

Language Guide

Based on feedback from the South Australian disability community and Purple Orange network on language used to describe and discuss disability.



Purple Orange

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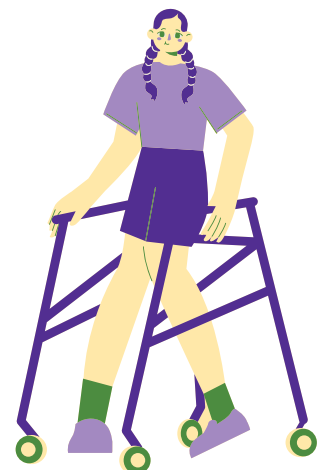
Language Matters

The language that we use to describe and discuss disability has a significant impact. It can change the way that members of the disability community feel - for better or worse, and it also influences the attitudes and understanding of people in the broader community.

In order to make sure we respect the preferences of the community we represent, in late 2023 we did a survey for feedback on individual language choices and received 182 responses.

Contributors included Julia Farr Group employees, board members, peer network members and our broader community, engaged through our newsletter and social media. This covered a mix of people who identify as having a disability, those who work in the sector but do not claim identity, and people in the immediate circle of someone in the disability community - through family or close personal connection.

This document provides guidance on language to use and recommend, and provides examples where relevant.



Which Language?

PERSON-FIRST OR IDENTITY-FIRST?

Findings from our 2023 survey showed a trend away from ‘*living with*’ as preferred language, with over 50% of people who identify as having a disability choosing **person-first** (*person with disability*) or **identity-first** (*disabled person*) language.

We learned from the survey that the disability community of South Australia is passionate about language and has intentional, thought-out perspectives.

Preferences can vary at an individual level, as well as for different groups within the broader disability community.

It is appropriate to ask a person or group their language preference as it shows respect for choice.

JFA Purple Orange recommend person-first language as the default first option, remembering that we should have flexibility to also use identity-first if it is a preference of the person or group we are referencing.

Typically, when referring to an individual person, use the phrase ‘person with disability’. When referring to a group use ‘people with disability’.

Example: “*Ash is a person with disability*” and “*People with disability are underrepresented in the workforce.*”

Add detail to the phrase if it is important to the context.

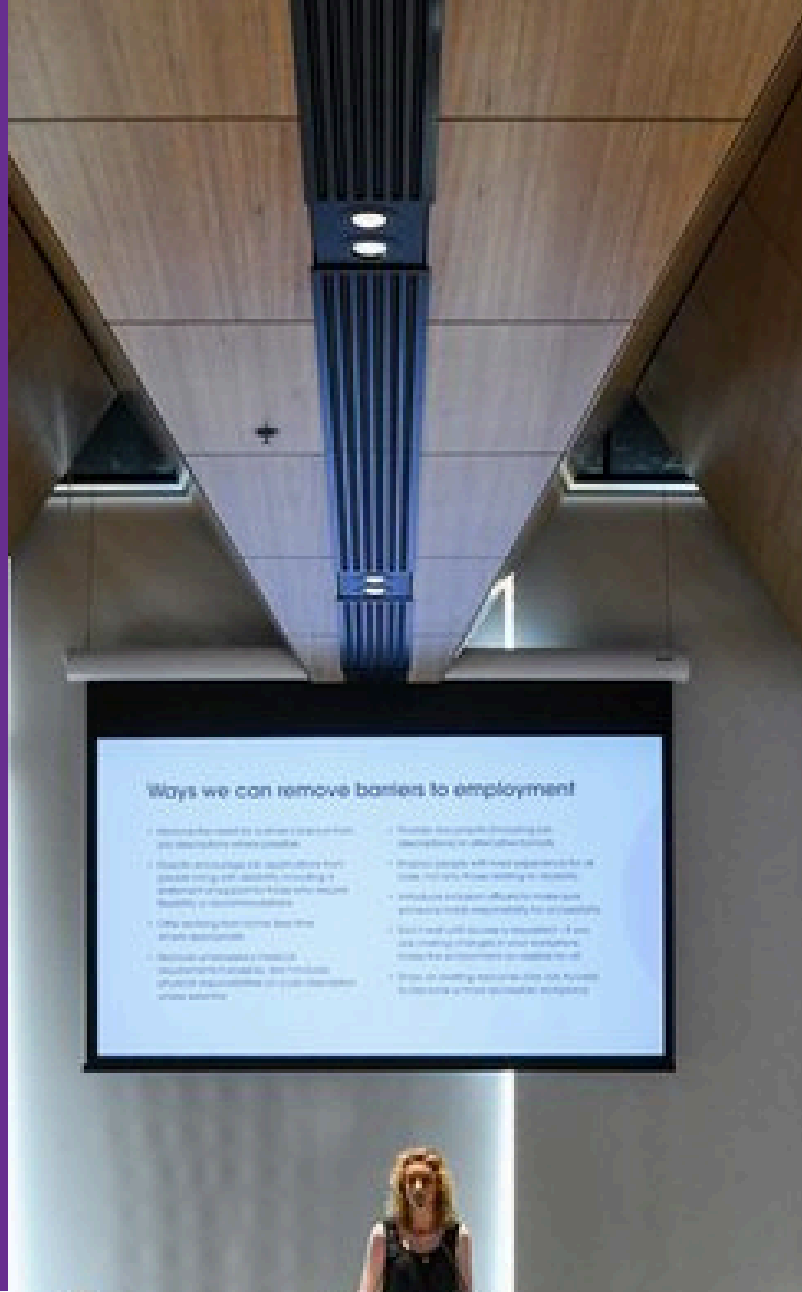
Example: “*Ash is a person with intellectual disability*” and “*People with intellectual disability are underrepresented in the workforce.*”

