Equality & Diversity
Language, Terminology & Etiquette

“It’s more than words”
(December 2007)
Our commitment

The Trust is committed to providing employment opportunities and services that meet the diverse needs of everyone living in the communities we serve, and recognise that we have legal responsibilities under a wide range of equality based legislation including the Race Relations Amendment Act 2000, Disability Discrimination Act’s 1995 & 2005 and the Equality Act 2006.

These responsibilities include providing a range of communication support such as interpreters, advocates, equipment, facilities and information in different formats such as various languages, large print, Braille, audiocassette, symbols and pictures. The Trust has produced guidelines on accessing and using Communication Support Services. For more details contact the Equality Diversity & Inclusion Unit on Tele: 01925 664074.

The Trust accepts that the language and terminology used throughout society can sometimes create barriers to communication. This document aims to explore this subject.

1. Language, Terminology & Etiquette

Communication with employees, patients and the public takes many forms. The language we use should give employees, and the communities we serve, a clear message that we value diversity and respect individual differences.

Every Trust employee communicates with many people, face to face, by telephone, email, letter or fax and much of the correspondence generated enters the public domain. This communication has an impact on the recipient, and may be remembered for a very long time. The language used can have an effect on the recipient’s perception of the service and may be repeated to other people.

The use of discriminatory, prejudicial or exclusive language indicates a lack of professionalism and encourages the exclusion, devaluing and stereotyping of groups or individuals. Discriminatory or exclusionary language may be directed at many different groups identified for example, by age, disability, gender, race, religion, or sexual orientation.

It is important to remember that ‘language’ does not just mean the words you say. It can include visual representations and body language. The written or printed word in particular may have a far greater impact because of its permanence and the likelihood of it reaching more people.

This guide aims to provide the tools to help you become more aware of the many different practices that may be required when dealing with a modern diverse society. It is important to remember that if you are unsure about the needs of the service user or staff member then ask the appropriate questions, as assumptions can and often, and do offend whereas questions addressed correctly don’t.
When it comes to cultural classification or ethnicity both of these factors are always self defined and one individual's opinion may differ from another. The sections below covering terminology or ethnic grouping are based on good practice and terms used in case law, or by the Commission for Racial Equality.

1.1 Disability

The Trust is moving towards the "Social Model of Disability", which says that there are societal barriers that prevent disabled people from achieving their full potential, hinders their personal development opportunities, and limits access to a full role in society. We recognise that social, attitudinal, and physical barriers disable many people. Furthermore the way policies and procedures are carried out often segregates disabled people, and this could be overcome through good service design.

Social Model – (used by organisations of disabled people)

“...impaired person becomes disabled when the organisation of the society in which they live excludes them from mainstream activities”

The Social Model implies that the problems encountered by a visually impaired person are not because the disabled person has a mobility impairment, it is due to the fact that obstacles are created because society has not taken into consideration the needs of visually impaired people.

In order to move away from some of the negative images associated with disability, we should think about the terminology and language we use. On the chart provided are two columns, which show unacceptable and acceptable language. The left column has listed unacceptable phrases, which are still commonly used. If we think with a 'people first' mind-set then the phrases on the right are the more appropriate phrases to use. It is important to think with empathy and not sympathy, therefore by “putting yourself in someone’s situation” it is easier to find appropriate language. It is also important to keep in mind that disability is not a taboo subject and can be discussed in an appropriate manner.

The Medical Model

The definition used in the Disability Discrimination Act 1995 is referred to as “the medical model of disability” because it states that the person’s impairment is the cause of their disability.

