

Equality Diversity and Inclusion Toolkit

Module 4 Disability and Impairment



REMINDER

Theological reflections on Equality, Diversity and Inclusion

A Theological Reflections on Equality, Diversity and Inclusion document is provided separately. All participants should have a copy of this when they attend their first session. It does not need to be considered in detail every time, but participants should be introduced to it at least once, and made aware that this is the starting point for all our work on EDI issues in the Methodist Church.

Module 4

Disability and Impairment

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Opening worship

Sacred the body God has created...
Bodies are varied ... both fragile and strong
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Prayer

God of Love,
increase in us an awareness of the Spirit
who leads us forward across new boundaries,
to discover Christ in all whom we encounter.
Make us sensitive to the spirit of honest enquiry.
Amen.

(Maureen Edwards)

EXPLORE

1 Introduction

This module considers the effect of discrimination against people because of disability or impairment. The aim of this module is to consider how this discrimination and the assumptions about people with disabilities and impairments affect them, society and the life of the Church. There is also opportunity to consider the gifts and insights that people with disabilities and impairments have, and what others can learn from their experience. Our approach here is to learn from other people's stories, while thinking about our own experiences of discrimination against those with a disability. We must also consider those points in Church life where we need to be particularly aware of disability and impairment.

2 The journey to date

The Methodist Conference of 1993 required all districts to appoint a person as their district disability adviser:

“who shall be responsible for encouraging the inclusion of people with disabilities within the worship, work, fellowship and outreach of the Church, by raising awareness of the issues and offering practical advice to Circuits and Local Churches in the District. Whenever possible the adviser shall be a disabled person.”

In 1995, the Disability Discrimination Act made discrimination against people with disabilities illegal.

In 2004, the Revd Will Morrey was elected as President of the Methodist Conference, the first, and to date only, President who has declared a disability.

In 2005, disability discrimination law was strengthened. It placed greater emphasis on employers, service providers, organisations and societies – including churches – to be more proactive in tackling disability discrimination and promoting the participation of people with disabilities in all aspects of society.

The 2006 Conference received the report *Presbyters and Deacons Affected by Impairment*. The report included a good practice guide which has been printed in *The Constitutional Practice and Discipline of the Methodist Church* (CPD) from the 2007 edition onwards:

1. Ministers affected by impairment at any stage in their ministry from candidature to retirement are to be affirmed as those whom God has called and the Church has accepted as having a ministry to fulfil within a covenant relationship. The Church shall endeavour in its theological statements, training of personnel, practical actions in management decisions and pastoral care to ensure that such persons are enabled to fulfil their calling with as much flexibility and appropriate understanding as possible.

In March 2007 a disability justice consultation was held. The following questions were asked:

- How can the Methodist Church better support the ministry of people with disabilities?
- How can the Methodist Church better meet the spiritual needs of people with disabilities?
- How can the Methodist Church better challenge discrimination of people with disabilities within Methodism, both structurally and culturally?
- What do we feel is appropriate language for the Methodist Church to be using with regard to disability, impairment and people with disabilities?

The results of this consultation influenced the recommendations made in the Equalities and Diversity Report, brought to the Conference in 2008. From September 2014 £10,000 from the Fund for Training will be allocated for students with disabilities.

3 Introductory activity

Look at Activity 1 in the Appendices, and consider each of the statements in pairs or small teams. Discuss:

- What needs to change in each scenario?
- How would you feel in this situation?

You may want to share your thoughts with the wider group.

The purpose of this exercise is to help you to consider the emotional and practical impact of disability discrimination. In all cases the person with disability is left out, not because of their impairments, but because other people won't make small adjustments to what they do.

So reflect:

Jesus, at the end of his life, was stripped, stretched horizontally, and handed over to others. He is shown almost naked on the cross. Can we begin to uncover theological and spiritual meaning within this experience of our bodies, our handing over, our being made vulnerable and our being handled by other people?

4 What is disability?

The Equality Act 2010 (using a definition from previous Disability Discrimination Acts from 1995 and 2006) defines a person with disability as someone who has a physical or mental impairment which is substantial and has a long-term adverse effect on his or her ability to carry out normal day-to-day activities. Whilst this is the legal definition which offers additional legal protections to people with disabilities, it should be remembered that anyone may be temporarily disabled (for example when recovering from a serious illness or accident), which may also require them to need additional support or adjustment. Many people with disabilities consider that their impairments are not the key factor that disables them. Instead they are disabled by a built environment that is not planned with their needs in mind, or they are disabled by the attitudes of other people towards them.

