Language and terminology learning briefing

Why is the language we use important?

Language is a powerful tool for communication. But, sometimes the way that we use language can create stigma or provide barriers to understanding or positive engagement.

Language as a barrier to understanding

When we use language that is unfamiliar, or difficult to understand, it creates a barrier between us and the adult we are supporting. The adult may not feel comfortable telling us that they don't understand, or they may stop listening to us altogether. This means that we can't be sure that the adult has received our message.

Value-laden and prejudicial language

If the adults we are working with perceive our language to be value-laden (opinionated or biased) or prejudicial (based on a preconceived idea not founded in fact), it will understandably create a barrier between 'us' and 'them'.

To avoid this, we must consider any unconscious biases we hold, and any organisational cutural language we use which may distance us from adults we work with.

The impact of our language

Changes in the language we use can have a substantial effect upon thinking, can positively alter mindsets, and can change the way we view the support a person may need. It can mean the difference between an adult wanting to work with us, or not. Fundamentally, the language we use can improve an adult's experience of us and our services.

Making a difference

On the next page, we'll take a look at what we can do to make our language and terminology more accessible to the adults we work with.

Avoiding the use of jargon

We often use jargon and acronyms. These can be confusing to the adults we are supporting, their family/carers, and to other people we work alongside, as each organisation may have their own jargon and acronyms.

Sometimes we talk of 'customers', 'service users', 'clients', 'patients', 'cases', 'referrals', or 'reference numbers'. This can create a barrier between us and the adult, which could be disempowering.

We must consider language and possible alternate meanings of the words we use. For adults who are not familiar with our organisations, words can have a very different meaning. Some examples are shown below:

- Assessment: This could mean a test or exam.
- Case: This could mean a suitcase or luggage.
- Frontline: This could be where fighting happens in a war.
- Respite: This could be seen negatively; the dictionary definition is "a pause or rest from something difficult or unpleasant".
- Extra care: This could mean the need for more care, rather than an over 55-year-old service provision.

There are even words we use which may have no 'day-to-day' meaning. We need to consider using different words, or explaining these fully to the adults we are supporting and their family/carers.

If we ever need to use abbreviations these also need to be explained in full to the adult and their family and carers, for example: DoLS (Deprivation of Liberty Safeguards) or Making Safeguarding Personal (MSP).

Changing terminology and focus

Often, we can use terms such as 'challenging behaviour', 'refusing to engage', or 'non-compliant. This language can feel like blaming or shaming instead of acknowledging what we need to do.

To get the best outcomes for people, we must think about how the language and terminology we use needs to fit the person in a supportive and understanding way. The responsibility should be on us to make sure we match what the person needs, and what matters to them. We must recognise our own behaviour and language, and how these impact on the adults we are supporting.

Are we listening to, and fully hearing, the adult? Do we understand what really matters to them? Are we fully involving adults in conversations? Are we using language that is easy to understand, both when we speak and in writing?

Alternative language choices

We need to consider whether it could be us that is 'hard to reach' or 'difficult to engage with'. Some examples of the language we may use, and how we could change this, are shown below:

- Instead of "challenging behaviour", try "Behaviour which presents a risk to the adult and/or a challenge to those supporting them, or behaviour which appears to be communicating pain/discomfort/frustration etc."
- Instead of "Refusing to engage/not compliant", try "S/he appears to not be agreeing to …" and consider if there is something more that can be done to support the adult to understand and engage.
- Instead of "The adult failed to/didn't engage", try "Our agency was unable to engage with the adult."
- Instead of "Did not attend an appointment", try "The adult was unable to/not supported to attend/was not brought to the appointment."
- Instead of "Making allegations", try "Abuse has been disclosed; we need to look into this and see what has happened."
- Instead of "There is no evidence to corroborate the account of abuse", try "We have been unable to find sufficient evidence of the abuse for further action to be taken."

Trauma-informed practice

Another consideration when being mindful of the language we use, is the use of a [trauma-informed approach (West Sussex Safeguarding Adults Board, 2024)](#).

A trauma-informed approach means being able to see beyond an adult's presenting behaviours. It involves recognising when someone may be affected by trauma, collaboratively adjusting how we work to take this into account, and responding in a way that supports recovery, does no harm, and recognises and supports people's resilience. This approach allows adults to feel safe and develop trusting relationships with services and practitioners.

Resources

NHS Confederation (2021 – 2024) *Acronym Buster*
South London and Maudsley NHS Foundation Trust (2024) *Jargon buster*
Think Local Act Personal (2024) *TLAP Care and Support Jargon Buster*
West Sussex Safeguarding Adults Board (2024) *Trauma-informed approach learning resources*
Worcestershire County Council (2019) *Adult Social Care Jargon Buster A-Z*