1 Social Model of Disability: British Council of Organisations of Disabled People

"Disability is the disadvantage or restriction of activity caused by contemporary social organisation which takes little or no account of people who have physical impairments and thus excludes them from the mainstream of social activities"
<table>
<thead>
<tr>
<th>Unacceptable Phrases</th>
<th>Acceptable Phrases</th>
</tr>
</thead>
<tbody>
<tr>
<td>The disabled / handicapped</td>
<td>Disabled person</td>
</tr>
<tr>
<td>Wheelchair bound or confined to a wheelchair</td>
<td>A wheelchair user&lt;br&gt;Person who uses a wheelchair</td>
</tr>
<tr>
<td>Deaf and dumb</td>
<td>Deaf without speech&lt;br&gt;Hearing impairment without speech</td>
</tr>
<tr>
<td>She is a victim of........suffering from</td>
<td>She has… which affects her….&lt;br&gt;She has arthritis which affects her mobility</td>
</tr>
<tr>
<td>He is crippled or afflicted by...........</td>
<td>Same as above</td>
</tr>
<tr>
<td>They are mentally handicapped</td>
<td>They have mental impairments or learning difficulties</td>
</tr>
<tr>
<td>Disabled toilet......disabled access</td>
<td>Accessible toilet and accessibility</td>
</tr>
<tr>
<td>She is an epileptic</td>
<td>She has epilepsy</td>
</tr>
<tr>
<td>He’s a Downs</td>
<td>He has Down’s syndrome</td>
</tr>
<tr>
<td>Birth Defect</td>
<td>Has an impairment from birth</td>
</tr>
<tr>
<td>Mute</td>
<td>Without speech</td>
</tr>
<tr>
<td>“We have 5 people and a wheelchair coming to the event”</td>
<td>“We have 6 people coming to the event and one is a wheelchair user.”</td>
</tr>
<tr>
<td>“We have 5 people coming to the event and a wheelchair bound person.”</td>
<td>The person is a wheelchair user and is not “bound” to the wheelchair.</td>
</tr>
<tr>
<td>Suffers from</td>
<td>Has</td>
</tr>
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</table>

**Fact** – The majority of the UK’s 10.8 million disabled people have unseen impairments. It is unacceptable to say, “you don’t look disabled”. This is a statement often used when addressing a Blue Badge Holder that doesn’t use a wheelchair, a walking stick or obvious mobility impairment.

**1.2.1 Communicating**

It is not always obvious what form of communication some people might use and this could lead to misunderstandings in face-to-face encounters. Therefore it is important to identify what form of communication is appropriate by asking that person what they prefer. You should be aware that deaf people are sometimes seen as being rude when they do not respond in a manner to which you are accustomed. You should also remember that people might have more than one impairment and people with learning difficulties might communicate in alternative ways, such as simplistic writing or language, drawing symbols, or pictures. It is most important not to patronise anyone inadvertently for choosing to communicate in an alternative manner, e.g. by finishing people’s sentences when they are speaking.
1.3 Blind or Visual impairment:

- Introduce yourself as soon as you approach the person
- Offer assistance politely, be aware you might be refused
- Do not grab a blind person to guide them, but instead offer your guidance
- If guidance is accepted then offer them your arm, ask which side they would prefer you to guide from and where they want to go
- In a very crowded area politely offer assistance
- Do not shout when you talk
- Do not worry about phrases such as “See you later”
- Do not give attention to or touch guide dogs
- Do not feed guide dogs
- Do not get in the path of a person using a white cane or if this is not possible then you should announce your presence if there is nowhere to move to
- Don’t point and say things like “take a seat over there”, ask the person if you can show them to the seating area.
- Most importantly never patronise!

1.4 Deaf or Hearing impairment:

- Face the light, do not position yourself in front of a bright window
- Make sure people are not moving around behind you
- Do not stand in front of a wall with brightly patterned paper on it
- Ensure that background noise is kept to a minimum
- Stand or sit facing the deaf person, three to six feet away, and at the same level as them
- Check that the deaf person is looking before you start to speak
- Do not shout, as this will distort your voice and lip patterns - speak clearly, with normal rhythm of speech
- Remember sentences and phrases are easier to lip-read than single words
- If the person you are speaking to does not understand a word or phrase, rephrase what you have said
- Give the person time to absorb what you have said
- Keep your hands and anything you are holding away from your face.
- Do not eat while you speak (which applies in all situations)
- Avoid exaggerated or misleading facial expressions
- Use gestures where these are relevant
- If you are talking to a group, do not forget the deaf person needs to see your face at all times
- If you change the subject make sure the deaf person knows
- Write things down if you need to clarify them
- Most importantly never patronise!
1.5 Age

