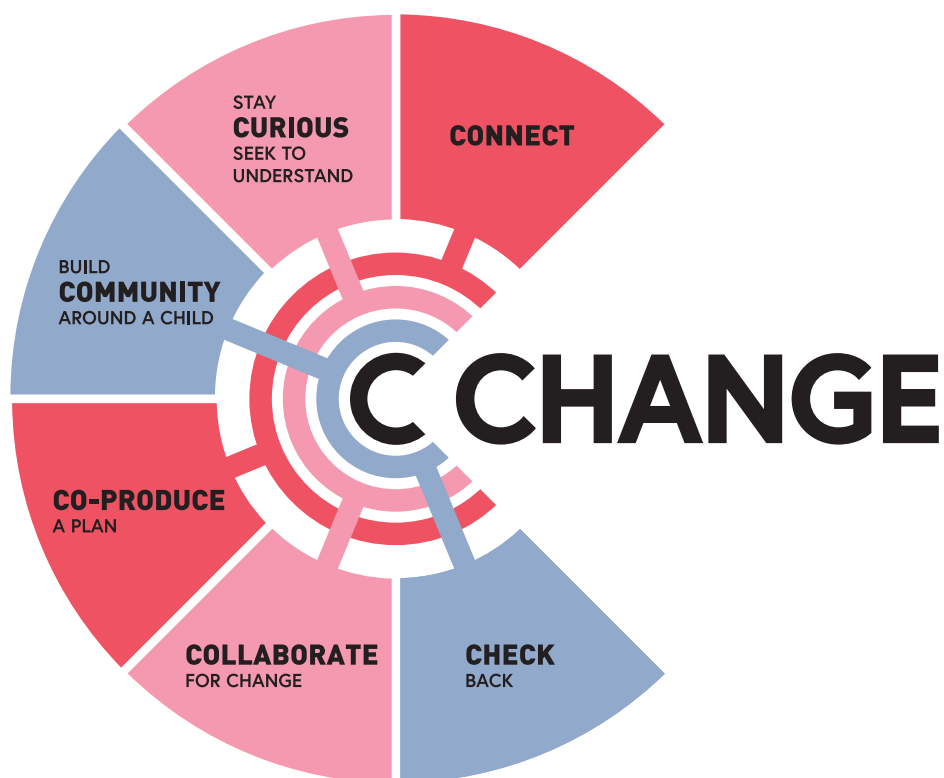
### How this links to our Better Together Framework

Our Better Together practice framework has as one of its key behaviours that we will 'be curious – listen to understand and not be judgemental'. The impact of getting this wrong – of writing in ways that are judgemental, vague, victim blaming and full of jargon - is significant, especially when children ask to see their records as adults. Such language can also have an impact on the way practitioners view and work with children and their families/carers at the time – "language is very powerful. Language does not describe reality; it creates the reality it describes" (Desmond Tutu). If we regularly refer to someone as challenging, manipulative and so on, this will shape our relationship with

them; similarly it can shape the way others see that person, particularly when referrals are being made to services where help is being requested using such language.

Yet whilst we have a duty to those we are supporting to ensure our language is helpful and aids understanding, rather than causes further harm, we sometimes use words without realising the negative impact or connotations they have.

*We therefore encourage practitioners to:*



**Connect:** talk and write about those you are working with in a way that builds connection – through being 'clear but kind', easy to understand, not judgemental but sensitive and compassionate.

**Be curious:** when you see behaviour, try to understand where it is coming from rather than label and judge it.

**Build a community:** recognise that when you talk and write in a way that is sensitive, compassionate and not judgemental, you encourage others in the child and family's life to do the same.

**Co-produce:** when you are not sure what term is helpful, ask. When completing reports and recording information, make sure you work with those you are writing about to convey information in a way that is accurate and helpful – use their words and explanations and share where your views differ.

**Collaborate:** actively seek out and record the strengths you are seeing in the people you are working with. When we show more curiosity about what underpins any difficulties seen we will be more able to collaborate towards an effective solution.

**Check back:** seek feedback around the language you are using – do people understand what you are saying? Can they tell that you care and are trying to understand them, even in difficult situations? Be willing to apologise if words have been used that have hurt or caused confusion or misrepresented what you were told, read or understood.

### **How to use this guide**

There is no expectation that this guide is read in its entirety in one go – use the [hyperlinks](#) in the contents page to dip into sections as relevant. There are references at the end of the guide to resources available on the internet that complement this guide. For staff within Tower Hamlets Supporting Families Division there are additional resources and One Minute Guides on the internal Supporting Families Division Teams Folder in the [Use of Language](#) Folder.

### **A work in progress**

This guidance has been developed with help and guidance from a range of children and families who have been involved with the Supporting Families division in some way. We are thankful for the insights shared by the children and care experienced adults who are part of the Children Living in Care Council (CLICC) groups, Family Group Experts, the Safeguarding Partnership's Young Scrutineers and the Advocates for children and parents within the Family Group Conference service.

A wide range of practitioners working across the Supporting Families Division have contributed to this guidance, making use of helpful guides already in existence (see References). Help has also been sought from others with relevant expertise or experience in other parts of the Council and in partner agencies.

We recognise that this will always be a work in progress - language evolves over time and what is viewed as helpful at one time, could be seen as judgemental or disrespectful a year or two later. With this in mind we commit to being open to feedback and research, creating a learning community around language with children, families, practitioners and partner agencies, as well as reviewing this guidance on an annual basis.

### **What children and families have told us so far**

We are grateful to the children and families who have given feedback as part of this project, as well as from consultations with children when developing the Corporate Parenting Strategy. Here are some of the things they have said:

- Find out and write about strengths, provide praise and positives in reports
- Avoid jargon, acronyms and professional language that is hard to understand
- Avoid general terms such as 'domestic abuse' but instead use simple language to explain what has happened and what this means for the child/family
- Try to understand and include the context for behaviour seen
- Show empathy and understanding as to why someone might be behaving in a particular way rather than just stating it as a fact
- Write what the concerns are in clear and simple language but be kind and remember we're human
- Be clear where information has come from
- Be transparent about why certain information has been included or left out
- Think with the family about how to write about difficult or sensitive issues

- Be clear about what information needs to be shared and why, including sharing reports with the family ahead of sending them to other people
- Don't keep repeating the history over and over again
- Don't copy information from one person's report to the other; we're all individuals and this can lead to mix ups and confusions when the wrong names are used or a different person is being written about

**“Reading my documents would make me cry” (Child)**

**“One social worker wrote that I was aggressive – she'd just told me, hours before I was due to have a caesarean section that I needed to sign something to say I understood my baby might be adopted; of course I was angry. It doesn't mean I am an aggressive person”.**

**“It was so hurtful when I read in a letter that CAMHS couldn't work with my daughter, because they said her anxiety is my fault because of my anxiety”.**

### **Spirit of how we want to work around language**

Although we have developed guidance around particular topics, we are hoping these will be used to raise awareness of what may be helpful or unhelpful, rather than as a prescriptive and rigid command. It is always best to ask the person you are writing or talking about, what language they prefer or identify with, rather than making assumptions – for example, one person you are working with might find the term mental illness helpful to describe what they are living with, whereas another might prefer mental health struggles; we encourage you to have that conversation and to use the terminology that makes sense to them.

