**Accessible and Inclusive Writing Guidance**

Compiled by Poppy Ellis Logan: [poppy.ellis\_logan@kcl.ac.uk](mailto:poppy.ellis_logan@kcl.ac.uk) | @poppyellislogan

The language we use to communicate information can affect how well it reaches our audiences. This document compiles information from several sources on making your writing accessible and inclusive for as many people as possible. Writing content that is not inclusive can have unintended impacts, such as offending and excluding people who might have been interested in our research.

|  |  |
| --- | --- |
| **Word** | **What it means** |
| Accessibility | Making sure that everyone who wants to access and understand the content has an equal opportunity to do so. |
| Inclusive Language | Language that is accessible and impartial to make sure that no one is excluded from engaging with it or offended by the words it uses. This language avoids biases, slang, and discriminatory expressions. |

**NIHR Inclusive Language Guide:** [**https://www.learningforinvolvement.org.uk/wp-content/uploads/2021/09/A-guide-to-creating-inclusive-content-and-language.pdf**](https://www.learningforinvolvement.org.uk/wp-content/uploads/2021/09/A-guide-to-creating-inclusive-content-and-language.pdf)

The above guide is a good starting point for checking all your written content. The rest of the information in this document below paraphrases advice from this, and other documents to summarise important points and explain the reasons for some of the recommended best practice.

**Part 1: Making your content accessible**

Create EasyRead documents:

* Creating EasyRead versions of documents is recommended. EasyRead uses simple language and uses pictures to illustrate the information.
* Many organisations exist who can do this for you, and who have panels of people who use Easy Read who can check it makes sense too.
* Here is an example of an EasyRead document used in the EPR HPRU: <https://epr.hpru.nihr.ac.uk/sites/default/files/Consent%20form.pdf>

The NIHR’s *Inclusive Language Guide* explains how to make sure your writing works for people using different reading softwares:

* Many people use softwares to help them access information. For example, screen-readers like ReadAloud turns text into speech that is read out loud by someone’s phone or computer.
* Avoid using abbreviations like ‘etc’, ‘e.g.’ and ‘i.e.’, because sometimes accessibility tools can have difficulties with them.
* Do not use superscript, such the ‘th’ in ‘24th January’, or subscript such as the ‘2’ in ‘H2O’. Superscript and subscript do not always read out correctly on screen readers and could confuse people. It is better to make all text the same size if you can.
* For numbers less than 1, use 0 before the decimal point. For example: 0.25.
* It is better to use “to” for time, date and numerical ranges, not hyphens or dashes.

The NIHR’s *Inclusive Language Guide* recommends always writing in plain English:

* Do not use jargon, and avoid technical terms whenever possible.
* Explain any uncommon medical terms you use, by “using a plain English term and then the medical term. Example: piles (haemorrhoids)”.
* Do **not** assume that content focused towards a more educated and technically literate audience can or should use more complicated or technical language. Research has shown that the more educated the person, the more specialist their knowledge, the more they prefer to read plain English.

How to write in plain English:

* Write clearly and concisely.
* The requirement for all GOV.UK web content is for it to be written for a 9 year old reading age.
* Writing for a 9 year old reading age does not necessarily mean writing content that is interesting for a 9 year old. It means using common words.

***Why write for a 9 year old reading age by using common words?***

By age 9, children have learned to read a primary set of 5,000 common words (the 5,000 words they use most), and a secondary set of 10,000 words. They are all words they use every day.

After children first learn to read these 5,000 common words, they then stop reading these words and start recognising their shape. This learning allows people to read much faster, and is how people read by the time they are 9 years old.

As you grow older, your vocabulary grows, but adults still find these common words easier to recognise and understand than words they’ve learned since.

People also do not read one word at a time. They bounce around - especially online. They anticipate words and fill them in.

By using common words, your brain can drop up to 30% of the text and still understand. You do not need to read every word to understand what is written. Busy journal editors, or reviewers who are skim reading your publications, appreciate this.

This is why we tell people to write for a 9-year-old reading age.

