CARE MATTERS Podcast

How Language Matters Mini-series episode two

Communicating Social Care with Bryony Shannon

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The Care Matters podcast is brought to you by the ESRC Centre for Care and CIRCLE- the Centre for International Research on Care, Labour and Equalities. In this series, our researchers welcome experts in the field and those giving or receiving care to discuss crucial issues in social care. As we collectively attempt to make a positive difference to how care is experienced and provided.

Majella Kilkey:

Hello and welcome to this episode of our podcast mini series, How Language Matters. My name is Majella Kilkey. I'm Professor of Social Policy at the University of Sheffield, where I'm also a co-investigator in the Centre for Care. I lead the research group Care Trajectories and Constraints with my colleague, Dr. Jayanthi Lingham. I coordinate this podcast mini series exploring issues around language in care, practice, policy and research.

So in this episode I'm joined by Bryony Shannon. Bryony has almost 20 years experience working in practice development in adult social care. Her background, though, is in information and communications. It's not background Bryony. That probably helps explain why you decided to start a blog. Your blog is called ‘Rewriting Social Care’. Words that make me hmmm. Or reading the blog. Sometimes words that make me go ‘Aargh!’, I think it seems more fitting for a title. So can you tell me a bit first one about the blog and what motivated you to start it?

Bryony Shannon:

Thank you. Thanks so much, and thanks for inviting me to be part of this. And I'm really pleased you're doing a, a series focusing on languages. It's great just to know that, yeah, the blogs definitely do some of them. Some of the words definitely do make me really, really go ‘Aargh!’ and really squirm. And I do find myself having to try not to actually physically squirm quite often when I hear them.

So, yeah. So I think the blog really came about, from, as I say, I've worked within, adult social care practice, in local authorities for not quite 20 years. And that sort of started off working in a set of information and comes and really sort of writing about communicating about adult social care and trying.

Well, when I first, first got my first job, as an information officer in social care, I didn't know very much about social care at all. And I was just kind of confronted with all of this jargon, these acronyms, this just really confusing language that I just genuinely didn't understand. And my role was really to kind of communicate about social care to staff.

So looking at writing policies and procedures, practice guidance, but also public information as well, and communicating in sort of factsheets, leaflets, web pages and just, yeah, writing about

social care, how it works. And so trying to kind of translate this really complex system into kind of human friendly language. And it just felt like it, it just didn't work.

And I think just them, the more well, I did it for a lots of years and then kind of just felt wrong just the way that we were communicating about people. The way that the sort of the language we use represented this whole system of, around processes, really, rather than around people that sort of I think the main purpose was the process, the policies, the performance, and people seem to sort of relationships had really been lost in all of that.

So I think trying to kind of yeah, the blog really came about by sort of highlighting that, I suppose, that sort of frustration and also from a really personal perspective, trying to understand why these words did make me go, why I didn't like the way what the language represented, really. So one of the really early ones was around was customer.

The use of the word customer in relation to, people during on social care. It just felt wrong. And I felt like I needed to write about it to work out why. So it was really kind of a personal reason just to, for my own benefit, really. And then happily, people were quite interested in what I was writing and wanted to read the blog, so, so that was really nice.

And then that's kind of just let's say that what led to me writing more and but also meeting some great people and having lots of conversations about why language does matter.

Majella Kilkey:

Well, let's blog your blog that we relayed to you through the blog. So I mean, it's clear you're an obvious candidate for this podcast, series on how language matters. So really brilliant that we can have that conversation. We've invited you to explore language more in social care practice given your kind of work background.

But before getting into that, I know you've been reflecting on how social care is talked about in the media. So what makes you go, or, when you hear or read of social care in the news.

Bryony Shannon:

There's a really kind of negative association, I think, with social care and a lot of that language around the, the media use around the set up, the crisis narrative of social care. So collapsing, ticking time bombs, and silver tsunami. It's kind of ageing population and this whole kind of yeah, the sort of doom and gloom narrative about how it's all hopeless and it's all broken.