We also want this guidance to empower people to write and talk more thoughtfully, rather than as a tool to criticise and judge others on. We recognise that there can be a fear of getting language wrong or causing offence, and that shame around this can be felt deeply. However, most people accept that mistakes are made, and providing we own those mistakes and apologise where we have used an unhelpful term, or an insensitive way of communicating, then the risk of harm can be reduced or repaired. Language also evolves and we're not always aware that there is a more helpful way to say something. We encourage everyone to take responsibility to get informed and also to raise awareness of helpful language when we hear something less helpful. However, it is important we do this in a way that promotes learning and reflection, rather than in a shaming way.



## Practice pointers

### Writing directly to the child

Your records are the child's story of what has happened and why, so capturing their voice, in terms of their wishes, feelings, views, and experiences is essential. Those who have read their records tell us that writing directly to them using clear and concise language which focuses on them and their experiences and includes their voice, helps them to understand how decisions were made with them and about them. It provides them with a personal narrative which is more focused and easier to read. Practitioners have shared that writing directly to the child has helped them be more thoughtful in how they write, enables reflection and helps with decision making. Whilst we are not saying everyone has to write all their records directly to the child, we encourage you to make this shift, seeking support from colleagues where necessary.

"Rajesh, I visited you at your home in Poplar today. When I arrived you were sitting on your large king-size bed which you share with your mother. The bed was against the wall next to a really large window which spans your whole bedsit accommodation (the window was safe, opening at the top) with fantastic views of the city.

Rajesh, when I arrived at your home you were wearing a top and had your hood up and were watching some clips on a tablet. I said hello but you did not respond with words to me, just a quick glance upwards in my direction. I started to speak to your mum to catch up on how you are doing and about 15 minutes into our conversation, you suddenly put your hood down and sprang out of bed with paper in your hand on to the floor, requesting scissors from your mum. I observed that your mum gave you small paper scissors and I noticed you started to cut up the paper in your hand neatly...I asked if you could make paper planes because I had forgotten how to make them. You did not answer me at first but I noticed you had asked your mum for some paper and started to bend it. I think we made a connection there, I started to bend the paper in my hand and you immediately grabbed the paper from me and spoke for the first time saying "I can make paper planes". You proceeded to make me one and I watched, pleasantly surprised at your precision - every time you bent the paper it had to be along straight lines. When you finished you threw it in the air. I was so excited...I asked if you will teach me and you said yes so I got my paper. As we started to make the plane, you had relaxed and I asked if you loved attending school and you said no, I asked why and you said you did not know. I asked how many friends you had in school and you said none. I asked what we could do to make school better for you and you said you were not sure but you were definitely sure you did not like school. I said it was fine we can work on that and find out what may help you feel differently about school".

People who read their records later in life tell us that specific details can trigger their memories, for example, the name of a teacher, or a favourite toy – or the details that the practitioner has recorded above - and this can really help them to build a picture of their life at that age.

You might find that when you first start trying to write your records in this way, that it takes a bit more time, but practitioners who have been doing this for a longer time can reassure you that it will get easier and quicker the more you practice.

### Asking “what helps?” when communicating

It is important to remember that there are lots of people who find reading and writing hard, whether they have a formal diagnosis such as dyslexia, or not. Also, that a lot of what we are writing or talking about is really hard to hear or read – whether because it is complicated, sensitive, relating to traumatic experiences or something else. We encourage all practitioners to have conversations with those they are working with about whether there are steps you can take to help make communication easier. This could include, for example, using bullet points rather than big long paragraphs, adding pictures, writing in large font or using different colours. Sometimes this might mean using more words than you would normally use to describe diagnoses in simpler, less medical language or explain sensitive or complicated information.

**“Being able to talk about what language I would like to be used, I feel less anxious because I have some control about how I’m perceived” (Child)**

### Avoiding jargon/acronyms

It is important that when we write or talk, we do so in a way that people can easily understand. When we use acronyms or professional jargon there is a danger that someone else will not know what the acronym means which can lead to them feeling excluded and disempowered, or they may misunderstand the acronym based on what that acronym means to them – for example depending on the context CSA could be Child Sexual Abuse or Child Support Agency! Also, whilst what we write and think may be widely understood now, this may not be the case when the child reads their records as an adult ten years later.

Acronyms and jargon can also depersonalise the situation or decrease its power – for example, “MIL reports DVA in the relationship. Dad has been referred to PCS but if he doesn’t engage we will refer to LPM” – would you know what that meant? Do you think a child or family member would? Also, compare the potential impact for a parent to read or hear that “school attendance of 43% may impair John’s developmental milestones and educational outcomes” to “I’m worried that because John is going to school less than half the time he is supposed to, he is going to get behind in class and this might mean he gets lower grades than he otherwise would. This might also lead him to feel embarrassed and anxious that he doesn’t understand what is being taught which could affect how he views school. He’s also missing out on time playing with friends and could feel left out on the days he does go to school. This is all likely to have a knock on effect as he gets older.”

### Avoiding language that blames

There has been a lot of work done over the last ten years to raise awareness of how language when talking about children being exploited has often implicitly or explicitly blamed the child for being exploited – see more under Harm outside the Home. This learning is now being considered within the field of domestic abuse, with a growing awareness of how language such as “failure to protect” is placing blame and responsibility onto the victim of domestic abuse rather than highlighting that the person



responsible for the harm is the person causing the harm – see more under domestic abuse.

However, the problems around blaming language go much further, particularly but not exclusively, in the language we use to talk about children’s behaviour. Often, behaviour that can be described as troubling, challenging, difficult or inappropriate, makes sense when considering the context of the child’s experiences and/or environment. Recognising that the child is not ‘the problem to be fixed’ but to compassionately understand and consider what might be leading to such behaviour is important.