*This information is from the Gov.uk page on “writing for Gov.uk”* [*https://www.gov.uk/guidance/content-design/writing-for-gov-uk*](https://www.gov.uk/guidance/content-design/writing-for-gov-uk)

More information on how to write in Plain English from *“writing for Gov.uk”*:

* It’s fine to use unusual terms so long as you give context that explains them. If the context is right, you can read a short word faster than a single letter. For example, you can understand 6-letter words as easily as 2-letter words – if they’re in context. Make sure you explain unusual terms using common words.
* Use short words instead of long ones. When you use long words (8 or 9 letters) people skip the shorter words (3, 4 or 5 letters) you use afterwards.
* Use short sentences.
  + People with some learning disabilities read letter for letter - they do not bounce around like other readers. They also may not fully understand a sentence if it’s too long.
  + People with moderate learning disabilities can understand sentences of 5 to 8 words without difficulty. By using common words we can help all readers understand sentences of around 25 words.
* Capital letters are 13% to 18% harder for people to read. Try to avoid them. Block capitals indicate shouting in common online usage. We should avoid shouting in our publications.
* Ampersands can be hard to understand. Writing ‘and’ instead of ‘&’ will be easier for people to read and easier to skim. Some people with lower literacy levels also find ampersands harder to understand.

Use simple and specific words:

Writing in plain English means avoiding words or phrases that aren’t simple or specific, even if they are common.

When you proofread your writing, you can check for these words. Replace them with simpler language that more clearly and openly describes what you are doing.

The table below provides some examples of words to avoid from the Government’s *Style Guide.* The *Style Guide* provides full list of words to avoid and better words to use instead at: <https://www.gov.uk/guidance/style-guide/a-to-z-of-gov-uk-style#words-to-avoid>

|  |  |
| --- | --- |
| **Avoid** | **Use instead** |
| ‘combat’ (unless military) | ‘solve’, ‘fix’ |
| ‘deliver’ (unless pizza, post) | ‘make’, ‘create’, ‘provide’ or a more specific term (to describe improvements) |
| ‘empower’ | ‘allow’ or ‘give permission’ |
| ‘streamline’ | ‘simplify’ |
| ‘utilise’ | ‘use’ |
| ‘drive’ (unless vehicles) | ‘create’, ‘cause’, ‘encourage’ |
| ‘going/moving forward’ | ‘from now on’, ‘in the future’ |
| ‘in order to’ | ‘to’ |

**Part 2: Using inclusive language**

**Understand your audiences**

Using inclusive language guidelines or documents to check your language is not a solution to writing about people you don’t understand.

*Writing for GOV.UK* explains that “your writing will be most effective if you understand who you’re writing for”.

To understand your audience, you should know:

* what they are “interested in or worried about - so your writing will catch their attention and answer their questions”
* their preferred “vocabulary - so that you can use the same terms and phrases they will use to search for content”

When you have more than one audience, explain these terms and phrases so that your writing is easy for others to read too, and still accessible for everyone.

How to learn about your audiences and their preferences:

* The NIHR’s *Inclusive Language Guide* recommends always asking people how they identify rather than assuming how to describe people or groups of people.
* It best to be proactive about consulting with and learning about communities using your own time and resources. Don’t rely on asking people you work with to do this for you.
* Asking colleagues who are from minoritized groups to teach you about your audiences can create an unfair ‘diversity tax’ for those individuals or the staff networks they are in. This is because people can end up helping all their colleagues for free on top of their other workload.
* When you ask people for their guidance, respect other pressures on their time and think about how helping you will help them. Think about whether your work supports those people’s, or networks’ priorities, and whether there are other ways for your work to promote these.

**Person-centred language:**

The NICE Style Guide (<https://www.nice.org.uk/corporate/ecd1/chapter/talking-about-people#ethnicity>) recommends generally using person-centred language.

The Style Guide says:

“Avoid labelling people. Conditions describe what a person has, not what a person is. Diseases are treated, not people. Diseases, not people, respond to treatment. Conditions, not people, are monitored. People are not unsuitable for treatments: treatments are unsuitable for them. People have diseases, they do not suffer from them. Important exceptions are 'autistic people' and 'disabled people'.”

