



Humber and North Yorkshire Inclusive Language Guidance

A guidance document
focused on inclusion and belonging

For staff use only

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Inclusion, full stop.

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Introduction

We are committed to ensuring and encouraging genuine belonging in the workplace and this inclusive language guidance is a positive step towards achieving this. Our language is very powerful.

“Language does not just describe the reality; language creates the reality.”

Bishop Desmond Tutu

The careless use of language when we speak or write may cause offence and imply that we are making assumptions about people. The intention behind our words is always more important than the words themselves.

Inclusive language teaches us to value other people for who they are. To be sensitive towards other people and be respectful. It is about being aware of the language we use and the impact it may have on others, rather than just using a list of acceptable words.

To create a more inclusive environment for everyone, we have developed this guide to increase confidence when using inclusive language to communicate about a range of topics.

Our inclusive language guidance will:

- support both your written and spoken communication
- promote productive discussions about inclusivity
- promote consistent use of appropriate language across health and social care in Humber and North Yorkshire
- allow a more positive environment
- allow us all to feel like we belong, we are valued and we are free to bring our whole selves to work

You are encouraged to refer to the [Plain English](#) principles which detail some useful tips

that will help in communicating clearly and inclusively.

Using this guide does not limit you to a particular way of communicating, there is an understanding that there isn't always one correct term to use – there are usually various ways of expressing our view of ourselves.

If you have concerns about language that others are using, you can:

- 1) speak to your line manager to try and resolve any issues
- 2) contact your organisation's [Freedom to Speak Up Guardian](#) (if working in the NHS)
- 3) contact your organisation's human resources (HR) team
- 4) contact your union (staffside) representative
- 5) follow the steps for raising concerns (whistleblowing) found in your organisation's policy

This guide has been co-produced in partnership with colleagues from across health and care organisations working in Humber and North Yorkshire Health and Care Partnership (HNY). This includes staff networks, colleagues working in equality, diversity and inclusion (EDI), human resources (HR), management and leadership, all who represent a diverse range of backgrounds, cultures, abilities, sexualities, genders and beliefs.

Get in touch

This guide will be continuously reviewed by the team at Humber and North Yorkshire Health and Care Partnership. To discuss its contents or suggest additions or amendments please email:

- Rach McCafferty, best place to work senior manager at Rachel.McCafferty4@nhs.net

1. Welcome to the guidance

A welcome from Jayne Adamson, executive director of people at Humber and North Yorkshire Health and Care Partnership

Welcome to the Humber and North Yorkshire Inclusive Language Guidance – a co-created guide on using inclusive language across health and care in Humber and North Yorkshire (HNY).

The power of language cannot be understated. Our words are deeply personal - we are each unique in how we use language to describe the world around us, but more importantly, ourselves – our own experiences; what makes us who we are.

Language helps us to make sense of things, to understand each other and find common ground. How we connect, communicate and show empathy is fundamental to providing safe, high-quality health and care services for our local communities. It's also fundamental to how we work together as one workforce.

Just as language has the power to lift us up and bring us together, it also has the power to do the opposite. We should all feel safe and welcome at work or when receiving care, like we can belong here as our authentic selves, but there is work to do on how we make this a reality for every person.

We hope this guidance will provide a starting point for compassionate conversations around belonging in HNY and a reference point for how we can ensure every person, from any background, whether a patient, carer, volunteer or colleague, can feel safe and welcome here.

It is a tool for learning and self-development. I say this because many of us in health and care are committed to ongoing learning across a broad range of subject matter, from clinical expertise to strategic planning; but how many of us prioritise learning about each

other; about people in general?

Reading a guidance document and putting our learning into action are different things. Just as the written word has power, so does the language we use in conversations, in welcomes and goodbyes, in providing reassurance or celebrating success.

I urge you to use the information in this guide as an initial starting point on your journey to learn more about the wonderful diversity of our local communities, our workforce and human beings in general, in all our uniqueness.

Please use it to inform how you start conversations around the questions it might raise, reflect on the language you use to describe yourself (and why this is important to you) and consider the impact the language you use might have on others.

We all have a right to dignity – using inclusive language is a step towards ensuring we maintain that for every person in HNY.

By embracing discomfort as growth and committing to learning through compassionate curiosity, we can only improve the experiences of patients, service users and our own colleagues.

Jayne Adamson

Executive Director of People

Humber and North Yorkshire Health and Care Partnership

2. What to do if you use the wrong language

Anyone can make mistakes, remember this is guidance and not a policy.

Acknowledge and own your mistake (but don't make a fuss).

Apologise and correct yourself if you use the wrong language.

Move on and learn from your mistake.

If needed, seek out additional training or guidance.

If you're unsure how someone refers to themselves and it's appropriate to the context, ask them and then follow their lead.

3. Inclusive language around the nine protected characteristics

The [Equality Act \(2010\)](#) defines nine protected characteristics and we all fall into several of these groups. The act legally protects people from discrimination in the workplace and wider society.

You can [read more about what the Equality Act \(2010\) in the government guidance](#).

The nine protected characteristics under the act are:

- [age](#)
- [disability](#)
- [gender reassignment](#)
- [marriage and civil partnership](#)
- [pregnancy and maternity](#)
- [race](#)
- [religion or belief](#)
- [sex](#)
- [sexual orientation](#)

The following sections of this document provide guidance around inclusive language for each of the protected characteristics listed above.

4. Race, ethnicity, heritage and nationality

4.1 General principles

- We are all unique as individuals. Everyone has race, colour, ethnicity and nationality and our ethnicity is not as important as our abilities and personality.
- If referral to race is not relevant to the context, does it need to be mentioned?
- Avoid generalising ethnic groups as there is significant diversity between all ethnic groups.
- Do not overuse or misuse terms. For example, using 'minority ethnic group' when only referring to a Black employee or patient.

4.2 The difference between race, ethnicity, heritage and nationality

Race

Race focuses on physical appearance, primarily skin colour. It also includes other inherited genetic traits such as hair colour, eye colour and bone structure.

Ethnicity

Ethnicity refers to our cultural identification in international law and how this is articulated. A group of people with related traits in culture, faith, food, language and heritage could belong to a similar ethnic group.