Disability/impairment can be broadly described in the following categories:

- **Sensory impairment** – impairments of the sensory organs, such as eyes or ears – although eyesight problems are excluded from the definition of disability if the impairment can be corrected by spectacles or contact lenses
- **Mobility or dexterity impairment** – inability with regard to or significant limitations to general mobility or dexterity
- **Neurological conditions** – damage or limitation in the nervous system or brain – not learning disabilities or mental health problems
- **Learning disabilities** – substantial limitations to mental or cognitive abilities
- **Mental health problems** – a very wide range of conditions including depressive illness and mental health disorders
- **Long-term limiting illness** – any health condition that limits day to day activities over a long period and/or that can recur frequently.

This is not an exhaustive list, and care should be taken not to put people into boxes. And remember that many disabilities and impairments cannot be seen.

Reflect

Read either of the poems by the Revd Una McLean in Activity 2 in the Appendices (*Inside Me* and *Jigsaw People*). Thinking also about the list of 'disability categories' above, reflect briefly on what the poems have to say about having a disability and about how we understand each other.

APPLY and REFLECT

1 Case studies

Working in small teams, consider at least two of the following stories. All of the stories should be considered by at least one team. There will be opportunity to offer feedback to the whole group.

Each of these is a true story, although names and some details have been changed to maintain anonymity.

At the end of each story, there are questions for you to consider. It may be helpful to refer back to the SCIP classification in the Introductory Module. Here is a headline reminder of the SCIP classification:

- **Structural** – eg legal and political structures, policies, committees, etc
- **Cultural** – the cultural norms of a group or society, commonly held views
- **Institutional** – practices, how things are done
- **Personal** – personal behaviours and practices.

Consider the questions that follow each story. As you do so, reflect on what the key words, emotions and issues are for the person in the story and for you.

Ann's story

Ann is a wheelchair user who is an active member of her local church. Currently, her church is undergoing renovation. The traditionalists want to keep the existing permanent pews and are not comfortable with change. Ann has tried to explain that for her this means either sitting right at the back or at the front of the church where she feels separated from everyone else. She has overheard people say that she is too sensitive, which she has found very hurtful.

Ann feels that for most of her life she has had to fight for basic rights which others get automatically. In church, things are little better with people either ignoring her or over compensating and not giving her the opportunity to say what her needs are. She is tired and just wants to belong. She is seriously thinking of giving up the role of district disability adviser. This is because she is unsure from a personal perspective if her remaining in that role makes matters worse, especially as she feels she is always in 'crusading' mode. Recently, on visiting another church, she mentioned that the kitchen was not accessible for those in wheelchairs and one of the regular kitchen helpers said, "We don't ordinarily get one of you lot in here anyway." The comment left her feeling deflated and disempowered.

Questions

Experience

- What are the biggest problems faced by Ann? (Clue: not her disability.)

Learning

- What assumptions were made by people in this story?
- What could have been done differently in this story?

Action

- What could you and your church do to make it a more inclusive place where someone like Ann can be heard and everyone can be made to feel welcome?

Harry's story

Harry is six years old and has Autistic Spectrum Disorder (ASD). This means that he lacks understanding and awareness of others people's emotions and feelings. He finds it difficult to start conversations or take part in them properly. He also taps repetitively. Though his mother Julie has tried to explain Harry's ASD to the members of her local church, because he "doesn't look disabled," as someone has pointed out, he is instead regarded as strange.

Though most of the parents within the church are supportive of Julie and Harry, they feel uncomfortable with Harry playing with their children. This is because he tends to shout out nicknames he has given the children which are "not always kind". Harry finds it very difficult to sit still in church and though Julie tries to keep him occupied by bringing in a box of small toys, he sometimes gets very angry or noisy. She has to explain to members of the congregation regularly that he is not being naughty and she is finding coming to church too stressful.

Questions

Experience

- How do people's attitudes towards Harry affect Julie? How might they affect Harry?

Learning

- What could have been done differently in this story?

Action

- What could you and your church do to make it a more inclusive place where people like Harry and Julie can be heard and everyone can be made to feel welcome?