So largely a kind of very negative, language then very othering as well. It's very much about the vulnerable. Our most vulnerable, those who are vulnerable. It's a lot of it's not about us, it's about them and that kind of distancing and dehumanising people. I think, often accompanied by images as well. I mean, if you look at the images that are used on articles about social care, often they are very dehumanised images of wrinkly hands, each layer.

And if people take retreating body backs, people retreating down corridors or walking frames or things and not human images at all, they don't have heads, no evidence of, bodies without heads and, they faces no sense of kind of human beings. It's a it's a very kind of dehumanised image way. So it does feel very much like it's sort of people as a problem, as a burden.

The whole caste system is broken. So, yeah, very negative really. And I think there is that sense that we don't want to talk about it because people don't want to talk about it. They want to think about it for themselves and people they love, because it feels like it's something to be avoided.

And something that's associated with decline and kind of losing, like losing things, but also, losing money as well.

I think that sort of whole kind of narrative around, having to sell your home to pay for care. So that's kind of the mood in narrative, the political narrative as well, really. And then I think sort of local authority, what I saw narrative is often that quite paternalistic, looking after the vulnerable, protecting, caring for. So there's no real sense of people's kind of rights, citizenship in that language at all. It's very much that sort of, people as passive recipients, self-care and service users and customers.

Majella Kilkey:

Yeah. I mean, for someone who works in social care, what does that kind of the crisis narrative do to the workforce? Because, you know, we hear all the time, then Hedges is collapsing, social carers collapse, everything is in crisis. How do people who work in that go in, day in, day out and actually do their job? With that narrative, I think, is.

Bryony Shannon:

What I think it's it avoid or it kind of glosses over all the good things and all that, sort of the stories that should be being told about what is good and, how social care supports people to live really good lives and that, that narrative doesn't really come across at all. And also the narrative around care and support for younger adults as well.

It's very much about older people, so that often there's no kind of sense that social care is for everybody, for all ages. And I think, yeah, it's a hard it's hard to work somewhere that feels like it's constantly sort of under attack. And, and the, the kind of the benefits and the positive elements of it aren't really recognised or appreciated.

So yeah, I think it's a real challenge and I think it's a challenge in terms of recruitment as well as sort of the way that the workforce. I'm not a massive fan of the work save, and I think it's a lot of kind of language around the workforce and the front line and all of those kind of ways.

But yeah, just the way that roles are kind of, again, sort of advertised. I wrote a blog about, the language of social work, job adverts, and that language is very much about sort of the process led, transactional type approach, really, moving cases through a system and lots of language around, sort of dealing with complex cases and managing cases and endless references to people as cases.

So, yeah, that very transactional, approach, which I don't think reflects the reality at all. I mean, it does to an extent, and I'm starting to move away much away from that reality. But yeah, I think it sort of denies the actual human human relationships that really underpin social work and social care.

Majella Kilkey:

So you say a bit more about the kind of language associated with the processes, because that's what got your bug from the that's the beginning. That's kind of that's what motivated the blog.

Bryony Shannon:

Well, I think and I think that writing that the blog about, social work job adverts just I found it really hard, actually. I found it really sad that this was how we were recruiting social workers. We

should that that whole profession is around kind of human rights and social justice and relationships and citizenship. And that didn't come across at all in the job advert.

So job adverts were around this kind of transactional processing people through and through a system and almost the language felt like it could be sort of you recruiting baggage handlers, kind of processing cases along this, those conveyor belts and, and airports and things. So it's yeah, the a lot of the words I think a lot of those pregnancy words like screening and signposting and triage and there's all of that language about kind of moving people through a system.

And the way that we talk about placing people, as well as sort of placements and placing people that sort of doing to people, rather than working alongside. So that whole power dynamic, I think really does come across in the language.

Majella Kilkey:

Where does that come from? What's the origins of that? Are you talking about people or human beings?

