Q SHELTER
Because home matters

Language Guide

April 2025

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Introduction

Person-centred language emphasises recognising people primarily as individuals, irrespective of their circumstances (1). For example, at Q Shelter, we implement this best practice terminology 'person experiencing homelessness' instead of 'homeless person' to consider homelessness as a temporary experience instead of a fixed identity. People are not 'less than' themselves because they are experiencing hardships, we are more than what we experience at any given time.

Why use Person-centred language? Simply put, we work to humanise, not dehumanise. We offer dignity, not shame. Focusing on a person's strengths and capabilities, rather than their conditions, we employ a trauma-informed approach to care. The words we use profoundly affect how we see and understand our world. How we talk about people influences perceptions, attitudes, and behaviour, which in turn affects practices and policies. Thus, it is essential to practise Person-centred language when gathering support for our mission – within programs and services that help people improve their lives.

While some individuals or communities prefer Person-centred language, others prioritise Identity-first language, such as 'autistic person' over 'person with autism.' In instances like these, the experience of disability and neurodiversity can be lifelong and a part of someone's identity rather than a temporary experience. It's crucial to respect and honour their language choices. Simply asking how they prefer to be acknowledged or recognised can demonstrate this respect (2).

AVOID USING THE FOLLOWING TERMS	USE PERSON-CENTRED, EMPOWERING LANGUAGE
Homeless person	A person experiencing homelessness
Client	The people we support, those who access our services, people experiencing homelessness, and people at risk of homelessness
Drug/alcohol addict/abuser	A person who uses alcohol/substances (3), person experiencing substance use or person with lived experience of alcohol use
Youth	Young people
Poor person	A person with low income
Prostitute, hooker, whore	Sex worker

1. First Nations peoples

Using inclusive, person-centred language is key to honouring First Nations peoples and their rich cultural diversity. It means being mindful of and respecting each individual's unique identity and background, rather than relying on broad generalisations. By adopting language that acknowledges and values each person's heritage, traditions, and experiences, we help create a more inclusive and respectful space. This not only affirms their dignity and significance but also helps challenge and correct misunderstandings and stereotypes, promoting a deeper and more genuine appreciation of First Nations cultures (4).

Basic respectful language means using:

- Specific terms, like the name of a community, before using broader terms

- Plurals when speaking about collectives (peoples, nations, cultures, languages)

- Present tense, unless speaking about a past event

- Empowering, strengths-based language.

Language that can be discriminatory or offensive includes:

- Shorthand terms like 'Aborigines', 'Islanders', or acronyms like 'ATSI'

- Using terms like 'myth', 'legend' or 'folklore' when referring to the beliefs of First Nations peoples

- Blood quanta (for example, 'half-castle' or percentage measures)

- 'us versus them' or deficit language

- Possessive terms such as 'our', as in 'our Aboriginal peoples'

- 'Australian Indigenous peoples', as it also implies ownership, much like 'our'.

For consistency across all documents and reports, please use the term First Nations peoples when referring to Aboriginal and Torres Strait Islander peoples, unless specifying a particular community. This terminology acknowledges their cultural identity and promotes respectful representation.

2. Multicultural communities

Members of multicultural communities are often referred to as Culturally and Linguistically Diverse (CALD), which describes communities in Australia from non-Anglo cultural and linguistic backgrounds. According to the Australian Bureau of Statistics, nearly half of Australians today come from a CALD background. CALD communities often face difficulties accessing services and opportunities. Language barriers, lack of recognition of overseas qualifications, and cultural misunderstandings can disadvantage CALD community members. Additionally, racism and discrimination remain significant issues, with nearly one-fifth of CALD Australians reporting unfair treatment due to their cultural background (5).

Multicultural communities have diverse needs that traditional communications often fail to address. For individuals with limited English proficiency, clear and straightforward communication is preferred. Using plain language helps make information accessible to everyone. When engaging with people for whom English is not their first language, it's important to use plain language and minimise slang. Avoid wordplay, colloquialisms, and phrases with double meanings to prevent confusion. Speaking at a reasonable pace also facilitates better communication and enhances understanding. While it is acceptable to use specialised terms when necessary, always provide explanations to ensure your audience comprehends the discussion content (6).

