Please note that this information provided in this template is a guide. This template can be adapted to reflect your own policies, procedures and values. Whilst WSAB try to ensure this policy reflects current legislation the responsibility to keep this up to date is on the group who choose to adopt it.

Wigan Safeguarding Adult Board (*Template)

Case Recording & The Use of Appropriate Language Guidance

Contents

Introduction

This guidance sets out our standards for record-keeping, ensuring our records are always of a high quality, clear, easy to read, and written with kindness. It covers both our written and electronic records for each person open to services. Our records should:

- Help us understand the person's life and our involvement in it,
- Explain the reasons behind our professional decisions,
- Show that we're meeting our legal requirements,
- Be written in a way that puts the person at the centre,
- Be easy to understand.

All services across the system should be made aware of this guidance during their induction, and it should be referred to during supervision and training. Good record-keeping helps us explain what we did and why in a way that makes sense. It doesn't need to be time-consuming. It should be clear and accurate; records help us capture important information that is meaningful.

The guidance can be used across the system, inclusive of partners and providers to provide to promote good care recording and the use of appropriate language.

The Standards

These standards set out what we aim to achieve in our recording and for the purposes of this guidance.

Standard 1: Our records will be written for the individual.

Our recording should be written in a way that the person, or their carer and family, could understand. We will use plain English and not use jargon or abbreviations. The record belongs to the individual. Our recording should show the voice of the person.

The person can request a copy of their records at any time under UK GDPR.

Standard 2: We will be clear in terms of what is fact and what is an opinion.

Our records need to clearly distinguish between facts (like a person's diagnosis) and our opinions (such as how the diagnosis affects their daily life). You should provide evidence and explain why you hold this opinion, so the reader can form their own judgement.

It might be relevant to note your opinion on how a person appears or feels (e.g., unkempt, or angry), but you should explain why you think this (e.g. Mr. Smith's clothes were stained, or he raised his voice). Avoid assigning motivations to people unless it's relevant and always provide your reasons for believing this.

In short, make sure the difference between facts, observations, and professional judgements is clear in your writing.

Standard 3: We aim to keep our recording up to date.

We understand that timely recording is crucial, and we also recognise that time pressures can cause delays. However, we aim to record information while it's still fresh in our minds. Ideally, this would be on the same day but always strive to do so within two working days.

A concern is often raised that practitioners have insufficient time to complete their records in a timely way. This cannot be used as an excuse for failing to complete care records and would not be acceptable in an enquiry or court of law. The keeping of records should be seen as an integral and equally important part of the delivery of care as any contact or activity time.

We aim to ensure our recording system is updated, in relation to relationships, addresses, hazards etc. We are not to record email addresses, addresses etc within case notes but we should be referencing

that it has been checked and is accurate or it has been updated as per the front summary screen.

You must record the point at which you discharge the service user, or close the case, and the reason why. This may be because the service user has met their objectives, has been transferred to another professional or service, refuses further input, or perhaps moves away. Any action which occurs after you discharge the individual must still be recorded (for example, a phone call from a service user with an enquiry). You must complete a case summary when transferring to another worker.

Standard 4: We aim to be curious and analytical in our practice and show this through our recording.

Asking Questions is crucial. Think about using the 'what, why and so what' approach where we question what happened, why did it happen and what are the implications. It helps us to see what is relevant. Professional curiosity is important. It is the skill of exploring and trying to understand rather than assuming or accepting at face value. It means our recording will be more accurate and reflective of the person's experience and history.

Defensible decision making / Clinical reasoning is key in our practice, it means recording a clear rationale for all the decisions you make and the discussions that led to the decision(s).

When making a Defensible Decision / Clinical Reason you must consider the following:

1. **Getting the facts**:
   - What are the relevant facts?
   - What information is not known?
   - Can I learn more about the situation?
   - Do I know enough to make a decision?
   - Who has an important stake in the outcome?
   - Are some concerns more important than others? Why?
   - What evidence have I gathered that supports the fact?
2. **Evaluate Alternative Actions:**
   - Which option will produce the best and do the least harm?
   - Which option best respects the rights of all who have a stake? ·
   - Which option treats people equally or proportionately? ·
   - Which option leads me to act as the sort of person I want to be?
3. **Make a Decision, Reflect and Act:**
   - Considering all these approaches, which option best addresses the situation? ·

- If I told someone I respect which option I have chosen, what would they say? ·
- How can my decision be implemented with considered care and attention to the concerns of the person? ·
- How did my decision turn out and what have I learned from this specific situation?
- What would I do differently next time?