Bryony Shannon:

Well, I think it comes from the it really comes from that sort of care management approach to social work, really. That sort of bringing in, the kind of the idea of people as customers, and consumers and social workers as brokers and, sort of brokering care packages and that sort of assessment for services type factory.

So it makes kind of this real distance from people and from communities and from being part of, communities and really working alongside people. It just the whole care management approach kind of totally took that away. And, obviously the Care Act 2014 was very much designed to step away from that care management approach and be much more focussed on, people's wellbeing and meeting needs rather than providing services.

But I think that has obviously that approach has a legacy that takes a long time to get over, and lots of how we work and how teams are structures is kind of in response to that way of sort of processing people through a system and the things that we measure as well, the things that we sort of value.

Like, how long does it take for an assessment? How many assessments have be completed, how many reviews we completed? It's the very kind of quantitative measuring of how many, how much, how long, rather. And how was it? Did it make a difference? How did it feel and.

Majella Kilkey:

How did person experience, how was their life changed as a result of this?

Bryony Shannon:

Yeah, that's so it's kind of the secondary bit to actually. Oh, but we've kind of dealt with 40 cases this week or whatever. It's yeah. It's it is that sort of just yeah, the language of sort of industry and production lines, in that real kind of distance from people as well. And yeah.

Majella Kilkey:

What impact does that happen? The people that you're working with so that people who needs, you know, er social care, what, what, what does it do to them and the people around them to be talked about in this way?

Bryony Shannon:

I think it's really, it feels like there is a lot of, there's division on both sides and there's kind of they so people's perception of social workers and people working in local authorities and such generally is often quite negative because of that distance and because of that sort of seemingly quite transactional approach. And just yeah, the way the language generally I, the people hearing it or feeling that it's used about them, it's dehumanising.

It feels like it's kind of people being lumped into these categories and, put into boxes and often that's how we work by putting people into boxes. And that's we need that kind of categorisation to be able to respond to somebody, because you have to if you fit in this box and you get this service and I mean, I'll we trying to move away from that.

Generally, I think social care is kind of evolving away from that, but it's still sort of underpins it. That kind of categorisation. And the use of labels and that kind of need to label people are and I think often there's a I think people feel that they need to have labels to get some supports as well. That kind of idea that you, you have to be seen as vulnerable or you have to have been at risk or oh, people have to describe people they love as in that way, as having complex needs or, being vulnerable to actually get some support.

I mean, I was talking to somebody today who's saying about the term vulnerable is, used so much in kind of writing bids for things to sell, but this is going to support a very vulnerable group without actually saying I you you mean in that group? It's just used as a sort of real kind of catch all term that doesn't actually mean anything.

Like who's nice. We're all vulnerable. Yeah. That vulnerable to different things in different times, different circumstances. But it's that whole way of sort of labelling people as there's something wrong with you, you're a problem rather than addressing. And so recognising the things that make people vulnerable so.

Majella Kilkey:

Individuals it doesn't express. And I said, I came across this in another project I worked on, which was, a project focussed on the experiences of young third country nationals. So people from outside of Europe coming and building new lives in, in European countries and in the title of the project was, vulnerable. I think they were called vulnerable young third country nationals.

And, you know, we kept having to kind of have change the, the, the terminology, when we were writing about the project to, to people in vulnerable conditions or the vulnerabilities and conditions of the conditions that people there were in that make them vulnerable. So the, you know, we agree with you were all vulnerable, but it wasn't, you know, they weren't innately vulnerable because they were 15 or because they were, from another country.

It was because of the conditions that they were experiencing for being absolutely irregular classes, irregular migrants or experiences of racism, or services not providing for them properly rather than them as thing being vulnerable. But it was. Which is so striking how easy it was for that, along with the idea of these are vulnerable people to get through and that proposed and

maybe that they that wasn't used as you say, maybe the project wouldn't have been funded. We had to we had to call these people vulnerable to harm them, vulnerable in order to get to get funding to work with, work with.