Key considerations for effectively and respectfully communicating with multicultural communities:

- **Highlight the key message:** Ensure the main point is clear in the title or the first sentence of your communication.

- **Use plain English:** Write in straightforward language to help all stakeholders, regardless of their language proficiency, age, or education, easily find and understand the information. Present concepts one at a time.

- **Avoid jargon:** Use jargon-free language, as some concepts may not translate well or could carry negative connotations. Be prepared to modify your copy to ensure it resonates in other languages.

- **Use clear language:** For example, during COVID, the tagline 'Let's do this' was changed to 'Let's get vaccinated' for clarity and easier translation.

- **Steer clear of puns and colloquialisms:** These may not resonate with diverse audiences and can be difficult to translate accurately.

- **Avoid double negatives:** A double negative occurs when two negative words are used in the same sentence, which can create confusion and lead to misinterpretation. For example, 'I don't think it's not a good idea.' The words 'don't' and 'not' both indicate negation. This makes the sentence unclear—does the speaker think it *is* a good idea or not? By removing one negative, the sentence becomes clearer: 'I don't think it's a good idea.'

- **Minimise use of acronyms:** If you need to use an acronym, first explain the term fully before introducing the acronym (7).

3. Disabilities and mental illness

Q Shelter embraces both the social model and the human rights model of disability in our approach. The social model views disability as a social construct, emphasising that societal barriers hinder equal participation rather than individual impairments. This model rejects the medical perspective, which treats disability as an individual deficit and often reinforces ableism—the discrimination and prejudice against people with disabilities based on the belief that typical abilities are superior. The human rights model builds on this by recognising dignity and freedom as fundamental rights, acknowledging impairment as part of human diversity, and emphasising the need for equitable support even after barriers are removed (8).

There are different terminologies used by people to describe their mental health status, as well as their accessibility abilities. The first may include mental health problems, mental disorders, mental health conditions, and psychiatric disability, while the latter may include terms like physical disability, sensory impairment, cognitive disability, and developmental disability. These different terms may refer to the extent of their condition and whether it has been formally diagnosed.

If you are unsure about what language to use, simply ask the person you are conversing with what terminology they prefer to describe their condition.

AVOID USING THE FOLLOWING TERMS	USE PERSON-CENTRED, EMPOWERING LANGUAGE
Afflicted by, suffers from, victim of, crippled by, incapacitated by, handicapped	A person who has a physical disability (9) A person experiencing (specify mental illness) (10)
Intellectually challenged, mentally retarded, mentally disabled, mentally defective, handicapped, simple, special needs	A person with a cognitive disability/ intellectual disability
The blind, person without sight, blind as a bat, blindie	A person with a vision impairment/low vision
Deaf person	A person with a hearing impairment (if they prefer person-first language)
Confined to a wheelchair, wheelchair-bound, wheelchair person	A person who uses a wheelchair or mobility device
Epileptic	A person with epilepsy
Fit, attack, spell	Seizure
Defective, deformed	A person experiencing (specify the disability)
Dwarf	A short-statured person
Insane, lunatic, maniac, mental patient, mental diseased, neurotic, psycho, schizophrenic, unsound mind	A person experiencing (specify mental illness)
Invalid	A person with a disability (specify the disability)

AVOID USING THE FOLLOWING TERMS	USE PERSON-CENTRED, EMPOWERING LANGUAGE
Mentally retarded, defective, feeble minded, imbecile, moron, retarded	A person with an intellectual disability
Mongol, mongoloid	A person who has Down Syndrome
Physically challenged, intellectually retarded, vertically challenged, differently abled	Person with a disability (specify the disability)
Spastic	A person who has cerebral palsy, or uncontrollable spasms
Special	A person experiencing (specify the disability)
Deaf and dumb	A person with a hearing impairment and non-verbal

4. Neurodiversity

Neurodiversity refers to the vast and limitless range of human cognition, celebrating the uniqueness of every individual's mind. People who have been diagnosed with autism, dyslexia, dyspraxia, dysgraphia and attention deficit hyperactivity disorder (ADHD) may use this term when referring to themselves. Some individuals on the autism spectrum choose to identify as autistic, viewing autism as a cultural identity that extends beyond a medical diagnosis. For them, their diagnosis may or may not be considered a disability. It's important to respect their preferred language which can be done by simply asking them how they prefer to identify can give back ownership and empowerment to the person (11).

