This is our space
Ageing with Disability

Information, strategies and tools to support the inclusion of older people with disability in mainstream, community-based activities.
acknowledgements

COTA acknowledges and thanks Sandy, Dennis, John and Lyn for their valuable contribution and input to the content of this resource. The sharing of their experiences, knowledge and wisdom provided a deep insight to the issues faced by people living with disability.

COTA also extends its appreciation to the many community groups and services who provided their expertise to the project;

- Royal Society for the Blind,
- Physical Disability Council of SA,
- Disability Services,
- Health and Community Services Complaints Commissioner,
- Volunteering SA & NT,
- City of West Torrens,
- Camden Community Centre,
- Active Elders,
- Access and Community Inclusion Group, City of Onkaparinga,
- The Paddocks Centre, Para Hills,
- Helping Hand Aged Care.

COTA believes this combined input and sharing of different perspectives of ageing with disability will make this publication a useful guide for all stakeholders.

This project was funded by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs.

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For copies of this publication please call 1800 050 009 or TTY 1800 055 001.
The Australian Government believes that all Australians, regardless of circumstance, deserve the right to enjoy full, satisfying and fulfilling lives and to remain socially active as they age. Older people with disability should have the same choices and opportunities as other Australians by being supported to enjoy optimum health and social wellbeing and being encouraged to participate in social and community activities.

Disability now affects one in five Australians, and with an ageing population it is likely that more of us are going to feel the effects of disability in some form. I believe it is everyone’s responsibility to ensure older people with disability are able to access and participate in the same services and activities as other older people.

Our challenge is to ensure that this happens, and you can be part of the solution. It is more than just ensuring physical access, even though that is still important. It is about developing a culture of inclusion so that people with disability are valued for their contributions. Many older people with disability have the same or similar interests as you or me and would welcome an opportunity to feel part of a like-minded community.

This practical handbook, This is our space: Ageing with Disability, developed with the assistance of Council on the Ageing, can assist you and your organisation to re-think what you know about disability and consider how to support the involvement of older people with disability in what you do. The information, strategies and tools with real examples and case studies will I know be of value to you.

By working together to promote participation and creating a more inclusive and accessible society we can all help to improve the lives of older people with disability.

The Honourable Amanda Rishworth, MP
Parliamentary Secretary for Disability and Carers
“Without repeated social contacts an individual has little chance of gaining acceptance by members of a social community”

(Kennedy, Horner & Newton, 1989: 190).
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This Handbook provides information, strategies and tools to support the inclusion of older people with disability in mainstream, community-based activities.

With the right approach and preparation, community providers can bring people of all abilities together to share their unique talents and personalities, for the betterment of the whole group.

What do we mean by ‘older people with disability’?

How do we define ‘older age’ and what do we understand by the term ‘disability’? And what does it mean when the two come together?

Not all people age at the same rate and in the same way.

For this reason, the notion of ageing should not be tagged to a fixed age in years (e.g. 65 years), but should reflect how a person feels within themselves as they grow older.

There is great variety within the disability population, based on:

- type of disability, e.g. physical, intellectual, sensory, learning, psychiatric or a combination of these;
- extent of limitation, ranging from mild through to severe;
- different backgrounds, e.g. gender, education, sexuality, ethnic or cultural background;
- personal differences, e.g. interests, shyness, resilience, experience of pain.

Older people can experience disability in different ways. They may have:

- a pre-existing disability, either lifelong or longer-term, e.g. intellectual disability, cerebral palsy, paraplegia;
- acquired a disability as a result of the ageing process, and associated health conditions.

This could result from a sudden onset event such as a stroke, or progression of an age-related disease such as Parkinson’s, or reflect generally increasing physical or psychological frailty related to age.
Active ageing is as important to older people with disability as it is for those without disabilities.

“Perhaps a time will come when we no longer have to protect ourselves from loss and can feel that this place is the place of creation, of recreation, co-creation. Perhaps then our loneliness will fade. Perhaps then we will belong and our gifts (perhaps meagre, perhaps spectacular) freely shared.

And from there will flow all the delights and tragedies of a life lived in the community, shaped not by exclusion and oppression but by everyday ordinariness (whatever that might be)!"
People with disability have rights under law in Australia

Australia has taken a strong stand on the rights of people with disability, based on the explicit acknowledgment that people with disability are entitled to the same rights, conditions and expectations as the wider population.

There are a number of watershed events signalling Australia's commitment to disability rights.

<table>
<thead>
<tr>
<th>Year</th>
<th>Australia acts to...</th>
<th>To achieve...</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>Apply the Disability Discrimination Act</td>
<td>Protection for everyone in Australia against discrimination based on disability; and involvement of everyone in implementing the Act and sharing in the overall benefits to the community and the economy that flow from participation by the widest range of people. For a brief guide to the DDA, go to: <a href="http://www.hreoc.gov.au/disability_rights/dda_guide/dda_guide.htm">http://www.hreoc.gov.au/disability_rights/dda_guide/dda_guide.htm</a></td>
</tr>
<tr>
<td>2008</td>
<td>Ratify the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) and the Optional Protocol</td>
<td>Recognition that all people with disability have the same rights as everyone else, and that all people with disability are equal before the law. For more information, including an easy to read version, go to: <a href="http://www.hreoc.gov.au/disability_rights/convention.htm">http://www.hreoc.gov.au/disability_rights/convention.htm</a>.</td>
</tr>
<tr>
<td>2009</td>
<td>Implement the National Disability Agreement (NDA)</td>
<td>Agreement between the Australian and State/Territory Governments setting out the national framework to fund, monitor and support quality services for people with a disability. Information about the NDA is available at: <a href="http://www.dprwg.gov.au/national-disability-agreement">http://www.dprwg.gov.au/national-disability-agreement</a></td>
</tr>
</tbody>
</table>
A profile of older people with disability living in Australia

The Australian Bureau of Statistics Survey of Disability Ageing and Carers, in 2009 reports:

There were nearly three million Australians aged 65 years plus, and over half of these had a reported disability (53.5%). This includes people with lifelong/longer-term disabilities, and those acquiring disability as part of the ageing process.

Of these 1.5 million people:
- Over one third have a severe or profound disability.
- Half have a physical condition as the main condition causing their disability.
- Mental and behavioural issues have a much lower profile as the main condition causing disability. These include conditions such as:
  - Dementia and Alzheimer’s (2.3%)
  - Depression and mood affective disorders (0.6%)
  - Nervous tension and stress (0.3%), and
  - Intellectual and developmental disorders (0.2%)

The rate of disability increases with age:
- There are lower rates among people aged zero to 54, with these disabilities more likely to fall in the lifelong or longer-term category.
- The rates increase rapidly from 55 upwards, pointing more to disabilities accruing as people move into their later years.
- Disabilities affect many older people living in your community. There are 1.8 million people aged 60 years and over with a disability, who live in the community (i.e. not in cared accommodation).

Of these people:
- 89% participated in activities away from home over a three month period. This result was lower than for the general population (95%).
- Church and volunteer activities were the most common forms of community participation for older people with disability.
- Activities are often organised specially for people with disability (i.e. not in environments where people with and without disability are mixing together). Older people with disability have made it clear that while it is important to have opportunities to group together with their peers, they want more options to participate and interact more generally in society.

1Noting that the SDAC 2009, from which this data is sourced, includes a very wide range of physical conditions underlying disability, including diseases of the eye, ear, circulatory system (e.g. heart disease), respiratory system (e.g. asthma) etc.
<table>
<thead>
<tr>
<th>Community activity</th>
<th>Moderate or mild disability</th>
<th>Severe/profound disability</th>
<th>All disability</th>
<th>No disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Church activities</td>
<td>25.0%</td>
<td>20.6%</td>
<td>26.3%</td>
<td>25.1%</td>
</tr>
<tr>
<td>Voluntary activities</td>
<td>19.9%</td>
<td>7.7%</td>
<td>24.6%</td>
<td>21.0%</td>
</tr>
<tr>
<td>Performing Arts group activity</td>
<td>3.6%</td>
<td>2.6%</td>
<td>5.7%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Art or craft group activity</td>
<td>8.1%</td>
<td>4.3%</td>
<td>8.7%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Other special interest group activities</td>
<td>15.5%</td>
<td>11.5%</td>
<td>17.5%</td>
<td>16.4%</td>
</tr>
<tr>
<td>Other activities</td>
<td>2.6%</td>
<td>2.4%</td>
<td>2.5%</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

The Australian Bureau of Statistics (2011) examined the social participation of people with disability, irrespective of age. It found that:

- Over 37 000 people with disability don’t leave their homes, 65% due to their disability or health condition, 22% because they didn’t want to leave their home.
- 1.1 million people with disability (nearly 30% all people with disability) reported they weren’t getting out of their home as often as they would like to. 45% of these were due to disability/health condition and 10% because they couldn’t afford to.
- Not getting out enough is a particular concern for people with a head injury, stroke or brain damage.
- People with psychological or intellectual disabilities are the most likely to report fear or anxiety as the main issue preventing them from getting out.
- Older people with disability are less likely to have participated in community groups and organisations than older people without a disability.
What can you do to support the participation of older people with disability in your group?