Bryony Shannon:

Yeah. And it's so much the sense of that, oh that's my well done. That's okay then in terms of like, so the councils that have set about, kind of declaring bankruptcy and kind of financial positions and there's still lots of but we will still look after the vulnerable and that's still kind of like this, that's like sort of benchmark of the things that we will continue to do is care for the vulnerable.

End up title, charity model, medical model approach. Really. And yeah, I think, particularly during Covid around the use of the term vulnerable was everywhere. And so I've really, they're really dangerous. I think the way it was used just in to, I mean, so many people who were kind of put into the vulnerable groups, and really resented that.

It kind of made them feel more vulnerable, I think by being put into that category and, having that label put on them, and certainly I think there was a kind of a narrative, around people in care homes, particularly being particularly vulnerable to Covid. I think that was almost like listening to a get out, really, because actually they're not particularly vulnerable to Covid.

It is all the things that are going on around them that make them more vulnerable, like discharge policies and, lack of like kind of congregate living in the first place. But, lack of protective equipment and all of this kind of decisions that were made, but it almost kind of excuses that because it's out there very vulnerable anyway. So they were most likely more likely to die. So it's yeah, really, really kind of horrible, horrible narrative. And to sorry. Yeah. Just banning people into these, these groups.

Majella Kilkey:

It's marginalising isn't it. Some kind of just disempowering.

Bryony Shannon:

Yeah, definitely. And just kind of denying responsibility. I think if they're not recognising the things that make people vulnerable, that can be changed. So. Right. Just thinking our people, that's how people are. Oh we need to change people. We need to fix people. We need to do something to them. Rather than we need to remove the barriers and them, the things that are around them that are making them vulnerable.

Majella Kilkey:

The way you talked about the kind of the categories, numbers, people need to know that language, which category to be fit into, or a family member into. What call that what terminology to use. When we jumped in, I met with the Centre for Care Voice forum to talk about this, podcast mini series, and they talked about how if you don't know that language, how you risk not getting what you need, it's a really exclusionary if you can't speak the language, do you have any kind of experience with that?

Bryony Shannon:

That's funny. I think there are these sort of gateway terms. I think vulnerable is one of those terms like complex needs, another term and at risk and safeguarding concern or safeguarding

generally is them. They are these kind of terms that get, yeah. That sort of get you in. Okay. Get you through it, through a door that shouldn't be there in the first place.

Really. And I think equally, there are words that we sort of use that, like, kind of try to change things without actually changing things. So this sort of looking at, like person centred and strength based and there's kind of words that, sort of try to change, but they're actually because they just change in the language, they're not actually changing kind of attitudes of behaviour. So anything beneath the surface.

Majella Kilkey:

Yeah. So I was going to ask you about kind of your hope for shifting the language to you. But what you just said is that, well, you speak the language, you don't shift the process in the, in the to says, but other yeah. Other good examples are any examples of organisations really trying to change the language. And then we'll come on to the question, structural change.

Bryony Shannon:

Yeah. I mean, well, I think, a bit with social care future movement, which is very much around trying to change the narrative of social care and kind of having this, this vision of social care as being about people doing things that matter to them, rather than social care being seen as sort of looking after the vulnerable in that traditional narrative.

And I think that that kind of way of seeing social care is really being, adopted more and more and, sort of people's relationship with social care is that kind of term analogy of people drawing on care and support has really, become used more and more and replacing the sort of idea of service users and customers, not totally.

There's still a lot of references to service users and customers, but, yeah, just changing that dynamic really change that power dynamic and saying that, like, people have or should have agency and choice, and be able to kind of make the decisions about the care and support that they draw and draw on. And also that idea that support is something that leads to something else.