Instead of saying	Consider this instead
They are being manipulative	Name the strategies the person is using and consider what need they are trying to get met
Attention seeking	Consider what the behaviour is communicating about their need for attention that is not being met
Dysfunctional	Name the behaviour that is being seen and show curiosity about the possible causes/ function of that behaviour
They are needy	We all have needs, so consider what needs are not being met with this person
Hard to reach	Consider what it is about the service that might be hard to access
Not engaging	We haven’t found a way of connecting with Jon in a way they find helpful

Consider and be curious about the past experiences someone you are working with might have had (or heard about) within their family, with other adults, professionals and/or specific services. We encourage you to reflect on how this might impact their relationship with you/your service/what they feel you represent, and how this may affect how they relate to you and others.



## Recording with cultural humility

There is a danger that, despite the rich cultural diversity within Tower Hamlets, our language in how we record culture and identity can be limited, stereotypical, generalised and at times, judgemental. Assessments might mention a country or continent of origin, spoken language, religion and at times immigration issues, without exploring what this means to the family. Information can be lifted from previous assessments and assumptions made regarding what this means. Similarly, if you are from a similar background as a child, family or carer you are working with or reading about, there is a danger that certain assumptions are carried forward about what this means based on your own experiences and belief system. However, when culture is adequately captured and understood, it could assist in providing a holistic understanding of the family's situation and needs. As culture is much larger than one word descriptions, there is a need to be curious and record information according to the family's narrative.

In the following paragraphs we will share some ideas for exploring and recording different aspects of a person's identity.

### *Some examples of how to explore religious beliefs*

Whilst a family's religion may be recorded, for example, Muslim, Christian, Hindu, with some reference to whether the child/family is 'practising or not', it is likely to be more helpful to ask about, and record, how religion impacts their lives. For example:

- Do you attend places of worship and how often? is it important to do so?
- What would you find offensive towards your beliefs?
- Were you born into the religion or was it a personal journey?
- Do you share the same beliefs and enjoy taking part in the customs/celebrations with others you are living with? If not, does this cause any problems? For children who are living in a foster family, residential setting, or other living arrangements, show curiosity about how comfortable they feel about expressing their faith/beliefs in the context they are in
- How do you respond to people who share different views?
- What are your experiences of discrimination or privilege from belonging to a specific faith?

### *Some examples of how to explore spoken language*

Most times we will ask families "what language do you speak?" and we devise our support from their responses. The response is usually a one word description, like English/Bengali/ Urdu/French/ Spanish, however there are also dialects within all languages that could be considered within assessments and which impact a family's confidence, trust, and communication with professionals. Our multicultural society means that there are several blended cultures that don't fit into specific labels and are best explained by the family in simplistic and direct terms.

These questions might be helpful to explore language further.

### *For those who have English as a first language*

- Do you feel you speak with an accent and if so, where is it from? How do you feel your accent is perceived by others?

**“Parent A is a teacher, and well spoken and the social workers still spoke to her the way they did; imagine what they’d think of me speaking the way I do, off a Council estate” [Parent B, Both parents from the Family Group Experts]**

- Do you understand /communicate in other languages other than English?
- Do you feel that professionals understand you during meetings?

#### *For those who have English as a second language*

- What language do you feel most comfortable talking in?
- Do you understand and speak other dialects or languages?
- When communicating with wider family what dialect do you use?
- Would you prefer to use an interpreter? And in what settings?
- What is your default language or phrases used when upset/ pressured / anxious/ excited

#### **Some examples of how to explore cultural identity**

When we reduce people to several one word answers to describe their cultural identity we can take away their wholeness and humanity and could be at risk of forming stereotypes or assumptions. Conversely, families can feel valued when encouraged to speak about their traditions, culture, history and are given the space to educate others about their unique lives.

A worker involved in the development of this guidance shared how she would describe herself to give some ideas of how we may record culture and identity within our assessments and records:

- I am a lady whose parents migrated to the United Kingdom as students and had all their children while living in the United Kingdom
- My parents are originally from the eastern part of Nigeria where English is spoken as a first language and spoken simultaneously with their native dialect known as Igbo.
- At home we communicate using both languages and there are no cues as to when one is spoken.
- We can't identify which is our 'mother tongue' as both are applied and both languages are relevant.
- We have both English and Igbo names which are used simultaneously throughout the day depending on my parents' mood.
- We might use both our English and Igbo names as first names depending on what service we approach. Both are correct but there is always a need to explain this to certain professionals.
- I was brought up in Southwest London and identify strongly with the urban culture but also strongly identify with the Igbo culture which is rooted in industrialization and strength and resilience.
- Nigeria is a country where the majority religion is Muslim and my parents are from the

minority Christian /Catholic religion.

- I am a Pentecostal Christian and do not practise my parents' religion of Catholicism even though I attended Catholic schools and was christened and confirmed into the faith.
- I love Nigeria but don't like being identified as Black African

### **Working with interpreters**

It is important to acknowledge that there are many reasons why families might express that they do not need an interpreter, when we think they may benefit from one. This can include that they believe they have sufficient English not to require one; they feel too embarrassed to admit that they need one; they may not want to cause any 'trouble'; or they may be reluctant to 'expose' their personal stories to another person, particularly if their local cultural community is small. It is important we consider people's views in relation to interpreters whilst also ensuring that we understand those we are working with, and we communicate in a way that can be understood.

Working with interpreters can bring challenges and so being aware of these potential difficulties can reduce the risks of miscommunication. Below are some key areas to consider.

#### ***Mutual respect:***

When working with interpreters, treating them with the same amount of respect as everybody else within the meeting or conversation is important. Make sure you consistently ensure that all members respect 'interpreter time' and do not start speaking until the previous interpretation is completed. Acknowledgement around power difference should be considered and respected.

If there are concerns regarding how an interpreter is translating it is important to address concerns in a way that enables the interpreter to complete their job to the best standard without making the individual accessing the service feel on edge due to tension. It might be helpful to have a conversation with the interpreter at the start of the meeting to let them know that if they are having difficulty interpreting or making sense of what has been said that they can come back to you for you to rephrase it in simpler language, if that would make it easier to interpret.

#### ***Speech patterns***

When interacting with the interpreter, people may need to adjust their pace of delivery and also break their speech into shorter segments. If someone speaks for too long, the interpreter may have difficulty remembering the first part of their wording and this can lead to mistakes being made. On the other hand, if speaking in short bursts, speech may become fragmented and the person speaking could lose the thread of what they are saying, so it's important to try and find a balance that's practical and that you're comfortable with. It may be helpful to respectfully mention this advice before the meeting begins.

### *Considerations around language*

It is important to try to avoid colloquial sayings and proverbs which may be culturally specific and difficult to interpret. For example "at the end of the day", "practice makes perfect", "actions speak louder than words". Due to language barriers, if something does not make literal sense, it is usually best avoided when working with interpreters.