You can be part of the solution by designing or adapting your activities to promote the inclusion of older people with disability into your mainstream community group. This involves a two-fold process:
1. Thinking about the accessibility of your facilities and activities.
2. Developing an internal culture of disability inclusion based on awareness and a valuing of all people irrespective of differing abilities.

Be upfront about what can and can’t be provided by your group to its members.

**Accessible setting and activities - the practicalities**

<table>
<thead>
<tr>
<th>Issues affecting participation</th>
<th>Strategies to address barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of transport to and from meetings/events/activities</td>
<td>• Tap into possible council transport services for people with disability</td>
</tr>
<tr>
<td>Inaccessible spaces and facilities</td>
<td>• Engage group members to car pool with members with disability</td>
</tr>
<tr>
<td>Unable to afford cost of mainstream community activities</td>
<td>• Contact your local/state disability service to assist you to undertake an audit of your facility</td>
</tr>
<tr>
<td>Lack of available age appropriate and accessible day activity and leisure programs</td>
<td>• Work out spaces and furniture (e.g. table heights) to accommodate wheelchair access</td>
</tr>
<tr>
<td></td>
<td>• Use large print materials for people with visual impairment, audio tools</td>
</tr>
<tr>
<td></td>
<td>• Provide accessible toilets</td>
</tr>
<tr>
<td></td>
<td>• Provide ramp access</td>
</tr>
<tr>
<td></td>
<td>• Consider subsidies/reduced cost to attract people with disability to your club/group</td>
</tr>
<tr>
<td></td>
<td>• Tap into community grants to assist with subsidising costs.</td>
</tr>
<tr>
<td></td>
<td>• Consult with other groups/clubs about how they have included people with disability to participate.</td>
</tr>
</tbody>
</table>

**Safety, security and confidence - how to build a culture of inclusion**

<table>
<thead>
<tr>
<th>Issues affecting participation</th>
<th>Strategies to address barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nervous about feeling anonymous or socially isolated within the community group.</td>
<td>• Promote a sense of being known and accepted in the group. Ensure introductions are undertaken and individuals are linked to appropriate activities. A ‘come and try’ approach might also be useful for new and existing members to get to know each other</td>
</tr>
<tr>
<td>There is less risk of this in a peer support group, but older people with disability do not want to be limited to this kind of social participation.</td>
<td>• Make sure there are processes in place to ease the introduction and settling in of new members with disability, for example</td>
</tr>
<tr>
<td></td>
<td>. using a buddy system</td>
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<tr>
<td></td>
<td>. move gradually toward integration, for those who need it. Start with a group based on disability peer support, then provide opportunities to bring groups together</td>
</tr>
<tr>
<td></td>
<td>• Adopt a step by step approach to building capacity in your group</td>
</tr>
<tr>
<td>Issues affecting participation</td>
<td>Strategies to address barriers</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Lack of skilled, experienced staff, and necessary resources and support to enable participation (e.g. personal care needs can’t be met)</td>
<td>• Disability services often provide free training and support to groups who want to up-skill in including people with disability.</td>
</tr>
<tr>
<td>Lack of transport to and from meetings/events/activities</td>
<td>• Be upfront about what can and can’t be provided by your group to its members.</td>
</tr>
<tr>
<td>Concern about lack of tolerance of the ‘difference’ older people with disability bring to community settings, not being accepted within the group, or being treated differently on the grounds of their disability.</td>
<td>• Develop policies that reflect the capacity of the group/club to support people with disability. For example:</td>
</tr>
<tr>
<td></td>
<td>• Those individuals requiring assistance with personal needs such as toileting or lifting will be required to attend with a friend/carer or other individual of their choosing to attend to personal care requirements.</td>
</tr>
<tr>
<td>Feel safest in familiar places of own choosing and where support can be accessed if needed. Older people with disability express a sense of vulnerability about being in unfamiliar places, involving a fear of being lost or disoriented. Familiarity with routines or rituals, ‘knowing what to do’ is also important.</td>
<td>• Encourage your staff and existing members to think about issues from the point of view of people with disability.</td>
</tr>
<tr>
<td></td>
<td>• Gain input from members on how to be inclusive</td>
</tr>
<tr>
<td></td>
<td>• Provide opportunities for members to directly experience and learn from what people with disability can contribute to the group activity.</td>
</tr>
<tr>
<td></td>
<td>• Invite guest speakers from a variety of organisations such as your local disability service, Royal Society for the Blind, Arthritis Australia</td>
</tr>
<tr>
<td></td>
<td>• Promote the benefits of inclusion to members</td>
</tr>
<tr>
<td></td>
<td>• Diversity of members with new ideas, different skills and attributes</td>
</tr>
<tr>
<td></td>
<td>• Increased membership</td>
</tr>
<tr>
<td></td>
<td>• Disability games representation</td>
</tr>
<tr>
<td></td>
<td>• Potential to access funding/grants to acquire additional equipment/resources</td>
</tr>
<tr>
<td>Some participants may need particularly high levels of support and to learn particular skills to enable them to participate in activities.</td>
<td>• Ensure participation in your group or service is voluntary and desired by the person with a disability (i.e. they are not pressured to join against their will).</td>
</tr>
<tr>
<td></td>
<td>• Establish strong communication from the outset. activity setting.</td>
</tr>
<tr>
<td></td>
<td>• Make sure people have regular experiences in the same places to develop familiarity, attachments, and long term connections to places and people. Explanations of activities and introductions may need to be repeated a number of times.</td>
</tr>
<tr>
<td></td>
<td>• Consider natural (unpaid) support, or different approaches to paid support; these may avoid some of the negative effects sometimes seen with paid staff support.</td>
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<td></td>
<td>• Consider the potential that support staff accompanying a person with disabilities can increase social barriers, by setting them apart. Possible approaches might include:</td>
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<tr>
<td></td>
<td>• Not identifying an external support person</td>
</tr>
<tr>
<td></td>
<td>• Setting up a support/mentoring role between an existing group member and a new member with a disability</td>
</tr>
</tbody>
</table>
How ready is your group to include older people with disability?

It is important to consider where your organisation or group currently sits in relation to disability.

Some initial questions might include:

- How did your group/organisation start and what are its core values?
- Who do you see as your community? Where do older people with disability fit within this community?
- Are there currently any older people with disability involved in the group/organisation?

If not, are there any particular reasons why not?

- How do you think older people with disability might benefit from the service or support you provide?
- How do you think your current members would feel about including older people with disability in your activities?
- What are some of the issues you might need to address to build a more positive response?

- Is your organisation/group underpinned by a formal charter or strategic plan?
- If so, does it directly recognise and promote inclusion of older people with disability?

If not, you may wish to consider:

- Developing a clearly articulated strategic plan to support the inclusion of older people with disability in your activities. This plan might usefully contain a goal, objectives, strategies and indicators to gauge how well you are achieving doing what you set out to do.

How accessible are your facilities?

Community groups need to assess the accessibility of programs, activities and facilities. Two useful tools are included here.

The first will give you a quick idea of how accessible your facilities are.

The second will allow for a more in depth audit of accessibility, taking cultural diversity into greater account.

Take the challenge! Turn to pages 12 and 15.
We have 71 members and due mainly to our unique program are growing.

Having been asked to give a case study or two in regard to disability we would like to ask, ‘What is a disability?’

We have people who use a wheelchair. One member does not have much control of her hands, arms or legs. The other uses a wheelchair because of age. A number of our members have hip complaints, back injuries, vision or hearing impairments.

We try to accommodate everyone in our group by planning our program around activities everyone can be involved in. We do not take “No” for an answer, we ask everyone to participate up to their level of activity and find everyone is happy to join in. I feel this is because we do not discriminate nor do we make it impossible for them to join in. We do this by adapting our program around them without making this obvious.