Here are some examples from the NICE Style Guide to illustrate this:

|  |  |
| --- | --- |
| **Avoid** | **Use instead** |
| ‘Obese people’ | People with obesity |
| ‘Smokers’ | People who smoke |
| ‘Drug users’, ‘drug addicts’ | People who use drugs |
| ‘Alcoholic’, ‘people who abuse alcohol’ | People who are dependent on alcohol |
| ‘Mentally ill’, ‘mental health problems’, ‘a person suffering from depression’, ‘schizophrenics’ | ‘A person with a mental health condition’, ‘a person with depression’, ‘people with schizophrenia’ |
| ‘People with a disability’ | ‘Disabled people’ |
| ‘People with autism’ | ‘Autistic people’ |
| ‘Some people are unsuitable for surgery’ | ‘Surgery is unsuitable for some people’ |
| ‘The patient did not respond to treatment’ | ‘The disease did not respond to treatment’ |

**Substance use**

A fantastic glossary all about language and substance use is available from the Scottish Drugs Forum at <https://www.drugsandalcohol.ie/33136/>. This guide can help you check you aren’t using words that are problematic or commonly misunderstood. It explains why not to use words that are shaped by stigma or which could encourage stigma, and suggests better wordings to use.

Some examples from the guide are below:

|  |  |
| --- | --- |
| **Avoid** | **Use instead** |
| ‘Chemsex’ (without explaining first what substances and sexual behaviours are involved) | ‘chemsex’ as shorthand, but only after making your intended meaning clear |
| ‘clean’ | ‘abstinent from [specific drug group e.g. opiates]’, ‘abstinence from [specific, e.g. ‘illegal drugs]’  ‘sterile’ (if describing injecting equipment) |
| ‘drug abuse’, ‘drug misuse’ | ‘drug use’, or if necessary, ‘problem substance use’ |
| ‘gateway drug’ | Do not use, unless to point out the lack of evidence for ‘gateway drug’ theories. |
| ‘giving something back’ | Neutral terms, e.g. ‘volunteering’ |

**Sex, gender and sexual orientation**

The NHS webpage on writing about sex, gender, and/or sexual orientation is a useful starting resource: <https://service-manual.nhs.uk/content/inclusive-content/sex-gender-and-sexuality>

This guidance explains that “many people think that sex and gender are the same, but they mean different things. It's important to be clear about the difference.” Here is some more information from that resource:

**Sex**

* Words describing a person’s sex include ‘male’, ‘female’ and ‘intersex’.
* Sex is a biological term that describes “how our external and internal sex and reproductive organs work and respond to hormones”. When people’s births are recorded, babies have their sex recorded based on the genitalia they are born with.

**Gender**

* Words describing a person’s gender include ‘man’ (as opposed to ‘male’), and so on.
* “Gender refers to our internal sense of who we are and how we see and describe ourselves. Gender can be fixed or fluid. Some people identify with a gender opposite to the sex they were registered with at birth.”
* Where possible, aim for your writing to be gender neutral. Instead of using “he” or “she”, use "you" or "they" unless this is confusing.​

Some examples of gender-neutral wording from the NICE Style Guide are provided below:

|  |  |
| --- | --- |
| **Avoid** | **Use instead** |
| ‘Offer hormonal treatment to women with suspected, confirmed or recurrent endometriosis.’ | ‘Offer hormonal treatment if there is suspected, confirmed or recurrent endometriosis.’ |
| ‘This guideline is for pregnant women’ | 'This guideline is for pregnant women and pregnant people'. |

A glossary of terms describing sexual orientation is available from Stonewall, here: <https://www.stonewall.org.uk/list-lgbtq-terms>

