

“User Manual” for “Humans at Work”

The Neuro-Affirming Language Guide



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"Language is the first interface of inclusion. By shifting from a 'medical deficit' model to an 'identity-affirming' model, we stop treating people like problems to be solved and start treating them like experts on their own experience."

The conflict of "Person-First" vs. "Identity-First"

Person-First:	→	"A person with Autism" (Separates the person from the condition).
Identity-First:	→	"An Autistic person" (Recognizes the neurotype as an inseparable part of who they are).

The Goal: There is no "perfect" word for everyone, but the gold standard is **Individual Preference. When in doubt, ask**, but notice that the Autistic and Deaf communities largely prefer Identity-First language.

The "Swap This for That" Table

This tool helps staff move away from clinical, stigmatising language towards empowered, functional language.

Avoid (Deficit Language)	Use (Affirming Language)	Why it matters
"High/Low Functioning"	"Support Needs"	"Functioning" labels ignore how much effort someone is putting in to "appear" normal.
"Suffers from ADHD/Autism"	"Is ADHD/Autistic"	Neurodivergence isn't a disease to suffer from; it's a different way of being.
"Normal" employees	"Neurotypical" employees	"Normal" implies that anyone else is "Abnormal" or "Broken."
"Special Needs"	"Access Requirements"	"Access" is a right; "Special" sounds like an optional favor.
"Disorder / Deficit"	"Difference / Neurotype"	Focuses on the diversity of the human brain rather than a medical failure.

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