

Getting to grips with the terminology and acronyms can be confusing – especially when they are used in meetings or discussions by professionals on a daily basis. But how can we, as voluntary and community sector organisations join in the conversation if we don't know what they're talking about?

Whilst we will continue to strongly urge statutory services to use plain English and straight forward terminology, it remains the case that verbal and written shorthand for common terms, activities and phrases is still widely used by professionals.

To help groups better engage in these areas, Sobus have put together a series of helpful jargon buster for local organisations

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| ADASS | Association of Directors of Adult Social Services |
| ASC | Adult Social Care |
| AQP | Any Qualified Provider – policy introduced to facilitate market competition for health services provision so reducing NHS / statutory monopoly and taking into account patient values and needs |
| CLAHRC | Collaboration for Leadership in Applied Health Research and Care |
| CQC | Care Quality Commission |
| CCG | Clinical Commissioning Group |
| CXH | Charing Cross Hospital |
| DASS | Director of Adult Social Services |
| DCS | Director of Children's Services |
| DH | Department of Health |
| DPH | Director of Public Health |
| DP | Direct Payments – money from government that is given straight to people to spend on support that meets their needs |
| EDS | Equality Delivery System |
| H&SC | Health and Social Care |
| H&SCsg | Health and Social Care Steering Group |
| HW | HealthWatch help local people have a say about their health and social care services |
| HWB | Health and Wellbeing Board |
| HWE | Health Watch England |
| HWS | Health and Wellbeing Strategy |
| ICNHST | Imperial College Healthcare NHS Trust (operates Charing Cross Hospital) |
| ICP | Integrated Care Partnership |
| ICS | Integrated Care System |

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| JHWS | Joint Health and Wellbeing Strategy |
| JSNA | Joint Strategic Needs Assessment |
| LBHF | The London Borough of Hammersmith & Fulham |
| LHW | Local Health Watch |
| Monitor | Independent regulator of NHS Foundation Trusts. Directly accountable to Parliament and independent of central government |
| NHS | National Health Service |
| NIHR | National Institute of Health Research |
| PB | Personal Budgets - total amount of money people have for their support pooled together from several sources. |
| PCN | Primary Care Network – collaboration between GP practices, community, mental health, social care, pharmacy, hospital and voluntary services in their local area. https://www.england.nhs.uk/primary-care/primary-care-networks/ |
| PCT | Primary Care Trust (disbanded with the creation of CCGs) |
| PHE | Public Health England |
| PPE | Patient and Public Engagement |
| PPI | Patient and Public Involvement |
| QIPP | Quality Innovation Productivity Prevention |
| SHA | Strategic Health Authority |
| WLMHT | West London Mental Health Trust |

Useful terms

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| Abuse | Harm that is caused by anyone who has power over another person, which may include family members, friends, unpaid carers and health or social care workers. It can take various forms, including physical harm or neglect, and verbal, emotional or sexual abuse. Adults at risk can also be the victim of financial abuse from people they trust. Abuse may be carried out by individuals or by the organisations that employ them. |
| Adult social care | Care and support for adults who need extra help to manage their lives and be independent, including older people, people with a disability or long-term illness, people with mental health problems and carers. Adult social care includes assessment of people’s needs, provision of services or allocation of funds to enable individuals to purchase their own care and support. It includes residential care, home care, personal assistants, day services, the provision of aids and adaptations, and personal budgets. |