When Joy comes she has her carer with her and although she cannot use her arms to hold or bowl a ball for carpet bowls her carer asks her “Where shall we bowl the ball” and Joy tells her, “Over by the white one”. Joy cheers her on and when the ball pops into the right spot we all cheer Joy. We make sure she is up with the action not on the side line.

Ron is in a wheelchair because of age and leg problems. He is quite capable of bowling a ball from his chair and he joins in very happily.

We do not allow other members to get away with sitting out. We assist them and they lean on their walkers and bowl very well. A hearing impairment is no problem and it can be lots of fun pointing and waving, everyone getting involved. A vision impairment is not a barrier as we stand where the ball should go and members aim for the large object. It works well.

We also have the Nintendo Wii machine; this is a wonderful invention and is fantastic because you can play many of the games sitting down. Joy unfortunately cannot hold the remote but we make sure her wheelchair is right in front by her carer’s side. Although the carer plays for her, Joy has a great time cheering and quite often wins. We receive high fives all around.

We are a Senior Citizen’s group called Active Elders
# How accessible are your facilities?

**Take the challenge**

## 1. Car Parking
- Does your venue feature designated car spaces for people with a disability?  
  - Yes  
  - Partial  
  - No
- Are the car spaces located close to the venue entrances/access points?  
  - Yes  
  - Partial  
  - No
- Are these car spaces sign-posted/clearly identified?  
  - Yes  
  - Partial  
  - No
- Is the car park surface suitable for people with mobility difficulties?  
  - Yes  
  - Partial  
  - No
- Does your venue feature a designated vehicle set down/drop off area located close to the venue entrance?  
  - Yes  
  - Partial  
  - No
- Are car parking/drop off areas adequately lit?  
  - Yes  
  - Partial  
  - No
- Is there a procedure to ensure that people are safe on arrival and departure?  
  - Yes  
  - Partial  
  - No

## 2. Venue access
- Are your venue access routes obvious and/or well sign-posted?  
  - Yes  
  - Partial  
  - No
- Where obstacles exist (e.g. stairs, steep slopes) does your venue provide alternative access routes?  
  - Yes  
  - Partial  
  - No

## 3. Welcome procedure
- Is there a welcome procedure in place for new members?  
  - Yes  
  - Partial  
  - No
- Is there a check to ensure that new members have settled in?  
  - Yes  
  - Partial  
  - No

## 4. Signage
- Do signs indicate important features (e.g. toilets, canteen, exit, etc)?  
  - Yes  
  - Partial  
  - No
- Are they clearly written and visible?  
  - Yes  
  - Partial  
  - No

## 5. Pathways and activity areas
- Are there clear, safe pathways joining all main features?  
  - Yes  
  - Partial  
  - No
- Can people move about independently?  
  - Yes  
  - Partial  
  - No
- Are all areas adequately lit?  
  - Yes  
  - Partial  
  - No
- Are all areas free of clutter?  
  - Yes  
  - Partial  
  - No

## 6. Amenities and facilities
- Does your venue feature designated wheelchair accessible toilets?  
  - Yes  
  - Partial  
  - No
- Does your venue provide easy access to all amenities and facilities (toilets, canteen, etc)?  
  - Yes  
  - Partial  
  - No
- Can smooth transit be made across any doorways or gateways at your venue (i.e. no step or difficult change in surface)?  
  - Yes  
  - Partial  
  - No

## 7. Administration and organisation practices
- Does your group actively address the needs of people with a disability?  
  - Yes  
  - Partial  
  - No
- Does your group have the necessary equipment to support inclusion?  
  - Yes  
  - Partial  
  - No
- Is your group guided by specific policies, guidelines and recommendations relating to older people with disability?  
  - Yes  
  - Partial  
  - No
8. Promotion and publicity
- Are your Centre's publicity and promotional strategies inclusive (i.e. brochures, flyers, advertisements)?
- Does your Centre actively advertise to older people with disability or disability groups?

9. Education, training and accreditation
- Have any personnel within your Centre undergone disability training?
- Are your Centre personnel, including committee members, group members and other volunteers, encouraged to attend approved disability education courses?

10. Other considerations
- If required, do you provide participants with assistance to enable them to take part fully?
- Do you take into consideration participants’ cultural and religious situation to make sure they feel comfortable and safe when participating?
- Do you ask for advice on disability and cultural issues if you are unsure?
- Do you ensure your activities are conducted in an appropriate manner, taking into consideration gender and other issues which may hinder participation?
- Do you brief all presenters or facilitators to ensure information is delivered clearly and at a steady pace so that everyone is able to take that information in fully?
- Do you ensure that all those running the activities are fully briefed on the group's needs?
- Are members aware of how to access your venue by public transport if required?
- Does your venue have a hearing loop to help those with hearing aids to take part in conversations?
- Do you check whether guide dogs will be accompanying any participants – if so, do you ensure that they are catered for with water and an exercise area if possible?
- Do you provide information including minutes of meetings in various formats, such as written and recorded so that participants with communication needs can use audio visual records as a form of documentation?
- If catering for the group do you provide specialist dietary requirements where necessary?

Adapted for this handbook to re-orient the focus toward services for older people with disability who are ageing from the Little Athletics NSW Centre Disability Access Checklist and the Department for Communities and Local Government Community Power Pack, London 2008.
Negative attitudes and misconceptions about disability are less to do with malice or apathy, and are more about lack of awareness.

It is important to discuss the issues among the group, and allow time to answer questions and facilitate discussion.

Methods to improve disability awareness may include training and induction processes, in-house or external; self and group reflection processes, opportunities for exposure to issues.

**This process could involve:**

- Assessing how and what the group thinks about ‘older people with disability’;
- Examining common myths and realities, misperceptions and assumptions;
- Having direct contact with, and learning from older people with disability;
- Recognising the power of language and following disability etiquette.

A key way to improve disability awareness among group members is to invite older people with disability to talk to your group. Ask people with disability from birth or a long-time disability to speak about their experiences.

Encourage members to ask questions. If you don’t know where to find speakers, contact local peak organisations such as The Royal Society for the Blind or the Cerebral Palsy Education Centre. See page 37 for examples of who you can contact.

Try our Awareness Quiz opposite.
### Awareness Quiz

Find the answers on pages 16 and 17.

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<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Only people who can't walk use wheelchairs.</td>
<td>☐ True ☐ False</td>
<td></td>
</tr>
<tr>
<td>2. You have a friend who has a speech impairment and sometimes you’re not sure what he said. To make things easier, you should pretend that you understand.</td>
<td>☐ True ☐ False</td>
<td></td>
</tr>
<tr>
<td>3. When you meet someone who is blind or vision impaired, you should introduce yourself to that person.</td>
<td>☐ True ☐ False</td>
<td></td>
</tr>
<tr>
<td>4. When communicating with people who are deaf or hard of hearing, it is necessary to speak through an interpreter.</td>
<td>☐ True ☐ False</td>
<td></td>
</tr>
<tr>
<td>5. It’s safe to assume that people with disability usually need help.</td>
<td>☐ True ☐ False</td>
<td></td>
</tr>
<tr>
<td>6. It’s okay to gossip about people who are deaf, or have a hearing impairment because they can’t hear you anyway.</td>
<td>☐ True ☐ False</td>
<td></td>
</tr>
<tr>
<td>7. People who use wheelchairs can’t go anywhere that is fun.</td>
<td>☐ True ☐ False</td>
<td></td>
</tr>
<tr>
<td>8. People with cerebral palsy usually have a cognitive disability too.</td>
<td>☐ True ☐ False</td>
<td></td>
</tr>
<tr>
<td>9. People with disability want to be treated just like everyone else.</td>
<td>☐ True ☐ False</td>
<td></td>
</tr>
<tr>
<td>10. When you meet someone with a guide or companion dog, you should make friends with the dog first so that the dog is comfortable with you being nearby.</td>
<td>☐ True ☐ False</td>
<td></td>
</tr>
<tr>
<td>11. Among other professions, people with disability work as stockbrokers, lawyers, doctors and teachers.</td>
<td>☐ True ☐ False</td>
<td></td>
</tr>
<tr>
<td>12. People with disability prefer to hang out with others who have disabilities.</td>
<td>☐ True ☐ False</td>
<td></td>
</tr>
<tr>
<td>13. Most public places such as movie theatres, restaurants and parks are easy for people who use wheelchairs to enjoy.</td>
<td>☐ True ☐ False</td>
<td></td>
</tr>
<tr>
<td>14. People with disability can’t dance.</td>
<td>☐ True ☐ False</td>
<td></td>
</tr>
<tr>
<td>15. It’s okay to ask people with disability about their disabilities.</td>
<td>☐ True ☐ False</td>
<td></td>
</tr>
<tr>
<td>16. People with disability can participate in competitive sports.</td>
<td>☐ True ☐ False</td>
<td></td>
</tr>
<tr>
<td>17. People with disability can’t live on their own when they grow up.</td>
<td>☐ True ☐ False</td>
<td></td>
</tr>
<tr>
<td>18. People can become disabled at any point in their lives.</td>
<td>☐ True ☐ False</td>
<td></td>
</tr>
<tr>
<td>19. Disabilities are illnesses to be treated by medical professionals in the hope of a cure.</td>
<td>☐ True ☐ False</td>
<td></td>
</tr>
<tr>
<td>20. Many people with disability feel their real disability involves problems with the environment rather than problems with their bodies.</td>
<td>☐ True ☐ False</td>
<td></td>
</tr>
</tbody>
</table>
How disability aware is your group?