Rachel's story

Rachel has bipolar disorder and has episodes of mania (highs) and depression (lows). Generally, Rachel is able to manage her disability through medication. Recently, she has begun training as a teacher and was asked at her local church to help out at the Sunday school which she really found satisfying. Rachel has confided her disability to a few people at church but did not want it to be open knowledge as she thinks people will see her differently.

After a series of tight deadlines for her course, Rachel's mental health deteriorated and eventually she was detained under the Mental Health Act. Whilst in hospital, her local minister came to visit and told her that she had been greatly missed at church. This assurance helped Rachel in her recovery. Once out of hospital she decided to suspend her studies but continue working at the Sunday school. There were some who questioned her commitment to the Sunday school whilst she was in hospital. This was because they were unaware of the reasons for her absence. However, Rachel decided not to explain why she was away. Since her return she has slowly extended the number of people in church to whom she confides her disability and is beginning to feel more confident.

Questions

Experience

- Why do you think Rachel doesn't want people to know about her disability?

Learning

- How could the church help people like Rachel feel more confident?

Action

- What could you and your church do to make it a more inclusive place where people like Rachel can be heard and all are made to feel welcome?

Fred's story

Fred is a visually impaired man and a victim of hate crime. He suffered verbal abuse from his neighbour's children on a daily basis because of his disability. He was also threatened and has experienced violent behaviour. Fred felt very insecure in his own house and dreaded leaving it. On the few occasions when he did venture out, he had to walk past the local Methodist church on his way to the bus stop. He always wanted to go in, but felt scared about how he might be received. He had tried other churches in the past and had had bad experiences.

On one of his trips out he sat at the bus stop and overheard two women talking. They were commenting on the enormous banner almost covering the front of the church which said, "All are welcome." He decided there and then that he would go back the following Sunday and actually enter the church. At the church there was someone to welcome him and make him feel special. He was invited to sit in the middle of a group who were obviously together. This was the first occasion in a long time when Fred had felt really welcomed and valued.

Questions

Experience

- What were the main issues in this story for Fred? (Clue: it wasn't his impairment.)

Learning

- What positive things happened in this story?
- Thinking about how the church advertised that 'All are welcome', is there anything else the church could have done?

Action

- What could you and your church do to make it a place where ALL are welcomed and valued?

Daniel's story

Daniel is ten years old and has attention deficit hyperactivity disorder (ADHD). His parents recently moved near a local church. He attended the Sunday school (children's ministry) for three consecutive weeks, but on the last visit was told that he could not return. The Sunday school teacher told his parents that his behaviour was appalling and out of control. He refused to sit when told to do so. Instead, he left the group of three with whom he was supposed to be working and ran around the room laughing and disturbing the other children. Worse yet, one child reported that Daniel had sworn at him when he found the boy using some equipment Daniel had left unused. The parents agreed to withdraw Daniel and keep him with them in church for a couple of weeks before attempting to have him attend Sunday school again. On his return to Sunday school, they agreed they would take it in turns to sit with him.

The next Sunday, Daniel started off well in main church but then got bored. He started walking around the church, breaking into song a couple of times. His father got hold of him and took him out of the church, keeping him until the service was over. At the end of the service, the minister spoke to both parents and urged that since Daniel coped badly with Sunday school and "clearly could not behave in church", it would be better if they did not bring him back to church. If they could not find someone to look after him while they attended, it might be best if they took care of Daniel and did not attend church.

Questions

Experience

- How well is the church responding to Daniel's needs as a person with ADHD?

Learning

- How could the church learn how to help Daniel and his family to be part of church?

Action

- How could you and your church help people like Daniel and his family to feel welcome?

Jan's story

A couple of families had sat in the same pews on either side of the church at the very front for many years. A woman with impaired hearing started coming to church with her brother who was one of the stewards. She asked that she be given space to sit at the front as lip reading helped her in understanding what was being said. Both families objected on the grounds that to make space for her would mean one of them having to sit further back. One family suggested that she got herself "stronger hearing aids".

The minister pleaded with both families but they refused to move. The minister therefore moved the pews back on both sides of the church. By doing this he created room for the woman and a number of small children to sit on chairs at the front, on the right side, facing the podium. This earned him the disapproval of members of both families for 'breaking with tradition' and disrespecting the memory of their families who had sat in those same seats for generations.