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| Advocacy | <p>Help to enable individuals to get the care and support they need that is independent of their local council. An advocate can help them to express their needs and wishes, and weigh up and take decisions about the options available to them. They can help them find services, make sure correct procedures are followed and challenge decisions made by councils or other organisations. The advocate is there to represent their interests, which they can do by supporting them to speak, or by speaking on their behalf. They do not speak for the council or any other organisation. If an individual wishes to speak up for themselves to make their needs and wishes heard, this is known as self-advocacy.</p> |
| Aids and adaptations | <p>Help to make things easier for individuals around the home. If individuals are struggling or disabled, they may need special equipment to enable them to live more comfortably and independently. They may also need changes to their home to make it easier and safer to get around. Aids and adaptations include grab rails, ramps, walk-in showers and stair lifts.</p> |
| Assessment | <p>The process of working out what an individual's needs are. A community assessment looks at how they are managing everyday activities such as looking after themselves, household tasks and getting out and about. Individuals are entitled to an assessment if they have social care needs and their views are central to this process.</p> |
| Benefits | <p>Payment from the Government that individuals may receive because of their age, disability, income or caring responsibilities. Some benefits are universal and paid to everyone regardless of their income. Others are paid to people who have particular types of needs, regardless of their income. And others are means-tested and only paid to individuals whose income or savings fall below a certain level. Benefits in England are paid by the Department of Work and Pensions, not an individual's local council.</p> |
| Broker | <p>Someone whose job it is to provide an individual with advice and information about what services are available in their area, so that they can choose to purchase the care and support that best meets their needs. They can also help individuals think about different ways that they can get support. A broker can help them think about what they need, find out services and work out costs. Brokerage can be provided by local councils, VCS organisations or private companies.</p> |
| Care Navigator | <p>Someone whose job it is to provide advice and information about what services are available in your area, so that individuals can choose to purchase the care and support that best meets their needs. They can also help individuals think about different ways</p> |

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| | that they can get support, for example by making arrangements with friends and family. A broker can help them think about what they need, find services and work out the cost. Brokerage can be provided by local councils, voluntary organisations or private companies. |
| Care plan | A written plan, after an individual has had an assessment, setting out what their care and support needs are, how they will be met and what services they will receive. Individuals should have the opportunity to be fully involved in the plan and to say what their priorities are. If they are in a care home or attend a day service, the plan for their daily care may also be called a care plan. |
| Care worker | An individual who is paid to support someone who is ill, struggling or disabled and could not manage without this help. |
| Carer | An individual who provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled and could not manage without this help. This is distinct from a care worker, who is paid to support people. |
| Client contribution | The amount an individual may need to pay towards the cost of the social care services they receive. Whether they need to pay, and the amount they need to pay, depends on their local council's charging policy, although residential care charges are set nationally. Councils receive guidance from the Government on how much they can charge. |
| Client group | A group of people with social care needs who fit within a broad single category. Client groups include older people, people with physical disability, people with learning disability, people with mental health problems, and so on. |
| Commissioner | A person or organisation that plans the services that are needed by the people who live in the area the organisation covers, and ensures that services are available. Sometimes the commissioner will pay for services, but not always. Your local council is the commissioner for adult social care. NHS care is commissioned separately by local clinical commissioning groups. In many areas health and social care commissioners work together to make sure that the right services are in place for the local population. |
| Community care services | Social care services that can help an individual live a full, independent life and to remain in their own home for as long as possible. |
| Community health services | Health services that are provided outside hospitals, such as district nursing. |

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| Continuing health care | Ongoing care outside hospital for an individual who is ill or disabled, arranged and funded by the NHS. This type of care can be provided anywhere and can include the full cost of a place in a nursing home. It is provided when an individual's need for day to day support is mostly due to their need for health care, rather than social care. The Government has issued guidance to the NHS on how people should be assessed for continuing health care, and who is entitled to it. |
| Co-production | When an individual is involved as an equal partner in designing the support and services they receive. Co-production recognises that people who use social care, and their families, have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need social care. |
| Direct payments | Money that is paid to an individual, or someone acting on their behalf, on a regular basis by their local council so they can arrange their own support, instead of receiving social care services arranged by the council. Direct payments are available to people who have been assessed as being eligible for council-funded support. They are not yet available to people in residential care. This is one type of personal budget. |
| Eligibility | When an individual meets their council's criteria for council-funded care and support. The local council decides who should get support, based on their level of need and the resources available in their area. The eligibility threshold is the level at which an individual's needs reach the point that their council will provide funding. If the council assesses their needs and decides that they are below this threshold, they will not qualify for council-funded care. |
| Home care | Care provided in an individual's own home by paid care workers to help them with their daily life. It is also known as domiciliary care. Home care workers are usually employed by an individual agency and the service may be arranged by an individual's local council or by the individual or someone acting on their behalf. |
| Independent living | An individual's right to choose the way they live their life. It does not necessarily mean living by themselves or doing everything for themselves. It means the right to receive the assistance and support they need so they can participate in their community and live the life they want. |
| Integrated care | Joined up, coordinated health and social care that is planned and organised around the needs and preferences of the individual, their carers and family. This may also involve integration with other services, for example housing. |

