

Accessibility Guidelines for Unitarian Universalist Congregations: Creating Welcoming Congregations for People of all Abilities

On Line Version¹

Prepared by:

The Policy Committee of Equal Access,

A volunteer-run Unitarian Universalist organization that promotes equality and access for Unitarian
Universalists with disabilities

Rev. Barbara F. Meyers, Equal Access Policy Committee Chair

Rachel Klein

Cynthia Parkhill

Michael Sallwasser

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Our faith calls us to regard each precious human being with inherent worth and dignity. Our mutual goal is to see inner beauty in every face, the holy in every spirit, and to accept people as they are - in their infinite diversity - whether or not their inherent differences are stereotyped and discriminated against elsewhere. We look towards each person as having gifts to offer, inner strength, valued life experiences and the capacity to grow.

In 1996 the Unitarian Universalist Association of Congregations (UUA) Accessibilities Task Force said: "Unitarian Universalists have a history of fighting for justice. Ableism is yet another issue in which we are called by our faith to seek justice, to deepen relationships, to break the barriers that exist in society at large, in our congregations, and in ourselves."² In response, in 1997 General Assembly passed a resolution stating, that the "Unitarian Universalist Association undertakes an aggressive plan to address accessibility within the Association for people with disabilities."³

To that end, this document is a proposed accessibility policy addressing the inclusion of all people (whatever their ability may be) in activities and physical accessibility to facilities of the Unitarian Universalist Association and its member congregations.

It is the goal of this document that our religious institutions, the UUA and every Unitarian Universalist congregation become not only fully accessible under the law, but take the next step to truly welcome people with disabilities, and integrate people with disabilities into every facet of UU religious life.

This document is organized into the following sections:

¹ This document contains hyperlinks to many websites and documents referred to in the text. If you prefer to have a copy of the document for print use only, you can get one at:

www.equalaccess.org/resourcelinks.html.

² *UUA Accessibilities Task Force Report* presented to the UUA Board of Trustees in 1996.

³ UUA 1997 Business Resolution *Accessibility for Persons with Disabilities*. [Click here for UUA Business Resolution for Persons with Disabilities](#)

1. History of People with Disabilities - Describes the background conditions in which people with disabilities have lived. Details struggles for civil rights to have lives free from oppression. Major US legislation gives rights and protection to people with disabilities including accessibility, the right to be free from abuse, greater opportunities, and increased inclusion in society at large.

2. Creating the Welcoming Congregations - Describes the goals and actions needed to start becoming welcoming congregations. More than simply promoting the lack of physical barriers to full participation for people with disabilities, a fully welcoming environment is one in which people with disabilities are included in all of the activities of the congregation, from relationships with individuals to being called as ministers to congregations. A “welcoming congregation” has a positive attitude towards diverse people that is most evident in the attitudes and behavior of the whole congregation. In a welcoming congregation, ministerial and lay leaders model healthy, warm, and inclusive connections and communications, and establish proactive policies.

3. Accommodations & Reducing Barriers – Describes the needs and proposed solutions to reducing physical, communication, and attitudinal barriers that impede the opportunity of people with disabilities to participate in congregational life. Examples for various disabilities are given: visual, hearing, mental health, chemical and sensory, developmental, and addictions.

4. Inclusion / Integration – Proposes the elimination of barriers to integration of people with disabilities at every level of congregational life - in worship, in programs, in committees, in religious education (RE) programs, and in social interactions - for people with disabilities of all ages and stages of life.

5. Advocacy – Suggests that congregations take action with people with disabilities to address issues of social justice related to the rights of people with disabilities both in the congregation and in the larger community.

6. Outreach – Includes networking information, contacts, when to make referrals and how to engage in political action for social justice and civil rights.

7. Resources and Links – Provides advocacy resources, UUA accessibility links, community resources, and links for major organizations for each disability

8. Glossary

In each section, we discuss the vision, goals, recommended policies and practices, examples and recommended accountability. The examples of accessibility and inclusion accommodations are given as illustrations, and are not intended to be comprehensive of what a congregation would do in every accessibility and inclusion adaptation.

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1. History of People with Disabilities: The Ongoing Struggle for Equal Rights in Civil Society

Definition of Disability

“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.”⁴ Impairments can be noticeable or “invisible” to others. Barriers that hinder participation can be physical, communication, or attitudinal.⁵

A History of People with Disabilities

The following chart ⁶ gives an overview of how people with disabilities were thought of and treated throughout history in Europe and the United States.

Years	Societal perspective	Treatment
1 C.E. - 1700s	Clerical model: Possessed by the Devil, Sinner	Tortured, Burned at the Stake, Left to Die
1700s	Medical model: Enlightened approach	Charity, Benevolent Paternalism
1800 - 1920s	Genetically Defective, Inferior	Segregated, Displayed as Freaks, Beggars
1930 - 1940s	Genetically Defective, Polluting the Race	Institutionalized, Sterilized, Exterminated
1940 – 1970	Unfortunate, Object of Charity, Pity	Institutionalized, Rehabilitated
1970 - 2000s	Independent, Self-Determined	Independent Living, Civil Rights, Mainstreaming

1 C.E. to 1700s Accounts in the New Testament relate that early Christians focused on sympathy and pity towards people with disabilities. Then, during the Dark Ages, disabilities became regarded as a sign of sin – either a punishment meted out to the adult affected or, if the disability was detectable at birth,

⁴ Article 1: Purpose, *UN Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities*, December, 2006. [Click here to see UN Convention on Rights of People with Disabilities](#)

⁵ De Young, Terry A. and Stephenson, Mark, editors. *Inclusion Handbook: Everybody Belongs, Everybody Serves*, Christian Reformed Disability Concerns, and Reformed Church in America Disability Concerns, p 11. (2011). [Click here to obtain a copy of this handbook.](#)

⁶ Adapted from Griffin, P. and McClintock, M. “Perspectives on Historical Treatment of People with Disabilities”, Appendix 14E in *Teaching for Diversity and Social Justice*, Maurianne Adams and Lee Anne Bell, editors, Routledge (2007). [Click here for Perspectives on Historical Treatment of People with Disabilities,](#)

represented punishment for sin committed by the child's parents.

As a result, Christians began to view disability as a corruption that could be purged through worship and forgiveness. Some believed that rituals could eliminate the disability, such as the use of exorcism for people with mental illness, a practice that continues in some Roman Catholic cultures today.

During the Medieval era in Europe, people's fascination with the "supernatural" increased, leading Christians to become suspicious of people with disabilities. People with disabilities were ridiculed, such as the court jester who was actually someone with a humped back. Ridicule often turned to persecution and "impurity" turned into a vision of disability as a manifestation of evil.

Many people with disabilities were forced to beg and given a cap in which to collect alms. This has, spuriously, been widely thought to be the origin of the term "handicap", which many contemporary people with disabilities find offensive. Many people with disabilities provided entertainment in traveling shows - they had to endure humiliation in return for food, shelter, and protection from society.

It was an accepted belief that mental illness resulted from possession by "the Devil" or evil spirits. As a result, people with mental health disabilities were routinely whipped, tortured, and burned to death.

1700's The Enlightenment brought new kinds of thinking, with the American and French revolutions and with these changes came new kinds of treatment for people with disabilities. By this time, as the momentum of The Inquisition started to wane, a medical-model of disability began to supplant the clerical model in determining the disposition of people with disabilities. Education was available to people with disabilities for the first time in recorded Western history. A more enlightened approach to social norms and dreams for a better future seemed to encourage active participation of some people with disabilities in their communities.

