



Words Matter

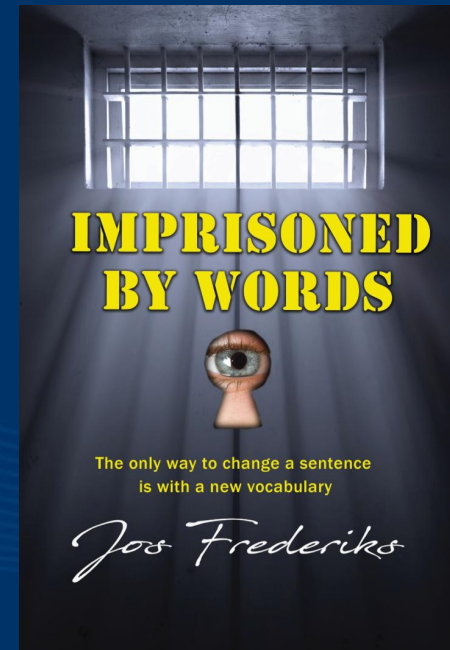
– the language of legislation
& policy shaping how we
think and act towards
people with disability

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Acknowledgement of Country

The University of Melbourne acknowledges the Traditional Owners of the unceded land on which we work, learn and live on Parkville campus: the Wurundjeri Woi-wurrung people.

We recognise the unique place held by Aboriginal and Torres Strait Islander peoples as the original owners and custodians of the lands and waterways across the Australian continent, with histories of continuous connection dating back more than 60,000 years. We also acknowledge their enduring cultural practices of caring for Country.

We pay respect to Elders past, present and future, and acknowledge the importance of Indigenous knowledge in the Academy. As a community of researchers, teachers, professional staff and students we are privileged to work and learn every day with Indigenous colleagues and partners.



Waldo: 'Help Me Find My Way'



WILLOW COURT

THIS BUILDING, FORMERLY A BARRACK SQUARE, IS THE OLDEST MENTAL HOSPITAL BUILDING IN AUSTRALIA.

Our world is constructed through language.

The language we use to describe ourselves and the world around us does not merely reflect an external reality.

Instead, the things we talk about, whether they be objects, people, or ideas, are shaped by the ways in which we talk about them.

(Meretoja, 2014).



- About 20% of the Australian population
- People aged 15–64 with disability have a lower employment rate (48%) than those without disability (80%)
- 1 in 6 Australians with disability are living in poverty (compared with 1 in 10 without disability)
- 25% to 30% of people in prison have a clinically significant cognitive impairment (at least 15% have Intellectual Disability)

Seeking to address confusion arising from:

- A multiplicity of terms in use to describe and define their client population
- Different terms (languages) being used across legal, health, and community service sectors

Seeking to balance administrative needs in the use of language and at the same time promote the dignity of their clients – already the subject of multiple stigma

Seeking to resolve issues related to the competing paradigms of *the medical vs the social* models of disability



- Combine theories from disability studies & applied linguistics
- Combine methods
- **Scoping Review** of disability terminology literature
 - current best practice in service sector?
Scopus + Taylor & Francis On-line; published from 2000
- **Text Analysis** of operational policy documents & legislation
 - how define & describe client population?
12 DFFH recent policy documents + Vic & Commonwealth legislation
Critical Discourse Analysis (Fairclough, 1995);
Systemic Functional Linguistics (Halliday, 1994; Halliday & Matthiessen, 2014)
→ Dreyfus & Smith (2023), Hao (2015)



- “A person under disability means a minor or handicapped person”.
- “A person who is incapable by reason of injury, disease, senility, illness or physical or mental infirmity of managing his or her affairs in relation to the proceeding”.



- “a person under disability means:
 - (a) a minor; or
 - (b) a person who is incapable by reason of injury, disease, senility, illness or physical or mental infirmity of managing his or her affairs in relation to the proceeding”.



- *disability* means any restriction or lack (resulting from any absence, loss or abnormality of mental, psychological, physiological or anatomical structure or function) of ability to perform an activity in a normal manner;



- *mental impairment* means senility, intellectual disability, mental illness or brain damage.



- *“The soft bigotry of low expectations”*
(Graeme Innes, 2014)



- “Use better words,
get better outcomes”
(Jos Frederiks, 2024)



- ‘Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments
- **which in interaction with** various barriers may hinder their full and effective participation in society on an equal basis with others’.