Questions

Experience

- Why did it matter that Jan should be able to sit at the front?
- How did the families at the front make Jan feel? How did they make other people feel?

Learning

- What did the minister do right?
- What else could the church have done to help?

Action

- How can your church ensure that more people understand the needs of people with disabilities?

2 Summary and learning points

While thinking about your answers to the questions and issues raised in the case studies, reflect on:

- what you have learnt
- what the stories might mean in your church
- what you will do.

Summary

- People with disabilities and impairments often feel they have to fight for what others take for granted.
- People with disabilities and impairments don't speak up about their needs because their experience is that others don't listen or even consider their issues.
- People with disabilities and impairments feel disempowered. They feel this way not because of their impairments, but because of outdated systems and practices, inflexible environments and other people's negative attitudes.
- Demonstrating that people with disabilities and impairments are actually listened to is essential. It creates the environment for genuine learning.
- Being welcoming requires making adjustments to how things are done. Some adjustments can be made by individuals changing their behaviour towards people with disabilities and impairments. Other adjustments may require more investment of time, energy and resources.

Action points

- What could you and your church do to make it a more inclusive place where all can be heard and feel welcome?
- In what ways could you challenge assumptions about disability? What do we mean by normal? Is 'normal' an exclusive club?
- What could you do to ensure that the financial cost of making your church accessible is planned for?

EXTEND

For further study or personal reflection. Keep for use with other modules.

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1. Scriptural and theological reflection
2. Models of disability
3. Action
4. District disability advisers
 - The District Disability Policy
 - The role of the district disability adviser
 - Access audit

1 Scriptural and theological reflection

1.1 Theological Underpinning for Equality, Diversity and Inclusion

This resource is for all of the modules.

The Theological reflections on EDI and Theological Resources for Reflection is provided as a separate document (Module 1.2). All participants should receive a copy of this when they attend their first session. It does not need to be considered in detail every time, but participants should be introduced to it at least once and made aware that it has been approved by both the EDI Committee and the Faith and Order Committee.

1.2 From the Theological Underpinning of EDI

In his ministry, Jesus showed God's love by his openness to all people, including reaching out to those who were marginalised in his day. He demonstrated this by:

- touching untouchable people such as lepers (Mark 1:39-45)
- restoring those whom society had banished to unclean or marginal places (Mark 5:1-20)
- healing others whose physical impairments marginalised them (Mark 10:46-52)
- proclaiming blessings for the poor (Luke 6:20)
- forgiving men and women whose perceived conduct had caused outrage (Luke 7:36-50, Luke 19:1-10, John 7:53 – 8:11).

1.3 Listening to the lived experience of Christians who have disabilities and impairments

Healing of disease and disability was not a universal practice amongst the earliest believers and that is still the case today. Note how the actions of Jesus were about breaking the social barriers that people faced in their time and context. Consider, therefore, how Jesus' healing ministry is understood by people with disabilities and people with chronic illness and impairment who are Christians. What gifts do they bring to the wider Church? How do their experiences of having a disability or impairment help others to reflect on and understand the Bible today?

2 Models of disability

There are two distinct models of disability: the medical model and the social model.

The medical model of disability

‘Medical model’ is a slightly misleading term, because it has nothing to do with the medical professions, or the legitimate medical treatment or needs of people with disabilities. Through the medical model disability is understood as an individual problem. If somebody has an impairment – a visual, mobility or hearing impairment, for example – their inability to see, walk or hear is understood as their disability. This is a proper way for medical professionals to consider when providing medical support. However, it is not a good model to use when considering how to include those with disabilities in society, workplaces and in church.

The medical model is also sometimes known as the ‘personal tragedy model’ because it regards the difficulties that people with impairments experience as being caused by the way in which their bodies are shaped and experienced.

Under the medical model, the focus is on ‘fixing’ or changing disabilities and impairments by medical and other treatments, even when the impairment or difference does not cause pain or illness. The medical model looks at what is ‘wrong’ with the person and not what the person needs. It creates low expectations and leads to people losing independence, choice and control in their own lives.

Many people with disabilities felt that this definition didn’t reflect their daily lives, because with adjustments – such as changes in the built environment, technology etc – such people can live fulfilled lives.