The "charity model" was based upon the on a philosophy later termed ***benevolent paternalism*** – the practice of treating or governing people in a fatherly manner, especially by providing for their needs without giving them rights or responsibilities. It is based upon the assumption that society and a then growing establishment of medical professionals had the knowledge to be make decisions in the best interests of people with disabilities. This concept has had an remarkable persistence and we see some of it still today.

United States: 1800's The American frontier movement inspired a peculiarly American belief that social ills could be eradicated by local initiatives. The concept of "rugged individualism" was born in the American frontier and maintains a powerful hold over political debate today. Some community-based services began to emerge, but people with disabilities were usually segregated from society as a whole. Rural areas were the only places where people with disabilities tended to live with their families in integrated settings.

State mental hospitals were the first formal system of public care for people with mental illnesses in the United States. Such institutions were created in response to criticism of the inhumanity of incarcerating "the insane" in local almshouses and jails. In contrast to the pattern of physical abuse, neglect, and ridicule that characterized these settings, the early mental hospitals were championed as repositories of

hope and humane care for the mentally ill.⁷ Dorothea Dix, a Unitarian, was the most well-known campaigner for establishment of these hospitals.⁸

While state mental hospitals were started with lofty goals of being more humane, they rapidly became transformed into something quite different. Massive waves of European immigration and the growing belief in the incurability of mental illnesses further accelerated the transformation of state hospitals from small, intimate, therapeutically oriented “asylums” to large, impersonal, custodially oriented “human warehouses.”⁹

By the 1880’s, most states and territories had institutions for people with specific types of disabilities. Most of these programs were large facilities where people were placed involuntarily – for conditions such as blindness, deafness, developmentally disabilities, and mental illnesses.

20th Century: The **Eugenics** movement got its start in the United States in the late decades of the 19th century and grew in power into the 20th century. The movement quickly took hold in Europe and, in some cases, was closely tied to calls for the mass euthanasia of “defectives.” Science and “biological determinism” replaced religion on the level of public policy as the main authority guiding leaders on the issue of people with disabilities. With the discovery of genetic inheritance of traits and wider acceptance of the theory of evolution first proposed by Darwin in *Origin of Species* in 1859, genetic inheritance was used nearly exclusively to explain the etiology of disabilities, criminality, poverty and other “undesirable” traits.

Instead of being seen as having a spiritual defect, people with disabilities, many immigrant groups, criminals – all “undesirables” were perceived as carrying a genetic defect that could not be remedied. People with disabilities were placed under the care of medical professionals, professional educators, and social workers in workhouses, institutions and asylums that were rapidly constructed in rural and remote areas of every state. They were quickly filled to capacity to isolate all “undesirables” from the rest of society.

In Hitler’s Germany, people with disabilities, most notably those with mental retardation and mental illness, became the first guinea pigs for the Third Reich’s medical experiments and mass execution. Before Hitler’s SS began mass extermination of Jews, Gypsies, Gays, and Lesbians, it perfected its skills and knowledge on people with disabilities. The experiments and euthanasia were in the hands of doctors and nurses, many of whom were later transferred to duty in the concentration camps.

The “Racial Hygiene Movement” in the United States favored government controlled policies to control reproduction so that only desirable genes passed on. They strongly promoted that actions should be taken to eradicate diseases and characteristics that “weakened the human race.”

Harry Laughlin, a leader in the United States of the Eugenics movement drew up a model sterilization law, which served as an example for numerous state legislatures, including the Commonwealth of Virginia

⁷ Morrissey, Joseph P., Goldman, Howard H., and Klerman, Lorraine V. *The Enduring Asylum: Cycles of Institutional Reform at Worcester State Hospital*. Grune & Stratton. (1980).

⁸ Brown, Thomas J. *Dorothea Dix, New England Reformer*, Cambridge, Massachusetts: Harvard University Press. (1998).

⁹ Morrissey, Goldman, and Klerman. Op Cit, p 2.

statute. It required the sterilization of the following “defective” classes: 1) feeble-minded; 2) insane (including the psychopathic); 3) criminalistic (including the delinquent and wayward); 4) epileptic; 5) inebriate (including drug habitués); 6) diseased (including the tubercular, the syphilitic, the leprosy, and others with chronic, infectious, and legally segregable diseases); 7) blind (including those with seriously impaired vision); 8) deaf (including those with seriously impaired hearing); 9) deformed (including the crippled); and 10) dependent (including orphans, ne'er-do-wells, the homeless, tramps, and paupers)”¹⁰

In 1927, the U.S. Supreme Court upheld Virginia eugenics laws as constitutional. The infamous *Buck v. Bell* Supreme Court decision ruled that forced sterilization of people with disabilities was not a violation of their constitutional rights. This decision removed all restraints for eugenicists. Justice Oliver Wendell Holmes equated sterilization to vaccination. Nationally, 27 states began wholesale sterilization of “undesirables.” By the 1970s, over 60,000 disabled people were sterilized without their consent.

1911 – 1940’s Rehabilitation services on a broad scale were introduced as a federal program following World War I. The emphasis in these first rehabilitation programs was on the veteran with a physical disability who was returning home to the United States. The need for training or re-training created the first federally funded program for people with disabilities - a program now known as the federal-state vocational rehabilitation system.

During the 1940s, the blind community argued for separate services for people who were blind, based upon the belief that people who were blind needed education not rehabilitation. Advocates argued that rehabilitation is based upon a “medical model” in which the person who is blind needs to be treated and cured, rather than educated to live with blindness. The debate over what approach to use resulted in a “split” within the vocational rehabilitation program, allowing state vocational rehabilitation agencies and agencies serving the blind to become separate entities within a state.

1960’s¹¹ Federal policy makers did not seriously consider other major services for people with disabilities until the social change movements of the 1960s. Although the Social Security system provided benefits to those who had earned sufficient income over a long enough time period and had become disabled (i.e., unable to work), there was no attempt to broaden the base of services for people with disabilities beyond the vocational rehabilitation approach.

For the first time in U.S. history, people with disabilities, advocates, and service professionals began an intensive examination of the human service delivery system to decide what was missing. Community-based programs for people with disabilities began growing all over the nation in an attempt to fill the gaps left by these missing services. New concepts, new technology, and new attitudes were beginning to make a difference in the lives of people with disabilities.

Disability Rights Movement

¹⁰ Pfeiffer, D. “Overview of the disability movement: History legislative record, and political implications”, *Policy Studies Journal*, 21(4), 724-34. (1993).

¹¹ Shreve, Maggie, Organization Development Consultant. *The Independent Living Movement: History and Philosophy to Implementation and Practice - Social Change for the Integration and Inclusion of All People with Disabilities Into Society*, A Workshop Manual. (2001).

The situation did not improve until the 1960s when, encouraged by the successes of the African-American civil rights and women's rights movements, the disability rights movement began.¹² As a result of the work done through the disability rights movement, significant legislation addressing the rights of people with disabilities was passed in the 1970s through the 2008 in the United States.¹³ Disability rights advocates and individuals with different kinds of disabilities came together – despite different backgrounds and different essential needs - to fight for a common cause.¹⁴

The main goals of the disability rights movement have been and still are to secure:

- equal opportunities in the physical environment – accessibility, inclusion in transportation, architectural modifications and the ability to use communication systems (such as televisions, books, telephones, and the Internet;
- equal opportunities in living and the social sphere –independence, deinstitutionalization, fair employment, educational adaptations, and housing rights; and
- freedom from abuse, neglect, and violations of fundamental liberties.

The right of each individual to have a self-determined, independent life is a major goal of the disability rights movement. This implies access to education, and employment of adaptive technologies enabling people with disabilities to work and live as contributors to society.

