



MIND YOUR LANGUAGE...

Grab Sheet

“Hey, fancy accessing the community tonight...?”

Language is important. The words we use reflect our attitudes and beliefs, and they influence and shape the attitudes, beliefs, expectations and behaviours of those around us. Language implies things that we may not always intend, because language reinforces stereotypes, unconscious bias, and even discrimination or hurtful messages.

For some reason, services seem to think there is a need for ‘special speak’ when referring to people using those services. They use a whole load of words and phrases to describe people and the things that they do, want and need that people working in those services would never use when speaking to a friend or colleague or family member.

This ‘special speak’ lacks humanity and compassion and is often not related to the specific individual. It can be (and usually is):

- **clinical and impersonal**, which can make people feel dehumanised (not seen as a person), unvalued and not respected as an individual; and/or
- **negative**, which can make people feel like they are a problem to others or that there is something wrong with them; and/or
- **full of jargon**, which makes it hard or impossible for people to understand.

Being aware of the language we use when working with people is essential, and it makes all the difference to the experience people will have, and whether they feel they are being valued as a person and respected as an individual.

It would be impossible to cover every example of the words or phrases used in health and social care services that (can) have a negative effect on how people using those services are viewed, responded to and treated by others (and often themselves), but below are some of the most common, and ones we believe should be avoided (unless people express a preference for them to be used).

What <i>not</i> to say	What might be said instead...	Notes
Service user Client Patient	Person who uses services Person receiving support Person (sometimes this will be enough)	This is sometimes a matter of choice; some people prefer service user- always better to check where you can. (See What's the difference...? below)
Access the community	Go out (can state specifically where, if this is known) Going to a meeting Going into town Going to the cinema Going to a café Going to a club, etc	Have you ever said... "I am going to access the community" about yourself or your friends?
Assessment	Chat/ conversation/ discussion (e.g. to see what someone would like to do, what is important to them, what would enable them to have the life they want, and so on)	As with the term 'service user' sometimes people prefer/identify with terms like 'assessment' as it is about what they are entitled to.
Assets (when talking about an individual)	Strengths Skills	Some people can find it hard to

	Talents	recognise things that are positive about them/ their life and may identify more with focusing on what they are not able to do (but this may be because that has been the focus of any service they have received...)
<p>Difficult/ challenging (when describing a person)</p> <p>Trouble-maker</p> <p>Stubborn</p> <p>Non-cooperative</p> <p>Kicking off</p> <p>Having a melt-down</p>	<p>Alternative suggestions will depend largely on the reason for someone's behaviour. But possibilities could include:</p> <p>(Person's name)'s emotional/ psychological needs are shown/ communicated by.....</p> <p>Needs more support (practical, emotional, psychological, to understand, etc)</p> <p>Is having a hard time</p> <p>Isn't being heard</p> <p>Feels frustrated</p> <p>Keeps being let-down</p> <p>Doesn't feel understood</p>	<p>Behaviour is communication...</p> <p>Consider the idea that someone's behaviour is usually thought of as challenging because the people around them don't understand what they are trying to communicate and don't know how to respond to it.</p> <p>The point is to try and understand what is going on for someone, not just label their behaviour and make them sound (and feel) as if they are a problem.</p> <p>Be specific and describe the actions/ behaviour. Also say when the behaviour happens as this can</p>

	Can't communicate (with words) what they are feeling/ going through	lead to understanding.
Feed (someone)	Have breakfast/ lunch/ dinner (etc) with Eat with (someone/ person's name)	
Generic words e.g. 'mum', 'dad', 'sister', etc as a person's identity	Use the person's name if you know it...	
Peers	Friends Colleagues People of the same age People with the same skills	
Personal care	Ready to go out Get ready in the morning, etc Shower Bathe Wash Use the bathroom	
Respite	Have a break/ rest	

Review	Chat (e.g. to see what's going well for someone and what isn't; to see what they would like to change, do next, etc)	As with 'assessment' some people may prefer/identify more with the word 'review'.
Strategy	Plan	
'xxxx' sufferer (e.g. dementia sufferer)	Someone who has 'xxxx' Living with xxxxx	A person is not their condition. (See What's the difference...? below)
Support needs	The things that (would) make a difference to someone's life enable them to be independent and/or keep them healthy and safe	
Wheelchair user	Someone who uses a wheelchair	

For more discussion about this see:

<http://partners4change.co.uk/words-that-make-you-go-hmmm/>

What's the difference...?

It may seem like there's no difference between saying something like **service user** and **person who uses services**, but it can be considered a question of identity and how words define us:

- To say someone is a **service user** makes that their identity; it's what defines them. They **are** that thing.
- To say someone **uses a service** identifies them first as a person, who happens to use a service. They **use (or do)** something, rather than **are** that something. It's not a **label** in the same way that service user is.

And this is not specific to service user; other examples might be **dementia sufferer, learning disabled**, etc:

- To say '**I am a dementia sufferer/ I am learning disabled**' feels very different from '**I have dementia/ a learning disability**'. In the first instance, I am defining myself as my condition/ diagnosis, in the second, I am saying I am a person and I have this condition/ diagnosis.

The difference might seem subtle, but it is these subtleties and little tweaks that can make a big difference to perception and experience.

Whilst it's true that some people don't mind being referred to in certain ways, we could ask whether this is simply because they are so used to being referred to like that (until an alternative which feels more 'personalising' or human is presented)? Institutions and organisations shape and set culture and we can all become conditioned by this.

Ultimately, the important thing is to be aware of the impact of language and check people's preferences (where possible); know the person you are talking to...

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