The medical model of disability also affects the way some people with disabilities think about themselves. Many people with a disability have internalised the negative message that all their problems stem from their not having ‘normal’ bodies. This does not help people with disabilities to be active and fulfilled.

The social model of disability

The social model was created by people with disabilities themselves. It was primarily a result of society’s response to them but also of their experience of the health and welfare system which made them feel socially isolated and oppressed.

Through the social model, disability is understood as an unequal relationship within a society in which the needs of people with disabilities and impairments are often given little or no consideration. People with disabilities and impairments are ‘disabled’ by the fact that they are excluded from participating because of physical and organisational barriers, as well as negative attitudes.

The social model looks at ways of removing barriers that restrict life choices for people with disabilities. When barriers are removed, people with disabilities can be independent and equal in society, with choice and control over their own lives.

Medical model/social model examples

Medical model	Social model
Jim is blind, so cannot see.	As a blind person, Jim uses talking technology to help him read.
Toni has significant hearing loss, which makes it difficult for her to hear.	The church installed a new digital hearing loop, which works much better with Jan's digital hearing aid.
Sally has Down's syndrome, so is limited in what she can do.	Sally loves singing and enthusiastically encourages others in worship.
Paul is a wheelchair user and can't get into church without help.	The church is raising funds to make the entrance a ramp that is suitable for any wheelchair, buggy or mobility scooter. In the meantime, the church has bought a temporary ramp and Paul is confident about getting to church himself.
Jonathan is autistic and doesn't communicate or learn well.	Jonathan has autism. He learns and communicates differently to most other people. We have found that when we change how we communicate, Jonathan takes part in Junior Church very well.

3 Action

Take the time to listen to what people with disabilities and impairments want and need to say – and consider *with* them what an appropriate response would be.

Consider:

Experience

- How are people with disabilities seen and treated in your church? Are they seen as an asset or as a problem or issue?

Learning

- How does disability discrimination impact on individuals and on the mission of the church?
- Is there a particular culture of leadership within your church that promotes or inhibits equality for people with impairments or disability?

Action

- What could you and your church do to make it a more inclusive place, where all can be heard and feel welcomed?
- In what ways could you challenge assumptions about disability? What do we mean by normal? Is 'normal' an exclusive club?
- What could you do to ensure that the financial cost of making your church accessible is planned for?

4 District disability advisers

The role of the district disability adviser is enshrined in Methodist Standing Orders:

**The Constitutional Practice and Discipline of the Methodist Church
Volume 2 2012: 435A People with Disabilities.**

“The committee shall nominate for appointment by the Synod an adviser in respect of people with disabilities, who shall be responsible for encouraging the inclusion of people with disabilities within the worship, work, fellowship and outreach of the Church, by raising awareness of the issues and offering practical advice to circuits and local churches in the District. Whenever possible the adviser shall be a disabled person.”

To support the work of DDAs and circuits and local churches, the following three resources are available:

- the District Disability Policy
- the district disability adviser
- the access audit.

The District Disability Policy

Developed by Pat Martin from the Lincolnshire District of the Methodist Church

1. As we believe that all people are loved and accepted by God, we will work towards people with disabilities being enabled to share and develop their gifts and abilities within the Church and community.
2. We will endeavour to ensure that all people with disabilities shall have an equal opportunity to experience the love of God and to grow spiritually.
3. We will ensure that church premises are fully accessible to all persons who have a disability. This includes physical access, lighting, and appropriate welcome, special provision for those with visual or hearing impairments, adequate signs and transport to church.
4. Through the Church's pastoral work, support will be given to those who care for people with disabilities.

We shall seek to become aware of the special needs of people with disabilities and their carers through consultation with them and through contact with the various disability groups in the community.

The role of the district disability adviser

Developed by Keith Bolton from the West Yorkshire District

The district disability adviser (DDA) is asked wherever possible to:

1. raise awareness about the welfare, hopes and aspirations of all persons with disabilities
2. promote good practice in disability matters, encouraging acceptance, inclusion and equal opportunity
3. work in partnership with district and regional partners and the regional Discipleship and Ministries Learning Network
4. develop and seek means to extend schemes which help to advance the integration of those with disabilities into church and society.

District disability advisers – priorities

(Developed by Rosemary and David Bell from Leeds District)

1. Access and inclusion for all

Reminding people about such things as large print hymn books, loop systems, ramps, space for wheelchairs, handrails etc. Encouraging people to get in touch with the local authority disability officers and charity groups such as SCOPE, MIND and Action for Children for speakers, information etc.