So this, this kind of getting away from the idea of care as a destination, some, some way you go or something you get, you move into care. But the actually care and support is something that enables you to get on with living your life. So that kind of, yeah, about people's rights and citizenship. And it's something it's more of a vehicle rather than a destination, which is the kind of the social care feature idea around that.

So I think the social care future movement is very much around trying to build that public support for reform. Say yes, we need lots more kind of investment in social care, but not to kind of prop up a system and the way that it works at the moment, but to really kind of radically change, and to make it more about people and make it much more, yeah, about all of us rather than is kind of hold them in us.

So I think there's yeah, I think there's lots of conversations trying to change the narrative, like centre for ageing better have got a brilliant image library, of images of older people trying to kind of replace this whole kind of imagery around the wrinkly hands. And yeah, that's they're really looking to expand that. I think in terms of kind of the whole narrative sort of imagery around social care. So I think it's so it's starting to change. I definitely think it is. It is starting.

Majella Kilkey:

I know you've written a piece on, co-production is one of your words. But you know, to what extent these are these changes, are these kind of radical revisioning, reimagining or rewriting? I think you talk about radical rewriting. To what extent? Those ideas being co-produced with people who, you know, you service.

Bryony Shannon:

Oh, very much. I mean, I think it's really important. I don't I'm, I don't have a problem with co-production. It's a bit jargony, but, but essentially it is about making something together. That's kind of what it means. And that is what it's all about. And I think often my problem with is who is all the words that get used around it, like engagement and empowerment and managing expectations and that kind of narrative, which still kind of sits the power with an organisation who are engaging people to kind of come, come to us and tell us what you think about the things that we want to talk about, rather than really kind of really working alongside people. But I think for me, the more that you do work with people and different people and diverse groups of people, well, partly that calls out the language in the first place because people are saying, I don't know what you mean. I don't want a word that use that word to talk about me. So it calls out that language and really highlights that language that shouldn't be used.

But I'll say, yeah, it's part of building that sort of future together around what good looks like and really, really changing things based on people's experience and people's knowledge and people's ideas and that kind of recognised recognition that the people who have these experiences are drawing on care and support, know what good looks like and what that looks like.

And I've got the ideas and can be sort of, the people that should be driving those changes and really, being part of those changes and part of the support as well. So rather than these kind of institutions coming in and looking after people, that whole kind of sense of kind of peer support and people looking out for each other, I think really shifting the idea of care and support away from institutions, and services much more towards communities.

And, yeah, the sense of people looking out for each other. So yeah, I think the whole and a co-production, even though like it's one of those terms that is kind of in danger of being used and what is already I think is an abuse and slapped on things, quite often it's a kind of like, what do you think about this that we've already done?

And you just take this box for us and rather than that real kind of totally different approach. And I think that's it's doing quite a lot of work with Trisha. Nicole, linked to the social care future around co-production and around me. So it's that co-production sandwich.

The way we made it out? As you say, you have, you can invest in slice of bread, which is the real fundamental stuff, which is really how you think about people and talk about people and the language that you use that people as us, we, human beings. And that's if you don't have that in place, then you've got a sandwich.

Basically, you haven't got your bottom layer of bread. Then there's a bit in the middle, which is the kind of like the everyday, like involving people in, in changing things, developing things at the everyday. Changes. So, so how will you recruit people, making sure that people who do experience are really involved in that? How we're designing, new policies or bits of information

or just making changes to the changes that need to be made and how we work, and then that's sort of the top slice of bread is that kind of strategic level of co-production.

So the real sort of oversight type, making big decisions about, how money is spent or the overall policy. So priorities of organisations and so kind of thing often co-production is that top. There is that that's a bit that's seen it's thought about over. We'll have a group that meets but you haven't got the bit. You gotta have a sandwich with just that top layer of bread, whereas you can't have an open sandwich with the bottom layer of bread and the filling. Yeah. So you need that strategic bit. Obviously it's good to have it. Oh, and I think we, we talk a lot about this sandwich business about well you.