Heritage

Heritage refers to an individual's ancestors and what they identified with. For instance, someone born in Ireland to parents from Nigeria could say they have African heritage. They may not share the ethnicity (perhaps they can't speak a Nigerian language) and may be Irish in terms of nationality.

Nationality

Nationality refers to the place where someone was born and / or holds citizenship. Where you live and your ethnicity can also influence your nationality. As an example, a person born in country A but who has relocated to country B as a small child may identify more with country B.

4.3 Ethnicity versus race

When we use ethnicity (cultural identification) we are more specific and prevent generalisation of racial groups. Race describes physical traits.

Example: “We need more diverse employees of African and African Caribbean ethnicity,” instead of: “we need more Black employees.”

You are not wrong when you use these terminologies interchangeably, but the primary goal is to be more specific where possible.

This helps to promote a sense of respect and value.

Figure 1: What to use and what not to use (ethnicity versus race)

We use	‘People with a Mixed ethnic background’ or ‘people from a Mixed ethnic group’ rather than ‘Mixed race’
We do not use	‘Non-white’ because this defines groups in relation to the White majority

Read the [GOV.UK guide to writing about ethnicity](#) to find out more.

4.4 Avoiding the use of the terms BAME and / or BME

BAME is an initialism or common abbreviation for Black, Asian and Minority Ethnic whereas BME is an initialism or common abbreviation for Black and Minority Ethnic.

There has been a debate around the inconsistent use of BAME or BME because both terms cluster together people of great ethnicity with different shared experiences and identities.

Some people argue that the terms emphasise certain ethnic minority groups (Asian, Black) and some argue that they exclude others (Mixed or White ethnic groups). Research commissioned by the [Race Disparity Unit \(RDU\)](#) found that people from an ethnic minority background were three times more likely to agree than disagree that the term BAME was unhelpful.

In March 2021, the Commission on Race and Ethnic Disparities recommended that the [UK government stop using the term BAME](#).

You can [read more about why the UK government stopped using the term BAME in this blog from the RDU](#).

Instead of using the terms BAME and / or BME, specify the ethnic groups you are referring to. If you have to use a term that encompasses several groups, use 'minority ethnic groups' or 'people from an ethnic minority background'.

Example: "We need to recruit more Black African and Black Caribbean nurses."

When the terms can be useful

The use of the terms BAME and / or BME may be appropriate for statistical comparisons between White and BAME and BME populations.

However, please note that even in statistical comparisons, it is ideal to separate different groups of people in order to give accurate information.

As with all abbreviations / initialisms, please ensure you write the term in full first, include the shortened version in brackets immediately after and then used the abbreviated version from that point on.

Example: “The NHS Workforce Race Equality Standard (WRES) provides valuable insights into the experiences of Black, Asian and Minority Ethnic (BAME) staff members. The WRES allows us to highlight areas where we can improve equity and inclusion for people from a BAME background.”

5.5 The use of lower-case minority vs minoritised ethnic groups

Avoid using umbrella terms such as ‘minority ethnic groups’ (in lowercase) or putting ‘minority’ first. This may indicate that we are grouping people from different backgrounds together because they are minoritised and not because they are ethnically different from White groups.

There is significant diversity between this group when grouped together.

If you must use a term that encompasses several groups, use ‘ethnic minority groups’, instead of ‘ethnic minorities’ when necessary.

5.6 Ethnic groups that are also nationalities

There are cases where ethnic groups are also nationalities. For example, Bangladeshi, Chinese, Indian and Pakistani.

Therefore, it is important to clarify, as an individual can be of British nationality and have a different ethnic background.

Example: Use “employees from the Chinese ethnic group” and not “Chinese employees”. This is because someone can be part of the Chinese ethnic group, but their nationality may not be Chinese. Using “Chinese employees” makes an assumption about their nationality.

5.7 Use capital letters for all ethnic groups

Use capital letters for all ethnic groups to ensure a consistent approach to all groups.

Example: Asian, Black, Mixed, White, Other.

5.8 Use alphabetical order when listing ethnic groups

If you are listing ethnic groups, always list them using alphabetical order with the exception of 'Other' and occasionally, 'Unknown', which should be the final category.

Research for GOV.UK shows that some people were offended when 'White' was placed first in a list of ethnic groups, while others did not like inconsistent ordering.

Read the [GOV.UK guide to writing about ethnicity](#) to find out more.

5.9 Unacceptable terminology

We have a zero-tolerance approach to racism within our partnership. Unacceptable language includes, but is not limited to:

- racial slurs of any kind (language and words considered racially inappropriate)
- the term 'coloured'
- the shortening of any nationality

See the ['what to do if you use the wrong language' section of this guide](#).

If you have concerns about language that others are using, you can:

- 1) speak to your line manager to try and resolve any issues
- 2) contact your organisation's [Freedom to Speak Up Guardian](#) (if working in the NHS)
- 3) contact your organisation's human resources (HR) team
- 4) contact your union (staffside) representative
- 5) follow the steps for whistleblowing found in your organisation's policy

5. Age

5.1 General principles

- Unless it is necessary and relevant to the context, do not refer to someone's age.
- Treat everyone, both younger and older colleagues with respect as you would like to be treated.
- Do not make assumptions about a person based on their age – from their title to their sexual orientation, their profession to their home life.
- Use accurate age groups when needed.
- Be accurate about who you are referring to. For example, 'people over 70' is different from 'people aged 70 and over' (to be 'over 70' you need to be 71 and above etc).

5.2 Babies and children

If you need to use specific age groups these can be defined as:

- babies - one year and under
- children - up to the age of 12
- young people - between the ages of 12 and 17
- adults - 18 and over

5.3 Older people

When writing about older groups it is better to specify age groups as follows:

- over-65s
- over-75s
- over-80s

In some contexts, terms such as 'older person' or 'older people' may need to be used.

To find out more about age groups in the UK, [visit the GOV.UK age groups by ethnicity page](#) (includes breakdowns from the 2021 Census).