2. Pastoral concerns

An area the Church could develop is 'caring for the carers'. The Church can, among other things, overlook the need for support for parents of children and young people with social needs. We also need to recognise that there are many people with long term disabilities and family needs related to this. We must raise awareness of this while always respecting how much people want to share. We need to identify and use the gifts of all people, with or without disabilities. Both have much to offer in terms of pastoral concern for each other.

3. Resource person

There are many areas of disability, therefore it is helpful to identify people who could be a district resource team to support the DDA.

4. Circuits and districts

Openings can be created at the District Policy Committee on which the DDA has a recognised place. DDAs can help circuits and districts with visits to groups, staff meetings, setting up conferences on specific areas of disability, organising slots at Synod when appropriate and providing information to Church Life teams and Church and Society teams.

5. Education

This is probably most important of all. It involves helping people to see those with disabilities as equal – not people 'we do something for'. It means enabling and encouraging, caring and sharing, learning from one another. Some of the theology of disability also needs to be thought through and shared as it touches on wholeness, healing, acceptance, vulnerability and inclusiveness. Above all, it is about educating people to understand that we are important for who we are, not for what we can or cannot do.

Access audit

Provided by Mark Westhead from Chester and Stoke-on-Trent District

Getting to the building

Criteria	Compliant	Comment	Improvements reasonable/ achievable/ unreasonable
Two dedicated car parking spaces, marked on the ground Signposted Barrier-free route to the building			
Dropped kerb Flush surfaces No obstructions to cross-over			
Tactile markings indicate dropped kerb			
Route to building should have smooth hard surface with defined edges that can be seen and felt, so that people are clear where the steps and edges are			

Changes in levels

Criteria	Compliant	Comment	Improvements reasonable/ achievable/ unreasonable
Ramp max gradient 1 in 12 Max change in level 2m			
Suitable handrails should be provided			
Risers on steps: max 150mm high and 280mm deep Step nosings in contrasting colours			

Corridors and doors

Criteria	Compliant	Comment	Improvements reasonable/ achievable/ unreasonable
Corridors: minimum clear width of 1,000mm, wide enough for wheelchair and crutch users			
Any projecting obstructions which may be a hazard, especially to people with visual impairment?			
Are floor surfaces in good condition?			
Doors: minimum opening width 850mm			
Full width handle, if no closure fitted			
Are both leaves of double doors left unlocked?			
Do doors have adequate glazing? Do all glass doors have visible markings?			
Can door furniture be easily used and door easily opened?			
Are all fire escapes suitable for people with disabilities?			

Toilets

Criteria	Compliant	Comment	Improvements reasonable/ achievable/ unreasonable
Are the toilets in the building suitable for people with disabilities?			
Is there a unisex provision?			
Are toilets used for storage?			
Are all toilets properly signposted?			
Are the colours in the toilet confusing?			
Is there provision for an emergency alarm? Can door locks be opened from outside?			

Seating areas

Criteria	Compliant	Comment	Improvements reasonable/ achievable/ unreasonable
Are there spaces for wheelchair users in any area of seating?			
Do some seats have arms?			
Are seats located so that speakers can be easily seen and lip reading is easier?			

Hearing impairment

Criteria	Compliant	Comment	Improvements reasonable/ achievable/ unreasonable
Are the main meeting rooms fitted with an induction loop system?			
Is it always in use when there is a meeting?			
Is the system regularly tested? If so, how?			
Are all speakers required to use the system?			
Is it possible to clearly see sign language interpreters from all parts of the auditorium?			
Does the building have unfortunate echoes or background noises?			

Visual impairment

Criteria	Compliant	Comment	Improvements reasonable/ achievable/ unreasonable
Is the lighting in the building of good quality? Are there areas of glare or darkness?			
Are fittings in the building of a contrasting colour to their surroundings?			
Are all signs easy to read?			
Are electronic or audio versions of publications available on request?			
Is all literature printed in legible formats?			
Is all written material routinely provided on appropriate paper, as an alternative?			

Learning disabilities

Criteria	Compliant	Comment	Improvements reasonable/ achievable/ unreasonable
How does the church offer a welcome to people with learning disabilities?			