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| Link Worker | Link workers are employed in non-clinical roles and work alongside GP practices and Primary Care Networks. They connect people to community groups and help the person to develop skills, friendships and resilience. |
| Occupational therapist | A professional with specialist training in working with people with different types of disability or mental health needs. An occupational therapist can help an individual learn new skills or regain lost skills, and can arrange for aids and adaptations they need in their home. Occupational therapists are employed both by the NHS and by local councils. |
| Older people | Older people are the largest group of people who use adult social care services. Many councils define people over the age of 50 as older but social care services for older people are usually for people over the age of 65, unless they have particular needs that make them eligible below this age. |
| Outcomes | In social care, an outcome refers to an aim or objective an individual would like to achieve or need to happen, for example continuing to live in their own home or being able to go out and about. An individual should be able to say which outcomes are the most important to them and receive support to achieve them. |
| Personal assistant | Someone an individual choose and employ to provide the support they need, in the way that suits them best. This may include cooking, cleaning, help with personal care such as washing and dressing, and other things such as getting out and about in their community. Their personal assistant can be paid through direct payments or a personal budget. |
| Personal budget | Money that is allocated to an individual by their local council to pay for care or support to meet their assessed needs. The money comes solely from adult social care. An individual can take their personal budget as a direct payment or choose to leave the council to arrange services, sometimes known as a managed budget, or a combination of the two. An alternative is an individual service fund, which is a personal budget a care provider manages on an individual's behalf. A personal health budget may also be available, which is a plan for an individual's health care that they develop and control, knowing how much NHS money is available. |
| Personalisation | A way of thinking about care and support that puts an individual at the centre of the process of working out what their needs are, choosing what support they need and having control over their life. It is about the individual, not about groups of people whose needs are assumed to be similar, or about the needs of organisations. |

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| Pre-assessment | The point at which an individual makes contact with their local council and a decision is made about whether a full assessment is necessary. This is based on the information given by the individual or the person who refers them to adult social care. It is often conducted over the phone. |
| Preventative services | Services an individual may receive to prevent more serious problems developing. These include reablement, telecare, befriending schemes and falls prevention services. The aim is to help an individual stay independent and maintain their quality of life, as well as to save money in the long term and avoid admissions to hospital or residential care. |
| Primary care | The part of the NHS that is the first point of contact for patients. This includes GPs, community nurses, pharmacists and dentists. |
| Reablement | A way of helping an individual remain independent, by giving them the opportunity to relearn or regain some of the skills for daily living that may have been lost as a result of illness, accident or disability. It is similar to rehabilitation, which helps people recover from physical or mental illness. A council may offer a reablement service for a limited period in an individual's own home that includes personal care, help with activities of daily living and practical tasks around the home. |
| Referral | A request for an assessment of a person's needs, or for support from a social care organisation. A referral to adult social care may be made by an individual's GP, another health professional or anyone else who supports them. An individual can also refer themselves, or a member of their family, by contacting the adult social care department at their local council. |
| Residential care | Care in a care home, with or without nursing, for older people or people with disabilities who require 24 hour care. Care homes offer trained staff and an adapted environment suitable for the needs of ill, frail or disabled people. |
| Resource allocation system (RAS) | The system some councils use to decide how much money people get for their support. There are clear rules, so everyone can see that money is given out fairly. Once an individual's needs have been assessed, they will be allocated an indicative budget, so that they know how much money they have to spend on care and support. The purpose of an indicative budget is to help them plan the care and support that will help them meet their assessed needs. It might not be the final amount an individual gets, as they may find that it is not enough, or is more than enough, to meet those needs. |

