

DISABILITY

HISTORY with

MONTH



Access Toolkit for
SCM Communities ●



Getting Started

If you're involved in an SCM community, chances are some of your members have experience with disability. Maybe you're disabled yourself, or you already know how to accommodate your members and friends, and you need tips on welcoming new people. Maybe organising an event with your group is the first time you've thought about disabled access. Or maybe you want to start a broader conversation about disability inclusion in faith spaces. Wherever you're at, this guide is for you!

Inside you will find key principles of accessibility, some practical tips, and resource suggestions for starting conversations.

Key Principles

When thinking about accessibility, here's three key ideas to keep in mind:

1 Be proactive

Many disabled students spend a lot of time and energy working through university systems not designed for them. Sometimes this means they don't have the energy to ask for social and spiritual groups to be made accessible. So, even if you don't think you have disabled members, it's worth creating an accessible environment. And share share share! Giving access information, even if it's not perfect, lets people know up front whether or not they can attend.

2 Be adaptable

SCM communities are probably less susceptible than churches to a "that's how it's always been done" mindset. However, it can still be easy to slip into a routine that excludes some disabled students. Having open conversations about how well the community is working for all members (disabled and non-disabled) can be a healthy way to make sure everyone is included.

3 Be respectful

Having particular accessibility requirements often means that students have to disclose their disabilities and private medical information to lecturers, librarians and other university staff, which can be upsetting. Remember, making a meeting or community accessible doesn't mean you need to know the ins and outs of someone's condition - for example, you don't need to ask why someone is in a wheelchair or if they've always been D/deaf/ Hard of Hearing. Keeping accessibility in mind also helps those with less visible conditions who may not wish to disclose their disability straight away.

Practical Tips

This is not intended as an exhaustive list, but rather as a starter guide that you can adapt depending on the needs of your local community and potential membership. It is a lot of information, but most of it is common sense and you can start by working with the needs of your current members.

Some people may have overlapping disabilities, and sometimes access needs are in conflict within a group. If this happens, a collaborative conversation to find solutions that work for everyone may be useful.

General Tips

- If you're not sure how to enable someone to participate, ask them.
- You can never over-communicate your access considerations. If you have an Instagram account or a website, consider making an accessible post (pinned to your Instagram page, or at the top of the website) which provides people with all of the considerations you already provide, plus a way to contact you about specific considerations.
- If you share events on social media or via a mailing list, include basic access information (e.g. step free, accessible bathroom, hearing loop, quiet space...). If the space isn't accessible for some reason (hopefully temporarily!), share that too - it's better to know up front than to have to ask and be disappointed. Let people know how to get in touch if they need more information.

Autism, ADHD, Dyslexia, Dyspraxia, and related conditions

This is a varied group, but many considerations overlap.

- Provide clear information, with good visual contrast (see [Blindness/visual impairment](#)), and use sans serif fonts.
- Provide a schedule of what is going to happen when at an event, and keep a general routine at group meetings. At the start of a session, give an overview of what will happen during the session, and what participation might look like (splitting into groups for discussion, silent prayer, sung worship etc etc).
- Break down instructions for activities into steps, and if it's a long activity, have a written version available. For example, in a Bible study, make sure everyone can see a copy of the passage during the discussion, rather than just reading it out once.
- Avoid lots of background noise.
- Avoid very harsh lighting.
- If you have a bit of money as a group, consider putting together a sensory kit with ear defenders and fidget tools (which often prove popular with everyone!)
- Let people know that it's okay to use fidget tools, crochet/knit, or origami (very SCM!) or move around as required to stay engaged with a session.
- Have a quiet space for people to take time out, or if you only have one room, a designated corner (where you might keep a sensory kit).
- Be considerate of different communication styles; for example, don't rely on eye contact to know that someone is listening to you.
- Ask before you touch or hug people - and give people time to respond.