- The identification of disability as *something wrong with the person* (medical model) **vs** *what a person experiences* when they are not included (social model)
- The expression and dominance of (unconscious) *ableism*
- Framing of the population through the use of singular (*disability* - a universal experience) **vs** plural (*disabilities* – a population specific experience) forms
- Competing ideologies of *person first* **vs** *identify first* perspectives

- A **complex lexicon** & accompanying complex and **confusing syntax**
- Confounding considerations across **legal** language vs **clinical** language
- Confounding use of terms: **impairment & disability**
- Emphasis on **impairment** and **deficit**
- Dominance of the **medical model** of what constitutes disability
- A paucity of the use of the **social model** of disability



Client group:

“People who have a cognitive impairment which may manifest as part of an intellectual disability, acquired brain injury, or neurological impairment within the meaning of the Disability Act 2006, who are engaging in high-risk offending behaviours and/or high-risk behaviours of concern that place them at significant risk of interaction with the criminal justice system.”



- Too many terms in use; drawing on a mix of legal, clinical, and community lexicons and creation of new hybrid terms
- Overuse of complex language (e.g., relative clauses)
- Reliance on legislative language not always reflecting contemporary clinical or social understandings
- Confounding use of terms: *impairment & disability*
- A predominant focus on the *medical model* of disability and a paucity of focus on the *social model* of disability



- 1. Induction and ongoing in-service professional development** – beginning a conversation around how words matter, and building a shared and agreed lexicon that is respectful and affirming of the client population and which acknowledges the social construction of their clients' experiences of disability.

2. A project be established to engage with the client population to support **self-determination of their identity** and to determine how they themselves would prefer to be referred to in policy and in practice. Such a project could be incorporated into or conducted as an adjunct to existing suite of therapeutic programmes.

3. A project be established to **revise the definition of the Forensic Disability Services client population** taking into account the finding of this report and the perspectives of the client population

(see preceding recommendation).

4. An audit of current policy and operational documents be conducted with the view to them being revised taking into account the principles and practices of writing in **Plain Language**

(i.e., language assessed to be at about a Grade 7 reading level – refer to the Australian Government Style Manual – Plain Language).



5. A select group of policy and operational documents be identified for the generation of **Easy Read versions**

(i.e., language assessed to be at about a Grade 4 to Grade 6 reading level – refer to the Australian Government Style Manual – Easy Read)

and **Easy Words and Pictures Video formats**

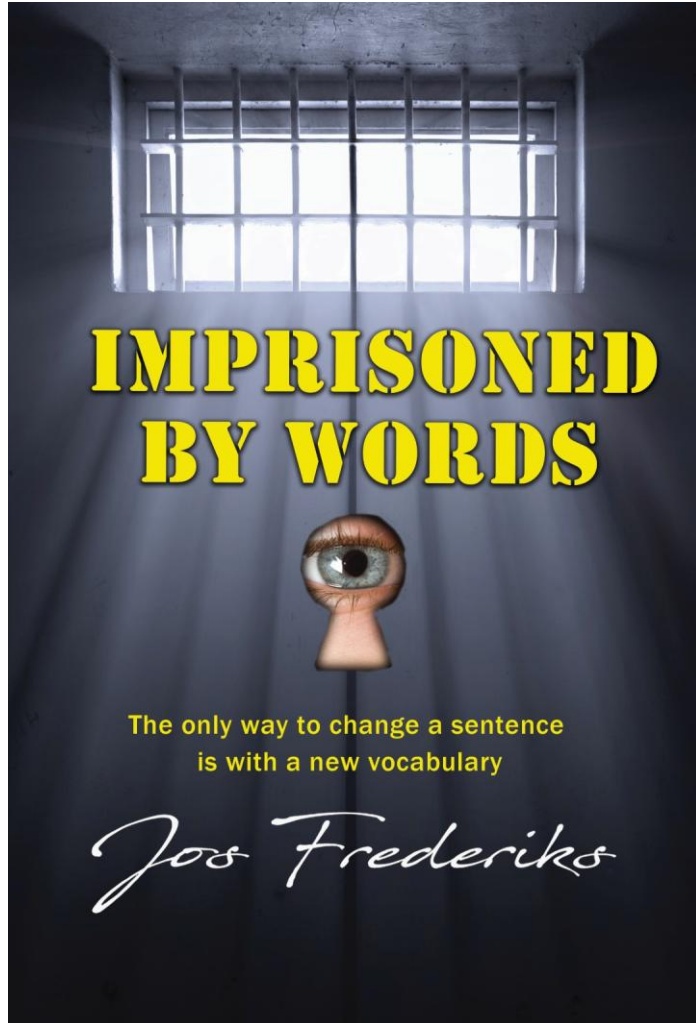
(such as those produced by the Victorian self-advocacy service, VALID).



- *“The soft bigotry of low expectations”*
(Graeme Innes, 2014)



- *A person who is incapable by reason of injury, disease, senility, illness or physical or mental infirmity of managing his or her affairs in relation to the proceeding”*
(Magistrates Court Act, Vic 1989)



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get better outcomes”

Jos Frederiks, 2024