The term *ableism* refers to discrimination and/or social prejudice against people with disabilities. The “ableist” worldview holds that disability is an error, a mistake, or a failing, rather than a simple consequence of human diversity. In this view, a disability is inherently a “bad” thing that must be fixed or overcome. The disability rights movement seeks to counter this mindset among the medical community and society at large.

The independent living movement, a subset of the disability rights movement, and other advocacy groups hold that people with disabilities are the experts on themselves and their needs, and therefore they must take the initiative, individually and collectively, and organize themselves politically, positioning themselves for the strength and power in numbers to overcome oppressive policies. Besides de-professionalization and self-representation, the independent living movement has been working for over forty years for de-medicalization of treatment, de-institutionalization¹⁵ and across disability (i.e. inclusion in the independent living movement regardless of the diverse challenges of their members).¹⁶

Progressively stronger and more comprehensive legislation has been passed by Congress as well as individual states to ensure the rights of people with disabilities. Some key federal laws and standards are noted below. This list omits countless court decisions establishing the interpretations of these laws and other legislation.

¹² Shapiro, Joseph P. (1993). *No Pity: People with Disabilities Forging a New Civil Rights Movement*. Times Books.

¹³ Fleischer, Doris. (2001). *The Disability Rights Movement*. Philadelphia: Temple University Press

¹⁴ Bagenstos, Samuel. (2009). *Law and the Contradictions of the Disability Rights Movement*. New Haven: Yale University Press.

¹⁵ In *Olmstead v. L.C.*, 527 U.S. 581 (1999). (known among disability advocates as “The Olmstead Decision”) the US Supreme Court ruled that people with disabilities be placed in the “least restrictive setting” possible.

¹⁶ Fleischer, op.cit.

1. **The American National Standards Institute (ANSI) Barrier Free Standard.**¹⁷ This was first published in 1961, provides the criteria for modifications of certain physical sites to enable independence and is the outcome of physical therapists, bio-mechanical engineers, and individuals with disabilities who developed and participated in over 40 years of research.
2. **Section 504 of the Rehabilitation Act.**¹⁸ A Federal act passed in 1973 , this was the first civil rights law with protections for people with disabilities. It prohibited discrimination, on the basis of disability in federal programs and services and all other programs or services receiving federal funds.
3. **The Americans with Disabilities Act (ADA).**¹⁹ This landmark legislations was passed and signed into law in 1990. It provided for comprehensive protections and new rights for people with disabilities. Closely modeled after the Civil Rights Act, the ADA is the most encompassing disability rights legislation in American history. The ADA's objectives are to establish "a clear and comprehensive national mandate for the elimination of discrimination" and "clear, strong, consistent, enforceable standards addressing discrimination."

The ADA mandates that:

- Local, state, and federal governments and their services, as well as courts, must be fully accessible.
- Employers with more than 15 employees must make "reasonable accommodations" for workers with disabilities and must not discriminate against otherwise qualified workers with disabilities.
- All public establishments such as places of business, health care facilities, and housing (including rental housing) cannot discriminate against people based on disability.
- Spaces used by the general public are required to have architectural "reasonable modifications" made, such as ramps, restrooms, and elevators, to ensure access for disabled members of the public.
- Modifications in public transportation must be made, including buses, trains and airports. Para-transit services must be established when public transportation is not 100% accessible. Parking spaces must be reserved for people with mobility disabilities.
- All states are required to establish relay services for Deaf people and those who are hard of hearing. Relay systems use interpreters and operators to allow people with hearing loss to use specialized telecommunications equipment to communicate with people who use telephones.
- Closed-captioning capability must be built into all new televisions.
- Service animals must be allowed into all public spaces as "medical equipment." Restrictions on access to animals (such as pets) do not apply for housing, businesses, or medical settings except where to do so would cause a significant risk of injury, like entrance to an operating room or burn unit.

This list is not all-inclusive, but presents some of the many provisions of the ADA and court decisions coming out of individual ADA cases.

¹⁷ [Click here for information about the ANSI Barrier Free Standard.](#)

¹⁸ [Click here for information about the Section 504 of the Rehabilitation Act.](#)

¹⁹ [Click here for ADA Website.](#)

4. The **ADA Amendments Act**²⁰ was passed in 2008 to address serious issues with the original ADA legislation, as decided in a number of cases decided by the Supreme Court. The court, in interpreting the 1990 legislation, made decisions limiting the scope of the law. Because such limitations in protections were not congruent with the original intent of Congress, the ADA was revised such that level of disability necessary to have protection under the ADA, the Equal Employment Act and the Rehabilitation Act of 1973 were re-established so that protections are now granted to those intended to receive them – a broad rather than a narrower scope of protection.
5. The **21st Century Communications and Video Accessibility Act**²¹ was passed in October 2010. This law ensures accessibility, usability, and affordability for people with disabilities of broadband, wireless, and Internet technologies. Included are hearing aids, relay services, emergency access, video programming, closed captioning, user interfaces, and video menus.

The Law and Exemptions for Religious Organizations

If a religious organization that receives federal funds is physically inaccessible to people with disabilities, it may be guilty of discrimination under Section 504 of the Rehabilitation Act.

Religious organizations are exempt from coverage under Title III of the ADA: “Religious organizations and entities controlled by religious organizations have no obligations under the ADA. Even when a religious organization carries out activities that would otherwise make it a public accommodation, the religious organization is exempt from ADA coverage. Thus, if a church itself operates . . . a private school, or a diocesan school system, the operations of the . . . school or schools would not be subject to the ADA.”²²

However:

1. Non-religious organizations that lease space from religious organizations are not exempt under Title III of the ADA.
2. Religious organizations that employ more than 15 people are covered as employers under Title I of the ADA. So, a religious organization may need to make modifications to a religious building to accommodate an employee with a disability even though they do not have to modify the building to accommodate other members of the public.

²⁰ [Click here for ADA Amendments Act.](#)

²¹ [Click here for 21st Century Communications and Video Accessibility Act.](#)

²² Preamble to the ADA Title III regulation.

2. Welcoming Environment

Vision

A welcoming environment can be viewed as the lack of barriers, or an effort to overcome barriers to full participation. A fully welcoming environment is most evident in the attitudes and actions of the congregation - from *all* members including the lay and professional leadership. The barriers to an individual's participation will vary by a person's specific disability, and specific accommodations are made on a case-by-case basis, as well as general accommodations for the benefits of all who might attend a service.

Goal

The goal is for the congregation to have a practice of full inclusion of each person independent of disability/ability. By ensuring full participation in church life, each person is able to bring his or her whole self, not sacrificing any part of that whole self "to fit in" or "not make a fuss." Everyone is ensured the ability to be a full member because diversity and difference are viewed as gifts that enrich everyone.

Recommended Policies and Practices

The process of developing a welcoming environment begins with the belief that all people, both those with disabilities and those who currently do not fall under this category, have inherent worth and dignity. Understanding the truth of this Unitarian Universalist principle will lead to the recognition that accommodations need to be made for equal participation in the life of the congregation. A welcoming environment starts with this principle and grows into the belief that accessibility and inclusion are part of the spiritual development of both individuals and the entire congregation.

The purpose of accommodations is to make all of congregational life welcoming, accessible, and inclusive for people with disabilities. Accommodations should be made for both individuals and for the congregation as a whole. Privacy of individual accommodations ought to be preserved, if desired. It is important that accommodations, once requested and granted, remain not needing to be requested again, unless there is a change required.

The congregation recognizes the presence of people with disability and therefore makes some general accommodations that are evident, visible, and available to all.