6.LGBT+, sex and gender

6.1 General principles

- Unless it is necessary and relevant to the context, do not ask someone's [sexual orientation](#) or [gender identity](#).
- Use gender-neutral language wherever possible. For example, use 'chairperson' instead of 'chairman'.
- Do not assume you know someone's [gender identity](#) – it's OK to share the [pronouns](#) you use (he / him / his, she / her / hers, they / them / theirs) or to ask someone what pronouns they use, as long as you honour their wishes once this has been shared.
- We do not refer to a [trans person](#) by their birth name after they have changed their name as part of their transition. This is called 'deadnaming' and can cause severe distress / harm.
- Due to the prejudice and discrimination faced by the [LGBT+](#) community, choosing whether to be 'out' (publicly sharing your [sexual orientation](#) and / or [gender identity](#)) is a very personal decision. If someone has shared something about their identity with you, keep this information strictly confidential unless that person requests otherwise or it is medically essential to their care.
- If you are communicating directly with individuals or stakeholder groups, it is fine to refer to each person in the same way they refer to themselves.
- People of different generations may use different language to describe their [sexual orientation](#) or [gender identity](#) – take a lead from the person you're communicating with and use the terminology they use.

[The ABC of LGBT+ Inclusive Communication](#) includes evidence-based guidelines intended to support health and social care professionals to be more inclusive in communication with patients about sexual orientation, significant others, gender identity and gender history.

Why we use gender-neutral / gender-inclusive language

By using gender-neutral language, we can ensure we are inclusive of everyone. Here are some examples:

- use 'chair' or 'chairperson' instead of 'chairman'
- use 'spokesperson' instead of 'spokesman'
- use 'firefighter' instead of 'fireman' or 'police officer' instead of 'policeman'

More examples are available in the ['communicating about gender' section](#).

“Using gender-inclusive language means speaking and writing in a way that does not discriminate against a particular sex, social gender or gender identity, and does not perpetuate gender stereotypes.

“Given the key role of language in shaping cultural and social attitudes, using gender-inclusive language is a powerful way to promote gender equality and eradicate gender bias.”

United Nations

You can learn more by visiting the [United Nations online resource pages on gender-inclusive language](#).

6.2 Sex

Sex is a term (male, female and intersex) assigned to a person at birth. Intersex is used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female.

It is rare for a person who has intersex traits to not be assigned either male or female at birth and so [data related to intersex people is scarce](#).

Intersex people may describe themselves as male, female or [non-binary](#) (or a range of other [gender identities](#)).

Only include sex:

- if there are sex-specific treatment pathways based on sex where there is a requirement for biological data, in all other cases, use [gender](#)
- when describing sex-specific risk factors that could lead to mistakes in medical pathways
- if you cannot provide your service without this information

Do not confuse the term 'sex' with [gender](#) or [sexual orientation](#).

Sex assigned or registered at birth

We can also use 'the sex someone was registered with at birth' for a broader audience.

A person may no longer identify with the sex assigned to them at birth. For example, if they have [transitioned](#).

[Trans people](#) can transition socially, medically or both. You should not ask someone about this unless it is medically essential to their care.

Figure 2: What to use and what not to use when referring to someone's sex assigned at birth

We use	'Sex assigned at birth' or 'sex registered at birth'
We do not use	'Sex change', 'pre-operative / pre-op' or 'born a man / woman'

6.3 Gender and gender identity

Gender refers to our internal sense of who we are and how we see and describe ourselves – this is our gender identity.

Gender is broader than just male or female. Someone may see themselves as a man, a woman, [non-binary](#) (neither) or gender fluid (not having a fixed gender).

We use the word 'gender' when we are discussing the social idea or identity as opposed to sex. We should use gender in place of sex, only asking for information on a person's sex

assigned at birth if biological information is essential to provide a service (see [7.2 sex](#) and [7.3 sex assigned or registered at birth](#)).

A person's gender may or may not be the same as the sex they were assigned or registered with at birth. For [transgender people](#), their own gender identity does not match the sex they were assigned at birth.

Gender can be fixed or fluid, meaning that it can change over time.

Gender identity is not visible to others unlike our 'gender expression'.

Gender expression

'Gender expression' is how a person chooses to outwardly express their gender, within the context of societal expectations of gender.

Gender expressions can be linked to the clothes a person wears, how they style and cut their hair or any other traits that could be stereotypically related to gender. It can also be expressed through a person's name, [pronouns](#), behaviour, voice and / or body characteristics.

We should not make presumptions about a person's gender identity based on their gender expression.

6.4 Communicating about gender

We should ensure our content is as gender-neutral as possible (see the ['why we use gender-neutral / gender-inclusive language section](#)).

If you don't know someone's gender or you are speaking hypothetically, use they / their / theirs.

Examples: 'chair' or 'chairperson' instead of 'chairman'
'spokesperson' instead of 'spokesman'
'nurse' rather than 'male nurse'
'doctor' rather than 'female doctor'

Job titles

We should avoid terms that masculinise or feminise (to make something seem masculine or feminine in nature).

Titles

It's not always essential to ask people for their title, such as Mr, Miss, Mrs or Ms. If, however, you need to know someone's title, include the gender-neutral option, Mx in your list of possible responses.

If you do not know someone's title but you need to know it, it is ok to ask.

Pronouns

Normalising the use of pronouns helps us to respectfully refer to one another and promote an inclusive environment for everyone.

Examples: she / her / hers
he / him / his
they / them / theirs
ze / zie / zir

Anyone can use and share their pronouns on their name badge, in their email signature, on place cards for events or when introducing themselves.

If you do not already know someone's pronouns, it is ok to ask. In the meantime, use they / their / theirs or refer to them by their name.

How to ask about gender in written communications

What is your gender?

- Female
- Male
- Non-binary
- Prefer to self-describe (please specify)
- Prefer not to say

Is your gender the same as your sex assigned at birth?

- Yes
- No
- Prefer not to say

You can read more examples of how to ask about gender in [Stonewall's 'Do Ask, Do Tell' guide](#).

6.5 Trans or transgender people / person

Use 'transgender' or 'trans' as an umbrella term to describe people whose [gender identity](#) differs from the [sex they were assigned / registered with at birth](#).