Clearly record the above on the persons care record, where appropriate, ensuring all information which informed the decision is recorded.

When you sign a care record, or an entry is made into a digital record system under your access code/password, you are confirming that it is an accurate account of any communication, planning, intervention or outcomes related to the care of an individual service user. Unless otherwise indicated, you are identifying yourself as the individual responsible for the action(s) defined in the record and for the entry itself. Thus, the person who carries out the intervention should be the person who writes/enters the record and signs the entry.

Standard 5: We will always aim to use concise, precise and appropriate language in our recording.

Using as few words as possible and avoiding repetition will make our work easier to read for colleagues and, most importantly, for the individual, their carer, or family members. Information should be straightforward and easy to understand. We should clearly identify who we are talking about and the sources of information (e.g., using the name of the staff member or family member spoken to, rather than just "Care Home" or "daughter").

When recording how a person responded to a question, we should specify how the question was asked and any support provided (e.g., communication aids or advocacy).

We should also be precise, ensuring our writing is clear and not open to different interpretations.

The use of appropriate language plays a crucial role in creating a safe and inclusive environment. Fostering a culture of respect, understanding and openness empowers people who use services and professionals to work together to ensure the wellbeing, safety, and protection of individuals who are at risk of abuse or neglect. (Please refer to the appropriate language information below for examples of inappropriate terms, and suggested alternatives.

Standard 6: We will consider where and how information needs to be recorded and be mindful of both confidentiality and risk.

We should include the primary evidence for any decisions in our records whenever possible. For example, upload emails or documents referred to, rather than copying and pasting them. This helps others quickly understand how you reached your conclusions and reduces the risk of evidence being misinterpreted or misrepresented. This should only be uploaded with the third party's consent.

Emails should not be directly copied and pasted into a person's case notes. Instead, relevant information from the email can be extracted and included. The case note should be written by the individual making the entry.

We will consider who else the recorded information affects and whether it needs to be linked to the files of other individuals.

Standard 7: We will be respectful in what we record and how we record it.

Whilst we sometimes need to say and record things that may not be in line with the views of an individual, we should ensure that what we do say will be sensitive, reasonable, and fair.

A record can only be amended if there is an error. Inaccurate records can be amended but must not be deleted or destroyed. If you disagree with another professional's recording, it is suggested that you discuss this with the person, raising your concerns and giving your rationale. You must not change or delete another person's records for any reason, unless you know and can justify that they are factually inaccurate.

Records that are fit for purpose where the information given is inaccurate in written records, the material that is incorrect should be scored out with a single line, then signed, timed and dated by the person who made the amendment. The original entry must remain and be clear to read. Similarly, a digital system should allow you to add to, or be re-directed from, any section which is shown to be inaccurate. Information should never be completely erased from a digital record, or over-written, but the system should automatically keep an audit trail of any changes: what was changed, when and by whom. The reason for the amendment should be given, for example, if the patient's date of birth was entered incorrectly

Standard 8: We will be clear in our recording about the legal basis for our decision.

We will be aware that our decisions should be legally defensible and explicitly demonstrate our knowledge of the area when recording

decisions. Decisions around eligibility or appropriateness of a course of action should be recorded with specific reference to the legislation or guidance.

Why do we need standards?

Record keeping is a crucial part of our work, showing the type and quality of our involvement. We must ensure our records are secure, clear, accurate, and up to date. Ensuring all contact with the individual, family, third parties etc are fully case recorded.

Recording can impact outcomes. The contents can be challenged by adults or carers, and records are legal documents that can be used as evidence in court or scrutinised during complaints. They provide a record of agreed actions (and those considered but not taken) and the reasoning behind these decisions.