In some situations where there is cultural difference, the use of a proverb or rephrasing of something in the person's language, can be more powerful in illustrating an idea. Therefore, if an interpreter is ever struggling with getting a point across, it can be helpful to say something such as 'if there is a way this may be better phrased in your language that is fine but please do not change the overall message'. This of course requires careful handling, to ensure that everyone has truly understood the meaning of the concept, so it is sometimes beneficial to go back to the individual being supported and ask what they have understood, to clarify that there's no further confusion.

Remember words and signs often do not have precise equivalents across different languages, and a short sentence in English may take several sentences to explain in another language or vice versa. Try not to become impatient if the interpreter takes longer to interpret than expected and try to remember that languages are not directly interchangeable; meanings may be coded, emotionally processed and internalised in one language and may not always be directly accessible in another.

Having said this, it is of course important to question whether everything is okay/ what was said if interpreting simple sentences seems to be going on for a particularly extended period of time, to ensure there are not further conversations happening that others are not aware of. This should be done in an open and respectful manner to ensure the tone of the meeting remains positive.

Finally, it is vital that we avoid using complicated technical language, abbreviations or jargon. It is important to remember that the interpreter is unlikely to have undertaken training around the terms used across Early Help, Youth Justice and Children's Social Care. This may make interpretation difficult and confusing for them and those they are supporting communication with.

### *Endings*

At the end of a session, a summary of what has been decided and clarification around any next steps is always useful. Leaving time at the end for the interpreter to ask those being supported whether they have any further questions/concerns or would like clarification around discussions should always be factored in, leaving plenty of time for this due to the back and forth translating.



## Writing for Court

It is often thought that language for court reports needs to use 'professional language' which often means professional jargon. The East London Family Justice Board has created the [East London Family Justice Board Respect Charter](#) which includes helpful guidance regarding language to be used in the Family Courts. The following is taken from that report outlining important things to remember when writing reports for court:

- (1) Respectful language and tone should be used by everyone.
- (2) Language should be clear and direct.
- (3) As far as possible, court reports should use plain language and be accessible to parents and young people. Members of the Family Justice Young People Board have compiled a list of words and phrases they encourage professionals to stop using called [Mind Your Language](#)
- (4) Avoid confusing or complex phrases.
- (5) When professional or legal terms need to be used, provide explanations and examples.
- (6) Direct families to resources to support their understanding:
  - (i) [Language That Cares](#)
  - (ii) [CAFCASS glossary](#)
  - (iii) [Transparency Project](#)
- (7) Make sure that families are supported to understand the proceedings. Consider using visual aids or having advocate, an intermediary, an interpreter or support worker who can help them to read documents, attend meetings and participate in hearings.





# Glossaries/guidance regarding certain areas of practice

## General

There are certain terms professionals have used, particular in Children's Social Care that are now being thought about again and questioned. The danger when phrases are used almost without thinking, is that there can be an assumption that everyone knows what is meant by the term, but a) people not used to that terminology may not know and b) often the term doesn't actually convey what is really meant.

Here are some terms that have been commonly used that we are wanting to discourage:

Instead of saying	Consider this instead
Case/service user because it dehumanises that who we are usually referring to is a child	Child, family "Ending our work with X" rather than "closing the case". "Presented the child's situation (rather than case) to Legal Planning Meeting"  "My name's not case" ( <a href="https://www.youtube.com/watch?v=bNY8L-KPaHM">https://www.youtube.com/watch?v=bNY8L-KPaHM</a> ) is a powerful video created by children to explain the impact of being referred to as a case
Caseload because it contributes to the idea of children as cases	"Workload" "I'm working with 16 children"
Young person/people – there is a danger that when we use the term young person, we can forget that they are a child. This can lead to the adultification of children where we expect more of them and offer less protection (see under behaviour).	"Child/children" "Children who are teenagers" "Older children" It is important to recognise that some children who are older, do not like to be referred to as a child and would prefer to be referred to as a young person. The term young person/people can be used in those situations but please just be cautious about the risks of adultification.
Disclosure which implies fact, when that may not have been established	"The child/mum/dad said" "Allegation/alleges" – however, whilst this may be helpful in a legal context, be cautious in using this term, as it can imply what has been said is not believed

<p>Disguised compliance – which actually doesn't make sense! It is usually used to mean doing the bare minimum to make it look like genuine change when it isn't – so the compliance isn't 'disguised' but the motivation and whether there is real/sustainable change is unclear.</p>	<p>Laying out in simple terms what you're worried about eg "although it is encouraging that Rita has now been to an appointment with Reset I am worried that this is because she knows that is expected of her as part of the child protection plan, rather than because she wants to address how her drug use might be impacting Jamal."</p>
<p>Toxic trio - whilst it is important to recognise that there are real risks when children are living in a family where there is domestic abuse perpetrated by one person to another, and at least one of their carers struggles with their mental health in addition to having a carer who uses drugs and/or alcohol in a way that impacts parenting, the term 'toxic trio' has come in for criticism. One concern is that it can lead to generalisations without being specific on what the risks are in this child's situation. It can be an extremely negative way of describing a family's situation when they are victims of abuse and goes against ideas of Trauma Informed Practice. In addition, there are some who would argue that parental learning disability is a significant vulnerability that can heighten risk to children which gets overlooked when there is too much focus on the combination of domestic abuse, poor mental health and substance abuse.</p>	<p>"Trio of adversities" or "trio of vulnerabilities" have been suggested as less judgemental ways of describing this combination of difficulties.</p> <p>However, it is likely to be more helpful to name what the parent/carer difficulties are that are impacting on parenting, and to do this in a way that recognises how past trauma may have influenced these current difficulties.</p>
<p>DNA in relation for example, to children's health appointments, because it assumes the child has the responsibility to attend the appointment, rather than highlighting that children are often reliant on parents/carers taking them, and that the parent/carer has not done that.</p>	<p>"Was not brought" can be a way of highlighting that someone who had responsibility for ensuring the child attended an appointment, did not bring them.</p>
<p>Disengaged/non-engagement because it places the responsibility for someone not attending/engaging with a service on the person who was being offered it. This doesn't take into account the reasons why the person has not attended/engaged which could include that they didn't find the service helpful or accessible.</p>	<p>To show more curiosity regarding why someone is not attending/engaging with someone/a service and be open to considering that it may not be because they don't want help, they may just not feel able to access this particular help at this particular time – view it as an opportunity to check back and see what's getting in the way.</p>
<p>Pre-birth assessment (which can depersonalise the fact we are talking about a baby with significant needs and vulnerabilities)</p>	<p>Viewing the womb as 'baby's first home' can help bring the needs of the baby into clearer focus. Consider referring to an "assessment whilst the baby is in the womb/in their first home" to amplify the child's needs at this early stage to the mother and those working with her</p>

There are also certain phrases that are commonly used as insults which have their origin in a slur on someone's identity and should be avoided, for example: to do something "like a girl" usually means to do it badly; "that's so gay" and "that's so lame" both usually used similarly; and referring to the "black sheep of the family" as being someone who is different or an outcast in contrast to the "white sheep" associated with being pure.