Some, but not all, trans people want to transition socially or medically or both. We should not ask someone about their transition unless it is medically essential to their care.

A trans woman is a woman that was assigned / registered male at birth.

A trans man is a man who was assigned / registered female at birth.

Although we make these differentiations, we should simply use 'woman' or 'man' and leave out the word trans, unless it is relevant.

Some [non-binary](#) people are trans so it is important to not make assumptions.

A non-binary person is someone who is neither completely male nor completely female who was assigned / registered either male or female at birth.

Example: Screening or treatments that trans people need to be aware of, like advising a trans man about cervical and breast screenings.

Use the pronoun that matches the person's authentic gender. A person who identifies as a certain gender should be referred to using the pronouns appropriate for that gender. If you are not sure which pronoun to use, ask the person what pronouns they use.

Do not confuse trans or transgender with drag queen or transvestite.

The term transsexual is sometimes used by older trans people. Do not use it unless the person has referred to themselves as transsexual.

Figure 3: Terms to use / not use when speaking about a trans / transgender person

We use	'Woman', 'man' or 'non-binary person' 'Trans' or 'transgender' (not when speaking about an individual unless relevant)
We do not use	'Transgendered', 'a transgender', 'transgendered', 'cross-dresser', 'born a man / woman' 'Transsexual' (unless a person uses that to describe themselves)

Transitioning

Transitioning describes the steps a trans person may take to live in the gender with which they identify and this can include non-binary people.

Each person's transition will involve different things. Transitioning might involve things such as telling friends and family, dressing differently and changing official documents.

For some, transitioning may involve medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this.

Gender reassignment is a characteristic that is protected by the Equality Act (2010) and it is further interpreted in the Equality Act (2010) approved codes of practice.

Not all trans people want to, or can afford to, transition medically, so avoid over emphasising surgery when discussing transgender people or the process of transition. We should not ask someone about their transition unless it is medically essential to their care.

When asking about transition might be medically relevant

A person who has medically transitioned will have different medical needs to what might be assumed from the sex they were assigned / registered with at birth. This can be really important for GP practices to understand, for example, in terms of screening.

For example, a trans woman who is taking HRT will still need breast cancer checks, whereas a non-binary person who has had lower surgery may not require cervical screening reminders.

It is always important to discuss a person's medical needs with them in a safe and confidential space, without making assumptions.

Figure 4: Terms to use / not use when speaking about transitioning

We use	'Gender affirmation surgery'
We do not use	'Sex change', 'pre-op' or 'post-op' We do not refer to a trans person by their birth name after they have changed their name as part of their transition. This is called deadnaming and can cause severe distress / harm.

Person with a trans history

A person with a trans history is someone who identifies as male or female, man or woman, or non-binary but was assigned / registered with a different sex at birth. This is increasingly used by people to acknowledge a 'trans past'.

However, this is an individual decision and should not be used to describe a person unless they choose to do so themselves.

It's important to remember that some [non-binary](#) people may also consider themselves to have a trans past.

Passing and masking

'Passing' is used within the LGBT+ community (and other minoritised groups) to refer to whether a person 'passes' as their gender identity in society.

Someone may modify their appearance, behaviour, speech, language or other indicators in an attempt to 'pass'. This can happen out of fear of prejudice or discrimination.

Some trans people wish to 'pass' in society but not all want to. Whether someone 'passes' or not does not make them any less valid in their [gender identity](#).

It is not our place to make a judgement or discuss whether a person 'passes' or not.

The idea of 'passing' can also often link to 'masking'.

'Masking' is where a person hides something about themselves out of fear of prejudice, discrimination or rejection so as to 'pass' under the radar in society. Some people 'mask' just at work, some have worn a mask for their whole lives.

Passing and masking can be seen across protected characteristics and take a considerable toll on people. Ensuring we provide inclusive environments where people can feel psychologically safe to be completely themselves can reduce this burden.

6.6 Cis or cisgender

A cisgender (or cis) person is someone whose gender identity is the same as the sex they were assigned at birth.

Cisgender has its origin in the Latin-derived prefix cis-, meaning 'on this side of', which is the opposite of trans-, meaning 'across from' or 'on the other side of'.

6.7 Non-binary

Non-binary is an umbrella term for people whose gender identity is neither 'man' nor 'woman' but extends beyond just those two options. The non-binary community is incredibly diverse as is the language used. For example, someone may describe themselves as agender, gender queer or gender fluid.

You can [read more about the non-binary community and the terms non-binary people may use to describe their gender identity on the LGBT Foundation website.](#)

6.8 Sexual orientation

We all have a sexual orientation – sometimes mistakenly referred to as our sexuality, which is more about sexual behaviours and experiences. Our sexual orientation is different to our [gender identity](#).

Sexual orientation is a person's romantic, emotional and / or sexual attraction to another person.

We should never share someone's sexual orientation unless medically essential to their care without their explicit and informed consent.

We should use 'sexual orientation' instead of 'sexuality' unless a person explains they use the latter.

Describing sexual orientations

As with our [gender identities](#), we should always take a steer from the person we are speaking to on how they choose to describe themselves. People do not choose their sexual orientation, but there is choice in terms of the language they might prefer to describe themselves.

We should honour the language a person uses to describe themselves, but bear in mind this may or may not change over time.

Some examples of common sexual orientations are:

- [Heterosexual \(or hetero\)](#)
A person who is heterosexual has a romantic / emotional and / or sexual attraction towards people of the opposite gender to themselves.
- [Gay](#)
A person who is gay has a romantic / emotional and / or sexual attraction towards people of the same gender as themselves. Historically used to describe men who are

attracted to other men, this is now broadly used in a gender-neutral way, including by women in place of 'lesbian' and people who are [non-binary](#).

- [Lesbian](#)

A woman who is a lesbian has a romantic / emotional and / or sexual attraction towards other women. However, some women identify as gay instead of lesbian.

- [Bisexual \(or bi\)](#)

A person who is bisexual (or bi) has a romantic / emotional and / or sexual attraction towards more than one gender.