Good record-keeping also influences future actions by other professionals who refer to previous records. Poor recording can lead to repeated errors over time.

The[organisation legislation] requires a person-centred approach, involving the person as much as possible and focusing on their strengths as well as their difficulties and concerns.

It's important to understand why we record, examples include:

- To provide a person with information about their history and our involvement in their lives.
- To facilitate communication among all those involved with the person.
- To ensure seamless transitions if workers change.
- To evaluate the outcomes achieved by the person effectively.
- To manage risk and keep people safe.
- To show that care packages follow a logical sequence of assessments and care planning, justifying the expenditure of public funds.
- To provide evidence for court, inspections, investigations, complaints, best practice, and enquiries.
- To check the quality of our work.
- To be legally compliant.

Monitoring

We all have responsibility for our work, but it is helpful for managers or those who supervise to use this guidance as part of induction, ongoing

training, and supervision. Managers or those who supervise should use this guidance when reviewing case recording or doing practice audits, to make sure the standards are met. If not, managers should consider with the staff member what action needs to be taken to support recording or manage performance. We will monitor through seeking feedback from staff (through supervision, audits, and team meetings) that these recording standards are helping us to give a more consistent approach.

Further Guidance and training

[organisation to amend the following where appropriate]

Further Guidance can be found at www.scie.org.uk/social-work/recording , where they suggest 11 key considerations: for good social care recording and uses the acronym **PARTNERSHIP** as a checklist and to emphasise that the record should be co-produced between you and the person to whom it relates.

Person-centred

Accurate

Real

Timely

No jargon – plain English

Evidence-based

Reading the previous record

Succinct

Holistic

IT compliant

Professional

Other useful resources can be found here:

- https://www.scie.org.uk/social-work/recording#importance-recording
- https://www.cqc.org.uk/guidance-providers/adult-social-care/what-good-looks-digital-records-adult-social-care
- Our expectations for your record keeping | The HCPC
- Royal College of Occupational Therapists: PCrown_A

Examples in practice

Initial Recording	Revised Recording
Email sent: [copied and pasted text] Dear Dan, I've attached the report. Kind Regards. Text Message received. Hi, I have had an awful weekend with my family, been so busy, not ready for Monday. Just to let you know Mrs M's appointment is on Wednesday at 10am.	Please see email attached to Dan at the CQC. [copying and pasting emails runs the risk of key information being lost]. You must obtain the persons permission before uploading an email from them to a record. Text message received from Wendy at WWL on DATE and Time, advising Mrs M appointment is on Wednesday at 10am.
Peter needs support with his medication.	Peter has difficulty with his fine motor control so needs support with getting tablets out of the packaging. Otherwise, he is independent in this.
The property was in a terrible state.	There was an odour of urine in the living room which appeared to be from Mrs Wilsons pets (she has three cats and a rabbit which lives indoors). The bins in the living room and kitchen were overflowing and food left on the table in the living room appeared to be rotting.
I visited Mr Jackson on Monday afternoon**,** and we spoke about the concerns. He did not wish me to take further action as he feels that they are dealt with following his conversation with the care agency. To do: Ask agency for records to continue enquiry	I visited Mr Jackson on Monday afternoon. We discussed the disclosure that his daughter, Marie, had made about care staff making medication error. I saw no reason to doubt Mr Jackson's capacity throughout our discussion – he showed good recall and understanding of events. He stated

	that he did not wish me to enquire further into the errors as he had spoken with Dawn Price, care provider manager and she had promised this would not happen again. I explained that this was an issue of public interest as others use the care provider so we would need to investigate further.

Example of Appropriate Language

Words Matter- The power of Language

The use of appropriate language plays a crucial role in creating a safe and inclusive environment. Fostering a culture of respect, understanding and openness empowers people who use services and professionals to work together to ensure the wellbeing, safety, and protection of individuals who are at risk of abuse or neglect.

Using appropriate language will highlight that you understand a person's experiences and may encourage someone to disclose harm and abuse or access support.

Appropriate language empowers individuals to speak up about concerns or incidents of abuse. Creating an atmosphere where people feel comfortable expressing themselves without fear of judgment is essential for early intervention and prevention of harm.