### **Race and ethnicity**

Following the murder of George Floyd and the Black Lives Matter movement, there has been a growing awareness that the term "BAME" which was previously used as an acronym/short hand for "Black, Asian and Minority Ethnic" was limited and 'othering'. Conversations regarding what might be more helpful have taken place within Tower Hamlets Race Equality Network and London Councils Tackling Racial Inequality Working Group. In light of these conversations, Tower Hamlets Council has agreed to use the term 'Black, Asian and Multi-Ethnic', however, within Children's Services there was a preference amongst some staff for the term Global Majority, which has been accepted. That said, it is important to remember that there are others who don't like the term Global Majority and do not feel it reflects their lived experience. As with so much of this guidance, checking out with the individual how they identify and what term they find helpful is the best starting point.

Other considerations that have come out of the research encourages us to use language that:

- Is factual and/or empowering rather than all encompassing/generic
- Is empowering and positive
- Is self defined
- Avoids using the word 'minority'
- Avoids homogenisations
- Avoids vague terminology

We recognise that terms such as White, Black, Asian and Mixed, whilst used to collect data, are often too generic to be helpful in understanding the child and their family. They are also constructs that have contributed to racism. Watch '[The Myth of Race](https://www.bbc.co.uk/ideas/videos/the-myth-of-race/p0957s4f)' (<https://www.bbc.co.uk/ideas/videos/the-myth-of-race/p0957s4f>) for a further exploration of this.

It is also important that we are mindful of how behaviour and presentation can be interpreted and then recorded, dependant on our own prejudices and cultural reference points. For example, a teenager speaking loudly or avoiding eye contact may be described as 'aggressive' or 'disrespectful' in a Western context, but may alternatively be described as being passionate, assertive or lacking confidence in another.

We instead encourage practitioners to write observations without judgements and to consider how our cultural lens may be influencing the interpretation we are making about such behaviours.

### **Gender and Sexuality**



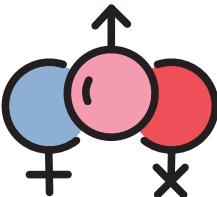

Gender refers to our identity as a man or a woman or a non-binary person (non-binary means not exclusively identifying as a man or a woman) and is different to biological sex. Another way of talking about biological sex is to talk about the sex that we are assigned at birth. Transgender refers to when a person's gender identity is different to the

biological sex they were assigned at birth. Sex/Gender assigned at birth means what was written on your birth certificate based on biological characteristics. Cis or Cisgender refers to someone whose gender identity is the same as the sex they were assigned at birth; non-trans is also used by some people.

Asking someone what pronouns (e.g. she/her, he/him, they/them) they would like you to use for them is a good starting point in normalising conversations around gender identity.

For example, you can say,

- I wanted to let you know, I use [she/her] pronouns, what pronouns would you like me to use for you?
- Are there more than one set of pronouns you would like me to use when I speak about you?
- What pronouns would you like me to use with your parents/family/school/GP/CAMHS?
- If I make a mistake and use the wrong pronouns, I am sorry, how would you like me to handle this?
- How would you like me to write about your gender identity?
- Reassure people that you won't share information about their gender identity with people who they don't want to know.
- If your pronouns change at any point, please let me know as I want to get them right.

		<p><b>4 main elements</b> of our gender and sexuality:</p> <p><b>Our gender identity – who we are inside our own heads.</b></p> <p><b>Our gender expression – how we show this to other people.</b></p> <p><b>Biological sex – how 'male' or 'female' our bodies are.</b></p> <p><b>Our romantic and/or sexual attraction to others.</b></p>
		

As an example, a person assigned female at birth may realise that they identify as a boy/man and may transition to be a man who uses he/him pronouns.

A person assigned male at birth may feel that they are neither male nor female and identify as non-binary and use they/them pronouns.

## Sexuality

Heteronormative language means language we use that assumes that people are straight/heterosexual rather than gay, bisexual, transgender or queer. This can have an impact on information gathered and how able children and families feel to discuss their lives with us as practitioners.

Asking a teenage boy if he has a girlfriend may mean he doesn't feel comfortable to tell you about a boyfriend for example. If we apply this language to parents around their romantic and sexual relationship too, this may lead parents to not tell us about relationships they are in. Instead, ask gender neutral questions about sexuality, for example:

- Are you seeing anyone?
- Do you have a partner?
- How do you identify in terms of your sexuality?

Don't assume a woman in a relationship with a woman is a lesbian, as they may identify as bisexual, queer or pansexual for example; equally the same for a man in a relationship with a woman mustn't be assumed to be straight for the same reason. Only use terminology to describe or think about a person's sexuality if it is terminology they use to describe themselves.

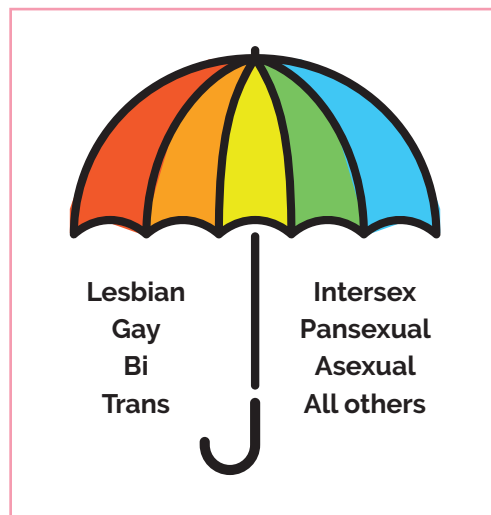
Similarly in terms of monogamy – assuming parents are monogamous (in a relationship with just one person), may mean that you aren't told about any other sexual or romantic partners that they have beyond the relationship that you are aware of. Open questions where relevant can help with information gathering – and it is important that our own views regarding monogamy do not impact our curiosity or the assessment of risk to the children.