- [Pansexual \(or pan\)](#)

A person who is pansexual (or pan) has a romantic / emotional and / or sexual attraction towards others that is not limited by [sex](#) or [gender](#).

- [Omnisexual \(or omni\)](#)

A person who is omnisexual (or omni) has a romantic / emotional and / or sexual attraction towards all [genders](#) and [orientations](#).

- [Asexual \(or ace\)](#)

A person who is asexual (or ace) has a lack of, varying or occasional sexual attraction to others.

- [Aromantic \(or aro\)](#)

A person who is aromantic (or aro) has a lack of, varying or occasional romantic attraction to others.

- [Men who have sex with men \(MSM\) or women who have sex with women \(WSW\)](#)

An umbrella term for people who have sex with people of the same gender as themselves but consider themselves to be heterosexual (straight). These terms are often used in medical settings to identify the right treatment for an individual.

Figure 5: Terms to use / not use when speaking about sexual orientation

We use	'Gay', 'lesbian', 'bi', 'bisexual', 'asexual', 'ace', 'aromantic', 'aro' or any other term that a person may choose to use to describe themselves.
We do not use	'Homosexual' – this is often used as a clinical term. Some people describe themselves as homosexual but to others this can be distressing.

People use a range of different terms to describe their sexual orientation as well as those we've included above including bi+ and demi (romantic / sexual). There are important distinctions between each.

You can read more about terms people use to describe their sexual orientation on the [Stonewall List of LGBTQ+ terms](#) available online.

You can also [watch the Health Education England 'meet the LGBTQIA+ community' video](#) and take part in [free online awareness training on the e-Learning for Healthcare website](#).

How to ask about sexual orientation in written communications

The wording below is taken from the [NHS Sexual Orientation Monitoring Information Standard](#) which applies to people aged 16 and over. The wording below is designed to be used by health and social care professionals during face-to-face contact with patients.

Which of the following options best describes how you think of yourself?

- Heterosexual or Straight
- Gay or Lesbian
- Bisexual
- Other sexual orientation not listed
- Person asked and does not know or is not sure
- Not stated (person asked but declined to provide a response)

The following wording is preferable when asking during collecting demographic information, for example, during an anonymous survey:

Which of the following options best describes how you think of yourself?

- Heterosexual or Straight
- Gay or Lesbian
- Bisexual
- Other sexual orientation not listed
- Not sure
- Prefer not to say

You can [read more about sexual orientation monitoring on the LGBT Foundation website](#).

6.9 LGBT+ versus LGBTQ+

LGBT+ is an umbrella term for the lesbian, gay, bisexual and transgender community. The plus (+) represents the multiple ways that people within this community can identify (or describe themselves) in terms of their [gender identity](#) or [sexual orientation](#).

As familiarity and awareness around the range of terms people from the LGBT+ community use to describe their sexual orientation and / or gender identity has grown, other versions of the LGBT+ initialism / abbreviation have become more common.

A note on the Q in LGBTQ+

The most common alternative to LGBT+ in the UK is LGBTQ+. This stands for lesbian, gay, bisexual, transgender and 'queer' and / or 'questioning'.

'Questioning' is where a person is taking time to understand their [sexual orientation](#) and / or [gender identity](#).

As mentioned in the ['guiding principles' of this section](#), there are generational and sometimes geographical differences in the language people from this community may choose to use to describe themselves.

The word 'queer' has more recently been reclaimed by parts of the LGBT+ community, particularly among younger generations. Reclaiming a word means taking something with a negative meaning and reviving it in everyday language to hold a positive, empowering meaning.

As such, the word 'queer' is sometimes used to describe both [sexual orientation](#) and [gender identity](#) (eg 'gender queer') by some members of the LGBT+ community. However, despite this word being reclaimed, its former use as a derogatory slur can still cause distress.

We should only use the term 'queer' in any form if a person has told us they choose to describe themselves using that word.

Other versions of LGBT+

The term LGBT+ has been expanded by some to aim to represent more members of the LGBT+ community. For example:

- LGBTQIA + – lesbian, gay, bisexual, transgender, queer / questioning, intersex and asexual / aromantic

Describing communities and not people

LGBT+ / LGBTQ+ should always refer to a community and not a person. A person may be part of the LGBT+ / LGBTQ+ community but that does not make them LGBT+ / LGBTQ+ (as this is an umbrella term covering countless identities).

Figure 6: How to use LGBT+ / LGBTQ+ to describe a community and not a person

We use	'The LGBT+ community' or 'the LGBTQ+ community'
We do not use	'A person who is LGBT+' or 'an LGBTQ+ woman'

7. Faith and religion

7.1 General principles

- An individual's identity and personality transcend religion. Everyone should be able to adopt and enjoy a chosen religion or faith and to practice it freely without any form of discrimination.
- The same also applies to people of no faith or religion or those who are undecided.
- Unless it is necessary and relevant to the context, do not refer to someone's faith and religion.
- Not all people who identify with a particular faith practice their religion or are a part of a place of worship. Be aware of any preconception and be sensitive to the language you use.
- Be mindful that there are differences within religious groups in the form of different denominations – do not make assumptions or generalisations based on someone's faith.
- Do not stereotype people based on their religion, how they dress or their beliefs.
- Use 'place of worship' and 'faith leader' when creating content for the public. When creating content for a particular religion, use the appropriate place of worship and faith leader for example, 'church' or 'mosque' and 'pastor' or 'imam'.
- Avoid using words and phrases that amplify stereotypes around faith and religion, instead of 'Christian name' use 'full name'. This will reduce confusion and indicates awareness of different beliefs people may have.

We all have a human right to freedom of religion or belief. [Read why freedom of religion or belief matters on the GOV.UK website.](#)

7.2 Capital letters

Try to use capital letters for:

- An individual who practices a religion, like Muslim, Christian and Sikh.

- Religion / faith – Christianity, Judaism, Hinduism.
- Religious texts, for example the Bible, the Quran, Torah.
- Religious holidays – Christmas, Easter, Eid, Vaisakhi.
- Places of worship, as in St George’s Church or Hull Mosque and Islamic Centre.
- The titles of faith leaders when referring to a specific individual as part of their name, for example ‘Pastor John Smith’.