Promote respect and trust: Language reflects our attitudes and values. When language is used thoughtfully and respectfully, it helps build trust between individuals, organisations, and the community. This trust is crucial for effective collaboration in safeguarding and supporting efforts. Using respectful and inclusive language is particularly important when working with diverse populations as it acknowledges and values individual differences.

Asset-based: We avoid words and phrases that look at situations or people from a "deficit" lens that prioritises what's missing or what's wrong. Instead, we prioritise language that focuses on strengths and potentials.

Avoid discrimination: Inappropriate language can perpetuate stereotypes and stigmatise individuals and community groups. This can hinder the reporting of abuse or neglect and create barriers to seeking help.

People-first: We put the person ahead of characteristics.

Victim Blaming: When victim-blaming language is used amongst professionals, there is a risk of normalising and minimising the experience of abuse or neglect that can result in a lack of appropriate response. Victim blaming language can reinforce messages from those engaging in abusive behaviours around shame and guilt.

Trauma Informed Approach: As we continue to understand more about trauma and strive towards trauma-informed approach, we need to constantly reflect on the impact and importance of language. Language implying that a person is responsible for the situation that has happened or may happen to them, must be avoided.

Be Courageous: We encourage all to give and receive constructive challenge when inappropriate language may be inadvertently used to improve and embed reflective learning and practices.

Language is Always Evolving: The language we use changes regularly. This happens as new laws come into place and when the sector realises language can be improved to represent people more accurately or to cause less harm. It is important that we continue to reflect on the language we use and develop our practice, to increase accessibility for all.

The information below aims to raise awareness on the importance of language and suggests some examples of how changes to language could promote inclusivity.

Inappropriate Term	**Suggested Alternative**
Commit Suicide "Commit" implies suicide is a sin or crime, reinforcing the stigma that it's a selfish act and personal choice.	Using neutral phrasing like "died by suicide" helps strip away the shame/blame element. • Died by suicide • Attempted suicide • They are experiencing suicidal thoughts
They're suicidal **They're a schizophrenic** **She's bipolar** **The mentally ill** **They have autism**	People-first language shows respect for the individual, reinforcing the fact that their condition does not define them. • They are facing suicide / thinking of suicide / experiencing suicidal thoughts.

<Substance> addicts Putting the condition before the person reduces someone's identity to their diagnosis—people aren't their illness; they have an illness.	• They have schizophrenia / are living with schizophrenia. • People with mental illness. • People addicted to <substance>. • People with addiction. • Mr P is an autistic man
Client or Patient This can imply or create a perceived imbalance of power.	• Person • Individual • 'Their Name'
Hard to Reach This implies individuals choose not to engage and fails to recognise the structural inequalities and barriers people may encounter.	• Underrepresented communities • Communities that face barriers to participation
Wheelchair Bound This does not support a strengths-based approach.	• Disabled people/person • People with a learning difficulty • A wheelchair user
Putting themselves at risk **Engaging in high-risk behaviours** This implies that the person is responsible for the risks presented by the perpetrator and that they can make free and informed choices without recognition of capacity, circumstances and lived experience or the realities of grooming, coercion, and control.	• There is coercion and control. • There is a lack of protective factors surrounding the person. • The situation could reduce the person's safety. • There are concerns that the person may be being exploited. • There are concerns that there is a power imbalance. • There are concerns regarding other influences on the person. • Health harming behaviours.
Promiscuous/ Prostituting themselves The word 'promiscuous' is a judgemental term based on assumptions and includes a significant gender bias as it is rarely applied to males. This also implies that the person is responsible for the abuse and has the capacity to make a free and informed choice. It does not recognise the abusive or exploitative context.	• They are a victim of sexual abuse and/or exploitation. • The person is a victim of human trafficking and/or modern slavery (where their exploitation involves being recruited, moved, or held by a perpetrator) • The perpetrator has used coercion and control to abuse the person. • The perpetrator has raped the person.