**Writing about racial and ethnic identity**

Here are some definitions from the University of Bristol Style Guide, available at <https://www.bristol.ac.uk/style-guides/writing/inclusive/ethnicity-race/>

|  |  |
| --- | --- |
| **Word** | **What it means** |
| Race | A social construct used to categorise groups of people, usually based on perceived physical characteristics or shared ancestry.  Racialised categorisations may have characteristics associated with them that have no biological basis. |
| Ethnicity | A social group with a shared cultural identity, which may include language, traditions, geographic origin, religion, cultural expression or customs.  An ethnic group can often be chosen by an individual, as opposed to a race, which is often ascribed to a person or group without their input.  Some people identify with more than one ethnic group or a mixed ethnic group. |

Some words to avoid, and better alternatives, from the APA Style Guide on Bias-Free Language (<https://apastyle.apa.org/style-grammar-guidelines/bias-free-language/racial-ethnic-minorities>) with some of our own examples added too:

|  |  |
| --- | --- |
| **Avoid** | **Use instead** |
| ‘Caucasian’ | ‘White [nation of origin, e.g. ‘British]’ or ‘European American’ (for people of European descent living in North America) |
| Non-specific descriptors, e.g.  ‘Participants were 200 Hispanics/Latinos’ | Specific descriptors, e.g:  ‘Participants were from Central America (150 from Guatemala, 50 from Honduras, and 50 from Belize).’ |
| Vague collective terms, e.g.:  ‘The 50 Indians represented…’ | Specific language, e.g:  ‘We spoke to 50 people who were born in India’.  ’50 people said they are Native American (25 Choctaw, 15 Hopi, and 10 Seminole)’  ‘The 50 Indigenous People (23 First Nations, 17 Inuit, 10 Métis) represented…’ |

More information about inclusive writing around race and ethnicity is available from Together Scotland, in this guidance document: <https://www.togetherscotland.org.uk/media/2134/terminology-paper-ik-ns-md-3.pdf>

**Writing about disabled people and/or disability:**

A good summary on writing about disability is available from the Cabinet Office Disability Unit’s webpages on Inclusive Language and Disability, which are all available here: <https://www.gov.uk/government/publications/inclusive-communication>

Here is some information pasted from their webpage on *Words to use and avoid when writing about disability* (<https://www.gov.uk/government/publications/inclusive-communication/inclusive-language-words-to-use-and-avoid-when-writing-about-disability>):

**Understanding collective terms and labels:**

* The word ‘disabled’ is a description not a group of people. Use ‘disabled people’ not ‘the disabled’ as the collective term.
* However, many deaf people whose first language is BSL consider themselves part of ‘the deaf community’ – they may describe themselves as ‘Deaf’, with a capital D, to emphasise their deaf identity.

**Avoid unnecessarily negative words:**

* Avoid phrases like ‘suffers from’ which suggest discomfort, constant pain and a sense of hopelessness.
* Wheelchair users may not view themselves as ‘confined to’ a wheelchair – think of it as a mobility aid instead.

More examples and better phrases to use, from *Words to use and avoid when writing about disability*:

|  |  |
| --- | --- |
| **Avoid** | **Use instead** |
| ‘able-bodied’ | ‘non-disabled’ |
| ‘afflicted by’, ‘suffers from’, ‘victim of’ | ‘has [name of condition]’ |
| ‘(the) handicapped’, ‘(the) disabled’ | ‘disabled (people)’ |
| ‘confined to a wheelchair’, ‘wheelchair-bound’ | ‘wheelchair user’ |

Useful resources to help understand the reasons for this guidance, and see how it reads in practice:

* Information on why to say ‘disabled people’ not ‘people with disabilities’: <https://www.nsun.org.uk/why-disability-justice-is-a-mental-health-conversation-and-mental-health-is-a-disability-justice-conversation/> (paragraph starts: “Crucially, we’re not ‘people with disabilities’, we’re disabled people; people disabled by a society that only includes one specific type of person, and creates barriers for the rest of us. Thinking about disablement, not disability, also allows us the space to take a fully intersectional approach”).
* Scope’s explanation of the social model of disability:  
  <https://www.scope.org.uk/about-us/social-model-of-disability/#:~:text=The%20social%20model%20of%20disability%20is%20a%20way%20of%20viewing,by%20their%20impairment%20or%20difference>.
* This NICE information page for people using and looking after controlled medication is a good example of how to use clear and neutral language when discussing a medical or easily stigmatised topic: <https://www.nice.org.uk/guidance/ng46/ifp/chapter/Information-for-people-using-and-looking-after-controlled-medicines>

**Describing health inequalities:**

It is important to be clear and specific when talking about health inequalities.