The old and the young often have different perceptions and values, but we are all members of the same society and have the right to be treated in a professional manner. The media sometimes portray young people as beautiful, glamorous and capable, while older people are more often portrayed as conservative, bad tempered, helpless and vulnerable. Conversely young people can be portrayed as immature, yobbish and apathetic. These stereotypes inevitably affect attitudes, including perhaps older and younger people’s self-respect and expectations. We have to strive to check our own assumptions of people based on their age and, where possible, use age neutral terminology such as ‘elderly’ or ‘older’. For example:

- Services for elderly people
- Elderly relatives
- Older workers

We should avoid using the word ‘old’ when describing older people as the word ‘old’ carries connotations of being worn out and of little further use. It is even used as a term of abuse.

When discussing younger people the terminology we use is not generally as offensive as that used to older people. Even though this is the case the terminology we use is, just as important and we should avoid using terms such as ‘kids’ or children (when talking about young adults) and try to ensure that terminology is appropriate to the age of the young people we are discussing.

1.6 Gender

Sex discrimination is the differential treatment of people on the basis of gender. Discrimination on such grounds is actionable under the Sex Discrimination Acts 1975 & 1986, and Equality Act 2006. The Act’s apply equally to men and women, and any guidance on the issue must do likewise. However, there is a predominance of terminology that excludes or degrades women. We should promote positive images of women both internally and externally. This is very difficult if the language used excludes women.

Language should reflect the visibility of women both as employees and as service users to ensure that their contribution is recognised and their service needs are identified and met.

The English language assumes that the world is male. We say ‘the man in the street’, or ‘manning the phones’, and talk about the taxman, layman and so on. Our laws refer to the male gender only, as much of our public language has done until recently. This approach can make women and their contribution to society seem invisible. With a little thought and imagination it is easy to ensure that the language we use is not gender specific. Ensure the female gender is not excluded in any reference to people in general. Use ‘he or she’ and ‘his or her’ when no particular person is being referred to. In many cases the text can be rephrased so that it avoids reference to either gender.
Many job titles or roles that are traditionally identified in male terms have non gender-specific alternatives that you should use, for example:

- ‘policeman’ - ‘police officer’
- ‘Chairman’ - ‘chair’ or ‘chairperson’
- ‘Spokesman’ - ‘spokesperson’
- ‘Fireman’ - ‘fire-fighter’
- ‘Foreman’ - ‘supervisor’
- ‘Workmen’ - ‘workers’

As the number of women in the workplace has increased, an unnecessary practice has developed which adds for example, ‘lady’, ‘woman’ or ‘female’ to the name of a profession. This implies that the rightful owners of the title are male and that a woman in these roles is something of an oddity and needs to be specifically identified. For example:

- ‘Lady doctor’
- ‘Woman judge’

Equally such modifiers should not be applied to roles occupied by men, for example:

- ‘Male nurse’
- ‘Male secretary’

Simply using the job title is sufficient.

1.7 Using the right terminology - devaluing by use of expressions

As with much of language, the terms available to refer to women carry far more overtones and suggestive meanings than those for referring to men. The use of trivialising or degrading expressions is not appropriate. For example, there are particular issues around the use of ‘girl’. Adult females should be referred to as women, not girls. There is no set age at which a girl becomes a woman, but a reasonable guide is that after 16 she is no longer a ‘girl’, but rather a ‘young woman’. However, adult women are often referred to as ‘girls’ as in ‘the girls in the office’, for example. Generally no offence will be intended, but we should obviously not refer to adults as if they were children. The term ‘lady’ is not universally accepted and should not be used unless in conjunction with ‘gentleman’. The terms ‘love’, ‘dear’ and ‘pet’ are considered offensive by some people, especially women, and should not be used, because although perhaps intended as terms of endearment, they can serve to devalue and/or trivialise women. However many older people have said they like this level on informality so if in doubt ask.

