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| Good Practice Bulletin |
| Spotlight on language  Office of Professional Practice, Issue 22, June 2019 |

# Chief Practitioner’s welcome

# Tracy Beaton

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As protective intervenors acting on behalf of the Secretary, child protection practitioners have a range of powers and responsibilities. One of those responsibilities is the careful and judicial use of statutory authority. Power imbalance does exist between practitioners and the children and families we work with. You use your authority wisely when you choose clear, direct, respectful and empathic language. This bulletin focuses on the words we choose.

We know instinctively, and research also tells us, that a positive relationship between a practitioner and a family offers the best chance of promoting positive change. How we choose to convey a message, describe a situation or explain the reason for a decision or action contributes to the development of those positive relationships. Writing and speaking in a way that is as *close to the reality on the ground* not only helps clarify your thinking and assessments but means that you will be clear and direct when you speak with children and families.

Empathic practice does not preclude being clear about your role as a practitioner. The art of good child protection practice is the balance between straight talking and respectful empathy.

# Case study

[Watch a short example of an empathic conversation](file:///C:\Users\slus1011\AppData\Local\Temp\notesFA0FFF\Watch%20a%20short%20example%20of%20an%20empathic%20conversation) <https://www.youtube.com/watch?v=tpZ99ssFX7E> between a counsellor and a woman who is experiencing family violence and is from a culturally and linguistically diverse background. The video shows how culturally responsive language can lessen what may initially be a large communication gap.

# **Discussion prompts**

Can you think of examples in your practice where you have managed to reduce the communication gap between yourself and a child and their family? How did you do it?

Can you think of any communication gaps between yourself and the children and families with whom you work? What can you do to reduce them?

# Say what you mean…

All professions have language, phrases and terminology specific to that job. Child protection work is no different. We can find ourselves speaking in a way that can inadvertently compartmentalise a person or a situation. When we do this, we may reduce the person or situation to that label and lose opportunities to think more expansively. For example, a *high-risk adolescent* is child protection shorthand for a young person who is behaving in ways that place them at risk of missing opportunities available to other young people, of being hurt or potentially hurting others. A *parent who has parenting capacity issues*, is a parent who is struggling to provide his or her child with the things they need to be safe, develop well and happy. When we use jargon, we can obscure what it is we are trying to say to children and their families. While we might talk in supervision about *reunification*, we talk with the family about working together so that you can all live together again.

Check yourself for your own use of jargon when you next meet with the children and family you are working with and practice clear, direct ways of speaking.

# …and write *as close as possible to the realities on the ground*

Avoid jargon when writing case notes, court reports and referral forms. Canadian researchers and practitioners Allan Wade and Linda Coates argue that the language we use needs to capture ‘*as close as possible to the realities on the ground’.* In the table below consider some of the shorthand, or jargon, commonly used in child protection practice and see how when we write *as close as possible to the realities on the ground* we write more clearly, allowing the reader to better understand what is going on for the child and family.

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| **Shorthand** | **Consider** |
| Seven-year-old Nate has been exposed to family violence. | Seven-year-old Nate was hospitalised last week after his arm was broken when he tried to stop his step father from strangling his mother. |
| Lisa has a history of drug use and doesn’t priortise Sam’s needs. | Lisa uses ice and has done so regularly for three years. When she is high on ice she doesn’t sleep for two or three days and eats little. Lisa has been known to suffer delusions many of which involve the belief that four-year-old Sam is spying on her or trying to trick her. These periods are followed by a ‘crash’ where Lisa may sleep for 24-hours period and then become anxious and depressed and focused on buying more ice. This cycle means Lisa doesn’t feed Sam or supervise him in their house which is on a busy road. Sam is enrolled in kindergarten but only attends when Lisa’s sister takes him. Sam is therefore often hungry, in danger and has limited opportunities to be socially and educationally developed. |

**Exercise**

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| Can you think of a shorthand description that you use in your practice?  *For example: Peter has a cognitive impairment that impacts his capacity to parent his new born daughter.* | Now consider how you write this in a way that is as *close as possible to the realties on the ground* for Peter and his daughter. |

If you have any feedback or ideas about what you would find useful to include in the bulletin, please email *officeofprofessionalpractice@dhhs.vic.gov.au*

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