31%

of survey respondents who have experience of disability prefer **person-first language**:
"person with disability"

27%

of survey respondents who have experience of disability prefer **identity-first language**:
"disabled person"



Note on Terminology:

We recommend using identity-first language where it reflects a strong preference from the community or person referenced in the work.

Each document should provide space at the start for a 'note on terminology' to explain what language has been used throughout.

If the choice has been made as a reflection of one or more of the authors identifying as having a disability, this can be stated in the note.

Example notes on terminology:

"We recognise that people have individual preferences for terminology and language used to discuss disability. Some people prefer person-first language (e.g. 'person with disability') whereas others may prefer identity-first language (e.g. Disabled, Autistic, Deaf). For the purpose of this [name of document], we use the term [whichever term is decided by the author/s].

Where directly quoting people's words, we reflect the terminology as directly quoted out of respect. This means that there could be some interchangeable use of identity-first and person-first language."

Or

"In this [document], we use the identity-first term "disabled people" to reflect the author's personal choice and highlight that we have been disabled by barriers in attitudes, systems and environments. We respect people's right to choose the terms they use to describe themselves and their communities. We also note that some individuals and groups prefer person-first language of "people with disability". In this guide we therefore use "disabled people" and "people with disability" interchangeably where it reflects preferences.



Language Guidance:

When Describing or Discussing:	Use:	Example:
Partners, spouses and / or families	People with disability and their families	"People with disability and their families deserve the same opportunities"
Paid roles providing formal support	Support Work, Support Workers	"Neha's support worker drives her to work"
Unpaid roles providing care / support	Informal Support	"Mario's Husband provides informal support"
Wheelchairs, Walkers, Canes	Mobility Aids	"Maren is a wheelchair user." "Mobility aids are a tool that enable people"
Amenities	Accessible / Non accessible	"We need more accessible toilets and accessible parking spots"
The collective of people with disability, allies, other stakeholders	Be clear about who your "disability community" includes	"The disability community including sector workers and allies will welcome funding"
Non-disabled people	People without disability	"Those without disability may still be impacted by inaccessibility"

Language Guidance:

When Describing or Discussing:	Use:	Example:
Chronic Health	Has a chronic health condition	"Those with chronic health conditions are included"
Mental Health	Mental ill health / Mental illness	"Terrance experiences episodes of mental ill health"
Lived Experience	Avoid where possible	See 'more information' on page 11 for details / options
Vulnerability	People made vulnerable / people at risk of...	"People made vulnerable by failing systems" "People at risk of social isolation due to lack of transport"
The Sector	The disability [support] sector	See 'more information' on page 11 for details / options

More Information:

Partners / Families

When including significant others, parents, etc use the phrase 'people with disability and their families' or the extended version 'people with disability, their families and support networks'.

Support Workers:

For people in paid roles providing formal support to people with disability, always use the term 'support worker'.

Informal Support:

The word 'carer' has negative connotations to many people with disability. If you are talking about an informal, unpaid support you can describe them as such and use their relationship to the person as a descriptor. Informal support can be provided by families, networks and the community.

Mobility Aids

When talking about mobility aids such as wheelchairs, walkers and scooters, consider them to be tools that people use.

Amenities

When referring to something designed to be used by a person with disability, use the word 'accessible'. Often these will incorrectly be called 'disabled' as in 'disabled toilet' or 'wheelchair' as in 'wheelchair taxi'. We should use 'accessible toilet', 'accessible taxi'.

Community

There are two common definitions of the phrase 'The Disability Community'.

The first includes other stakeholders involved in disability, such as non-disabled family, friends, allies and sector workers.

The other can refer to a subsection of people who identify with disability that find kinship in identity and are engaged on topics impacting people with disability. For this reason, we should be clear who we are speaking about if we use this phrase.

People without Disability:

There may be a tendency to use 'able bodied' for people without disability, but this can erase the experience of people with sensory or psychosocial disability. Instead use 'non-disabled person' or 'person without disability'.

More Information:

Chronic Health

When discussing chronic health conditions, avoid medical model language of 'suffering' unless quoted by an individual.

Mental Health

'A mental illness' is the most commonly used term to describe conditions diagnosed by a medical professional that significantly affect how a person thinks, feels and interacts with other people.

This includes mental illnesses, such as depression, anxiety, schizophrenia and bipolar disorder.