AVOID USING THE FOLLOWING TERMS	USE PERSON-CENTRED, EMPOWERING LANGUAGE
Aspy/Aspie, profoundly autistic, mild autism	A person who has autism, or is on the autism spectrum
High functioning/Low functioning	A person who is autistic/Autistic (if they prefer to identity-first language)
Special needs/Special Assistance	A person who has a (specify disability)
Mental	A person who is neurotypical/ neurodiverse/ neurodivergent (if they prefer to identity-first language)
Slow learning, stupid, special	A person who has a learning disability
Hyper/Hyperactive, space cadet	A person who has ADHD/Attention-deficit Hyperactivity Disorder

5. LGBTQIA+ community

LGBTQIA+ inclusivity means recognising and respecting the diverse sexual orientations, gender identities, and sex characteristics that are natural aspects of life. Inclusive communication—through verbal expressions, written forms like intake documents, and visual cues such as LGBTQIA+ flags—fosters feelings of safety and belonging. While evidence on the impact of inclusive communication in child, family, and community welfare services is limited, insights from healthcare and educational settings underscore its significance. Service providers who assume all clients are heterosexual may negatively impact the wellbeing of LGBTQIA+ community members. Research indicates that a lack of inclusive communication can increase stress, heighten fears of inadequate treatment, and discourage individuals from seeking help. Community members are more likely to disclose their identities when supported by providers who create an inclusive environment using respectful and affirming terminology (12).

ELEMENT OF INCLUSIVE COMMUNICATION	FACILITATES INCLUSIVE COMMUNICATION	CREATES A BARRIER TO INCLUSIVE COMMUNICATION
Affirmation approach – Use of gender pronouns	'Hi Alex, before I introduce you, what are your pronouns?'	This is Alex, she's the new client.
Asking someone's pronouns is always better than assuming based on how they look. The language a person uses doesn't automatically align with what they were presumed at birth, their name, or how they appear or sound. Asking pronouns ensures a client is not misgendered.		
Beyond assumptions – Using gender neutral language	'Good morning everyone! Tell me about your partner/spouse.' 'The person in the waiting room is about to come in for counselling.'	'Good morning ladies! Tell me about your boyfriend/husband.' 'The woman in the waiting room is about to come in for counselling.'
When language is not gender neutral, it assumes everyone is cisgender and heterosexual (13-14). The use of non-assuming, neutral language and asking open questions without assuming sexual orientation, gender identity or sexual characteristics can indicate you are comfortable with diversity (15). It also avoids assumptions made on someone's presentation, clothing or body (16).		
Beyond assumptions – Accepting differences in families	'What does your parent(s) or caregiver(s) do?'	'What does you mum and/or dad do?'
Children have a better chance of thriving when the uniqueness of their family is acknowledged and respected (17). Assuming a family has heterosexual, cisgender or biologically related parents can privilege the role of the birthing parent above other relationships (18) and/or create an assumption that the birthing parent is a woman (19).		

ELEMENT OF INCLUSIVE COMMUNICATION	FACILITATES INCLUSIVE COMMUNICATION	CREATES A BARRIER TO INCLUSIVE COMMUNICATION
Competence with language – Acknowledging diverse sexual and/or relationship status and sexual orientations	Have you had some recent conflict with your boyfriend Sam? Has there been violence at home?	'Have you had some recent conflict? With a man? I thought you were seeing a woman last time you came in. I don't know what you call him. Let's skip over those details for today.'