1. FALSE
While is it true that many people who use wheelchairs can’t walk, many can. People with disability who can walk on their own or with the aid of braces or a walker may tire easily and choose to use a wheelchair because it gives them more independence.

2. FALSE
Never pretend you understand what someone is saying if you don’t. Instead, ask your friend to repeat himself. If you’re still having trouble, make your best guess about what the person is saying and ask if you heard correctly. Occasionally, your friend may need to write something down for clarity.

3. TRUE
Introductions are always appropriate when meeting new people. When you have a friend or acquaintance with vision loss, it is appropriate to simply state your name whenever you meet them. “Hi Michael, it’s John Anderson.”

4. FALSE
Because some people who are deaf or have a hearing impairment use sign language, others read lips and still others use a combination of both, you need to find out how you can best communicate with them. If he or she has an interpreter, it’s perfectly fine to use this person, but look at and speak directly to the person with the disability, not to the interpreter. The interpreter will stand beside you and interpret as necessary.

5. FALSE
Most people with disability prefer to be independent. When offering help to someone with a disability, always ask first, wait for their response and then ask them about the best way to provide the help they need. Don’t feel bad if your help is turned down.

Sourced from Celebrating All Abilities, Cerebral Palsy Inc. (CP), 2010.
http://www.cp-center.org/all_abilities/
6. FALSE
People who are deaf or hearing impairment are just as likely to know they are being talked about as other people would be. Even if they do not hear exactly what’s being said, they will notice. Why be rude?

7. FALSE
People who use wheelchairs may face some architectural barriers when going out into the community. This doesn’t mean they can’t go anywhere fun. Instead, it’s a reason to check out the places you plan to go ahead of time to see if there are potential problems. Decisions can then be made to work around barriers or to choose another location. Knowing what to expect ahead of time will make planned activities more enjoyable for everyone.

8. FALSE
Cerebral palsy is a disability affecting movement. Although cerebral palsy affects the motor control center of the brain, it does not affect one’s natural intelligence.

9. TRUE
People with disability have said that this, more than anything, is what they want—to be included and treated just like everyone else.

10. FALSE
You should always meet the person before their dog! Guide and companion dogs are working and should not be disturbed. As you’re getting to know the person, you can ask about the dog, and ask to be introduced.

11. TRUE
People with disability are involved in a full range of professions.

12. FALSE
Friendship is usually based on common interests and activities, not on whether or not a person has a disability.

13. FALSE
Although the Disability Discrimination Act calls for public places to be accessible to people who use wheelchairs, the fact is that there are still many places that are difficult for people who use wheelchairs to navigate. When making plans with someone with a disability, possible architectural barriers should be considered.

14. FALSE
Most people have their own styles of dancing, and people with disability are no different.

15. TRUE
What’s important is how you ask. Don’t ask, “What’s wrong with you?” Instead, learning more about a person’s disability should be a part of getting to know each other. Even then, some people may be willing to answer questions, while others may choose not to. Be sensitive to and respect their wishes.

16. TRUE
Competitive sports are as important to people with disability as they are to those without. Having a physical, sensory or cognitive disability does not necessarily preclude involvement in individual or team sports. People with disability ski, play tennis and racquetball, race in marathons and participate in dozens of other sports. Keep in mind, though, that just like everyone else, some people with disability love sports, while others just aren’t interested.

17. FALSE
With adapted housing, personal assistants, accessible transportation and available employment, most people with physical disabilities can and do choose to live independently.

18. TRUE
People can be born with a disability or the disability may come after birth, the result of illness, age or an accident. Statistics show that during their lifetime, 50% of people will experience a disability.

19. FALSE
Disabilities are not the same as illnesses. People with disabilities are not sick, and most are seeking acceptance and inclusion rather than a ‘cure’.

20. TRUE
Architectural barriers limit participation, productivity, and independence. For instance, if a person who uses a wheelchair is offered a job that they cannot accept because it is located on the second floor of a building without an elevator, the real problem the handicap is that there is no elevator.
Rachel’s Story

A couple of years ago I decided to research some family history and needed to access the records and services of the South Australian Genealogy and Heraldry Society (SAGHS). At that time I didn’t even know the names of all my grandparents so there was a lot to find out.

I approached the SAGHS building with trepidation and noticed the old Institute building and steps at the front. Here we go again, I thought to myself. I then noticed the signage indicating the wheelchair accessible entrance at the rear. Finding the entrance with a small ramp, I also noticed a disability car park nearby. I was greeted by a friendly volunteer that assisted me to enter the building and familiarised me with the resources and services, ‘Just let us know if you need any help with anything, we can pass down any books etc down for you, please don’t hesitate to ask’.

What a great surprise! The one toilet had also been made accessible. I subsequently joined SAGHS and in their journal I saw that they have a notice every issue advertising the fact that their building is wheelchair accessible. No use having it if no one knows right? They also have low vision reading equipment for the many people who have problems with their eyesight.

After a few months of successful researching and using the records and library I was gathering some amazing information about my ancestors. One family actually arrived on the first migrant ship to South Australia and was the first to set foot on Kangaroo Island.

I also found a famous engineer who was knighted, a few MPs, a Mayor of Glenelg, and a married couple who both died in tragic mining accidents during the Victorian gold rush leaving behind four small orphaned children. There was also a merchant based in Singapore last century trading between China, Britain and India. The goods were most likely tea, silk porcelain and opium. Great, an international drug trafficker! Not confirmed yet.

On one trip to SAGHS I even found on the wall an enormous family tree that showed my ancestors reaching back to the 1700’s! It would have taken me years and years of work to find all this information. I’m now considering writing a book.

Thank you SAGHS!

Stan’s Story

Stan retired in July 2009 a fit and active member of his community; 2 weeks later his life changed dramatically when he suffered a stroke.

Stan was in hospital and rehabilitation for four months after which he was discharged home. As a result of the stroke he lost his licence, his mobility and his networks. Stan lives alone just outside the metropolitan area so services and supports are limited and to do most things including shopping he became reliant on others. ‘Overnight I was thrown into a new world and due to my disability had to find new ways to live; it changed my life in so many ways’.

‘It is almost like you become invisible sometimes’

Wanting to get involved and out of the house, Stan searched the internet for suitable and accessible activities however his options were limited by his disability. The local council provides a volunteer who assists Stan to attend the local library, and St John’s have provided a volunteer to assist him to get out and about and to attend to his shopping and other activities. A couple of years ago he joined a local service club. However, again many of the activities they undertake outside their meetings require a reasonable amount of mobility which he doesn’t have so he is excluded from participating. Offers of support to participate to date have been limited.

On a positive the meetings and social contact gained by his attendance is valued and appreciated by Stan.

“I enjoy the meetings and the social contact there, and I do get invited to share a meal occasionally with some of the members and that is good”.

18  This is our space
Andy’s Story

**The case of the Utah Conservation Corp – how an organisation made the change to disability inclusion.** I would like to share the Utah Conservation Corps (UCC) story and how we became involved with inclusion.

In 2005, Andy Zimmer, a UCC crew leader, was in a bike accident that resulted in quadriplegia. After rehabilitation, Andy wanted to return to the Conservation Corps and complete his term of service. At that time, there were no opportunities for him to serve in a field-based conservation corps... anywhere. Although Andy was no longer able to swing an axe, he had many other strengths and abilities. Andy gave me the motivation that led me to think outside the box.

Although I had been immersed in adaptive outdoor recreation and getting people with disabilities outside, I had not yet found a way to include people with disabilities in the UCC, a program that requires its members to be tough, rugged, and physically strong.