For more information including a glossary of LGBTQIA+ terms go to [TOWER Pride Network \(towerhamlets.gov.uk\)](https://towerhamlets.gov.uk)

## Abuse and Neglect

There are good practice principles that remain even when talking about abuse and neglect:

- Be clear and transparent whilst showing compassion and sensitivity in how you write about difficult things
- Be specific – avoid using generalised phrases that give no sense of frequency, severity or timeframes
- Show curiosity – when you see abusive behaviour it is important to name the behaviour, but also show curiosity about what beliefs and experiences might be underpinning/enabling such abuse to happen



There are also several terms that have been commonly used in the field of child protection, but are now recognised as being unhelpful because of the implicit message conveyed. We are thankful to the NSPCC Why Language Matters series that have highlighted these terms.

Instead of saying	Please use this instead
Child pornography (which implies it is a subcategory of legally acceptable pornography)	Child sexual abuse materials
Shaken baby syndrome (which limits thinking of cause to one action)	Non accidental head injury / head injury that was not caused accidentally or was caused intentionally
Malicious allegations (which can influence professionals to be mistrusting of any information that person shares, potentially to the detriment of the child as has been found in numerous safeguarding practice reviews)	[once investigated] Unsubstantiated allegations / allegations that have not been supported by evidence
Child perpetrator of sexual abuse (which can be very stigmatising for children)	Child displaying harmful sexual behaviour
The child stole food (which suggests they have done something wrong in getting a basic need met)	The child has a right to food and got that need met by taking it from... [the school canteen for example]
There is neglect in the family (which implies it is a neutral and passive part of family life, rather than an action that is being taken or not taken to neglect a child's needs)	Consider and record what someone is doing or not doing that is leading to a child's needs not being met.

### Domestic violence and abuse

We recognise that a lot of the ways we have talked and written about domestic abuse has often blamed victims for 'failing to protect' their children or themselves from the abusive behaviour of their partner. Tower Hamlets **REPAIR** approach very much challenges this and seeks to:

- Hold perpetrators to account for their behaviour and provide them with opportunities for change.
- Support and empower (rather than burden) victims and survivors of domestic abuse.
- Understand the impact of domestic abuse on children, and to work to repair their relationships and help them heal.
- Understand the specific needs of different families within their own cultural contexts, to reflect the diverse population of Tower Hamlets.

When we talk about domestic violence and abuse, we mean all abusive behaviour - physical violence, coercion, control, threats, intimidating behaviour, harassment, sexual, financial and emotional abuse.



Whilst we often refer to the people causing harm as perpetrators and the person being harmed as either victim or survivor or victim/survivor, these terms are rarely meaningful to families. We encourage practitioners to avoid these labels in their direct work, working collaboratively with parents to agree what helpful language is.

Instead of saying	Consider this instead
There is a history of DVA in this family	Jay has a history of hitting and shouting at Sara
There is a history of mutual violence	Detail what Jay has done to Sara and Sara to Jay. Consider who has what power? Who has experienced what harm?
Sara is not coping as a parent	Jay's behaviour is having a detrimental impact upon/ exacerbating Sara's difficulty in coping with parenting
Sara has a history of going back to Jay	Sara has a history of separating, but Jay has repeatedly drawn her back in by threatening to withdraw their parenting and financial co-operation and by promising to change.
Jay has moved out and Sara now seems to be struggling as a parent	After moving out, Jay refused to contribute to the costs of looking after the children or contribute regularly to the childcare, leaving Sara struggling financially and experiencing the stress of living in poverty.
Sara has repeatedly lied to workers – sometimes disclosing abuse and then denying it. This makes it extremely hard to safeguard the children	Jay has repeatedly told Sara that if she doesn't take back the allegations, Children's Social Care will remove the children. He has also used the extended family to put pressure on her. Even so, Sara has at times told Children's Social Care about the risks in an attempt to get help.
Sara has failed to protect the children	Jay has harmed the children. Sara has made the following efforts to protect them (find out and list them) but she has not always been able to.

More guidance regarding how to explore domestic violence and abuse with children, victim/ survivors and perpetrators is available through the Repair Core Training. See Learning Hub for more details.

### Exploitation/harm outside the home

It seems hard to believe that less than 25 years ago there was Working Together Guidance relating to [Safeguarding Children involved in Prostitution \(DfE 2000\)](#). Since then, a lot of work has been done to recognise that children who are being exploited are not "putting themselves at risk" or "making lifestyle choices". A shift in language has helped bring about a shift in practice, where children are seen as victims who are being exploited rather than as young people making unhelpful choices. It is important we remain alert to words and phrases that are helpful or not helpful, and we recommend using the following as a good guide:

<https://www.childrensociety.org.uk/information/professionals/resources/child-exploitation-language-guide>

When talking about adults involved in the sex industry we encourage the following:

Instead of saying	Consider this instead
"Marie is a prostitute" (which is often used or experienced as a derogatory slur)	Asking the person you are talking about what words they would use if possible. However, some suggestions could be "exploited through prostitution" or "involved in sex work/street sex work/the sex industry" perhaps adding a non-judgemental context such as "in order to survive" or "as part of their addiction"

## Mental health

When working with people (whether children or adults) who struggle with their mental health, whether this is in a significant way or more occasional and mild, there are some important principles to work by.

1. It is important not to overstate the diagnosis the person is living with in terms of their identity, but instead to recognise that they are a person with all sorts of strengths, interests and characteristics who are also living with a mental health condition.
2. It is important to recognise that someone's experience of anxiety, depression or other struggles around their mental health is often completely understandable when we realise their context/trauma – that their feelings/emotions/reactions are an understandable response to what they have been through
3. Recognise that stating a diagnosis just by itself can be of limited value given that within any condition there is a spectrum of how much the person is affected by this and what that condition looks like for different individuals – it can be more helpful to describe symptoms and how this impacts on their functioning [including parenting where relevant], but in the context of what they can also do/how it looks when 'stable'.
4. It is important to have conversations with people about how they refer to/make sense of what they are experiencing in relation to their mental health. This can be particularly important when working with people from different cultures and communities who may have beliefs that are different to those that have been developed largely within a white North American/Eurocentric model of mental illness
5. As with all recording, it is important to write in clear, straight forward, non judgemental language

Here is some guidance on the use of particular phrases:

Instead of saying	Consider this instead
Suffering with	Living with/experiencing
"They have mental health" (when you mean the opposite)	They are living with mental ill health/mental illness/poor mental health/mental health struggles (no agreed preferred term but some people have a preference for/against one of those)