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| Respite care | A service giving carers a break, by providing short-term care for the person with care needs in their own homes or in a residential setting. It can mean a few hours during the day or evening, night sitting or a longer-term break. It can also benefit the person with care needs by giving them a chance to try new activities and meet new people. |
| Review | When an individual receives a re-assessment of their needs and they and the people in their lives look at whether the services they are receiving are meeting their needs and helping them achieve their chosen outcomes. Changes can then be made if necessary. |
| Rights | What individuals are entitled to receive, and how they should be treated, as a citizen. If an individual has a disability or a mental health problem, or are an older person or act as a carer for someone else, they have the right to have their needs assessed by their local council. They have a right to a service or direct payment if their assessment puts them above the eligibility threshold their council is using. They and their carers have a right to be consulted about their assessment and about any changes in the services they receive. |
| Risk assessment | An assessment of an individual's health, safety, wellbeing and ability to manage their essential daily routines. They might also hear the risk enablement, which means finding a way of managing any risks effectively so that they can still do the things they want to do. |
| Safeguarding | The process of ensuring that adults at risk are not being abused, neglected or exploited, and ensuring that people who are deemed unsuitable do not work with them. If an individual believes that they or someone they know is being abused, they should let the adult social care department at their council know. They should carry out an investigation and put a protection plan in place if abuse is happening. Councils have a duty to work with other organisations to protect adults from abuse and neglect. They do this through local safeguarding boards. |
| Self-assessment | A form or questionnaire that an individual completes them self, either on paper or online, explaining their circumstances and why they need support. A social worker or advocate can help them do this. If an individual's council asks them to complete a self-assessment form, it will use this information to decide if they are eligible for social care services or if they need a full assessment by a social worker. |
| Self-directed support | An approach to social care that puts the individual at the centre of the support planning process, so that they can make choices |

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| | about the services they receive. It should help them feel in control of their care, so that it meets their needs as an individual. |
| Self-funding | When an individual pays for their own care services and does not receive financial help from the council. |
| Service users | Anyone who uses care services, whether they are in their own home, in residential care in hospital. The NHS is likely to describe an individual as a patient, while the council and other care providers may describe them as clients or service users. They may also be described as a cared-for person, in relation to their carer. |
| Signposting | Pointing people in the direction of information that they should find useful. An individual's local council should signpost them towards information about social care and benefits through its helpline or call centre, website and through local services such as libraries and health centres. |
| Single assessment process | An attempt to coordinate assessment and care planning across the NHS and councils, so that procedures aren't repeated and information is shared appropriately. It was introduced because people sometimes have a wide range of needs and can end up being assessed more often than necessary, and information can end up getting lost. The single assessment process is widely used for older people, and increasingly for other adults with care needs. |
| Social Prescribing | Social prescribing is a way for local agencies to refer people to a service or support that meets their broader health and wellbeing needs, connecting people to community groups and statutory services for practical and emotional support. Find more information here: https://www.england.nhs.uk/personalisedcare/social-prescribing/ |
| Social worker | A professional who works with individual people and families to help improve their lives by arranging to put in place the things they need. This includes helping to protect adults and children from harm or abuse, and supporting people to live independently. Social workers support people and help them to find the services they need. They may have a role as a care manager, arranging care for service users. Many are employed by councils in adult social care teams; others work in the NHS or independent organisations. |
| Support plan | A plan an individual develops that says how they will spend their personal budget to get the life they want. The individual will need to map out their week, define the outcomes they hope to achieve, and show how the money will be used to make these happen. |

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| | <p>Their local council must agree the plan before it makes the money available to them.</p> |
| <p>Telecare</p> | <p>Technology that enables an individual to remain independent and safe in their own home, by linking their home with a monitoring centre that can respond to problems. Examples are pendant alarms that individuals wear around their necks, automatic pill dispensers, and sensors placed in their homes to detect if they have fallen or to recognise risks such as smoke, floods or gas leaks. The monitoring centre is staffed by trained operators who can arrange for someone to come to the individual's home or contact their family, doctor or emergency services.</p> |
| <p>Universal services</p> | <p>Services such as transport, leisure, health and education that should be available to everyone in a local area and are not dependent on assessment or eligibility.</p> |
| <p>Voluntary and community organisations</p> | <p>Organisations that are independent of the Government and local councils. Their job is to benefit the people they serve, not to make a profit. Social care services are often provided by local voluntary and community organisations, by arrangement with the council or with individuals. Some are user-led organisations, which means they are run by and for the people the organisation is designed to benefit e.g. disabled people.</p> |
| <p>Wellbeing</p> | <p>An individual being in a position where they have good physical and mental health, control over their day to day life, good relationships, enough money and the opportunity to take part in the activities that interest them.</p> |