I knew what the “crew experience” meant to our members, and I wanted to give Corps members with disabilities that same experience. Living in a tent, spending every day outside, working on conservation projects, and being part of a close-knit team... this is what the “crew experience” was all about. This is the life that Andy had come to love and wanted to return to. He also wanted to share this experience with other people with disabilities.

This dream became a reality in the summer of 2007. Andy returned to the Utah Conservation Corps and served as a crew leader. In many ways, his position was similar to what he had done two years prior. The UCC simply broadened what we were already doing and created new projects that were more physically accessible and required fewer physical skills to get the job done.


“In an inclusive service environment, persons with disabilities are welcomed and are valued for their contributions as individuals. The presence of a disability is not seen as a detriment. Rather, disability is valued as part of the range of diversity that exists in the human condition. In some cases, a disability can present challenges that allow program staff and participants to grow and to enhance their knowledge and skills. In an inclusive service environment, staff and participants work with the goal of ensuring full inclusion and participation of an individual with a disability. Everyone is aware that excusing an individual from activities (e.g. “It is okay if you don’t come to the meeting because it is in an inaccessible location.”) or denying information (e.g. “Never mind that you cannot hear the training, it is not that important anyway.”) are exclusive actions. In an inclusive service environment, full participation is not the goal – it is the action.”

(UCP Access AmeriCorps disability inclusion training and technical assistance project, 2004)
The Paddocks Story

The Paddocks Centre in Para Hills has worked hard to overcome potential barriers within the community centre for individuals with mental health issues. Volunteers, tutors and participants can be apprehensive and unsure around individuals who, at times, can display unusual or seemingly poor / inappropriate behaviour.

In 2010 The Paddocks Centre partnered with the “Community Connections” project and The Gully. The partnership supported recovery by reducing challenges to engagement with integrated community agencies for consumers living with mental illness.

Gully consumers visited The Paddocks Centre with the support of the project facilitators. While staff and the class facilitators where aware of the project, participants were not. This was a conscious decision by all concerned to avoid possible biased attitudes, intolerance and wary behaviour as some people, at times, do not know how to react when there is something ‘different’ about individuals. Consumers found that the main challenge in coming to The Paddocks Centre was managing their anxiety and motivation. Consumers also found that they would feel more supported and feel more able to talk to staff and volunteers if staff and volunteers had at least a basic understanding about mental illness.

Some of the consumers commented that:

They would feel more comfortable if the staff member knew why they ‘might do something out of the norm’. ‘[Staff and volunteers] would know more about mental illness and would be able to help me more if... I did have a problem’. Overall, all group participants found the experience really positive and were surprised to find that there had been individuals within their classes with mental illness. This experience broke down barriers, especially for older participants. It was decided that a short training presentation could give volunteers increased understanding and knowledge of how to assist people if they recognise they are having a problem related to their mental illness. Project facilitators developed a mental illness training package titled ‘How to Recognise and Respond to People with Mental Illness’ which was then used across multiple centres to assist and train volunteers.

At the end of the project, class participants, staff and volunteers of The Paddocks Centre hosted a BBQ for the consumers, project facilitators and staff of The Gully to celebrate new connections and friendships made.
“[We] stress the opportunities that can arise through leisure of developing “stories” with people of what they can do and become, not what they lack, helping people with an intellectual disability to “imagine themselves differently”, so they can overcome their fears and take risks.

(Bray & Gates, 2003: 26)

Identifying the gap in community supports

The experience of working older people with disabilities approaching retirement age

Since the 1950’s, Australians with intellectual disabilities have participated in sheltered employment opportunities, where people are encouraged and supported to work while being supported from ‘the challenges of competition in open employment.’ These opportunities have provided participants with an income source, but also importantly with a sense of social purpose, value and networks. The importance of this social connectedness has become increasingly apparent, as many approaching retirement age express anxiety about finishing up their working lives. This anxiety was due mainly to concerns about loss of income, friendships and a valued social role.

The Australian Disability Enterprise (ADE) Transition to Retirement Pilot project looked at how to prepare older people working in supported employment for life post-retirement. It was observed that people with disabilities who remained socially active beyond retirement remained generally happy and satisfied, in spite of their fears. A key aspect of the project was enabling and supporting older people to access social supports and to participate socially, particularly being able to access community services that met their needs and interests.

Preparing people with disabilities to participate socially is one thing. Preparing community services to incorporate people with disabilities is another.

The ADE project discovered that in general, community groups supporting and servicing older people needed to develop their responsiveness to older people with disabilities, if greater equity is to be achieved. Part of this is about increased awareness of the issues and part is about having the skills and facilities to be able to respond. The call is out for community organisations, groups and businesses to take up the challenge and move towards a disability inclusive culture.

ARTD Consultants (2012), Evaluation of the Australian Disability Enterprise Transition to Retirement Pilot
can you identify famous people with a disability?
a group activity

This activity will generate discussion among your members. Photocopy this page, cut up the names, occupations and disabilities of these famous people. Ask members to re-arrange them into the correct columns under the headings.

<table>
<thead>
<tr>
<th>NAME</th>
<th>OCCUPATION</th>
<th>DISABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beethoven</td>
<td>Composer</td>
<td>Deaf</td>
</tr>
<tr>
<td>Christopher Reeve</td>
<td>Actor</td>
<td>Quadriplegia</td>
</tr>
<tr>
<td>Ithzak Perlman</td>
<td>Violinist</td>
<td>Polio</td>
</tr>
<tr>
<td>David Helfgott</td>
<td>Pianist</td>
<td>Psychiatric disability</td>
</tr>
<tr>
<td>Douglas Bader</td>
<td>Fighter Pilot</td>
<td>Physical disability amputee</td>
</tr>
<tr>
<td>Franklin Roosevelt</td>
<td>US President</td>
<td>Polio</td>
</tr>
<tr>
<td>Helen Keller</td>
<td>Teacher</td>
<td>Blind and deaf</td>
</tr>
<tr>
<td>Jacqueline Du Pre</td>
<td>Cellist</td>
<td>Multiple Sclerosis</td>
</tr>
<tr>
<td>Louis Braille</td>
<td>Inventor</td>
<td>Vision impairment</td>
</tr>
<tr>
<td>Marli Matlin</td>
<td>Actress</td>
<td>Deaf</td>
</tr>
<tr>
<td>Ray Charles</td>
<td>Singer</td>
<td>Blind</td>
</tr>
<tr>
<td>Andrea Bocelli</td>
<td>Singer</td>
<td>Blind</td>
</tr>
<tr>
<td>Steady Eddie</td>
<td>Comedian</td>
<td>Cerebral Palsy</td>
</tr>
<tr>
<td>Stevie Wonder</td>
<td>Singer</td>
<td>Blind</td>
</tr>
</tbody>
</table>

Questions you might like to discuss with your group members:

- What effect did the disability have on these people and their way of life? *(This may require some research.)*
- Do members personally know anyone with a disability?
- Does it keep them from doing what they want to do?

“Adults with severe disabilities and a long history of social isolation can be supported effectively towards greater community participation and an increase in positive social experiences”

(Kennedy, Horner & Newton, 1989: 190).

Cognitive Disability Tips Sheet

Defining cognitive disability is not easy, and definitions of cognitive disability are usually broad. Persons with cognitive disabilities may have difficulty with various types of mental tasks.

People with ADHD, brain injury, or genetic disability such as Down Syndrome, Autism and Dementia are included in this group.

When communicating with a person with a cognitive disability, it is best when:

- Information and instructions are presented in small, sequential steps, and reviewed frequently.
- Prompt and consistent feedback is provided.
- A hands-on approach is used.
- They are provided with concrete rather than abstract information.
- The purpose of a task is made clear.
- They are provided with safe opportunities to make mistakes.
- Interaction best occurs in natural environments.
Deaf/Hearing Impairment Tips Sheet

This term includes all people who have hearing loss to any degree.

When communicating with a person who is deaf or has a hearing impairment:

- Make sure you have the person’s attention before you begin speaking. Either a tap on the shoulder or a visual signal can be used to gain attention.
- Always face the person with a hearing loss when speaking, making sure there is good light on your face.
- Speak normally, and do not exaggerate your speech — the person may wish to speech read. Speech reading is only 30-50% effective.
- Do not speak with anything in your mouth, such as gum, a pipe or a cigarette. Also, take care to keep your hands away from your mouth so that your lip movements, facial expression and visual clues can be seen.
- People with hearing loss find it hard to hear in the presence of background noise. Be sure to move away from such noise or turn down the radio or TV when conversing.
- If a word is not understood, try another word or rephrase rather than simply repeating yourself.
- Beware of the false interpretations (a nod of the head does not necessarily mean, “I understand”).
- Do not shout. Hearing aids make sounds louder, not clearer.
- If a sign-language interpreter is present, talk directly to the person who is deaf — not to the interpreter. Use a qualified sign language interpreter when necessary.
- Use sign language only if you are qualified. Otherwise, incorrect information may be conveyed.
- If all else fails, use a pad and pencil to communicate.