It is common for first names to be used when addressing women, in circumstances where a man would be addressed as Mr. It is important that corresponding titles are used for both genders.
1.8 **Forms of address**

Today, use of Ms by women has become widespread, as a preferred title, which does not invade their private life by making public their marital status. However, while many women now use Ms, others still use Miss or Mrs. If a woman’s preference is known, it is courteous to respect her preference. If it is not known, the simplest solution is to ask. If it is not possible to ask the preference then the term Ms should be used.

A related issue is salutations in letters. ‘Dear Sir’ is often considered appropriate when addressing a person not known to the writer. However, it is discourteous and inconsiderate when the recipient is a woman, because of the implied assumption that a man will occupy her role. The solution is simple. ‘Dear Sir or Madam’ (or vice versa) is in very common usage.

1.9 **Race and Ethnicity**

Racial discrimination is prejudicial treatment of people on the grounds of ethnic or national origin. Language is an important expression of behaviour and members of Black and Multi Ethnic (BME) groups may perceive the use of language as an indication of sincerity - or otherwise - in the policies we state we are committed to. It is important that we do not perpetuate inaccurate and generalised stereotypes by using combinations of racial descriptive words and negative characteristics.

1.9.1 **Ethnic origin, ethnicity, multi ethnic communities**

These terms refer to a group having racial, religious, linguistic, cultural and other traits in common. The expression ‘ethnic’ or ‘ethnics’ used alone to refer either to individuals or a section of the community is unacceptable. The term ‘multi ethnic community’ is a more suitable alternative.

1.9.2 **Asian**

Using the term Asian is not inappropriate, however there may be circumstances where it might not be acceptable to make broad references to groups, or to lump people together. Asia incorporates many countries over a vast area of the globe, so the term ‘Asian’ is not very specific. Pakistani and Bangladeshi people, for example, may prefer to be referred to as such rather than by the broad term ‘Asian’. Vietnamese people may well be offended if called ‘Chinese’. ‘South East Asian’ could cover Chinese, Japanese, Vietnamese and Filipino people, all of whom may prefer to be identified separately. If in doubt, ask the person concerned.
1.9.3 Black

This term is not acceptable to everyone from multi ethnic backgrounds. For some, ‘black’ has a positive political connotation, used to define themselves within a particular group, regardless of their skin colour. Others take ‘black’ more literally to mean someone with very dark skin. If in doubt, ask a person how he or she wishes to be described. In most cases there is no objection to ‘black’ being used as a descriptive phrase, but it should be as an adjective: ‘a black person’ or ‘the black community’, not as a noun: ‘the blacks’ or ‘a black’. Some people of Asian background find the term offensive when applied to them, while other people will not wish to be called ‘black’ because of its political connotations. You should be careful to avoid certain terms that use ‘black’ simply to portray negative imagery, for example ‘black look’ or ‘accident black spot’. Doing so potentially serves to reinforce a negative view of all things black.

1.9.4 ‘West Indian’; ‘Afro-Caribbean’; ‘African Caribbean’

The term ‘West Indian’ was used in this country as an all-encompassing phrase to describe first generation settlers. It is an historical term and although still used in some circumstances, for example the West Indian Cricket Team, in most contexts it is inappropriate and may be found offensive. Both ‘Afro-Caribbean’ and ‘African-Caribbean’ have been used in official documentation to refer to black people but it is now common practice to refer to people as Black Caribbean, Black African or Black British depending on their preference. In most circumstances the term ‘Black’ on its own is most appropriate as this also covers those people who were born in Britain.

1.9.5 Mixed ethnicity/ethnic group/ethnic origin, mixed race or mixed parentage.

These terms describe people who are of mixed ethnic origin. Some people may prefer to identify themselves as black or white or according to their cultural or ethnic origins, rather than mixed race. Again this is a matter of personal choice and if in doubt ask. Where a person’s preference is not know, in most cases ‘Mixed Race’ or ‘mixed heritage’ will be appropriate. The term ‘half caste’ is often used to describe people of mixed race but this is an obsolete term that is considered to be extremely offensive and on no account should be used.