The congregation has a covenant for appropriate behavior which applies to all congregation members and visitors attending any congregational event.²³

²³ See:

- Rendle, Gilbert R. *Behavioral Covenants in Congregations: A Handbook for Honoring Differences*. Alban Institute. (1999). A method of establishing behavioral covenants.
- Unitarian Universalist Association. *Vision, Mission, and Covenant: Creating a Future Together, New Congregation and Growth Resources*. (2005). [Click here to see the Vision Mission Covenant document](#).
- [Click here for information on Disruptive Behavior Policies](#)

All worship services include imagery, stories, readings, metaphors, and analogies that reference the lived experience including the realities of those with disabilities.

The path to membership and leadership is intentionally welcoming to those living with disabilities

Examples

- Wheelchair-accessible entrances are clearly marked.
- Children's story used in worship service include characters with disabilities as a natural part of the tale.
- In worship or storytelling, instead of using the analogy of "climbing a mountain", as a metaphor for a huge achievement, the concept of "achieving full independence after becoming quadriplegic" could be used.
- Large print hymnals are publicized and openly displayed
- If the congregation has support groups for people with mental health difficulties, their existence is prominently displayed and announced.
- Pastoral care and lay-led pastoral care (if present) includes assistance for people with disabilities, and when an individual's needs exceed what can be offered, appropriate referrals are made.
- Orientation for new members includes training in awareness and policies regarding working with people who have disabilities
- A Covenant of Right Relations on how we will be together, regardless of differences, is prominently displayed and is regularly included in the order of service or as a spoken litany in the service.
- The congregation has a process for handling complaints of overt or reckless discriminatory actions against people with disabilities, such as verbal harassment or jokes based on disability, and to address inadvertently discriminatory effects of policies and practices. It may be part of a Disruptive Behavior Policy, a Covenant of Right Relations, or a separate document.
- The congregation uses clear, appropriate signage, in media and language accessible to all who would use it.
- We encourage people in our congregations to focus on people and relationships and not be overly concerned with labeling a person as having a particular disability.
- Assume the participation of people with disabilities in such congregational activities as worship, choir, retreats and social events.

Recommended Accountability

The Building and Grounds Committee ensures facilities are accessible, and are built and maintained in an accessible manner.

The Worship Committee and minister collaborate to make sure that one or more elements of every worship service promote inclusion.

The Leadership Development/Nominating Committee consider all people equally as candidates for leadership roles.

The Accessibilities committee can protect the privacy of individuals who need to make requests of the congregation, if desired, thus helping them feel less conspicuous when they need an accommodation.

The Ministry Committee, or other body charged with supporting the minister(s), setting goals, and developing the position description for the minister(s), and evaluating ministerial performance includes explicit performance goals and expectations related to disability issues – specifically, welcoming environment, accommodations and reducing barriers, inclusion and integration, advocacy, and outreach. If a congregation is committed to being a welcoming community, it must ensure that its ministerial staff members understand their role in providing leadership, and are held accountable.

3. Accommodations & Reducing Barriers:

Vision

Reduce physical, communication, and attitudinal barriers that impede the opportunity of people with disabilities to participate in congregational life.

Goals

Full participation in congregational life is possible for all people with and without disabilities

Recommended Policies and Practices

Create accommodations and reduce barriers that enable full participation for all people with all disabilities.

In 2010, by Charlotte Hawkins Shepard Ph.D. and Rev. Dr. Devorah Greenstein developed a comprehensive accessibility resource guide for UU congregations including a check-list for an accessibility audit, as well as information about accessibility organizations and manufacturers of accessibility equipment. [Click here for the document: Accessibility Information for Unitarian Universalist Churches.](#)

Examples

Disruptive Behavior Policies: Congregation has guidelines for age-appropriate behavior that apply to all church members and visitors at all church events. This would include a disruptive behavior policy applying to all and a Covenant of Right Relations.²⁴

Religious Education for Children with Disabilities: Create standards for religious education that accommodate special needs. Prepare teachers to deal with potential special needs of a student with a disability. Religious educators model positive behavior with other students. Bullying is never permitted.

Communications:

- Congregational documents including minutes, directories, and bylaws are made available in an electronic format that is accessible for those who use screen readers. Examples are Portable-Document-Format (PDF) tagged view, and Rich-text-format (RTF).
- For secure web site areas that require interpreting a security code of numbers and letters, an audio CAPTIA is a necessary option to have in place because the images are not readable by screen readers.
- Be aware of special considerations for computers used in worship, religious education, or church administration. "All design prototypes should be tested for accessibility using one of the available Web-based services that examine the HTML of a submitted URL and generate a report identifying potential problems."²⁵

²⁴ See footnotes for *Covenant of Right Relations* and *Disruptive Behavior Policies* in Section 2: *Welcoming Environment*.

²⁵ Miller, Joseph B. *Internet Technologies and Information Services*. Libraries Unlimited. (2009).

- Screen Projection During Service: If used during a service, in addition to having the content tested for accessibility (as mentioned above), care should be taken so that people who cannot stand should not have their view of the screen blocked by others; nor should they have to crane their necks at an uncomfortable angle to see the screen.
- Church policies such as emergency evacuation policies should provide for the special needs of people with disabilities.

Mobility:

- All areas of the church are accessible to people with mobility difficulties. This might include having ramps, elevators, pew cut-outs, and accessible restrooms.
- Computer communication should have navigation that doesn't require a mouse. For example, using a tab key to move from field to field on a screen.

Visibility:

- Provide large type and/or Braille orders of service, hymnals and other congregational publications.
- Ensure there is adequate lighting.
- Make sure web site is accessible to those with visual disabilities.²⁶
- Computer web sites should have alternate text for pictures, captions for spoken words.

Hearing:

- Be mindful that needs can vary by person and level of hearing.
- Provide assistive listening devices in worship and at church meetings. Consider installing a hearing loop system.²⁷
- Make sure the sound system is in good working order
- Consider having sermon manuscripts available to people before the worship service so that someone who has hearing difficulties can follow along.
- Consider real-time CART translation of services.
- Develop a policy and procedures for provision of sign language interpreters when required.
- If you have small group, or covenant group activities, at least one group should provide for the needs of people who have hearing disabilities.
- Films and videos used in congregational programs should be captioned.

Mental Health:

- Visit congregants who are hospitalized for mental health problems, just as you visit those hospitalized for other reasons. Some hospitals require the permission of the patient for a visit.
- Provide caring support for spiritual needs of people with mental health diagnoses.
- Recognize that mental illness does not have a correlation with violent behavior.
- Be aware that labels can harm people; use "people first language" (see glossary) when referring to people with mental health difficulties.
- Make an effort to include people with mental health disabilities in congregational activities. Be aware that there is a wide-spread belief in our culture that people with a mental health diagnosis are somehow at fault for their disability, which may cause them to be excluded or isolated unless there are efforts to include them.

²⁶ [Click here for an overview of web site design for people with visual disabilities.](#)

²⁷ [Click here to learn about hearing loops](#)

- Be aware that people with mental health difficulties can recover and that involvement in a religious congregation is often a large component of recovery.

Chemical and Other Environmental Challenges:

- Encourage people to not wear scented products to church.
- Have a separate seating area for people whose access requires protection from fragrances and other environmental challenges.
- Avoid scented candles, aerosols, and cleaning products.
- Avoid bright fluorescent lights.
- Forego or isolate foods that are highly toxic to some, and label all dishes with ingredients.
- Be sensitive to possible food allergies when food is served.
- Films, videos, and computer screens should avoid flickering or blinking text that may trigger seizures.

Learning Disabilities and Developmental Disabilities:

- Provide extra classroom assistance when needed.
- Computer communication should have clear navigation and avoid overly complex presentations.
- Find roles for adults with developmental disabilities in the congregation.