Blindness/ visual impairment

- Many (but not all) blind/ visually impaired people have some vision. This varies greatly, and therefore so will access needs – there is no point providing large print for someone who needs Braille or a voiceover, and vice versa. Ask!
- Use high contrast, clear font for information sharing and slides for any talks. This can be black and white, black and yellow, or other combinations on an individual basis. Avoid patterned backgrounds, and cramming too much information on one slide. For example, display one verse of a hymn or song on the screen at a time.
- Provide large print copies of information as needed; check with the individual what size font is useful.
- Describe any pictures or videos used. Avoid using a lot of visual resources if someone can't access them. Some people need to know what resources are going to be used in advance, especially if there's a block of text or a particular reading.
- Guide dogs (and other service animals) must not be distracted while they are working – do not talk to them, call them, or pet them. Make sure there's space for a guide dog to lie down safely.
- When greeting, say e.g. "hi James, it's Sorrel", especially in a busy group setting or if you don't know the person very well, and use the person's name so it's clear who you're talking to.
- Do a name circle at the start of each meeting. This is handy for everyone, but it's essential if you can't see who is there.
- Do not grab or touch the person without warning, or guide them anywhere without their consent. The standard way to guide a blind/ VI person is for the individual to grasp the guide's elbow. This means the blind/ VI person is in control and can let go if they feel unsafe. Ask if someone would like a guide, don't assume.
- If you regularly meet in the same venue, keep the layout the same as far as you can, and let the blind/ VI person know if there's any unexpected obstacles or the furniture has moved around.
- Consider lighting, as some people may have difficulty with dim light. Again, ask!

Chronic physical illnesses and fatigue

- While some people with chronic illnesses and energy limiting conditions will use mobility aids (see below), others do not, and a chronic illness can often be invisible.
- Provide seating at events, and let people know they are welcome to sit, stand, or lie down as required to manage pain, fatigue, and heart rate.
- Find out how far your venue is from the nearest car parking spaces or bus stop and include this information when publicising events.
- If you're moving around during a session, for example a prayer walk, be aware some people may walk more slowly. If you're planning an activity with more movement than usual, let everyone know in advance so people can plan their energy use and bring the right mobility aid for the job.
- If you have somewhere people tend to gather during social time, such as a snack table, make sure there's seating nearby. Avoid standing around in a separate area to the seating.
- Think about when you are holding your events – for example if they are all later on in the evening this may mean some people with fatigue struggle to attend.
- Brain fog affects a lot of people with energy limitations, pain, and fatigue. This may make word retrieval difficult (see Speech differences) and mean it takes longer to process information (see Autism, ADHD, dyslexia, dyspraxia and related conditions). Be patient.
- Remind members to be responsible with contagious illnesses, as what is a mild cold or tummy upset in a healthy person could be serious for someone with a chronic illness.

D/deaf/ hard of hearing (HoH)

- Speak clearly, facing the person. Do not cover your mouth or turn away whilst speaking.
- If the D/deaf/ HoH person is a British Sign Language (BSL) user, it would be good to learn some basic (or advanced, if you like!) BSL, including any frequent prayers. Most people are unlikely to have access to official interpreters for events like an SCM meeting, but if someone comes with an interpreting friend or official interpreter, remember you're still talking to the D/deaf/ HoH individual, and avoid "tell them I said ..." type phrases.
- Don't give up on communication. If you have to repeat yourself, or write things down, it can be tempting to decide it "doesn't really matter". This can be isolating and leave D/deaf/ HoH people feeling disconnected from the group. Take the time to make sure everyone has understood.
- If your venue has a hearing loop (for example if you meet in a church), find out from the venue owners how it works, and let everyone know it exists.
- Check the acoustics of your meeting place; avoid background noise and very echoey spaces.
- Use subtitles when playing any films or video clips, and if someone gives a presentation, ask them to provide a copy of the speech to follow along. If a resource doesn't have subtitles or a transcript, don't use it.
- Be aware that it is not always obvious who is D/deaf/ HoH - not everyone wears hearing aids or cochlear implants. As with other accommodations, considerations for D/deaf/ HoH people are generally good practice.