“For those who are over 55 years of age, there is a need to look toward nurturing self-reliance by increasing the number of community-based social, recreation and leisure options, and by providing opportunities for them to make choices and decisions about the activities in which they wish, or do not wish, to participate.”

(Ashman & Suttie, 1996: 127)
Community participation, for adults with an intellectual disability, can be over-ridden by fears of rejection, shyness, and not knowing what to say or do. People can be helped to overcome these fears by drawing on alternate stories of themselves in which they did try and were successful.

(Bray & Gates, 2003: 26)

Speech Difficulty Tips Sheet

There are many reasons for having difficulty with speech. Cerebral palsy, deafness, head injury and stroke are just a few of the causes. When interacting with a person with speech difficulty:

- Speak directly to the individual, not to a friend or companion.
- Maintain eye contact, do not look around or turn away.
- Try to give your whole, unhurried attention if the person has difficulty speaking.
- Do not complete the speaker’s sentences. Let the person finish.
- Don’t become flustered when you cannot understand, or pretend to understand when you really don’t.
- Do not be afraid to ask the person to repeat or spell a word. If you still have difficulty, ask them to use different words.
- Do not equate speech difficulties with intellectual ability.
Mobility Disability Tips Sheet

Limitations can vary greatly and may be due to arthritis, cerebral palsy, multiple sclerosis, paraplegia and quadriplegia.

When you are with a person using a wheelchair:

- Treat a person's wheelchair or adaptive aid with respect. This device is an extension of that person's space.
- Talk directly to the person using the wheelchair, rather than to someone else. Get on the individual's level if possible, kneeling on one knee, sitting in a chair, etc. If this is not possible, stand back so he/she does not have to look sharply upwards.
- In greeting a person, feel free to extend your hand to shake hands. Use a gentle grip and do not squeeze.
- Push a wheelchair only after asking the person if assistance is needed. Listen to instructions the person may give.
- Learn the location of “accessible” ramps, restrooms, elevators and telephones.
- Persons with physical disabilities are now using service animals (dogs) more frequently. Service animals are highly trained. Do not pet or distract a service dog.

Blind or Vision Impaired Tips Sheet

This disability can range from total blindness to partial loss of sight.

When you are with a person who is blind or has a loss of vision:

- Speak directly to the person, using a normal tone of voice.
- Identify yourself.
- Do not be afraid to use terms such as “See you soon.”
- Do not pat a guide dog. The dog has an important job to do and patting may be distracting.
- Offer assistance but be guided by the individual's direction.
- Avoid escalators or revolving doors, if possible.
- Assist the individual on stairs by guiding a hand to a banister. When giving assistance in seating, place the person's hand on the back or arm of the seat.
- Never leave a person who is blind in an open area. Instead, lead the person to the side of the room, a chair or some landmark from which he or she can obtain a direction for travel.
- Do not leave a person who is blind abruptly after talking in a crowd or where there is noise that may obstruct the person's hearing without saying that you are leaving.
Myth
People with disability are brave and courageous.

Reality
Adjusting to a disability requires adapting to a lifestyle, not bravery and courage. Going to university, having a family, participating in sporting events and working in a job are normal not heroic activities for people with disability just as they are for people without disabilities.

Myth
People with disability are sick.

Reality
Of course, individuals with disabilities are sometimes sick, just as people without disabilities are sometimes sick. A disability, though, is a condition, not an illness. Assuming they are the same thing can foster negative stereotypes, including fear of ‘catching’ the disability, or that people with disability need to be ‘cured’.

Myth
If you cannot see a disability it does not exist.

Reality
Nearly one out of every five Australians has a disability (18.5%), and not all disabilities are visible or immediately apparent. Conditions such as chronic back pain and arthritis, as well as learning disabilities and psychological disabilities, can create significant limitations or difficulties for those experiencing them.

Myth
People with physical disabilities have lower IQs or are ‘uneducable’.

Reality
People with physical disabilities have a full range of IQs and academic abilities. The degree of the physical disability has no bearing on a person’s mental capacity.

Myth
A wheelchair is confining; people who use wheelchairs are ‘wheelchair bound’.

Reality
A wheelchair, like a bicycle or a car, is a personal assistive device that enables someone to get around. Rather than ‘confining’, most people who use wheelchairs consider them ‘liberating’.

Myth
People who use wheelchairs can’t walk.

Reality
Some people using wheelchairs cannot walk, others can. Many people use wheelchairs because they tire easily or because their strength is limited and using a wheelchair makes it possible for them to travel longer distances, or to be ‘out and about’ for longer periods of time.

Myth
People who are blind acquire a ‘sixth sense’.

Reality
Although many people who are blind may refine their remaining senses and use them more fully, they do not develop a ‘sixth sense’.

Myth
All people who have a visual impairment read Braille.

Reality
Only about 10% read Braille. Many use other methods of gaining access to printed materials, including computers with screen readers and books on tape.

Myth
People with disability are more comfortable with ‘their own kind’.

Reality
People with disability are most comfortable with people they like and enjoy spending time with. This misconception probably came about because, in the past, many people with disability often went to separate schools or lived in institutions.

Myth
People with disability always need help.

Reality
Many people with disability are independent and capable of giving help. And while anyone may offer assistance, most people with disability prefer to be responsible for themselves.

Myth
People with disability should be protected from the harsher aspects of life.

Reality
People with disability want to participate in the full range of human experiences the good and the bad.

*Sourced from Avenues to Understanding, produced by Easter Seals Disability Services, Public Education & Community Services
http://edu.eastersealswisconsin.com/content/avenues-myths-and-realities
Myth: any invented story, idea, or concept

Myth
Curious children should never ask people about their disabilities.

Reality
Many children have a natural, uninhibited curiosity and may ask questions that some adults consider embarrassing. But ‘shushing’ curious children may make them think having a disability is ‘wrong’ or ‘bad’. Most people with disability won’t mind answering a child’s questions.

Myth
The lives of people with disability are totally different than the lives of people without disabilities.

Reality
People with disability go to school, get married, work, have families, laugh, cry, pay taxes, get angry, have prejudices, vote, plan, dream and set goals like everyone else. People with disability are human beings who can be just as annoying, nice, rude or amusing as anyone else you might know.

Myth
People who are deaf or have a hearing impairment can read lips.

Reality
Lip-reading skills vary among people who use them and may not be entirely reliable. People who are deaf or have a hearing impairment use a number of methods to communicate, including sign language and interpreters.

Myth
People with disability cannot participate in sports and recreational activities.

Reality
People with disability take part in a wide variety of sports. In recent years, technological advances in adaptive sports equipment have opened doors to even more recreational opportunities.

Myth
Once architectural barriers are removed, full integration into society will be possible for people with disability.

Reality
A world without architectural barriers will be a wonderful help to people with disability. But until attitudinal barriers also fall, people with disability may continue to have trouble being recognised as valuable members of society.

Myth
There is nothing one person can do to help eliminate the barriers confronting people with disability.

Reality
Everyone can contribute to change. You can help remove barriers by:

- Understanding the need for accessible parking and leaving it for those who need it.
- Encouraging participation of people with disability in community activities by using accessible meeting and event sites.
- Understanding children’s curiosity about disabilities and people who have them.

- Advocating barrier-free environments. Speaking up when negative words or phrases are used about disabilities or about people with disability.
- Writing producers and editors a note of support when they portray someone with a disability as a ‘regular’ person in the media.
- Accepting people with disability as individuals capable of the same needs and feelings as yourself.

And now, a couple of myths about people without disabilities:

Myth
People who don’t have disabilities don’t want to be around those that do.

Reality
Not true. However, lack of experience in meeting people with disability sometimes makes those without uncomfortable. They’re often afraid of saying the wrong thing, and nervous about doing something offensive. People with disability and those without must get past this initial hesitation and discover ways to make interaction more comfortable for everyone involved.

Myth
People who offer to lend a hand to people with disability know how to provide the needed help.