Use the phrase 'people experiencing mental ill health'. Avoid phrases such as 'the mentally ill'.

Recognize that some people who identify with this cohort may identify in ways that communicate pride (e.g 'Mad community' etc).

Lived Experience:

Be cautious and avoid using this language as it is unclear. Currently some organisations use 'lived experience' to include family members of people with disability, while organisations like People with Disability Australia say "'Lived experience (of disability)' should only be used for people with disability. It should never be used to describe the experiences of family or support workers without disability. 'Lived experience' can also be used in relation to people who may have experienced disability in the past, but don't any longer".



More Information:

Vulnerability:

People with disability are not vulnerable simply by existing with disability. They are *made* vulnerable by systems that perpetuate inequality, place less value on their lives, perspectives and experiences, and prioritise profits over care and safety. We encourage the use of clear and direct language. If we are talking about people who are made vulnerable to isolation or made vulnerable to exclusion etc, to either say 'made vulnerable' or use 'at risk of' eg 'at increased risk of *social isolation*' because then it can lead to the '*why*'.

Sector:

When referring to workers and/or providers formally providing supports to people with disability (and their families), we use the phrases 'disability support sector' or 'disability sector'. When referring to things provided by governments, we can use the phrases 'government disability services' or 'government services'.

Collectively we can use 'the disability services and supports sector'.

The 'community sector' or 'social sector' refers to not-for-profit organisations. We can say the 'community disability sector' to refer to not-for-profits in the disability sector.

The disability sector, together with the aged care sector and similar, can be referred to as the 'care industry'.

NB: 'industry', is an overarching broad term while 'sector' is a component of this. Another example would be the 'construction industry', but the 'housing sector' or 'building sector'.

General Recommendations:

Do ✓	Don't ✗	Exceptions?
Use consistent terminology throughout a document	Switch terminology in a document without reason	Where you are quoting someone or discussing a group with different choices
Use the language that someone chooses to describe their own disability	Correct people on their language choices when they are talking about themselves	Language that is considered a slur should never be used
Respect people's language choices	Include euphemisms in published work	N/A
Make considered language choices with a strength-based perspective	Use phrases that paint disability in a negative light	N/A
Talk about groups as people, not objects	Use "the" as in "the disabled", "the homeless" etc.	If there is another, less objectifying option, eg "the disability community"
Check on words or phrases you think might be questionable	Assume someone else will pick it up before publication	N/A
Talk about 'segregated settings'	Use the common terminology of 'special'	N/A

More Information:

Stick to the same terminology throughout a document. Use consistent language unless quoting someone directly.

If someone's quote differs from the document's language, make it clear that it is a direct quote.

Do not change or challenge the language someone with disability uses to discuss themselves or their community. It is only appropriate to change or challenge it if they use their own preferred terminology when discussing someone else who has a different preference.

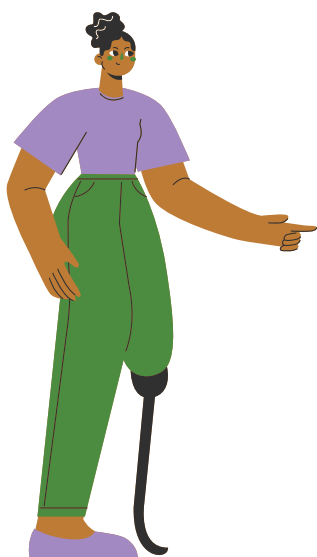
Capital letters can be used to signify pride in cultural identity, as in "Deaf" and "Autistic".

We do not support the use of euphemisms or made-up words, such as 'handicapable' or 'differently-abled' or 'special needs' to refer to people with disability. These terms are ableist and condescending.

We should not use terms for disability in negative phrases such as 'falling on deaf ears', 'the blind leading the blind', etc. Be clear about what you mean, e.g. instead of 'paralysed with fear' use 'frozen in fear'.

If you aren't sure if a word or phrase is appropriate, check on a search engine or with colleagues

Do not put 'the' in front of a group when mentioning them e.g. - 'the disabled' 'the homeless'. It is othering for people who are often objectified and stigmatized by society.



In the instances of needing extra guidance not provided by the survey results, we have drawn on the following resources:

- PWDA language guide, 2021

<https://pwd.org.au/wp-content/uploads/2021/12/PWDA-Language-Guide-v2-2021.pdf>

- Mindframe's 'Glossary of Terms'.

<https://mindframe.org.au/glossary-of-terms>



Style and Summary:

Accessibility should always be taken into account in the development of your documents and resources. This includes font selection, font sizes, colour selections and formatting. If you are concerned about the accessibility of your document, there are multiple resources available to guide this, or reach out to Purple Orange.

Considered, respectful language will reflect your connection to and regard for the disability community. Your reports, submissions, social media and other documents will be strengthened where your work is guided by people with disability.


If you pay particular attention to how groups and individuals identify, and ask respectful questions about identity preferences, this will help in ensuring that you are attuned to the nuanced nature of language and identity in the disability community.




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