Use lowercase letters for:

- The word ‘religion’.
- Places of worship when speaking in general terms, for example, ‘your local church’ or ‘in your mosque’.
- The words ‘faith’, ‘fatwa’, ‘haram’, ‘halal’ and ‘kosher’.
- The names of faith leaders if not being used as part of an individual’s name, for example, ‘Pastor John Smith is a practicing pastor at St. Mary’s Church. The pastor leads weekly prayers at the church on Sundays...’

7.3 Religion and ethnicity

Avoid using religion as a descriptive factor when referring to a group of people from a particular ethnic background. For instance, say ‘we need more male employees from Turkey’ as opposed to ‘we need more Muslim male employees’.

7.4 People of no religion

Not everyone has a faith or religion and some people remain undecided or hold other philosophical beliefs. This is a right that is protected under the Equality Act Human Rights Article 9 - see [your right to freedom of thought, religion and belief](#).

Pastoral support should still be offered to everyone, regardless of a person’s beliefs, but unless agreed or welcomed, avoid forceful persuasion or being drawn into arguments about what a person does or does not believe.

8. Marriage and civil partnership

8.1 General principles

- Marriage and civil partnerships are legally recognised unions in the UK to both same [sex](#) and [heterosexual](#) couples.
- Someone's marital status is their personal information – we should not ask for this information unless it is medically relevant to their care.
- Not everyone chooses to marry or enter into a civil partnership and it is important to not make assumptions about a person's relationship status or their reasons for this.
- Although common terms can be gender-specific, such as husband / wife, husband / husband and wife / wife, some people refer to their 'partner' or 'civil partner'.
- If someone volunteers that they are married without mentioning the gender of their partner, we should not assume their partner's gender.
- 'Partner' is a gender-neutral term that can apply for both people who are married or in a civil partnership regardless of their [gender](#). Many allies already use this term so it is important not to make assumptions. We should use this unless someone uses a different term and / or we do not know the gender of a person's significant other. As with most elements of people's identities, we should take our lead from the language a person chooses to use themselves.

8.2 Marriage, civil partnerships and the LGBT+ community

A same sex couple can choose to marry or enter into a civil partnership, as with opposite sex couples. Similarly, those in a civil partnership can [apply to have their partnership converted to a marriage](#).

As with all language that refers to someone's identity or experiences, we should take our lead from the person themselves and use the language they use.

We should never presume someone who says they are married is referring to a partner of the opposite gender. The same applies to someone who is in a civil partnership.

Respecting privacy

A person's marital or civil partnership status is personal information and should not be asked for unless it is medically relevant to their care.

A person may choose to share that they are married or in a civil partnership with someone of the same gender - this could be the first time they have shared part of their identity in the form of their [sexual orientation](#) or their [gender identity](#) with you.

This information should be respected and not shared with anyone else unless the person has made it explicitly clear they're happy for that to happen or it's medically relevant to their care.

8.3 Asking about relationship status

If we do need to ask about a person's relationship status, we should use gender-neutral and inclusive language.

Figure 7: How to ask inclusively about relationship status

We use	'Please tell us your marital or civil partnership status' or 'please tell us your relationship status'
We do not use	'Are you married?'

Titles and forms of address

Female titles in the UK tend to reference a woman's relationship status, for example:

- Miss
- Mrs

However, this is not the case for men who default to Mr in many cases.

Ms was created to move away from reflecting a person's marital status, however, it can still be gender-based.

The title Mx has become more common as a gender-neutral title that does not reference someone's relationship status.

We should not make assumptions about a person's title or relationship status. This can be particularly prevalent when referring to women and could be considered sexist or ageist (for example, referring to any woman over a certain age as 'Mrs' without checking first).

It is important that the title or form of address for people is correct – we should ask and not assume. Offering a choice of options for individuals to choose from can allow people to select the option that they use.

Titles should be listed in alphabetical order, for example:

- Dr (doctor)
- Imam / Rabbi / Rev (Reverend)
- Lord / Lady
- Master
- Miss
- Mr
- Mrs
- Ms
- Mx
- Prof (professor)
- Sir / Dame

9. Pregnancy and maternity

9.1 General principles

- Awareness on [gender-neutral language](#) is important when discussing inherently sexed processes such as birth, pregnancy and breastfeeding (or chest feeding).
- We do not exclude the use of 'women' or 'mothers' when speaking of maternity or pregnancy as it can decrease inclusivity. However, we can include gender-neutral language alongside feminised terms.
- We should avoid gender-specific stereotypes.
- A person's sex should only be shared when medically relevant to their care.
- The respect attributed to everyone's sex and / or gender must be emphasised so that important communication / information is not missed.

9.2 Inclusive language for pregnancy and maternity

We do not avoid using feminised terms when talking about pregnancy or maternity, for example, 'women' or 'mothers'.

However, we can ensure we are inclusive by including [gender-neutral language](#) alongside gender-specific terms.

Example: Maternity services are here to support pregnant women and people, birthing people and birthing families. Partners are welcome to support each person during their pregnancy, labour and birth experience.

Another example could be when talking about feeding baby. Again, we would not remove the term 'breast feeding' or 'breast milk' but we can add 'chest feeding' and 'chest milk'.

Example: Maternity services can support you to develop an infant feeding plan, which may include breastfeeding or chest feeding, or expressing milk.

Not everyone who is pregnant or gives birth identifies as a [cisgender woman](#) – some people having a baby may have a gender identity that is different to the [sex they were assigned or registered with at birth](#).

For example, pregnant and birthing people could include those who have a [non-binary gender identity](#) or [trans](#) men.

When talking about the family of a pregnant person, we should use the terms people are comfortable with and not presume every family has parents of the opposite gender.

See the [marriage and civil partnership section](#) for information on gender-neutral language for partners of those who are pregnant or giving birth, for example, using the terms ‘partner’ or ‘parent’ in place of ‘husband’, ‘wife’, ‘mum’ or ‘dad’ unless we know otherwise.