Using vague words leaves people to ‘fill in the gaps’ and assume what you mean instead of knowing it for sure. This encourages bad communication, stigma and stereotyping.

Always be specific about who you are describing:

* Avoid describing people as ‘vulnerable’ because this describes health inequalities without explaining the cause. Describing people according to an outcome, instead of using specific language, can be harmful and offensive.

Phrases like ‘vulnerable people’, ‘vulnerable groups’ are also an example of a vague collective term that does not make clear who is being described.

Be careful with collective words (words that describe a group of people):

* If you are describing a group of people, always be specific about who you are describing.
* If you are not specific, collective terms often are not self-explanatory.
* Like the word ‘vulnerable’, the word ‘minority’ provides another example of this. Simply describing ‘minorities’ is not self-explanatory because ‘minority’ can refer to many different groups of people and depends on the situation. The word “minority” implies that there are not many of those people compared to the “majority”. When you think about the whole world, often people described as ‘minorities’ are often majorities.

The principle of always being specific about who you are describing applies whenever you might use collective terms, as shown by the table below:

|  |  |
| --- | --- |
| **Avoid** | **Instead, specifically describe who you are talking about.**  **Examples of more specific phrasing:** |
| ‘vulnerable people’, ‘vulnerable group’ | ‘people receiving chemotherapy’ |
| ‘the elderly’ | ‘people aged 75 or over’ |
| ‘BAME’, ‘BME’, ‘calling all BAME colleagues’ | directly describe a specific racial or ethnic group.  This applies even when describing several groups. Use specific language to list ethnic groups or to report on race-related topics (e.g. race-related health inequities)  E.g. ‘calling all East Asian colleagues’ |
| ‘minority’, ‘minorities’ | Describe the specific group(s), e.g. ‘people from Polish backgrounds’.  ‘minoritised’ (e.g. ‘racially minoritised’) recognises that people are minoritized by society, instead of suggesting the opposite.  However, it is usually easier to understand if you describe the specific group, and this also avoids grouping disparate people together. If the minority status is important, you can explain why separately, ‘e.g. people who experience racism when accessing healthcare’. |

Always be specific about what you are describing:

For example, if social structures may contribute to health inequalities, make sure that your language does not suggest that disparities are caused by biological differences.

* Misleading phrasing: “the data shows that BAME people are at-risk of worse COVID-19 outcomes”
* Better phrasing: “the data shows there are health inequalities between racially minoritised and white people in the UK” or “the data shows that there are health inequalities between White British people compared to people from other racial or ethnic groups (e.g. Black British people, White Polish people…)”.

Use language that acknowledges intersectionality, even if you are not directly reporting on it:

* Being clear who you are and are not talking about is important. It can offend people to see their experiences being misrepresented because an author has not acknowledged that there will be different experiences between people in the same groups.
* Inclusive writing about health inequalities should acknowledge that people belong to different groups at the same time (multiple intersecting identities) and explain whether these intersections are reflected in what you are about to say.
* Acknowledging intersectionality makes our writing about health inequalities more precise, which is useful for public health.

You acknowledge intersectionality by clearly explaining whether you are, or are not, describing intersecting groups.

|  |  |
| --- | --- |
| **Avoid** | **Use instead** |
| ‘The data describe health disparities for women or disabled people compared to men.’ | ‘The data describe health disparities between non-disabled men and disabled men or non-disabled women.’  (In this scenario, there are no data on disabled women). |
| ‘The data describe health disparities for women and disabled people compared to men.’ | ‘The data describe health inequalities between both disabled people (including disabled women) and non-disabled women compared to non-disabled men.’  (In this scenario, there are data on disabled women) |

The examples above show why you should avoid saying “or” or “and” when describing groups without explaining exactly what you mean.

