project change

FREE PRACTICAL TOOL · NO. 09

09

Care experience:

language that helps

A practical guide to framing care experience without turning people into problems, heroes or case studies.

There is no perfect vocabulary that every care experienced person will choose for themselves. There are, however, ways of talking that make stigma less likely and understanding more likely.

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START WITH THE FRAME

Language carries assumptions.

Words matter, but the bigger question is the story those words build. Are we presenting care experienced people as full human beings within relationships and systems, or as a collection of deficits?

1

Start with what people need to thrive

Relationships, safety, belonging, opportunity, respect and support are human needs, not specialist needs that only appear when somebody enters care.

2

Explain context and systems

When outcomes are unequal, avoid language that makes the person sound like the cause. Name the structures, barriers and experiences around them.

3

Show possibility without hero stories

Celebrate strengths and achievement without implying that people should overcome structural barriers through exceptional resilience.

4

Let people name themselves

Care experienced can be an important identity, a factual description, something used only in certain contexts, or not a phrase someone chooses for themselves.

Each and Every Child's evidence-based framing work recommends changing how care and care experience are discussed to counter stigma and improve public understanding.

A USEFUL EDITING TEST

Try shifting the sentence, not policing the person.

WATCH FOR	WHY IT CAN GET IN THE WAY	TRY INSTEAD
~~"Vulnerable young people"~~	Can make vulnerability sound like a fixed trait inside the person.	→ **Name the situation, barrier or risk where relevant.**
~~"Despite being in care..."~~	Can frame ordinary achievement as surprising.	→ **Describe the achievement without making care experience the twist.**
~~"Resilient care leaver"~~	Can quietly move responsibility for coping onto the individual.	→ **Name strengths, and also the conditions and support that matter.**
~~"Giving them a voice"~~	People already have voices. The issue is whether systems hear and respond.	→ **"Creating influence", "listening", or "sharing decision-making" where accurate.**
~~"Hard to reach"~~	Can hide the barriers created by organisations and methods.	→ **Ask: "Who are we not reaching, and what about our approach is getting in the way?"**
~~"Success story"~~	Can flatten a whole life into a neat organisational narrative.	→ **Let people define what success means, and keep complexity where it matters.**

BEFORE YOU PUBLISH

Five questions for the final read-through

- [ ] Does this describe care experienced people as people first, with relationships, strengths, agency and ordinary lives?
- [ ] Have we accidentally implied that unequal outcomes are caused by a personal deficit?
- [ ] Does the piece explain the role of systems, support and relationships where they matter?
- [ ] Are we using one person's story to stand in for everyone?
- [ ] If a care experienced person featured here read this, would they recognise themselves as a contributor rather than content?

Good framing is not about finding the approved noun. It is about helping people understand care experience without reproducing the stigma you are trying to challenge.

FURTHER READING

Each and Every Child, evidence-based framing toolkit for care and care experience, eachandeverychild.co.uk.

People use different language for themselves. Respect individual preference and context rather than treating this guide as a banned-words list.