10. Disability, health and wellbeing

10.1 General principles

- Disability means different things to different people. You can read the [definition of Disability Under the Equality Act \(2010\)](#) for more information on a formal definition under UK law.
- Avoid labels when discussing or referring to people's impairments and conditions - do not use negative language.
- Not everyone who falls under the definition of disabled person considers themselves to be so. This can include people who are in receipt of disability benefits and services.
- Only refer to someone's impairment if it's relevant to the context – people's identities are complex and each person is far more than their impairment.
- Speak directly to disabled people even if an interpreter or companion are present, just as you would to a non-disabled person.
- Do not use 'suffering from' when describing a person's long-term condition or impairment. Suggesting a disabled person is 'suffering' can feel disrespectful, accentuate a perception of vulnerability and make someone feel powerless. Using 'suffering from' also ignores that many impairments and / or long-term conditions can fluctuate or change over time, as can how a disabled person feels.
- We avoid the word 'battle' when referring to how someone is living with an illness, especially a life-limiting condition. Saying someone 'lost their battle with cancer', for example, suggests that they lost something they could have won, or they have personal responsibility for being 'defeated'. This can be upsetting for some people.
- Wherever possible, use person-centred language.
- When communicating remember to use language that respects the dignity of others.

You can [read more about inclusive language for disabled people on the GOV.UK website](#) or in the [British Council's guide to disability equality](#).

10.2 Disability and labels

The term 'disabled people' is preferred when referring to collective people, we do not use 'the disabled'. This is promoted by both the Disabled People's Movement and [British Council of Disabled People's Organisations](#).

The term 'disability' is a description and not a group of people.

Remember that people's ability is limited by societal or environmental factors, rather than their impairment. These barriers to inclusion could be through negative attitudes, physical environments and media representation of disabled people.

Using the term 'disabled people' respects this and reflects the social model of disability over the medical model. The social model argues a person is disabled by these barriers and not their condition or impairment. You can read more about the social model of disability in the [British Council's guide to disability equality](#).

There are some people who do still use 'a person with a disability / disabilities' – if someone explains they use this instead of 'disabled person', please use the language they use.

Some non-disabled people such as people with HIV are still classed as having protected characteristics under disability law, though we do not consider them as disabled people.

You are encouraged to undertake your research properly when talking about a specific condition and / or impairment.

Terms we should avoid

Here are a few examples of language we should avoid when talking about disability and / or disabled people:

- [Special needs](#)

Bear in mind we all have different, specific needs and labelling the needs of disabled people as 'special' may indicate a feeling of inferiority. Using 'specific needs' is a helpful alternative.

- **Handicapped**
This word is considered offensive considering its historical association with inability and incapacity to be successful in a competitive environment.
- **Physically challenged**
Disabled people groups in Britain have rejected the use of this term due to the many controversies around it.
- **The disabled**
It is regarded as dehumanising and disrespectful to label people in relation to their condition and / or impairment. Use 'disabled people' in place of this unless someone uses different language to refer to themselves.
- **People with disabilities**
The Disabled People's Movement in the UK supports the use of 'disabled people'.

10.3 Non-disabled versus able-bodied

The use of 'able-bodied' implies that all disabled people are less 'able', they lack 'able bodies' or the ability to use their bodies well. For this reason, we use 'non-disabled' to refer to people who do not consider themselves as disabled.

Only use disabled person or non-disabled person as a characteristic where it is relevant to the context.

Figure 8: Language we do and do not use when talking about disability

We use	'Disabled people', 'disabled person' 'Non-disabled people', 'non-disabled person'
We do not use	'Person with disabilities', 'people with disabilities' (unless someone specifically uses this language to refer to themselves) 'Able-bodied'

10.4 Person-first language

Remember not to define someone with their impairment or condition, instead put the individual first. This prevents dehumanising labels from being attached to entire groups of people.

Exceptions to this are when referring to autism and general disability where it is preferable to use 'autistic people' and 'disabled people' as our default language.

Again, you may find someone could use 'person with autism' – if someone shares they use different language, please follow their lead.

You can [read more about inclusive language for disabled people on the GOV.UK website](#) or in the [British Council's guide to disability equality](#).

Figure 9: Examples of person-first language and what to avoid

We use	People with sickle cell People with cancer People with a visual impairment A person with epilepsy
We do not use	Sickle cell patients Cancer patients The blind An epileptic

We should use 'people' rather than 'patients', 'clients' or 'service users' unless it is relevant to treatment within a clinical context.

People taking part in clinical trials should formally be referred to as 'trial participants' or just 'participants' according to the Health Research Authority.

10.5 Hearing impairments and the d / Deaf community

We refer to people who use hearing aids to improve their hearing as ‘people with hearing loss’.

Some people still hear quite well but may find hearing aids helpful and they are often referred to as ‘hard of hearing’.

If someone has lost their hearing completely, they are ‘deafened’ or ‘deaf’. Those born with no hearing may use ‘Deaf’ with a capital D.

Many deaf people whose first language is British Sign language (BSL) consider themselves part of ‘the deaf community’ – they may describe themselves as ‘Deaf’ with a capital D.

While some d / Deaf people may not think of themselves as disabled, their rights are protected under the [Disability Discrimination Act \(1995\)](#). They are also protected from discrimination under the [Equality Act \(2010\)](#).

Not everybody who is d / Deaf will use BSL. Many people within the d / Deaf community choose to lip read and may also describe themselves as ‘Deaf’ with a capital D.

Figure 10: Examples of language we should and shouldn’t use around hearing impairments and / or the d / Deaf community

We use	<p>‘Deaf’ for people who have lost hearing completely or consider themselves as d / Deaf.</p> <p>For people who use hearing aid / equipment to improve their hearing, use ‘people with hearing loss’.</p> <p>Use ‘hard of hearing’ for people who hear quite well but find hearing aids helpful.</p> <p>‘People with speech difficulty’.</p>
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We do not use

'Dumb' for people with speech difficulty.

This term indicates lack of intelligence and is regarded as offensive.

10.6 Visual impairment and sight loss

People who have sight loss are those who have an eye condition that seriously affects their daily lives. There is often a misconception that people who consider themselves as 'blind' have no useful vision, this is not true. Each person's experience is individual to them.