Addiction:

- Provide or give referrals to 12-step or other addiction support groups for people with addiction problems.
- Contact the Unitarian Universalist Addictions Ministry for advice and support.

Service Animals:

- Allow for the participation, without segregation, of people with service dogs in congregational life.
- Make sure congregants know service animal etiquette:
 - Do not pet guide dogs or service animals because they might lose their concentration, which could put their owners in danger.
 - Do not make noises at the service animal; it may distract the animal from doing its job.
 - Do not feed the service animal; it may disrupt his/her schedule.
 - Do not be offended if the person does not feel like discussing his/her disability or the assistance the service animal provides. Not everyone wants to be a walking-talking “show and tell” exhibit.

Hidden Disabilities:

- Recognize that people may have disabilities that are not apparent. Such “hidden” disabilities include: traumatic brain injury, some effects of chemo therapy, heart ailments, chronic pain, chronic fatigue, epilepsy, fibromyalgia, many mental health conditions, and others.
- Even though they may not appear disabled, some people are more affected by fatigue than others. Having options where people can sit and participate in activities. For example, having chairs available during coffee hour; or allowing for the ability to opt-out of dances and other movement activities part way through.

Recommend accountability

Board of Trustees is responsible for overall policy, with delegation to appropriate church committees for implementation.

The minister is responsible for setting and maintaining the attitude of inclusivity.

A congregational Right Relations Committee is established to handle complaints.

Committee chairs are responsible for creating and carrying out policies that affect their operations.

The members and friends are responsible for participating in the carrying out of policies.

Coordinate the efforts by various committees who are addressing accessibility needs. For example, the Budget Committee, Building and Grounds Committee and Access Committee must be in contact regarding procurement, scheduling, funding priorities, and long-term goals.

4. Inclusion/Integration

Vision

Include and address the needs of people of all ages with disabilities at every level and in every facet of congregational life - in worship, in programs, in committees, in RE programs, in social occasions, people - welcoming not only their presence, but the gifts of their lives as well.

Goals

People with disabilities are acknowledged and included like any other person – equally, as they have the same precious gifts as unique and valuable human beings, not focusing on the disability, but using any necessary accommodations to ensure their full inclusion and participation, as desired by the individuals.

Recommended Policies and Practices

When discussing inclusion of people with disabilities in a particular situation, the first question asked should be, “What is so unique about this situation that it justifies exclusion of people with disabilities?” rather than “How much does it cost to make it accessible?”²⁸ Investigate ways to be actively inclusive of people with disabilities. Minister and staff should be trained in how to work with people with disabilities, and families of people with disabilities -- including knowing how, when, and to whom to make referrals. This training should include the importance of handling requests confidentially.

Some disabilities have a “culture” associated with them, and some do not. For example, people who are born Deaf are part of the Deaf community and most use American Sign Language (ASL) to communicate with others. People with hearing loss and integrated into “the hearing world” typically use the words “hard of hearing” to describe themselves, and frequently they use speech and hearing aids. Cultural competence becomes important when there is a culture present, or emerging; each culture (however a group defines itself) has norms, traditions, history, etc. that should be respected.

Examples

- The congregation drafts its own non-discrimination policy as part of its by-laws and other official documents affecting congregational life. It is implemented fully, with clear remedies when discrimination happens.
- The congregation is educated on the history of injustices affecting people with disabilities and current civil rights/social justice issues. Disability-related social justice activity is considered equally with other social justice issues in which the congregation may be involved.
- Congregation members learn how to be helpful when help is requested, allowing each person to be as independent as possible. This means that people know that they should ask before assisting a person, and listen to what is requested.
- Hearing: Develop congregational knowledge of “Deaf culture” and the differences between “Deaf people” who do not consider deafness a disability and those who develop hearing loss later in life. Also establish a general understanding of the diverse communication preferences and strategies found among people who are Deaf or hard of hearing.

²⁸ Rains, Scott. “Accessibility vs. Inclusion” in *New Mobility Magazine*, January, 2011.

- Mental Health: Have an education program such as the *Caring Congregation*²⁹ to educate the congregation about how to be sensitive to the needs of people with mental health diagnoses and, if applicable, their families. The congregation provides or recommends support groups, and pastoral care.
- When requested by a person who is struggling, find resources specific to their disability, through both local and national organizations.
- Work with families with a member who has a disability to involve the entire community in providing for the emotional and spiritual development of all children.

Recommended Accountability

Ministers, Religious Educators, staff, and church lay leadership all have proactive responsibility to ensure inclusion and integration of people with disabilities.

For a particular issue, the person with lead responsibility is clearly identified.

²⁹ Meyers, Rev. Barbara F. *The Caring Congregation Handbook and Training Manual – Resources for Welcoming and Supporting Those with Mental Disorders and their Families into Our Congregations*. Will to Print Press. (2006).

5. Advocacy

Vision

Advocacy brings action by and on behalf of people with disabilities out of the church and into the surrounding community.

Goals

The disabilities movement motto “Nothing About Us Without Us” captures the motivation for disability advocacy. It should be the guiding maxim when preparing an advocacy campaign. Enlist people from within disability communities to guide your congregation’s actions in a direction where they, themselves, see the greatest need.

Recommended Policies and Practices

Designate staff / leader / committee to identify who has the power to make decisions affecting people with disabilities within the local community.

Designate staff / leader / committee to monitor and keep abreast of the disability issues most needing attention locally at any given time.

Work in collaboration and coalition with other UU congregations, other faith communities, and social justice organizations to keep track of legislative developments at the state and national levels, and work to promote justice, freedom, and equality in the larger society.

Minister, staff, and leadership speak out when the rights of people with disabilities are at stake.

Be intentional about including and accepting leadership from people living with disabilities in advocacy work.

Cultivate “inclusive alliances” in which diverse members of the congregation advocate together, side by side, rather than encourage the perception that people without disabilities must do this work for people with disabilities.

Become familiar with access requirements of people with “emerging” disabilities.

Examples

- The UUA’s “Standing on the Side of Love” is an example of a public campaign through its advocacy on behalf of immigration and LGBT rights. Consider learning advocacy lessons from “Standing on the Side of Love”, and/or working with it to have it embrace advocating for people with disabilities, as a next step.
- Appear at a local government or legislative hearing considering matters having to do with disability.
- Organize a letter-writing campaign in protest or in appreciation when a negative or positive portrayal of disability happens.

- Integrate disability-related topics into the book circle, religious education, new members' orientation, newsletter, order of service, sermons, forums, guest lectures, workshops, leases, contracts, community outreach like posters and newspaper announcements, and General Assembly.

Recommended Accountability

The Board of Trustees shall designate staff members, leaders, and / or committees with the responsibility to carry out these policies and practices.

The minister shall help speak out and build connections as part of advocacy efforts.

6. Outreach

Outreach includes networking for information, contact, referral, and political action.

Vision

Many people with disabilities in the community feel “invisible.” They may lack transportation, and become house-bound, cut off from activities and people and unable to achieve their goals. They may become isolated because they cannot hear or see the same way as others. Perhaps they have mental health or sensory challenges and don’t feel comfortable around others. Or they can’t risk exposure to other people’s scented personal care products. Too many are cut off from a faith community and the spiritual support that it can provide. Outreach efforts to people who have disabilities can help to make them more “visible” – and more valued.

Goals

One goal for congregational outreach is to reduce the physical, social, and spiritual isolation of people with disabilities. By doing so, outreach will increase for all members of the community to learn from, value, grow with, and appreciate each other.

Recommended Policies and Practices

Identify and listen to people in the community who report feeling isolated because of their disability.