Lacks insight (which implies the mental health professional is right, and the person experiencing the symptoms does not have an understanding of what they are going through)	Explain how the person living with the condition understands their situation and the impact it is having and highlight where this is similar and different from how others see it
Non-compliant eg with medication (which implies a wilful desire not to do something)	Explore and set out what is difficult about the person doing what is being asked of them eg "Abdul states he finds it difficult to remember to take his medication and so will often miss doses and because he then feels ok, decides to continue not taking it" or "Rina said that she does not want to take the medication because she feels very drowsy after taking it and has started to put on weight"
"They are manipulative" (often used when talking about people with a diagnosis of 'Emotionally Unstable Personality Disorder')	See the behaviour as communicating distress and unmet needs and instead of labelling this behaviour try to understand what might be behind it.
Committed suicide (a phrase that reflects that suicide used to be a crime, hence committed a crime/committed suicide)	Died by suicide/took their life
"He's schizophrenic" "she's bipolar" (which suggests their condition is their main identity)	Rob is living with schizophrenia, Habiba has a diagnosis of bipolar disorder

"Our Time" video to help explain mental illness (<https://ourtime.org.uk/resource/explaining-mental-illness-to-under-11s/>) to under 11s can be a helpful resource to explain mental illness to primary school aged children.

### Substance misuse

When talking about or recording information about drug or alcohol use it is important to do this in a way that opens up conversations about motivations and impact (good and bad) of drug or alcohol use, being careful of how our own views of what is acceptable or not, are influencing our judgements. Blanket statements such as "there is drug use in the home" or "mum drinks alcohol" are meaningless unless it is specific (what, how much, how regular) and offers some understanding of impact. Remember to also mention any periods of time when they have been able to stop, reduce or manage their substance use and explore how they were able to achieve that.

Terms such as 'drug addict' and 'junkie' which are often used disparagingly should be avoided in favour of clear statements of the levels of drug or alcohol use and what you are concerned the impact is of this.

### Children in our care and those with care experience

There are some extremely helpful resources which have been developed with children who have care experience that these ideas have been drawn on. The following resources are particularly helpful:

- Language that Cares: [https://www.tactcare.org.uk/content/uploads/2019/03/TACT-Language-that-cares-2019\\_online.pdf](https://www.tactcare.org.uk/content/uploads/2019/03/TACT-Language-that-cares-2019_online.pdf)
- Each and Every Child Toolkit: <https://eachandeverychild.co.uk/the-toolkit/>

Here we highlight some of the key terms we want to encourage practitioners to avoid/use:

Instead of saying	Consider this instead
Abscond (which is a term that is usually associated with people escaping custody!)	Run away Go or gone missing Left without permission Whereabouts unknown
<p>UASC or asylum seeker (which highlights asylum at the forefront rather than putting the child first and can dehumanise the fact we are talking about a child)</p> <p>Unaccompanied Minor (which is a term that is not usually used in day to day language and so may be confusing, 'othering' or take away from the fact we are referring to a child)</p>	<p>We recognise that Unaccompanied Asylum Seeking Child or Minor is a legal term that the Home Office use and so there will be times when this term is necessary. However, aside from legal contexts we encourage:</p> <p>"Child seeking refuge/asylum without an adult"</p> <p>"Mohammed is a 15 year old child who travelled to the UK on their own and does not have a responsible adult or other family in the UK".</p>
Birth/Biological Parents (which can be excluding and disadvantageous, although some children find it helpful)	<p>Check with the child how they would like to refer to their parents. If they are stuck, some ideas to consider:</p> <p>Parents Family Mum, Dad Tummy mummy and daddy Their names</p> <p>It is also important to avoid confusion if the term used could be unclear who is being referred to. It can be helpful to ensure the way people are referred to by the child are included in the child's record including on Genograms or Ecomaps.</p>
Care leaver (children and young people tell us that they do not like the term care being used all the time and being defined by that term)	Care experienced adult Young adult moving on moving on to independent living
Care plan (Children tell us that the term care is used too much by professionals)	Future plan My plan Child's plan Independence plan
Contact (which is a formal term and makes it sound different to how other children talk about seeing their family)	Making plans to see family Family meet up time Family time Family visit Visiting Dad/Mum/Grandma/etc
Contact centre (which sounds more formal)	Where I see my mum/dad/sister Family centre Play centre
Curfew (This term should not be used unless there is an actual legal condition)	Time to come home Agreed time to return home

Difficult to place (which blames the child or young person and does not provide a context)	Can't find a home that meets their needs We're trying to find the right home for you/it's important we find the right home for you Failed by the system as no matches Considerable support needed
Foster carers (This is a term that children need to work out between them and those who are looking after them)	My family Foster Mum Foster Dad People who care about me or for me My new family The family that chose us/me Aunty/Uncle Their name or what the child or young person call them  It can be helpful to record on Mosaic/Child View and on the child's genogram/ecomap what the child calls the people who care for them
In care (Children tell us that the term care is used too much by professionals)	Another home away from home Living with a different family in a different home Cared for Living in a safe place/environment In our care
LAC review (Children tell us that they do not like the abbreviation, that it doesn't make sense to them and it's not helpful as it puts the looked after status before the child)	My meeting My review meeting Improving your time in care Fatema's review Supported meeting
LAC visit (Children tell us that they do not like the abbreviation as it puts the looked after before the child and also sounds formal)	Home visit Child or young person's name visit Catch up
LAC/Foster child (as above and in addition, when we call someone a 'LAC' it can sound like we're saying they 'lack' something)	Use their names Our children Tower Hamlets children Children not living with their family
Leaving care (Children tell us that the term care is used too much by professionals)	Moving on Moving up Becoming a young adult Moving to independence
NEET (which is an abbreviation that a lot of people do not understand and has negative connotations)	Unemployed or not in training or in education
PA (which is an abbreviation that a lot of people do not understand)	Advisor Personal advisor Guidance giver
Pathway plan (The distinction in different plans is often not meaningful to children)	Future planning for 16plus Path to independence
Peers (which usually refers to a group of people of the same age and social status, not necessarily friends)	Friends