Reality
The desire to help and the knowledge of how to do so do not necessarily go hand in hand. If a person with a disability accepts an offer for assistance, it’s helpful for him or her to give specific instructions on exactly what type of assistance is needed and the best way to carry it out.
THE IMPORTANCE OF LANGUAGE

Language is vitally important in shaping our perceptions. Using “people first” (“person with a disability”, “person with a visual impairment”) language helps remind us and others that people with disability are people first, and are more than their disability. Also, words are often laden with historically negative meanings that make people feel demeaned and devalued.

It is important to actively avoid using terms that cause hurt and offence. The following guidelines for portraying people with disability were sourced from *A way with words: guidelines for the portrayal of people with a disability*, produced by the Department of Communities, The State of Queensland, 2010.

<table>
<thead>
<tr>
<th>What to avoid</th>
<th>What’s acceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abnormal, subnormal (these are negative terms that imply failure to reach perfection)</td>
<td>Specify the disability</td>
</tr>
<tr>
<td>Afflicted with (Most people with a disability do not see themselves as afflicted)</td>
<td>Person has (name of disability)</td>
</tr>
<tr>
<td>Birth defect, congenital defect, deformity</td>
<td>Person with a disability since birth, person with a congenital disability</td>
</tr>
<tr>
<td>The blind, the visually impaired</td>
<td>Person who is blind, person with a vision impairment</td>
</tr>
<tr>
<td>Confined to a wheelchair, wheelchair bound (A wheelchair provides mobility, not restriction)</td>
<td>Uses a wheelchair</td>
</tr>
<tr>
<td>Cripple, crippled (These terms convey a negative image of a twisted ugly body)</td>
<td>Has a physical disability, has a mobility disability</td>
</tr>
<tr>
<td>The deaf</td>
<td>Person is deaf (This refers to people who cannot hear but do not necessarily identify with the Deaf community) or The Deaf (This refers to people who identify themselves as part of the Deaf community and who use sign language Using ’Deaf community’ is only appropriate when referring to this particular community)</td>
</tr>
<tr>
<td>Deaf and dumb (This is sometimes used to describe an inability to hear and speak, which does not imply any intellectual disability)</td>
<td>Person who is deaf and non-verbal or Deaf people (This refers to people who identify themselves as part of the Deaf community and who use sign language)</td>
</tr>
<tr>
<td>Defective, deformed (These are degrading terms)</td>
<td>Specify the disability</td>
</tr>
<tr>
<td>The disabled</td>
<td>People with a disability</td>
</tr>
<tr>
<td>Dwarf (Has negative connotations)</td>
<td>Short-statured person</td>
</tr>
<tr>
<td>What to avoid</td>
<td>What’s acceptable</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Fit, attack, spell</td>
<td>Seizure</td>
</tr>
<tr>
<td>The handicapped</td>
<td>Person with a disability (If referring to an environmental or attitudinal barrier then ‘person who is handicapped by a disability’ is appropriate)</td>
</tr>
<tr>
<td>Insane, lunatic, maniac, mental patient, mentally diseased, neurotic, psycho, schizophrenic, unsound mind (These are derogatory terms)</td>
<td>Person with a psychiatric disability (or specify condition)</td>
</tr>
<tr>
<td>Invalid (The literal sense of the word is ‘not valid’)</td>
<td>Person with a disability</td>
</tr>
<tr>
<td>Mentally retarded, defective, feeble minded, imbecile, moron, retarded (These are offensive, inaccurate terms)</td>
<td>Person with an intellectual disability</td>
</tr>
<tr>
<td>Mongol (This term is outdated and derogatory)</td>
<td>Has Down syndrome</td>
</tr>
<tr>
<td>Patient (only use in context of doctor–patient relationship)</td>
<td>Person with a disability</td>
</tr>
<tr>
<td>Physically challenged, intellectually challenged, vertically challenged, differently abled (These are ridiculous euphemisms for disability)</td>
<td>Person with a disability</td>
</tr>
<tr>
<td>People with disabilities (Refers to people who have multiple disabilities)</td>
<td>Person with multiple disabilities, people with disability</td>
</tr>
<tr>
<td>Spastic (Usually refers to a person with cerebral palsy or who has uncontrollable spasms. This is a derogatory term and often used as a term of abuse Should never be used as a noun)</td>
<td>Person with a disability</td>
</tr>
<tr>
<td>Special (This term is overused, e.g. ‘special’ person)</td>
<td>Describe the person, event or achievement as you would normally</td>
</tr>
<tr>
<td>Vegetative (This is an offensive and degrading term)</td>
<td>In a coma, comatose, unconscious</td>
</tr>
<tr>
<td>Victim (People with a disability are not necessarily victims and prefer not to be seen as such)</td>
<td>Has a disability</td>
</tr>
</tbody>
</table>
how to make your website more accessible to older people with disability

A web page is an additional tool that you can use to promote membership as well as achievements and activities of your group.

Web-based technologies have fundamentally changed how people access information, and this has particular relevance for older people with disability.

The Web offers opportunities to source information on disability and associated health conditions, locating services, local community resources, and enables people to bridge isolation through social networking.

Applying the principles of accessible website design is key to enabling older people with disability to make the most of these resources, noting that universal access to computer technologies is far from realised in this population. This highlights the importance of having a variety of alternative, effective means of communicating information to older people with disability.

Creating accessible web sites should be an integral part of the design philosophy of web developers with accessibility features incorporated in to all aspects of the design process. The World Wide Web Consortium (W3C) guidelines explain how to make web content accessible to people with disability and to maximise the use of assistance technologies such as screen readers and wireless pointing devices.

**General**
- provide a text equivalent for every non-text element. This includes: images, graphical representations of text (including symbols), image map regions, animations, applets and programmatic objects, ASCII art, frames, scripts, images used as list bullets, spacers, graphical buttons, sounds (played with or without user interaction), stand-alone audio files, audio tracks of video, and video
- ensure that all information conveyed with colour is also available without colour, for example from context or mark-up
- clearly identify changes in the natural language of a document’s text and any text equivalents (e.g. captions)
- organise documents so they may be read without style sheets. For example, when an HTML document is rendered without associated style sheets, it must still be possible to read the document
- ensure that equivalents for dynamic content are updated when the dynamic content changes
- avoid causing the screen to flicker
- use the clearest and simplest language appropriate for a site’s content.

**Images and image maps**
- provide redundant text links for each active region of a server-side image map
- provide client-side image maps instead of server-side image maps except where the regions cannot be defined with an available geometric shape.

**Tables**
- identify row and column headers with mark-up tags
- for data tables with two or more logical levels of row or column headers, use mark-up to associate data cells and header cells.

**Frames**
- title each frame to facilitate frame identification and navigation
- provide a non-frame alternative for each page using frames.

**Applets and scripts**
- ensure that pages are usable when scripts, applets, or other programmatic objects are turned off or not supported. If this is not possible, provide equivalent information on an alternative accessible page.

**Multimedia**
- provide an auditory description of the important information for the visual track of a multimedia presentation
- for any time-based multimedia presentation (e.g. a movie or animation), synchronise equivalent alternatives (e.g. captions or auditory descriptions of the visual track) with the presentation.

**Testing Websites for Accessibility**
- there are many tools available to help Web authors check their web pages and identify changes needed to make them accessible to users with disabilities. Ideally, users should be involved in website testing
- a range of free and share-ware evaluation tools for web content accessibility are available at the Web Accessibility Initiative website.

**At a minimum, the following validation methods must be applied:**
- use automated tools to analyse web pages for accessibility and browser compatibility
- use a text-only browser or emulator
- use multiple graphic browsers, with:
  - graphics disabled
  - sound disabled
  - no mouse
  - frames, scripts, style sheets and applets disabled
Community organisations and groups with a commitment to inclusion need to consider how they are going to promote their services and activities in order to reach older people with disability.

Here, partnerships with disability organisations are of key importance. These partnerships can further develop disability awareness and competencies, as well as provide a point of access to potential users or participants.

Some ways to start collaborations:
- Set up short, informal meetings with the leadership of local disability organisations. Be prepared to explain your programs and the goals of your group.
- Invite staff and consumers of disability organisations to group events and meetings and make certain those meetings are accessible.
- Coordinate a project with a disability organisation to either benefit the organisation or its consumers.
- Invite disability organisations to conduct disability awareness training for your staff and participants.
- Join the board or advisory committee of a disability organisation.
- Write articles about your program for newsletters.
- Link your website to theirs.
- Many organisations have conferences and meetings. Present a workshop or exhibit at a booth.

(Adapted from UCC Access AmeriCorps disability inclusion training and technical assistance project, 2004: 50-51)
References


Johnson, N. (Year not provided). Community Participation: A resource to support the inclusion of people with disability in performing groups. Darebin, NSW.