* Saying only “women or disabled people” or “women and disabled people” does not explain whether your data includes people belonging to both groups.
* In fact, this phrasing can imply that these groups are separate and cannot intersect.
* When writing about health inequalities, make it clear whether you are describing health inequalities associated with multiple intersecting factors or just one factor at a time.
* More information on this is available from a paper by Lisa Bowleg from 2012, available to read at <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2012.300750>

What is intersectionality?

* Intersectionality describes how biological, social and cultural categorisations (such as race, class, gender, disability, and so on) “intersect” at the same time to shape people’s life experiences.
* People’s experiences of life are not shaped one thing at a time (such as their gender alone). For example, men do not all have the same life experiences.
* Everyone’s identity is shaped by the combination of different factors (such as our gender **and** sexuality, not gender alone).
* Our life experiences are also shaped how these factors interact with social processes and dynamics, like sexism and homophobia.
* All of these intersect. For example, our gender and sexuality influences how much our lives are shaped by sexism and homophobia;
* The language we use affects whether we acknowledge this in our writing.   
    
  Using the example of gender and sexuality, describing just “men” while writing about health inequalities would ignore disparities between bisexual men compared to heterosexual men.   
    
  It might also mean that similarities across categories are overlooked. For example, the reader might be interested in whether there are similarities between health outcomes for ‘bisexual men’ and ‘bisexual women’ health outcomes compared to ‘heterosexual men’.
* Using language that acknowledges intersectionality reminds the reader that people can share one categorisation and still have different experiences.
* This is important when writing about health inequalities, where overlooking issues for people in intersecting groups can make inequalities worse.

**Further resources**

A first place to go for any questions you have that aren’t answered by this document or the documents it links to is the webpage for the APA Inclusive Language Guidelines, available at <https://www.apa.org/about/apa/equity-diversity-inclusion/language-guidelines>.

More information about intersectionality:

* The term ‘intersectionality’ was originally coined by Kimberlé Williams Crenshaw in 1989. She provided this definition:   
    
  "Intersectionality is a metaphor for understanding the ways that multiple forms of inequality or disadvantage sometimes compound themselves and create obstacles that often are not understood among conventional ways of thinking."
* The term ‘intersectionality’, however, has many uses and applications across different disciplines. More information about this is available from this Scottish Government webpage: <https://www.gov.scot/publications/using-intersectionality-understand-structural-inequality-scotland-evidence-synthesis/pages/3/>

More information on why to avoid the term ‘vulnerable’:

* An EPR HPRU pre-print which reports on rates of self-description as ‘vulnerable’ in a disaster, and concludes that communications using the term ‘vulnerable’ are less likely to reach target audiences: <https://osf.io/preprints/osf/tgx32>
* This media article explains concerns with the term ‘vulnerable’: <https://www.homecare.co.uk/news/article.cfm/id/1628553/Stop-using-the-word-vulnerable-for-disabled-people-governnment-told>  
    
  ‘Stop using the word ‘vulnerable’ to describe disabled people … its use during the pandemic damages their human rights.’  
    
  "Disabled people … do not want to be typecast as ‘vulnerable’ ... to get citizenship rights like daily help or reasonable adjustments in our lives. We want services relevant to our needs and access to the same environment as everyone else.”

More information on why to avoid the word ‘minority’:

* The APA Inclusive Language guidelines (<https://www.apa.org/about/apa/equity-diversity-inclusion/language-guidelines>) explain this well, and is quoted below:  
    
  “A minority group is a population subgroup (e.g., ethnic, racial, religious, or other group) with differential power than those who hold the majority power in the population. The relevance of this term with regard to race and ethnicity is outdated given the changing demographics of the U.S. population. Thus, refrain from using the term “minority.” Instead, use the specific name of the group or groups to which you refer, or use broader terms such as “people of color” or “communities of color” as opposed to “ethnic and racial minorities” (APA, 2020b, 2022a), or you may describe the population as being “minoritized.” You may also consider using the phrase “individuals from underrepresented groups,” “historically marginalized communities,” or “individuals with marginalized identities.””