General considerations

Criteria	Compliant	Comment	Improvements reasonable/ achievable/ unreasonable
Are all the facilities for people with disabilities available at all times?			
Are the mid-week and off-site activities accessible?			
Is there a policy of encouraging people to ask if help is required and then listening to the answer?			
Is there a policy of never lifting anyone?			

Completed by:

Signed:

Date:

Closing worship

Thomas touches the wounds of Christ
John 20:24-28

Prayer

Jesus, by your wounded feet, direct our path aright.
Jesus, by your nailed hands, move us to deeds of love.
Jesus, by your pierced side, cleanse our desires.
Jesus, by your broken heart, knit ours to yours.

Amen.

(Richard Crashaw 1613-1649)

Brother, Sister, let me serve you ...
pray that I may have the grace to let you be my servant too
Singing the Faith 611

APPENDICES

1. Activity 1 – Things people say
2. Activity 2 – Poems for reflection by the Revd Una McLean

Activity 1 – Things people say

In pairs or small teams, consider the following observations, while reflecting on those who are dependent on care from others.

What needs to change in each scenario?

How would you feel if this happened to you?

The car rota people can't carry a wheelchair so Edith just won't be able to have a lift to church any more. She has done well to be able to come for so long. She has had her 90th birthday. (Comment: The church can provide the wheelchair on arrival.)

Don't worry if you cannot hear in the larger group, there will be smaller group discussion as well.

I have a loud voice so do not need to use the microphone. I hate having to bother with microphones. (Comment: "my hearing is totally dependent on the speaker using the microphone.")

I lose my balance when I have to look up at a screen.

I can't see the screen when everyone stands up in front of me.

I hate being a nuisance expecting large print or the microphone to be prepared just for me.

The 'kind' people went to great pains to remove Jean from her wheelchair, rather than having an integrated space prepared, but it was then 'too difficult' to bring Jean forward for communion to be able to share alongside everyone else.

Activity 2 – Poems for reflection

Inside Me

by the Revd Una McLean

Inside me, inside me,
Is the me no one can see.
It looks at the world through eyes,
It feels the world through sense of touch,
It hears and tastes and smells,
But lives apart from you.

I can look at you,
Your height, your shape,
But you, yourself, I cannot see,
I cannot know,
I cannot experience, understand,
Feel, smell or touch.

For inside you,
Inside you,
Are a vast array of thoughts,
Feelings, experiences, history,
Of which I have no knowing,
No living, no remembering.

Each person lives and breathes
In their own self,
Built on individual birth,
Own experience and living,
Solitary remembrance and holding,
Separate self, separated identity.

Where selves meet
There is potential
For misunderstanding,
For cooperation, appreciation,
For dissention and argument,
For community. For self.

Where eyes meet, hands touch,
Language is exchanged,
There You and Me meet,
Briefly engage, build memory of contact,
And withdraw to isolation
Within self, once again.

From contact we add to our store
Of experiences, of history,
Of understanding of self and other.
But if we only seek to gain,
We never know the joy of giving,
The pain of sharing, the grief of loss,
The anguish of being ignored
Or misconstrued.

My self can never fully touch another,
Your self cannot reach out and grasp
Fully, intelligently, intelligibly
My self – nor I You;
Yet, in journeying, we can
Reach a common destination.

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This poem is about living with dementia, but has something to say about all people being part of the big picture – *we all need others* – and God!

Jigsaw People

by the Revd Una McLean

Jigsaw pieces –
Scattered on the floor,
Unconnected,
Face up, face down,
Hidden, exposed,
Each in its own space.
The box dropped,
The lid broken,
The picture torn.
No clues to the ultimate pattern,
Bits of blue and green and multi.
Carefully cut edges,
Milled into set form,
Protecting the integrity
Of the whole pattern.
Yet Carelessly,
Spread,
Dropped,
Exposed.

Gathered now by eager hands,
Pull together,
Returned to start,
Reassembled.
The picture
Begins to emerge.
Careful fingers rebuild.
Slotting together the practised pieces,
Fixing and intertwining the edges,
The colours and patterns –
Until –
Form appears which makes sense.
Colours merge to make shape.
Shapes meld to make picture,
Picture forms to match lid.

Such is Life,
Until taken into the hands
Of the Master Puzzler
We are all little more than –
Jigsaw pieces -
Scattered on the floor.

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