Majella Kilkey:

Have the same routine because as you were talking I was thinking about a Victoria sponge for then that's because I have a sweet tooth for, might be another way. Otherwise think about it. But yet I really got the I really get the layering. I think we had a conversation over coffee before we recorded this podcast, and I was talking about the layer and saying that the co-production within the centre for care is very much layered. So something, something similar. But that sandwich analogy is a really, really, really good one.

Bryony Shannon:

Yeah, I kind of like the biscuit. I always makes people hungry as well. But we've talked about it with different people that that kind of idea of some, it's like the best sandwiches are the messy sandwiches that you've got like bits falling out, poking bits back in and like they all look different and everybody has it looks different for everybody. There's not a kind of a one size can actually thing is.

Majella Kilkey:

Yeah. Exactly.

Bryony Shannon:

Yes. And different types of breads and not you kind of just you've planned like sliced slightly killed at the edge, one size fits all kind of, pre-prepared sandwich, but something that is yeah, kind of bespoke and can look different and different and places. So yeah, I think the sandwich analogy case but maybe it's quite useful to think about that sort of the everyday that the bottom slice of bread and as the appetite conversations that we're having.

Majella Kilkey:

Yeah. Because I mean if you don't talk to people about how they feel about the language that's been used about them or to process them through their system, then we don't really we're not we're not aware of kind of what that's doing to people. And when Jonathan, I met with the send for Carers Voice forum, which is one layer of centre for carers co-production approach, big thing that came up was how stigmatising a lot of the language that they experienced, as the, as kind of service users to use that language.

That might be another kind of difficult term. But yeah, how stigmatising it was for them. And they really wanted that to be kind of a theme that we developed through this, through this podcast series, but without talking to people with that lived experience, it's really hard when you're on

the frontline. Another to kind of know what that what that's doing and how that's experience and felt.

Bryony Shannon:

Yeah, I mean, yeah, the term service uses is really kind of whenever I speak to people, that's, that's the term I think that but really, upsets people quite lightly. The sort of idea that people are put into this category kind of defined in terms of their relationship. But the service, the whole idea of use is as well sort of connotations, links with kind of drug use and abuse and sort of exploitation.

And just that. Yeah. The sort of like density of social care as services in terms of services, there's kind of a whole host of reasons why. Yeah, it's just not, it's just it's very it is very dehumanising. It's very kind of like you're all in this category over there, and we're just seeing you because you are using a service and that sort of passive nature of that as well.

So when talk about co-production and people actually having some, an active role in kind of shaping their own lives, their own support, but also the kind of the wider developments of care and sports as well. It's a very it's a kind of a language. It's very passive. It's very much kind of like you don't have any active role in this. Over there you're in this kind of category with all these other people that are the same as you, but different to us and that sort of real kind of feminist divides, I think. Yeah.

Majella Kilkey:

So yeah. So we're not all users of services for your own benefit. It's not at some point in our lives it's a different times. Yeah.

Bryony Shannon:

And it's just such a term that gets used like anybody who has anything to do with social care is a service user in the same way that anybody who has anything to do with health is a patient. And they just kind of like categorise people into that sort of social care is about services. Health is about medication and treatment. Rather and just talking about people so as to talk about people.

Majella Kilkey:

And the language is often blaming of people as well. So I saw that you'd written something about the notion of how to reach. And this is something that we've been debated within research and universities as well, because the term that I did, people were hard to reach. And that's, you know, this, that and that's why they're not in this study or we don't know anything about them that they are they're the problem, they're to blame.

And in research nice. It's you find more commonly the term seldom heard. So it's not that it's that we haven't done enough to kind of hear their experiences, but that blaming of people themselves or groups, particular groups within society because they're not coming for words or they're hiding selves away or.

Bryony Shannon:

Doing what we want them to do, basically. I mean, I think a lot I mean, it's really rife that sort of that blaming language. All of that is hard to say. It's difficult to engage, non-compliant,

challenging. There's so many terms that blame people because I think people because we have an expectation of how things should be, and we want people to fit into that.