Provide people with disabilities with opportunities to identify desires and needs that the congregation may respond to, such as:

- Regular visiting
- Providing for their spiritual needs – worship, prayer, companionship, introductions.
- Referral to local organizations that provide services for their disability
- Advocating for them when their rights and services are being threatened, as by budget cuts to funding for social services.

Examples

- Have a regularly scheduled worship service at a senior citizens residential community, or an Alzheimer’s care facility.
- Provide rides for isolated people to attend church activities.
- Provide pastoral care visits.
- Make use of mediators and advocates who know access law, protocol and etiquette to help troubleshoot difficult situations.

Recommended Accountability

Board of Trustees – Establish congregational policy of and commitment to reducing isolation. Develop and assign recommendations to be carried out by individual members, and all committees: social concerns, pastoral care, budget, religious education, building and grounds, and publicity.

Minister – Conduct visits as part of pastoral care responsibilities.

7. Resources and Links

Note: These links are accessible on the Equal Access website: [Click here for Equal Access](#)

Advocacy Resources

Resources that encompass a wide spectrum of information and concerns for disability communities include the American Association of People with Disabilities, ([click here for American Association of People with Disabilities](#)); and Disability Scoop, ([click here for Disability Scoop](#)).

Other resources can include organizations specific to concerns for mobility, visibility, hearing, mental health, chemical and / or sensory challenges and learning and developmental disabilities.

UU Accessibility Resources

Accessibility Resources from the UUA Website

- [Click here for Accessibility Information for Unitarian Universalist Churches](#) by Charlotte Hawkins Shepard Ph.D. and Rev. Dr. Devorah Greenstein, 2010. (78 pages PDF file) This comprehensive accessibility resource for congregations, developed in partnership with the United Methodist Church, provides: introduction and information about specific disabilities and etiquette; an accessibility audit of a church's building, grounds, etc. based on ADA guidelines; agencies organizations, manufacturers, and print / online resources regarding accessibility; and a glossary.
- [Click here for UUA Accessibility Resources](#), a resource compilation of "Top Picks for Disability and Accessibility", including an introduction called Disability 101.
- [Click here for Worship Resources for Accessibility](#), including links to orders of service, poems, readings, responsive readings, sermons, and stories.
- [Click here for Accessibility Protocols for the UUA Boston Campus](#) prepared by Equal Access, to facilitate access to the UUA Boston Campus facility and participation in programs offered there, to ensure individuals with disabilities can navigate the campus and participate in meetings and program offerings.

UU Mental Health Ministry

This ministry focuses on mental health issues and is run by UU Community Minister The Rev. Barbara F. Meyers. [Click here to access the UU Mental Health Ministry website](#)..

The Caring Congregation Program is a congregational program of seven workshops focused on welcoming and supporting people with mental disorders and their families into our congregations. An eighth workshop trains leaders to be teachers of the curriculum. *The Caring Congregation Handbook and Training Manual*, Barbara Meyers, Will To Print Press, 2005. [Click here for Caring Congregation Curriculum](#).

[Click here for Mental Health Information for Ministers](#), a document written for ministers to help in their interactions with parishioners with mental health challenges.

Hearing Loss Resources

[Click here for Hearing Loss Resources](#), assembled by the Equal Access Hearing Loss Caucus.

National and Community Accessibility Resources

Disabled Community.org is a clearinghouse of disability resources and information designed to help improve the quality of life for people with disabilities, their friends, caregivers, and social service agencies.

[Click here for Disabled Community.org](#).

Government Disability Information gives on-line access to comprehensive information about disability programs, services, laws and benefits provided by the government. [Click here for Government Disability Information](#).

Independent Living Centers are typically non-residential, private, non-profit, consumer-controlled, community-based organizations providing services and advocacy by and for persons with all types of disabilities. Their goal is to assist individuals with disabilities to achieve their maximum potential within their families and communities. Many states and localities have their own Independent Living Centers. Usually these nonprofit, locally based organizations provide onsite evaluations including accessibility audits and educational/awareness workshops free of charge. A national web site has a database that can help you locate local centers. [Click here for Independent Living Centers](#).

National Council on Independent Living (NCIL) is a Washington D.C.-based non-profit advocacy and legislation organization that advances independent living and the rights of people with disabilities through consumer-driven advocacy. NCIL's focus is national in scope, and cross-disability by policy. [Click here for NCIL](#).

National Organization on Disability (NOD) NOD's mission is to expand the participation and contribution of America's 54 million men, women and children with disabilities in all aspects of life. [Click here for NOD](#).

Organizations for Disabilities

Chemical and other Environmental Challenges

The National Institute of Building Sciences (NIBS) – Indoor Environment Quality Project examined building design and construction issues that affect the indoor environment, and developed an action plan that can be used to reduce the level of chemicals and electromagnetic fields in the built environment, to improve indoor environmental quality for people with chemical and environmental sensitivity. [Click here for Indoor Environmental Quality Report](#),

Developmental Disability

The **American Association on Intellectual and Developmental Disabilities** (AAIDD) promotes progressive policies, sound research, effective practices, and universal human rights for people with intellectual and developmental disabilities. [Click here for the American Association on Intellectual and Developmental Disabilities](#).

The Arc promotes and protects the human rights of people with intellectual and developmental disabilities and actively supports their full inclusion and participation in the community throughout their lifetimes. [Click here for The Arc.](#)

The **Autism Society** seeks to improve the lives of all affected by autism by increasing public awareness about the day-to-day issues faced by people on the spectrum, advocating for appropriate services for individuals across the lifespan, and providing the latest information regarding treatment, education, research, and advocacy. [Click here for the Autism Society.](#)

The **National Association for Down Syndrome** (NADS) works to ensure that all persons with Down syndrome have the opportunity to achieve their potential in all aspects of community life. We offer information, support, and advocacy. [Click here for the National Association for Down Syndrome](#)

The **National Down Syndrome Society** (NDSS) seeks to be the national advocate for the value, acceptance, and inclusion of people with Down syndrome. NDSS envisions a world in which all people with Down syndrome have the opportunity to enhance their quality of life, realize their life aspirations, and become valued members of welcoming communities. [Click here for National Down Syndrome Society](#)

United Cerebral Palsy educates, advocates, and provides support services to ensure a life without limits for people with a spectrum of disabilities. [Click here for United Cerebral Palsy.](#)

Epilepsy

The Epilepsy Foundation of America works to ensure that people with seizures are able to participate in all life experiences; to improve how people with epilepsy are perceived, accepted, and valued in society; and to promote research for a cure. [Click here for the Epilepsy Foundation of America](#)

Hearing Loss

The **Association of Late-Deafened Adults** (ALDA) is the leading consumer organization representing people who become Deaf, generally in their teens or older. [Click here for ALDA.](#)

Deaf Lynx is an online resource for information on deafness, Deaf culture, American Sign Language (ASL), and other related topics. [Click here for Deaf Lynx.](#)

The **Hearing Loss Association of America** is the leading consumer organization representing people who are hard of hearing. [Click here for Hearing Loss Association of America.](#)

The **National Association of the Deaf**, is the leading consumer organization representing people who are Deaf [Click here for the National Association of the Deaf](#)

Mental Health

The **National Alliance on Mental Illness**, (NAMI) is the major mental health advocacy organization in the United States. NAMI's *In Our Own Voice* program is a speaker's bureau with speakers who have mental health difficulties. [Click here for NAMI.](#)

Mental Health Matters. These public access TV shows produced by Rev. Barbara F. Meyers can be watched from the MPUU.org website. [Click here for www.mpuuc.org/mentalhealth/mentalTVshow.html.](http://www.mpuuc.org/mentalhealth/mentalTVshow.html)

Mobility

The **American Heart Association** has a mission to build healthier lives, free of cardiovascular diseases and stroke. [Click here for the American Heart Association.](#)