Competence with language involves a knowledge of terms and comfort using them. Discomfort discussing LGBTIQ+ intimate relationships can demonstrate embarrassment, bias or unease, which creates a barrier to service provision. Hostility or discrimination can accompany discomfort with language and this can exclude LGBTIQ+ people from equitable and safe support (20-22). Competence with language involves building it into organisational processes (e.g. intake forms) (23-24) and comfortably including partners in decisions where appropriate (25).

When designing digital forms, create inclusive questions about sex, gender identity, and sexual orientation, tailored to the organisation's context. Ensure questions respect diverse identities and allow space for self-identification. Include a clear statement on data collection, usage, storage, and confidentiality to address privacy and discrimination concerns (26).

Data collection should accommodate non-binary, transgender, and intersex identities, moving beyond traditional binaries. Using 'non-binary' and providing an 'other' option with free text better reflects diverse preferences and promotes inclusivity (27). For example:

What is your gender?

☐ Woman

☐ Man

☐ Non-binary

☐ Self-described (please specify):

☐ I do not wish to disclose

6. Acronyms

The homelessness and housing sector is rich with professional terminology and acronyms that can sometimes be challenging to follow, especially for those new to the sector. To help with this, we have outlined the meanings of some commonly used acronyms below. While acronyms are often used for convenience, best practice in the sector is to prioritise inclusivity by using the full name of an entity or concept whenever possible. This approach helps ensure clear communication, particularly when engaging with a new workforce or individuals unfamiliar with the jargon. Please keep this in mind, especially when speaking with new team members or those unfamiliar with the sector's terminology.

INITIALS	MEANING
AHURI	Australian Housing and Urban Research Institute
AHVTT	Australian Homelessness Vulnerability Triage Tool
AOD	Alcohol and Other Drugs
ATSI	Aboriginal and Torres Strait Islander
ATSICHS	Aboriginal and Torres Strait Islander Community Health Services
BTR	Build-To-Rent
BNL	By-Name List
CAP	Crisis Accommodation Program
CHP	Community Housing Provider
CRT	Critical Response Team
DCSSDS	Department of Child Safety, Seniors and Disability Services
DESBT	Department of Employment, Small Business and Training
DFV	Domestic and Family Violence
DOH	Department of Housing
EDQ	Economic Development Queensland
HHOT	Homeless Health Outreach Team
HRT	High Risk Team
HSC	Housing Service Centre
ICHO	Indigenous Community Housing Organisation
IFS	Intensive Family Support
IHR	Immediate Housing Response

INITIALS	MEANING
IHRF	Immediate Housing Response for Families (this term is outdated, though some still use it to distinguish support for families as opposed to individuals)
MMC	Modern Methods of Construction
NRAS	National Rental Affordability Scheme
NRSCH	National Regulatory System for Community Housing
PBLT	Place Based Leadership Team
PBR	Place Based Response
PBRT	Place Based Response Team
QCAT	Queensland Civil and Administrative Tribunal
QSTARS	Queensland Statewide Tenant Advice and Referral Service
REIQ	Real Estate Institute of Queensland
RSS	Rental Security Subsidy
RTA	Residential Tenancies Authority
SHS	Specialist Homelessness Service
SPDAT	Service Prioritisation Decision Assistance Tool

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EVOLVING TERMINOLOGY AND CULTURAL RESPONSIVENESS

This guide, published in April 2025, is not static and may evolve as we continue to learn and grow as a society. By remaining curious and culturally responsive, you may observe that certain language becomes outdated over time. If you believe any changes should be made, please contact Q Shelter to discuss further.

ABOUT Q SHELTER

Q Shelter is Queensland's peak housing organisation with a vision that every Queenslander has a home. We lead on solutions to unmet housing need and homelessness.

Incorporated in 1993, Q Shelter works to strengthen system capacity and to influence policy and investment to support effective solutions. We are engaged at all levels of Government, with the private sector, community services sector, and wider community to achieve real solutions that succeed through to implementation.

Q Shelter's members consist of concerned individuals, Specialist Homelessness Services, Community Housing Providers, wider human services, academic institutions, other peak organisations, and private sector stakeholders. We have numerous standing engagement activities to involve stakeholders in defining policy solutions. Our framework for policy development includes a synthesis of evidence and sector engagement.

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