BRAIN BOOSTER BYFUSION

THE POWER OF LANGUAGE



Care Management Software

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THE POWER OF LANGUAGE



The words we use when communicating verbally or in writing about situations, examples or individuals have the potential to influence and affect the way that we and those around us perceive others.

This can be in positive, constructive and encouraging ways but also in ways that can cause stigma, barriers and damage.



The Power of Language



'Person-centred care' is widely regarded and accepted as the gold-standard for care delivery in all care homes, as we continually challenge outdated task-orientated practices and routines. And yet, despite this, many of the words and phrases that are still commonly used in care settings are still anything but person-centred.

Being cared for, suggests that a resident is a passive figure in the caring relationship, with care staff being in control. Instead, a resident must be regarded as a respected equal partner to those offering care and support, regardless of the degree of physical or cognitive impairment that an individual may be living with.

The Power of Words in Care

Much of the jargon and language that is still used in care homes leads to residents being labelled, compartmentalised and, all too often stigmatised. Descriptive labels can dehumanise an individual into a series of tasks to be 'done' almost like an item rolling along a conveyor belt in a huge factory.

Terms including:

- 'wanderers'
- 'feeders'
- 'doubles' (referring to a person who requires help from two staff) and 'singles' (a person who only needs help from one member of staff) catalogue a human being into a series of physical acts and needs

Descriptions including 'challenging behaviour', 'attention seeking behaviour', and being 'resistive to care' give no clues as to why an individual may find a situation too difficult to cope with, instead inferring that the person is somehow doing something 'wrong' in the eyes of those responsible for providing care, comfort and security.





By changing the words we use, we can also change the way we think.

This encourages our colleagues to challenge their own thinking and change the words that they use.

Altering the way that a care team think will, in turn, transform the way that residents are supported.



Example in practice

Look at the following descriptions of a resident:

Jim: Jim is a dementia sufferer.

He displays repetitive behaviour and has been described as attention seeking by staff. He is non-compliant with medication and resistive to personal care, displaying challenging behaviour during interventions.





James: James was diagnosed with Alzheimer's Disease 4 years ago. Due to problems with his short-term memory, James finds it very difficult to hold on to any new information. He often becomes anxious and needs reassurance from staff and others. He does not like being on his own.

James has never liked taking medicine and can become suspicious when he is offered medication. James is a very private man who finds it difficult to accept help with personal care without a lot of reassurance.

These two paragraphs describe the same person. If this was your father or grandfather, how would you prefer he was defined?



Examples of what we often see, and what would be better:

Context	Do not use	Preferred word or phrase
When referring to a person who is very active	Wanderer Walking without purpose Walking with purpose	Moving around Walking around Moving around the premises for long periods of time
When referring to a person who requires a modified meal or needs assistance at mealtimes	Soft diet given Feeder / feeding Diet accepted Assistance given	Assisted to eat their IDDSI modified meal Enjoyed his/her meal with help Cutlery free menu option offered as [resident] was struggling to manage with knife and fork
When describing a situation where a resident became distressed	Kicked off Was non-compliant with care Resistive to care Challenging behaviour Became aggressive	Became upset/distressed Couldn't cope with Found it too distressing Became distressed and frightened Expressed unmet needs physically
When describing specific actions involving residents with dementia	Displayed sexually disinhibited behaviour Was sundowning	Was unable to appreciate social boundaries due to having cognitive impairment Became increasingly distressed during the evening
When referring to a person who has had a number of slips, trips or falls	· Frequent faller	· Unsteady/at risk of falls when walking
When referring to a person who has received or is due to receive support	· Was done · Needs doing	Has received help with Was supported to Is waiting for help/support with
When referring to a person who has a long-term illness or condition	· Suffering from or with	· Living with · Experiencing
When referring to a person who is unable to walk	Wheelchair bound Confined to a chair	She/ he uses a wheelchair She/he is unable to move independently

Embedding person-centred language in care homes

Person-centred language is language that puts people first. In the same way that person-centred care is everyone's business in a care home, the language that every member of the team uses is also everyone's business

Lead by Example:

Use person-centred language consistently yourself.

Others will often mirror your approach when they hear respectful, inclusive language regularly.



Person-centred language always sees a PERSON first.

Let's label Jars..... not people.





Typically, staff in care homes who use non-person-centred language are rarely intending to insult, demean or disrespect a resident. The danger of accepting a colleague or colleagues using negative, impersonal, and sometimes insulting labels is that this can soon become part of the normalised culture within a care home. Consider the following points:

- Do colleagues appreciate how damaging referring to residents in non-person-centred ways can be?
- Describing a resident as a series of tasks or by their actions dehumanises an individual and suggests that colleagues consider themselves to be more powerful than those they are caring for is that what the team believe?
- Have colleagues considered that using negative, disrespectful language to describe others anywhere else may be considered bullying or victimisation why should it be any different in a care home?
- Saying nothing when you hear a colleague use non-person-centred language means that you agree with their choice of words do you? Much better to offer an alternative, person-centred phrase to a colleague.