1.9.6 Non-visible multi ethnic groups

There are many groups which fall under this heading, a few of the most obvious where inappropriate language is often used, have been identified below:

- Irish
- Welsh
- Travellers/gypsies
- Jewish people
- Greek
It is unacceptable to use certain terms to describe people from these groups, for example, 'paddy' to denote a person of Irish ethnic origin. Even though many people do not consider terms such as this racist, they are defined as racist and illegal under the Race Relations Act 1976.

1.9.7 Immigrants

This term is commonly applied to people from BME communities, but rarely to white migrants. People can be correctly described as immigrants, if they have just moved from another country. However, people from many different multi ethnic groups have been settled in the UK for long periods, and most were born here. The term can therefore be misleading and inaccurate, and should be avoided. The term ‘migrant’ is often used and more specifically, ‘economic migrant’. Such terms are acceptable because they are neutral with no derogatory overtones.

1.9.8 Asylum seekers/Refugees

Only a very small percentage of the people who come to live in the UK are asylum seekers, the rest of the people who settle in the UK are migrants/immigrants as described in 2.4.7. An asylum seeker is a person who has claimed asylum in the UK under the Geneva Convention due to a ‘well founded fear of persecution' in their home country. A refugee is an asylum seeker who has been successful in his/her claim of asylum and is given indefinite leave to or temporary leave to remain in the UK and the possibility of being ‘naturalised' (given British citizenship).

1.9.9 Forms of address

Many different cultures use different forms of address and unless we ask people how they prefer to be addressed we can run the risk of offending them.

Many Muslim men have two names, a religious name and a personal name, for example Mohamed Acktar. In this case Mohamed is the religious name and Acktar is the personal name. In these circumstances it is considered rude to call people by their religious name.

Another example is with Bangladeshi women. If we see the name Amina Begum it is very tempting to address the lady as Mrs Begum. This again would be wrong as you would be calling her Mrs Mrs. The reason for this is that the title (in this case Begum which means Mrs or Bibi meaning Miss) goes after the persons name and not in front, as in English.

Another example of where we have to be careful is that in many Asian countries names are reversed (e.g. Vietnam and China) this means their family name comes first followed by their forename. When formally addressing people such as this it is always better to use their full name and not just what we assume is their surname.
These are only a few examples as there are a multitude of differences between how different cultures address themselves. The only sure way of getting it right is to ask people how they would like to be addressed.

1.10 Religion

You should be respectful of people’s religious beliefs and be aware that some terminology may offend some people. The most commonly used inappropriate terms in this country tend to refer to Christianity. You should be respectful of, and sensitive to, the way in which we refer to the religious beliefs and customs of all faiths. Some examples include:

- When referring to a person’s name, do not use the term ‘Christian Name’. Use ‘forename’ instead.
- References to religious deities and icons should be avoided. Use of the terms ‘Jesus Christ’ and ‘God’ in sentences as outcries may offend and should be avoided.

1.11 Sexual orientation and language

Language and terminology around the issue of sexual orientation has largely been influenced by ideas about normality. Fear may be felt and hostility sometimes expressed by some members of society over ‘allegedly unnatural’ lifestyles or behaviour. Even the most aware person may inadvertently use language containing insults and derogatory terms when dealing with lesbians, gay men and bisexual people. More recently children have started to use the word “Gay” to denote something being bad or “un-cool”. This is not acceptable language.

Although the term ‘gay’ can be taken as referring to both men and women, as in ‘the gay community’, it is more commonly used to describe men than women. We have already said that inappropriate use of language can make women less visible than men. Referring only to ‘gay people’ or the ‘gay community’ may have that effect. This can be resolved by using ‘gay men and lesbians’ or just ‘lesbians’ if only women are being referred to.

The word gay in this form is believed to originate from the ‘Good As You’ equal rights Movement.