Language is changing around sight conditions. Some people prefer to use the medical terms used by ophthalmologists when making decisions about registering someone's sight condition.

These terms are:

- **Severely sight impaired**
Also referred to as 'blind'.
- **Sight impaired**
Also referred to as 'partially sighted'.

You can [learn more about how vision loss is assessed and registered on the NHS.UK website](#).

The Royal National Institute of Blind People (the RNIB) prefers to use the terms 'blind' and 'partially sighted'.

Every person is different and some will prefer to use the medical terms to describe their sight loss while others will prefer to use 'blind' or 'partially sighted'.

We should use the language each person uses themselves when describing their sight condition.

You can [read more about inclusive language for sight conditions in the RNIB's guide for staff and volunteers called 'Understanding Sight Loss'](#).

10.7 Learning disability

“A learning disability is a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life.”

Mencap

You can [read more about learning disabilities on the Mencap website](#).

Learning disability affects how people learn. A person with a learning disability may require more support to learn or develop new skills, to understand complex information and interact with other people.

The level of support someone might need depends on the individual. For example, someone with a mild learning disability may only need support with things like getting a job. However, someone with a severe or profound learning disability may need full-time care and support with every aspect of their life – they may also have physical disabilities.

People with certain specific conditions can have a learning disability too. For example, people with Down’s syndrome and some people with autism have a learning disability.

We should use plain English and ensure all our information is accessible. This could include using [Easy Read format](#) for people with a learning disability.

Figure 11: How we refer to a person or people with a learning disability

We use	A person or people with a learning disability.
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10.8 Learning difficulties and learning differences

This should not be confused with learning disabilities or mental health issues. A learning difficulty does not affect general intellect.

There are many different types of learning difficulty. Some of the more well known are dyslexia, attention deficit hyperactivity disorder (ADHD), dyspraxia and dyscalculia. A person may have one, or a combination.

As with learning disability, learning difficulties can also exist on a scale. A person might have a mild learning difficulty or a severe learning difficulty. The same is true for learning disabilities.

Some people use the term 'learning difference' instead of using 'difficulties'. This again refers to the social model of disability. This is because all people learn differently and 'difficulty' may arise if the only available option for learning doesn't suit an individual's needs. This can be a barrier to learning, therefore the limited approach to learning opportunities becomes the disability and not the learning difference a person experiences.

You can [read more about the differences between a learning disability and a learning difficulty on the Mencap website](#).

10.9 Autism and neurodiversity

Autism is not a learning disability, although some autistic people do have a learning disability. Autism is a life-long condition and often an important part of a person's identity. As such, we use the term 'autistic person / autistic people', just as we would 'disabled person / disabled people'.

Neurodiversity

Some autistic people describe themselves as 'neurodivergent', which means neurologically divergent rather than neurologically typical (neurotypical). The term 'neurodiversity' conveys the idea that there is no single right way or thinking, learning or behaving.

'Neurodivergent' is often used by people with a broad range of learning differences including people with ADHD, dyslexia etc (see [11.7 learning difficulties versus learning differences](#)).

An individual person is 'neurodivergent' (singular). We use 'neurodiverse' to describe a group of people (plural).

Figure 12: Language we should and should not use when talking about autism and neurodivergence.

We use	<p>'Autistic person' or 'autistic people'</p> <p>'Neurodivergent person'</p> <p>'Neurodiverse people'</p> <p>'Person with ADHD'</p> <p>'Dyslexic person' or 'dyslexic people'</p>
We do not use	<p>'On the spectrum' to describe a person</p> <p>'Dyslexic' to describe behaviour of non-dyslexic people</p> <p>'Autistics'</p> <p>'Dyslexics'</p>

10.10 Diversity of experience and language

It is important to note that there are other conditions and impairments not mentioned in this guide that people may have.

Hidden disabilities, passing and masking

Many impairments or conditions are hidden or invisible to society and some disabled people feel under pressure to 'pass'. 'Passing' means modifying our appearance, behaviour, speech, language or other indicators in an attempt to appear non-disabled. This can happen out of fear of prejudice or discrimination.

It is not our place to make a judgement or discuss whether a person 'passes' or not.

The idea of 'passing' can also often link to 'masking'.

'Masking' is where a person hides something about themselves out of fear of prejudice, discrimination or rejection so as to 'pass' under the radar in society. Some people 'mask' just at work, some have worn a mask for their whole lives.

Passing and masking can be seen across protected characteristics and take a considerable toll on people. Ensuring we provide inclusive environments where people can feel psychologically safe to be completely themselves can reduce this burden.

The diversity of disabled people's experiences

Disability is vastly diverse as a protected group under the [Equality Act \(2010\)](#) and we should not make assumptions about the abilities of anyone.

Similarly, disability can look and feel different from day to day. Some people are born with an impairment, some people acquire a condition or impairment later in life. Some impairments are temporary, some are permanent.

We should always use positive and inclusive language when addressing or discussing a person's condition.

If it is not relevant, we should not mention a person's condition or impairment in order to describe or label them. We can do our own research if we have questions or would like to understand someone's experience.

If your question is medically essential and not unnecessarily personal or reductive, ask with compassion in a time and place that is appropriate.

11.0 Thanks and acknowledgements

This guidance has been co-produced in partnership with colleagues from across health and care organisations working in Humber and North Yorkshire Health and Care Partnership (HNY).

This includes staff networks, colleagues working in equality, diversity and inclusion (EDI), human resources (HR), management and leadership, all who represent a diverse range of backgrounds, cultures, abilities, sexualities, genders and beliefs.

We would like to extend our sincere thanks to everyone who took the time to share their thoughts, views and experiences in creating this guidance. We look forward to continuing to work together to update it as the language we use evolves over time.

Our sincere thanks also go to Esther Sodunke for sharing her work at NHS Blood and Transplant.

Accessibility

This guide has been designed to meet accessible information guidelines. If you would like a copy of this guide in a different format, please contact hny.wellbeing@nhs.net.

Get in touch

This guide will be continuously reviewed by the team at Humber and North Yorkshire Health and Care Partnership.

To discuss its contents or suggest additions or amendments please email:

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