**Glossary of disability terms**

**Access**: Provision of a barrier-free environment, accommodations, or changes in policies, procedures, or the built environment to ensure that all individuals can benefit from, and participate in, all activities and events of a program.

**Accessibility Survey**: Survey of programs and policies, and the architectural, communication, and technological environment as it relates to the participation of individuals with a range of disabilities.

**Accommodations**: Any device, technology, service, or change in programs, policies, or the built environment that are provided to an individual with a disability to support them in their service or participation.

**Alternate Formats**: Different ways of providing information other than standard print documents. Some examples of alternate formats are: text files on a computer disk, large print, books on tape, Braille.

**Architectural Access**: Refers to the “built” or physical environment and the ability of persons with a range of disabilities to get to, from, and around that built environment.

**Assistive Listening Device**: A device that makes sound clearer and louder, and in many cases, blocks out environmental sound and interference. Most often persons with hearing loss will use assistive listening devices.

**Assistive Technology Device**: Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capacities of individuals with disabilities (as defined in the Technology Related Assistance for Individuals with Disabilities Act of 1988).

**Assistive Technology Service**: Any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device. Service includes evaluation of need; selection; purchase; coordination of related services; training and technical assistance.

**Attitudinal Barriers**: Attitudes, fears, and assumptions that prevent people with and without disabilities from meaningfully interacting with one another.

**Augmentative Communication**: Alternative means of communication used by an individual with a disability who has a severe speech or cognitive impairment. An augmentative communication device may have a keyboard that the individual types on a computerized-voice output that relays the message. It might also be a sheet of paper with photos or pictures that a person would point to.

**Auslan Signbank**: Auslan Signbank is a language resources site for Auslan (Australian Sign Language). Auslan is the language of the deaf community in Australia.

**Barrier-Free Design**: An approach to design that creates buildings, transportation systems, and outdoor environments that people with disability can access and use independently and safely (see Universal Design).

**Communication Access**: Ability of a program to ensure that persons with hearing loss or who are non-verbal can effectively communicate. This can include the provision of interpreters or assistive listening devices, but it can also mean speaking clearly, facing an individual, and writing notes.

**Communication Barriers**: Lack of communication access for persons with hearing loss, including poorly lit rooms, background noise, lack of interpreters, or captioning.

**Community-Based Living**: Refers to individuals with disabilities living in the community with or without supports from individuals and community-based organisations.

**Consumer**: A term sometimes used for people with disability instead of “patient” or “client” to communicate their active and equal role in accessing services.

**Developmentally Disabled**: Defined in law as a person with a “severe and chronic disability” that is attributed to a mental or physical impairment or combination; is manifested before age 22; and results in substantial functional limitation in at least three major life activities. The term is also used to refer to people who are diagnosed with mental retardation.

**Disability, Person with a**: Defined in the Rehabilitation Act of 1973 as “a person who has a physical or mental impairment that substantially limits one or more major life activities of such individual; has a record of such an impairment; or is regarded as having such an impairment.”

**Disability-Related Inquiry**: Any question or action likely to elicit the possible presence of a disability.

**Disability Rights Movement**: The collective efforts of advocates to secure equal rights, equal opportunities, and a barrier-free environment for people with disability.

**Functional Limitations**: Limitations to life activities that result from a disability.

**Inaccessible**: Any program, activity, or event that is not open to or excludes individuals with disabilities by reason of an inaccessible physical space or the lack of accommodations.

**Inclusion**: Active engagement of people with disability in all levels of society. The mere presence of people with disability does not necessarily constitute inclusion. A program is inclusive when people with disability are valued contributing members with a sense of belonging.

**Inclusive Service Environment**: A service program, site, or activity that actively engages individuals with disabilities as valued and equal members of a team and is open and accessible to individuals with disabilities.
Independent Living Movement: Advocacy movement that views the person with a disability as an active “consumer” of services and advocates for personal independence, barrier removal, equal rights and opportunities, and consumer choice and control.

Institutional Segregation/Institutionalization: Practice of removing persons with disabilities from their communities to institutional care.

Interpreter: A certified or trained individual who facilitates communication between individuals who use sign language and individuals who do not. There are also “oral” interpreters who repeat what is being said so that individuals who rely on speech reading can communicate.

Life Activity: Functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

National Disability Organisations: National organisations that support, advocate for, assist, and/or serve individuals with disabilities.

People First Language: Language that puts the person first when speaking of someone with a disability to remind us that they are people first. For example: “person with a disability” instead of “disabled person”; “people with disability” instead of “the disabled”; “she is a wheelchair user” instead of “she is wheelchair bound” or “she is in a wheelchair.”

Physical Barriers: Physical obstacles that hinder people with physical disabilities from gaining access.

Physical or Mental Impairment: Any physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems, or any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Real Time Captioning: Process where a captioner types, on a device and in shorthand, words that are spoken and then the words are displayed on a computer monitor, television screen, video or overhead projector, or other type of audiovisual device for individuals who are Deaf or hard of hearing.

Self-Advocacy: Refers to a national movement of people with disability speaking and advocating for themselves.

Self-Disclose: Action by an individual with a disability to identify their disability to another individual or individuals.

Service Description: A document that outlines the essential and marginal functions of a service position.

Substantially Limits: The inability to perform a major life activity that the average person in the general population can perform; or significant restriction as to the condition, manner, or duration under which an individual can perform a particular major life activity as compared to the average person in the general population.

Temporary/Transient Barriers: Barriers in the “built” or physical environment created by objects such as furniture, parked cars, planters, and other barriers that can easily be removed.

Three Part Definition of a Person with a Disability: 1) a physical or mental impairment that substantially limits one or more major life activities; or 2) a record of such impairment; or 3) a perception of such an impairment, even when the impairment does not exist.

Transportation Barriers: Absence of accessible, reliable, and affordable transportation.

TTY/TDD: Telecommunications device for individuals who are Deaf or have hearing or speech impairments.

Universal Design: Extends the idea of barrier-free design to cover the needs of all members of society, including children and seniors.

Voice Recognition: Assistive technology software that allows people to write and command equipment using their voice rather than their hands. This technology has been used to accommodate people with a variety of disabilities.

Peak Disability Organisations

Listed below are peak organisations from the disability sector that may be able to assist you in effectively engaging people with a disability. A number of these organisations also provide training in disability awareness.

Carers Australia - National Peak body representing the voice of carers
  www.carersaustralia.com.au

Deafness Forum of Australia – National peak body for deafness in Australia
  www.deafnessforum.org.au

National Council on Intellectual Disability - National Association representing people with intellectual disability and their families in Australia
  http://www.ncid.org.au

MS Australia – National organisation for state multiple sclerosis organisations
  www.msaustralia.org.au

National Ethnic Disability Alliance – National peak organisation representing the rights and interests of people from non-English speaking background (NESB) with disability, their families and carers
  www.neda.org.au

People with disability Australia Inc. – National peak disability rights and advocacy organisation
  www.pwd.org.au

Deaf Australia - National peak organisation for deaf people in Australia
  www.deafau.org.au/

Physical Disability Australia – National peak organisation representing people with physical disabilities
  www.pda.org.au

Mental Health Council of Australia - national peak organisation representing and promoting the interests of the Australian mental health sector
  www.mhca.org.au

Women with Disabilities (Australia) – Peak organisation for women with disabilities
  www.wwda.org.au

Australian Federation of Disability Organisations – National organisation representing the interests of Australians with a disability:
  www.afdo.org.au

Blind Citizens Australia – National association of blind and vision impaired Australians
  www.bca.org.au

Brain Injury Australia – National peak acquired brain injury organisation
  www.bia.net.au

National Disability Services – National peak body for disability services
  www.nds.org.au

CP Australia – national non-profit association representing the interests of people with cerebral palsy and similar disabilities
  www.cpaustralia.com.au
Independent Living Movement: Advocacy movement that views the person with a disability as an active "consumer" of services and advocates for personal independence, barrier removal, equal rights and opportunities, and consumer choice and control.

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“Perhaps we will begin to feel better about ourselves, to come to know ourselves as honoured, respected, accepted, yes, loved. To be healed from shame, feeling unworthy, undesirable, ugly, difficult, not smart enough, not sporty enough, not lovely enough. And perhaps we might be freed from our terrible daily fears that it all won’t last, that more rejection is written into our lives. Maybe our dreams will no longer be filled with the traumatic fear of others pushing us around.”

Excerpt—National Disability Strategy submission (emphasis added)” (National People with disability and Carer Council, 2009:viii)