Mobility International, USA works to empower people with disabilities around the world to achieve their human rights through international exchange and development. [Click here for Mobility International, USA.](#)

The **Muscular Dystrophy Association** (MDA) is a voluntary health agency working to defeat muscular dystrophy and related diseases through programs of worldwide research, comprehensive services, and far-reaching professional and public health education. [Click here for the Muscular Dystrophy Association.](#)

The **Multiple Sclerosis Society** helps people affected by MS by funding cutting-edge research, driving change through advocacy, facilitating professional education, and providing programs and services that help people with MS and their families move their lives forward. [Click here for the Multiple Sclerosis Society.](#)

Veterans Affairs

The **U.S. Department of Veterans Affairs** (VA) offers a wide variety of health care services to veterans who have served on active duty in the US armed forces and their dependents. [Click here for information about Health Care within the Department of Veterans Affairs.](#)

Visual Disability

The major national level organizations for people who are blind are listed below:

- **American Council of the Blind.** [Click here for the American Council of the Blind.](#)
- **American Foundation for the Blind.** [Click here for the American Foundation for the Blind.](#)
- **National Federation of the Blind.** [Click here for the National Federation of the Blind.](#)

8. Glossary

Abelism: The term used to describe the discrimination against, and the exclusion of individuals with mental and physical disabilities from full participation in available community options, such as employment, housing, and recreation. Abelism affects those with disabilities by inhibiting their access to and power within institutional structures that fulfill needs, like health care, housing, government, education, religion, the media, and the legal system.

Accessible: In the case of a facility, readily usable by a particular individual; in the case of a program or activity, presented or provided in such a way that a particular individual can participate, with or without auxiliary aid such as large-print text, or aides such as a sign language interpreter.

Access Barriers: Any obstruction that prevents people with disabilities from using standard facilities, equipment, and resources.

Accommodation: An adjustment to make a program, facility, or resource accessible by a person with a disability.

Allyship: Aligning oneself with those whom society confers you with privilege over and actively working to end unearned privilege. It is also the practice of working together for social justice rather than working unilaterally on another person's behalf.

Alzheimer's Disease: A progressive, incurable condition that destroys brain cells, gradually causing loss of intellectual abilities such as memory, and extreme changes in personality and behaviors

American Sign Language (ASL): A complete, complex language that employs signs made with the hands and other movements, including facial expressions and postures of the body. ASL is the first language of many Deaf North Americans, and one of several communication options available to Deaf people. ASL is said to be the fourth most commonly used language in the United States.

Americans with Disabilities Act of 1990 (ADA): A comprehensive federal law that prohibits discrimination on the basis of disability in employment, public services, public accommodations, and services operated by private entities, and telecommunications .

Amyotrophic Lateral Sclerosis (ALS): More commonly known as Lou Gehrig's disease, ALS is a progressive neuromuscular disease that causes degeneration of the motor neurons, nerve cells that control the movement of voluntary muscles. Motor neurons extend from the brain to the spinal cord (the upper motor neuron) and from the spinal cord to the muscles throughout the body (the lower motor neurons). The disease causes the motor neurons to degenerate and eventually die. As they die, the corresponding muscles are paralyzed.

ASL: See *American Sign Language*.

Asperger's Syndrome: A pervasive developmental disorder commonly referred to as a form of "high-functioning" autism. Individuals with Asperger's are considered to have a higher intellectual capacity while suffering from a lower social capacity. Lorna Wing coined the term "Asperger's syndrome" in 1981. She

named it after Hans Asperger, an Austrian psychiatrist and pediatrician whose work was not internationally recognized until the 1990s.

Attention Deficit/Hyperactivity Disorder (ADHD): A common developmental and behavioral disorder characterized by poor concentration, distractibility, hyperactivity, and impulsiveness. Children and adults with ADHD are easily distracted by sights and sounds in their environment, cannot concentrate for long periods of time, are restless and impulsive, or have a tendency to daydream and be slow to complete tasks.

Autism: Classified by the World Health Organization and American Psychological Association as a developmental disability that results from a disorder of the human central nervous system. It is diagnosed by impairments to social interaction, communication, interests, imagination, and activities. However, the causes, symptoms, etiology, treatment, and other issues are controversial.

Autism Spectrum Disorders: This refers to a range of neurological disorders that most markedly involve some degree of difficulty with communication and interpersonal relationships as well as obsessions and repetitive behaviors. As the term "spectrum" indicates, there can be a wide range of effects. Those at the lower-functioning end of the spectrum may be profoundly unable to break out of their own world and may be described as having Kanner's Autism. Those at the higher-functioning end, sometimes diagnosed with Asperger Syndrome, may be able to lead independent lives but still be awkward in their social interactions.

Bipolar Disorder: Characterized by periods of excitability (mania) alternating with periods of depression. The mood swings between mania and depression can be very abrupt. Bipolar disorder affects men and women equally and usually appears between the ages of 15 and 25. The exact cause is unknown but it occurs more often in relatives of people with bipolar disorder. Bipolar disorder results from disturbances in the areas of the brain that regulate mood. During manic periods, a person with bipolar disorder may be overly impulsive and energetic with an exaggerated sense of self. The depressed phase brings overwhelming feelings of anxiety, low self-worth, and suicidal thoughts.

Blindness: The loss or absence of the ability to perceive visual images. Legal blindness is the condition of a person having less than 20 / 200 vision. See *Visual Disability*

Braille: A system of making raised dots on paper to form letters and words that are read by blind people using their fingertips. The arrangements of dots make up letters of the alphabet, numbers and punctuation marks.

Captioning: Text that is included with video presentations or broadcasts to enable people with hearing problems to have access to the audio portion of the material.

Communication Access Real-time Translation (CART): Real-time captioning for people who are Deaf or hard of hearing.

Cerebral Palsy: A general term for a group of permanent brain injuries that affect an infant in the womb, during birth, or in the months following birth. People with cerebral palsy may have limited motor skills, speech difficulties, learning disabilities, or other related conditions.

Deaf Culture: The social beliefs, behaviors, art, literary traditions, history, values, and shared institutions of communities that are affected by deafness and that use sign languages as the main means of communication. Members of the Deaf community tend to view deafness as a difference in human experience rather than a disability. In the Deaf culture, the word Deaf is capitalized.

Deafness: Defined as partial or complete hearing loss. Levels of hearing impairment vary from a mild but important loss of sensitivity to a total loss of hearing. Older adults suffer most often from hearing loss. Age-related hearing loss affects 30 to 35 percent of the population between the ages of 65 and 75 years and 40 percent of the population over the age of 75. The most common cause of hearing loss in children is otitis media, a disorder that affects predominantly infants and young children. A substantial number of hearing impairments are caused by environmental factors such as noise, drugs, and toxins. Many sensorineural hearing losses result from a genetic predisposition. See *Hard of Hearing*.

Depression: A mental illness in which people experience sadness, lack of interest in everyday activities and events, and feel a sense of worthlessness. Depression can be triggered by a tragic event or no apparent cause. Several molecules found in the brain have been associated with depression, which is why it is often treated using medications that act on the brain.

Developmental Disability: A disability that manifests before a person reaches 22 years of age and that constitutes a substantial disability to the affected individual. Developmental disability is used to describe intellectual disability or related conditions, which include cerebral palsy, epilepsy, autism, or other neurological conditions when such conditions result in problems with general intellectual functioning or adaptive behavior similar to that of a person with intellectual disabilities.

Disability: Physical or mental challenge(s) that substantially limits one or more major life activities;
Discrimination: Act of making a difference in treatment or favor on a basis other than individual merit.