PEP (which is an abbreviation that a lot of people do not understand)	School review Education meeting Education plan
Permanence (which is a formal way of speaking about a child's future, which isn't always permanent)	My home without disruptions Future care Where you're going to live in the long term
Placement / moving placements (which can sound very clinical and doesn't communicate that it is the child's home/where they are living)	Our home or home My house or the house where I live Moving to a new house or family
Respite (which implies a break from a child)	A break for children (not carers) Day out Home away from home Stay over/ Stay over family Sleepover Time off/Time off for us/Time off for our carers, short break time away Breathing space holiday
Restrained (which is a term that implies force and control)	Physical help to stay safe
Reunification (which is a formal term)	Going (back) to live with my family Going (back) home
Siblings (which is a formal term and not one most children use)	Our brothers and sisters People who are related to me Say the name of their brothers and sisters, and if they are younger or older or where they are in the family (Jimmy is the youngest of his three brothers and sisters)
Staff, Support worker, Unit manager (which doesn't imply a homely environment but rather a clinical and hierarchical relationship)	Their name and their role in the child's life. For example, "Kay is in charge of the home Jody is living in and Sheree is his keyworker who is helping him learn independence skills for when he is an adult".  This can be helpful for those children who come back as adults to read their records and can't remember people's names without some reference in our text. This detail wouldn't need repeating beyond the first document or recording - they can then just be called by their names.
Stat visit/Statutory visit (which is a formal term which is meaningless to most children)	Coming to visit to see how we're doing
Transition (which is a term that is meaningless to most children)	Preparing for change



## Children's behaviour including in Youth Justice

Many of the children that we work with can be labelled as displaying "challenging behaviour" or "risky behaviour". It is important that we think about how these phrases can get in the way of professionals attempting to understand the reasons behind the behaviour. More often than not, these children are living, or sometimes just surviving, in incredibly challenging situations. In understanding how the situation or specific triggers can result in the presenting behaviour, we can design intervention plans which support the root cause and seeks not to blame the child for the resulting behaviour that comes from challenging situations.

**"A lot of the time, letters and reports feel like they're dehumanising, they don't consider me as a person, it describes how they see me but I don't recognise that, they describe the worst parts of me, or one part of me and it's not a rounded view of me" (Child).**

If we use language that blames rather than understands, it can also get in the way of the child wanting to work with you. They can end up feeling that they are being blamed for complicating the family dynamics or creating issues at school, when in fact they are often behaving in ways which help them cope or fulfil an unmet need. By using phrases which come across as critical, or place the responsibility to change the behaviour solely on the child, we run the risk of adultifying children by ignoring two key factors. Firstly, a lot of the control to change the environment, whether we think about home, or school, rests with adults. Secondly, adolescent brains continue to develop well into their 20's and so regulation can be hugely difficult during this period. It is therefore more productive and promotes better engagement from families when we use language which better describes the reality of where "challenging behaviour" comes from.

Instead of saying	Consider this instead
Outburst / meltdown (which sounds critical and judgemental towards a child in distress)	Describing the behaviour and offering some thought/curiosity about what might be happening for the child
Attention seeking	Attention needing / trying to get their needs met
Associated with the wrong crowd / friends are a bad influence (which places negative judgement on unknown individuals)	Seeking belonging / vulnerable to being influenced
Challenging / difficult behaviour / defiant	Presenting behaviour (encourages us to think about what is going on behind the behaviour)
Criminal behaviour (this labels the young person as a criminal)	Illegal activity due to... (less judgemental but, try to pair this with a comment on possible reasons for this)
Drug dealer	Exploited into selling drugs / made to travel for drug sales by exploiters / involved in county lines / feels the need to earn money by selling drugs
Gang member	Gang involvement (if you have evidence of this) Concerns around serious youth violence

Promiscuous	Sexually active (holds much less judgement)
Aggressive	State factually what behaviour you are seeing
Achieve your full potential (Children tell us that they prefer to achieve their goals and their dreams)	You will make sure I have every chance to achieve my dreams Very best Excel Reaching targets
High aspirations (This term can put a lot of pressure on a child or young person)	Good choices Wanting the best for our children/you
Isolation (which has negative connotations especially when used for children)	Reflection time Time out Separated Spending time alone

There are also a lot of terms that are used within Youth Justice contexts that can be hard to understand. The Speech and Language team within the Youth Justice Service have developed this helpful glossary which can be accessed internally via the Tower Hamlets [Supporting Families Division Teams folder](#).

### Special Educational Needs and Disabilities

As highlighted in the section on Practice Pointers, it is important to remember that there are lots of people who find reading and writing hard, whether they have a formal diagnosis or not. Also, that a lot of what we are writing or talking about is really hard to hear or read – whether because it is complicated, sensitive, relating to traumatic experiences or something else. We encourage all practitioners to have conversations with those they are working with about whether there are steps you can take to help make communication easier. This could include, for example, using bullet points rather than big long paragraphs, adding pictures, writing in large font or using different colours.

When working with people who do have a diagnosis of a disability, there is a debate within the field regarding whether it is best to talk about a “person with a disability” or a “disabled person”. Some people would say they prefer to be seen as a person first, with any diagnosis named as a secondary consideration, others highlight that often they are dis-abled by environments or that their disability is an integral part of who they are and so would identify as a ‘disabled person’.

It is important to remember that disability is not a bad word in itself and to be cautious around using what can be seen as euphemistic language such as “differently-abled” or “specially-abled.” Preferences for one approach over the other can be individual and community-specific, so as with so much of this guidance it is important to have the conversation with the person you are describing regarding how they would like their disability to be recorded/spoken about. However, it is widely recognised that referring to people as homogenous groups such as ‘the disabled’ are unhelpful.

The following is a helpful reminder of what can be helpful or unhelpful when talking about disabilities – whilst the focus is on Down’s Syndrome, a lot of the ideas are applicable to other diagnoses.

## Talking about Down's Syndrome

Imagine Sophie, who has Down's Syndrome, was in the room with you, what would you say?

Instead of saying	Consider this instead
Risk	Chance/probability
Abnormality/disease/problem/disorder	Difference/variation/condition
Good/had/difficult news	Expected/unexpected or different news
Normal	Typical/typically developing
Suffer	Have
A Down's A Down's baby	A baby with Down's Syndrome
Mental handicap Retarded	With a learning disability
Severely affected	More complex

Remember - use high/low chance of screening results e.g. NIPT/combined test. Use positive or negative for diagnostic results e.g. Amnio/CVS.

Here are some other ideas around language that is helpful or unhelpful

Instead of saying	Consider this instead
Mentally handicapped, mentally retarded	Person with a learning disability/disabled person or person with an intellectual disability/intellectually disabled person
Wheelchair bound or confined to a wheelchair	Person who uses a wheelchair/ wheelchair user
Normal	Person without a disability or not/non disabled
Suffers with	Has a diagnosis of..., person with...
Special needs (which is a term that now has negative connotations)	Additionally supported or name the need eg global developmental delay, a diagnosis of dyslexia

A final reminder that many people live with unseen disabilities and so routinely asking about any health condition or disability can be helpful. Some people choose to wear a sunflower lanyard to let people know they have a hidden disability.

## Thanks

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# Better Together

BUILDING RELATIONSHIPS,  
STRENGTHENING FAMILIES