They are choosing this lifestyle. This implies that the person is responsible for the abuse and has the capacity to make a free and informed choice. It does not recognise the impact of trauma, poor mental health, abuse and coercion and control.	• The person is a victim of human trafficking and is being exploited.
They continue to remain in the abusive relationship. **The victim chose to go back to the Relationship.** This implies they have choice and control and does not take account of the potential risk of ending an abusive relationship and the lack of choice and control.	• The person was drawn back into the relationship due to coercive control. • They had no other choice but to return due to the risk of escalation.
Not prioritising the safety/needs of their children and/or failing to protect This indicates that the victim of domestic violence is incapable of being a good parent and that they do not care for their child. It also gives the message that they are ones who are responsible for implementing the solution. The parent becomes accountable for their child's exposure to the domestic abuse, and this is known as failure to protect. This fails to acknowledge the perpetrator's role in exposing the child/children to harm. We blame victims for not prioritising their children rather than considering how they could be supported to do so while remaining safe. It's a huge juggling act for them.	• The intensity of the abuse has impacted / is impacting on the person accessing services to protect their child.
'They allowed the perpetrator into their home'	• They had no other choice but to allow the perpetrator to come into their home.

This sentence disregards the many reasons why victims may be forced to allow the perpetrator into their home. Victims may allow perpetrators into their homes in an attempt to defuse the situation out of fear for their own safety. For example, if the perpetrator continues to knock on the door, causing noise disruption, the victim may let them in to avoid further problems.	• Access was granted due to the risk of escalation.
'Failed to engage' This sentence blames the person and overlooks the complexities of why victims might not want to interact. People may feel overwhelmed when support agencies approach them or may not feel safe in relationships as a result of coercive control and trauma.	• The person may be overwhelmed by the assistance provided and will need some time to process the available support.
'Why don't you leave / Why do you stay' We need to stop blaming victims for staying and instead support them in leaving. By understanding many barriers that stand in the way of a victim leaving an abusive relationship – be it psychological, emotional, financial, or physical threats – we can support and empower victims to make the best decision for them while holding perpetrators solely accountable for their behaviour.	• Were there any obstacles that kept you from leaving? • The person felt that the safest option was to remain in the relationship for fear of the risk escalating.
Self-Neglect is a lifestyle choice. This implies choice and control and can lead to professionals becoming compassion fatigued. Research shows that self-neglect results from a complex interaction between physical, psychological,	• Self-neglect is often a response to trauma and adverse experiences. • The behaviours maybe a coping mechanism to manage fear and insecurity. • Self-Neglect can often lead to feelings of shame, isolation and further distress, which can make

emotional and social factors in the person's life.	it difficult for a person to engage and feel safe in relationships.
They have been contacting adults via phone or internet. **They are putting themselves at risk.** This implies that the person is responsible for the communication or abuse and does not reflect the abusive or exploitative context, where there may be coercion and control or the vulnerabilities present.	• There are concerns that others may be using online technology to access or abuse the person. • Individuals appear to be using a range of methods to communicate with the person.
Involved in exploitation. This implies there is a level of choice regarding the person being abused.	• The person is a victim of exploitation. • The person is being criminally exploited for example to distribute drugs/hold weapons/store money etc. • The person is being exploited. • The person is a victim of human trafficking and/or modern slavery (where their exploitation involves being recruited, moved, or held by a perpetrator).
Spending time/associating with high-risk people. When this is used in an exploitative context, it implies that the person is choosing to be in contact with the person grooming or exploiting them.	• The person says that they are friends however, there are concerns about that the imbalance of power, exploitation and offending. • The person has been groomed, exploited, controlled.
They need to take responsibility for their behaviour, they are making themselves vulnerable. It may feel as a person is making choices and poor decisions, but no person is responsible for their own abuse.	• They need support to understand the complex nature of abuse. • They need support to understand what abuse is.

They will not engage with services Previous experiences of trauma may impact on a person's ability to feel safe in relationships. It is important to understand the use of a trauma responsive approach and view behaviour through a trauma lens and ask, 'What happened to you' rather than 'What is wrong with you?'	• Services have not yet found the best way to build relationships with them. • Support was offered that did not meet the needs of the person at that time. • It is recommended that the services try an alternative approach which promote the 6 principles of being trauma responsive.