Discrimination: The act of making a difference in treatment or favor on a basis other than individual merit.

Down Syndrome: A developmental disability that causes slowed growth, distinctive facial features, and intellectual disabilities. Down syndrome is caused by an extra copy of all or part of chromosome 21.

Epilepsy: When nerve cells in the brain fire electrical impulses at a rate of up to four times higher than normal causing an “electrical storm” in the brain known as a seizure. A pattern of repeated seizures is referred to as epilepsy. Known causes include head injuries, brain tumors, lead poisoning, mal-development of the brain, and genetic and infectious illnesses. It is important to note that in the majority of cases no cause can be found. Medications are available to control seizures for the majority of patients.

Fetal Alcohol Spectrum Disorder (FASD): An umbrella term used to describe the range of effects that can occur to an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and / or learning disabilities with possible lifelong implications.

Hard of Hearing/Hearing Disability/Hearing Impairment: Complete or partial loss of ability to hear. The degree of hearing loss can range from mild to profound. Most people who are hard-of-hearing are oralists (communicate by using their voice) although a small number learn sign language. The term

hearing impaired is rejected by the Deaf culture movement, where the terms *Deaf* and *hard of hearing* are preferred. People who lose hearing later in life are termed “late-deafened”.

Intellectual Disability: A disability characterized by significant limitations both in intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18. Intellectual functioning – also called intelligence – refers to general mental capacity, such as learning, reasoning, problem solving, and so on. Adaptive behavior comprises three skill types: conceptual skills, social skills, and practical skills.

Learning Disability: A disorder in basic psychological processes involved in understanding or using language, spoken or written, that manifests itself in an imperfect ability to listen, think, speak, read, write, spell, or use mathematical calculations. The term includes conditions such as perceptual disability, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

Major Life Activities: Functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working, and participating in community activities (Americans with Disabilities Act of 1990).

Mental Illness: A term used to refer to all mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and / or impaired functioning.

Mobility Disability: A disability that affects movement ranging from gross motor skills such as walking to fine motor movement involving manipulation of objects by hand.

Multiple Sclerosis (MS): A chronic degenerative disease of the central nervous system in which gradual destruction of myelin occurs in patches throughout the brain or spinal cord (or both), which interferes with the nerve pathways, causing muscular weakness, loss of coordination and speech, and visual disturbances. It occurs chiefly in young adults and is thought to be a defect in the immune system that may be of genetic or viral origin.

Muscular Dystrophy (MD): A broad term used to describe a genetic disorder of the muscles. MD causes the muscles in the body to become very weak. Over time the muscles break down and are replaced with fatty deposits. The most common form of MD is called Duchenne Muscular Dystrophy (DMD).

Oralist: A hard of hearing individual who communicates by voice.

People First Language: Language that represents more respectful, accurate ways of communicating. One might say, for example, “people with disabilities” rather than “the disabled.” Or, “Steve has a physical disability” rather than “Steve is crippled.” Or, “Maria has autism” rather than “Maria is autistic.” People with disabilities are not their diagnoses or disabilities; they are people, first. When we adopt new ways of thinking and talking about people with disabilities, we will not only exert a positive influence on their lives, but on our society as a whole.

Posttraumatic Stress Disorder (PTSD): An anxiety disorder that can occur after you have been through a traumatic event. A traumatic event is something horrible and scary that you see or that happens to you.

During this type of event, you think that your life or others' lives are in danger. You may feel afraid or feel that you have no control over what is happening.

Reader: An individual who reads printed material in person or records to audio-tape.

Refreshable Braille Display: Hardware connected to a computer that echoes screen text on a box that has cells consisting of pins that move up and down to create Braille characters.

Repetitive Stress Injury (RSI): This disability may be chronic or acute and usually is described as pain caused by overuse of extremities, usually hands and wrists.

Screen Reader: Character recognition software that controls a scanner that takes an image of a printed page, converts it to computer text using recognition software and then reads the text using a synthesized voice.

Service Animal: A service animal is not a pet under federal law. According to the Americans with Disabilities Act of 1990 (ADA), a service animal is any animal that has been individually trained to provide assistance or perform tasks for the benefit of a person with a physical or mental disability. Some states have legislation that further defines a service animal.

Sign Language: Manual communication commonly used by some people who are Deaf. Generally speaking, there are two forms: American Sign Language (ASL) which has its own grammar and syntax, and Signed English/Pidgin Signed English/contact language which is generally accompanied by clear mouth movements and is a visual representation of the spoken English. Users generally prefer one or the other and should be consulted before a congregation engages the services of a sign language interpreter.

Speech Disorder/Disability: Problems in communication and related areas such as oral motor function, ranging from simple sound substitutions to the inability to understand or use language or use the oral-motor mechanism for functional speech.

Speech input or speech recognition: A method of controlling a computer and creating text by dictation.

Spina Bifida: A developmental disability resulting from the incorrect development of the spinal cord that can leave the spinal cord exposed.

Spinal Cord Injury (SCI): An injury to the spinal cord that interferes with messages between the brain and the body and results in paralysis and sensory loss below the level of the injury. The location at which the cord is injured and the severity of the injury determines the physical limitations the person will have.

Telecommunications Device for the Deaf (TDD) or Teletypewriter (TTY): A device that enables someone who has a speech or hearing disability to use a telephone when communicating with someone else who has a TDD / TTY. TTYs are now used much less frequently with video phones replacing them as the device of choice for people who are Deaf and use sign language and / or lip-reading. For people who are hard-of-hearing and have some ability to hear and understand a regular telephone conversation the preferred device is a captioned telephone that provides text to support what is heard.

Telecommunications Relay Services (TRS): A telephone service that allows persons with hearing or speech disabilities to place and receive telephone calls. TRS is available in all 50 states, the District of Columbia, Puerto Rico, and the U.S. territories for local and/or long distance calls. TRS providers - generally telephone companies - are compensated for the costs of providing TRS from either a state or a federal fund. There is no cost to the TRS user. For more information, [click here for US Government TRS Guide](#).

Traumatic Brain Injury (TBI): Open and closed head injuries resulting in difficulties in one or more areas, including cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech.

Universal Design: Designing programs, services, tools, and facilities so that they are useable, without modification, by the widest range of users possible, taking into account a variety of abilities and disabilities.

Visual Disability/Visual Impairment: Complete or partial vision loss. Specific terminology used to describe levels of vision includes the following:

1. **Partially sighted** indicates some visual disability
2. **Low vision** refers to a severe visual disability such that one is unable to read the newspaper at a normal viewing distance, even with corrective lenses. Adaptations in lighting or the size of print, and, sometimes, Braille may be needed.
3. **Legally blind** indicates that a person has a best-corrected visual acuity of 20 / 200 or less, or reduction in visual field to 20 degrees or less, in the better seeing eye.
4. **Totally blind** people do not have any vision and need to use Braille and/or other non-visual media.

Main Sources for Glossary:

- *Disability Defined: A Glossary of Common Disabilities*, Interfaith Disability Network, [Click here for Interfaith Disability Network](#)
- *A Glossary of Disability-Related Terms*, Washington University, Disabilities, Opportunities, Internetworking, and Technology (DO-IT) [Click here for Washington University DO-IT](#)
- *Disability & HR: Tips for Human Resource Professionals*, Cornell University Employment and Disability Institute [Click here for Cornell Employment and Disability Institute](#)
- American Association on Intellectual and Developmental Disabilities (AAIDD). [Click here for the American Association on Intellectual and Developmental Disabilities.](#)
- National Institutes of Health – National Institute on Deafness and Other Communication Disorders. [Click here for the National Institutes of Health – National Institute on Deafness and Other Communication Disorders.](#)