1.11.1 Bisexuality

Bisexuality is perhaps unlikely to raise any particular considerations for employment or service delivery other than those that affect gay men or lesbians. However, it is important to be aware that people who are bisexual are a separate group, who may wish to be identified as such.

1.11.2 Unacceptable terminology

There are a number of specifically homophobic terms. They are well known and understood by most people to be unacceptable and should not be used.
In addition to this people often say things that, whilst not homophobic, are considered as patronising by the gay, lesbian and bisexual community. For example

- ‘I don’t think of you as being gay’
- ‘You don’t look gay’
- ‘Some of my friends are gay’
- ‘You being gay isn’t a problem for me’

When dealing with people you may cause offence if you assume a person’s sexual orientation by clumsy use of questions that are sometimes called “heterosexualism” such as:

- ‘Are you married?’
- ‘What does your wife do for a living?’
- ‘Do you have a girlfriend?’ (To a man)

1.11.3 ‘Reclamation’ of offensive terms

Some people who have suffered discrimination or abuse through the use of certain terms have adopted those very terms to describe themselves. An example is the use of the word ‘queer’ by some members of the gay community. Not everybody will see things the same way, and you should continue to regard such expressions as offensive terms of abuse.

1.12 Cultural Norms

Cultural norms about what is considered appropriate behaviour vary between different Cultures, e.g. shaking hands when meeting someone for the first time is not universally acceptable. It is therefore important to familiarise yourself with any cultural norms in advance, so as not to cause any embarrassment by inadvertently behaving in an inappropriate way which may cause offence.

1.13 Factors to consider for culturally sensitive in-patient services

A patient’s beliefs & expectations may influence their healthcare needs.

a) It is important to find out about their culture, language and ethnic background as early as possible. This will demonstrate that you have an interest in their individuality, hopefully resulting in them feeling feel valued. (The Trust’s Equality Diversity & Inclusion Unit is developing reference guidelines on Cultural Awareness including religion and healthcare).

b) Promote and advertise translation & interpretation services widely to ensure as many patients and carers as possible can benefit from accessing them. Book an interpreter whenever necessary- and always establish the correct language AND dialect. (The Trust’s Equality Diversity & Inclusion Unit has developed guidelines on Communication Support including accessing translation, interpreters and other methods of communication).
c) Where ever reasonably possible translate signs into identified community languages and colour code specific areas of the building to assist patients who cannot read English who may feel daunted and confused as they try to find their way around.

d) Literature on an array of conditions and treatments should be available in a variety of languages so the patient has some background information and knows what to expect. The information should also be available in audio and visual format for those who cannot read their spoken language.

Having a basic understanding of the different religions that are most likely to be encountered as well as beliefs and customs associated with them is extremely useful. These may impact on a number of issues-

e) Dietary needs - These have religious significance for some patients as certain foods may be prohibited and there may be particular requirements about the way other foods are prepared. Ensure that halal/kosher/vegetarian etc food can always be acquired when it is needed. To overcome language barriers it may be useful to provide menus in pictures and symbols to indicate the meals that are suitable for particular diets.

f) Physical examination/privacy - Some cultures and religions place a high value on personal modesty and may require patients to be decently covered during examinations and treatments. Procedures may have to be carried out by a member of the same sex to avoid infringement and maintain modesty. Mixed sex wards and toilets may cause distress, so ensure that patients have as much privacy as possible.

g) Washing/Bathing - Many religions/cultures feel cleanliness if of great importance and patients may therefore only wash with running water. Ablution may be carried out before prayers and some patients may also choose to wash parts of their body after using toilet facilities. Therefore, it is important that water containers are placed in all toilet cubicles.

h) Worship - Patients may perform prayers in a variety of ways in accordance to their own faith. It is essential that a non-denominational quiet room is established and is equipped with relevant books from various faiths, as well as accompaniments i.e. prayer mats, prayer beads, compass etc.

For more details contact the Equality Diversity & Inclusion Unit on Tele: 01925 664074.

Last updated 16/12/2007
by D Thompson Assistant Director Inclusion & Partnerships