Mental Illness

- This group can be vary varied, and you won't necessarily know who is affected.
- Use content notes for session topics. It is good practice and helpful to everyone to be able to access a brief outline of planned discussion topics, even if you wouldn't consider them to be typical potential triggers.
- Particularly within faith spaces, there may be a higher prevalence of religion-related obsessive compulsive disorder (OCD). SCM is also often a safe haven for members of the LGBTQ+ community, who may have post-traumatic stress responses from homophobia/transphobia within a church setting. Stating in advance if a meeting will involve active worship, ritual, or prayer can be helpful, as can providing a second space for people to take some time out, with the explicit assurance that they won't be negatively judged for doing so.
- Within a small and trusted group, conversations about particular trigger warnings and conversational boundaries may occur naturally as you work together to keep each other safe.

Speech differences

- If someone has a speech difference, be patient and don't give up on communication. Ask for clarification if you don't understand, rather than ignoring someone's input, or just smiling and nodding.
- People with disabilities affecting their speech may communicate in a variety of different ways. These methods are generally termed AAC, or augmentative and alternative communication. This includes: high tech communication aids (e.g. tablets which produce speech, devices called lightwriters which display written text); low tech communication aids (e.g. flash cards, paper and pencil); sign language (BSL); spelling to communicate using a letter board; gestures, sounds, and body language.
- Some people are non-speaking or minimally speaking for a wide variety of reasons, others may periodically lose speech.
- When having a conversation with someone who is using any type of AAC, allow time for responses to be formulated. It can be particularly difficult to participate in a group conversation, as by the time the thought has been typed out, the conversation has moved on. Keep an eye out for the person preparing a contribution, and ask how to help with effective communication. For example, for someone who types or writes to communicate it may be effective to offer to read out messages to the group.

Wheelchair and other mobility aid use

- Entrances need to be step free and wide enough for a wheelchair to pass through (standard guidance is 84cm, most doors will meet this criteria but some double doors may need to be held open). Check carefully before advertising an event as step-free; sometimes there are half steps or lips that walking people don't notice. Some wheelchair users will be able to navigate small lips, and some won't, so it's important to be accurate when sharing information.
- If you are holding an event within a bigger building or area of campus, think about the entrances and access to get to the room, as well as the room itself. Heavy doors and gates can be difficult, so wheelchair users and those with other aids such as rollators may need assistance.
- Make sure there's an accessible bathroom nearby.
- Make space for people to sit in their wheelchair, or store their mobility aids such as walkers and sticks safely, if they do not wish to use them during the session. Never take away someone's mobility aid without explicit consent; most people like to have them within reach. Don't assume where people want to sit (e.g. in or out of their wheelchair, at the back or front of a group) - ask them.
- Mobility aids are generally considered an extension of someone's personal space - don't touch them, lean on them or put things on them without consent.

Conversation Starters

There are two types of conversation that can be both helpful and interesting for all members: practical and theological.

1. Practical. Regular check ins as a group, say termly, can help to catch access issues as they happen and help everyone, disabled and non-disabled, to participate effectively. Questions could be divided according to the activities you do, e.g. social time, Bible study, presentations on particular topics. A good starting point would be: "What's working well for you?" "What's not working so well for you?" and "How can we, as a community, make our time together work better for everyone?".

2. Theological. *At the Gates: Disability, Justice and the Churches* by Emily Richardson and Naomi Lawson-Jacobs is a great place to start for some theology around disability access. The SCM blog also has many posts from disabled members and others, exploring themes that come up in disability theology in ways that are perhaps more suited to a group session than longer texts. See especially:

- [OCD and Faith Spaces](#)
- [Miracles and Rebellion](#)
- [Meeting Jesus Through Rest](#)
- [Beatitudes for the National Gathering](#)
- [Grace's Prayer Adventures](#)
- [When Grace Said "..." I thought, "..."](#)
- [Finding the Divine in Silence, Stillness, and Rest](#)
- [You Do Need to Accomodate Me](#)
- [Clinging on: PTSD and Faith](#)

Finally, at risk of shameless self-promotion from this author, here is a talk called ["God Made Me Disabled \(?\)"](#) that I gave at a local student event which could be useful to start conversations.

Subtitles are slightly inaccurate, [find an accurate transcript here.](#)



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