And when people don't fit into that, then we blame them being wrong or difficult to engage or refusing to engage, that kind of that sense that people, making a choice that they, they like, they're choosing not to, engage. I mean, the how engage is like, it's this type of dynamic so that anyway, in terms of kind of engaging people, it's very much about come to us do this when we want you to do.

We're going to hold a meeting on a Wednesday afternoon in this building. Come and engage with us. Well, it rather than that, like, let's go out and let's chat people and find people where they are and kind of. Yeah. And ask them to join in with things that are already going on rather than kind of like it all being on our terms.

So I think a lot of that blaming language is really is. Yeah, that power dynamic is sort of really sharing that power dynamic and the sort of the expectations of ways people should behave and just yeah, playing people as problems rather than like, like challenging, challenging behaviour that sense that there is people's behaviour is the problem rather than people's behaviour.

Like the way people behave is communicating something. What are they communicating? What's behind that communication? And is that distress or anger or something else that we need to kind of look at the motivation for the behaviours, rather than kind of punishing the behaviours with kind of restraining people or medicating people or whatever it is. Let's look at. I mean, it's like, like honourable again, it's back to that sort of like blaming the person rather than looking at the wider society, what's going on around them, what's happened in the past to them as well? That's kind of behind that behaviour.

Majella Kilkey:

I need to hear you kind of. Throughout Bonnie recognise the importance of structure. And so, you know, you said even if you kind of change the language, we have changed language. You gave examples kind of person centred care co-productions. We can change the language, but unless we change the processes and the systems, that's not going to make that much difference.

And that this was a key message. From the Voice Forum Centre for Care Voice Forum, when we talked about this idea was that, you know, there's a risk that changing language is just a window dressing. You know, to what extent can that really well, to what extent does it maybe distract from the real problems, which is changing the language? But to what extent can language really change the structure structures and then equalities and the power imbalances that you've talked about.

Bryony Shannon:

Yeah. Great. It's really important. Very question, I think. And you definitely both I think you can't you can't just change the language, but unless you change the language, nothing else is going to change it. I think. So we need there have been attempts of the saying things like person centred and strength based, and co-production too, in a sense as well.

I kind of used really as buzzwords and that kind of like wheeled out and like, oh yeah, this is the thing. So strength based in the way that we're working or this is so person centred, but they've

just become these sort of buzzwords that are used. And I don't think there isn't actually that sort of underlying change in terms of assets due to the behaviours or structures that underpin that.

And I think unless that sort of there's that real recognition of kind of the power, behind kind of relationships and dynamics and really how people see other people, and while people see other people as kind of less worthy or needy or, in these categories, you know, I don't think you're going to change. You're not going to get into that kind of person centred, strength based, etc., etc. are meaningless.

And even sort of changing structures and things. And I mean, then the restructures and sort of the idea of transformation and transforming services by a restructure or a rebranding or renaming, and you're actually really getting back to that. The button size of bread really kind of like how we see and understand and communicate with people as people, as human beings, as us, as we're you, rather than them over there who are different and somehow lesser and not quite as human.

And as we really change that, then all the rest of the change is meaningless, I think. So we've got to change the language, but we've got to change the attitudes and the kind of behaviours that underpin things that they do go hand in hand. And I think unless you really change a set of attitudes and behaviours, you can't, you're not going to get that really say you've got to change, change both.

But I think if you don't change the language then you're going to keep that sort of dehumanising distancing attitudes. So they do go hand in hand. You've got to have both really, I think so I think often people say, oh, it's just changing. Just changing the language isn't enough. And I totally agree. Just changing the language isn't enough. But I think it's really important to change the language. Yeah.

Majella Kilkey:

Well, on that message, I think we'll bring it to an end. You've set up a really important challenge around changing, but, thanks very much, Bryony. It's been great talking to you to about this. Thank you.