



Disability Sheffield
Centre for Independent Living

ACCESSIBILITY TOOLKIT

A resource for services who deliver healthy living and physical activities in the community.

Health living and Physical Activity Project

The project aims to make community healthy living and physical activity groups and facilities more accessible for people with a **learning disability, severe mental illness and autistic adults**. People want to feel safe, welcomed and relaxed when attending activities.

This is a co-production project which means that we are working with people with lived experience of these conditions, as well as representatives from community groups. The voices and experiences of disabled people are at the centre of our work.

We have spent a lot of time trying to understand the barriers for autistic adults, people with a learning disability and severe mental illness when accessing activities, as well as barriers faced by community organisations. This has helped us to put together this toolkit for community organisations to use in their workplace.

Although the project is specifically targeting people with a learning disability, severe mental illness and autistic adults, there is no reason for why parts of the toolkit cannot be used when working with people with any other disability.

How to use the toolkit

Each section covers a different topic and can stand alone. It can be used flexibly depending on what works for your organisation. Here are some ways:

Use as a training plan for your team, for example you could use sections of the toolkit to create training sessions. This could be in the form of exercises, discussions, quizzes and scenarios.

Use to start a team discussion for example you could use one section in your team meeting to promote discussion and generate ideas.

Use as a poster to remind your team for example you might want to print out the myths and facts sections and put them up on a wall. You can also change these regularly.

Use as a resource to send to your team and include in an induction pack for example you can give the whole document to the team so that they can refer to it as needed.

Use as a checklist to make improvements for example using the 'do's and don'ts' sections as a guide to check for further improvements you may need to make.

The toolkit is split into sections so it does not need to be looked at all at once.

It can be used at a pace which suits the needs of each service.

Each organisation will be at different points of their journey to becoming more accessible. The toolkit is designed to support and guide this process.

It can also be used to celebrate success and demonstrate good practice that your service has already implemented.

Consider having the role of an '**accessibility champion**' who ensures that the toolkit is:

- used regularly
- given to new staff
- up to date, by checking on www.disabilitysheffield.org.uk

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What is autism (autistic spectrum disorder)



A developmental disability which affects how people communicate and interact with the world, for their whole life.

It's a neurodevelopmental disorder, meaning development of the nervous system is different.

Every autistic person is different, the 'spectrum' is not a line of less to more autistic, but rather a different presentation for each person, which can vary day by day.

Some experiences of autism

- Difficulties interpreting language / body language, tone of voice / changes in tone.
- Difficulty 'reading' other people's emotions, or difficulty expressing their own emotions.
- Needing to keep to a strict routine and know exactly what will happen.
- Repeated movements such as hand flapping, to reduce anxiety or as enjoyment.
- Over or under sensitivity to light, touch, sound, smell, temperature, colour, taste and pain.
- Intense focus on hobbies and interests.
- Extreme anxiety, meltdowns and shutdowns.

Do's and don'ts

DO- think about the physical environment for your activity, lights and noise levels, excess of posters on walls.

DO- ask the person what will make the activity more suitable for them, you could offer them some different options.

DO- communicate clearly.

DO- make sure the activity happens as the person expects.

DO- find a way to give the person info in advance about where to go, what to wear, what to expect, (see 'providing information to people in advance').

DONT - use idioms (e.g. over the moon).

DONT - make unexpected or last minute changes.

Myths and facts

Myth- all autistic people are savant / have a special skill.

Fact- autism is a spectrum condition and affects people in different ways and like all people, autistic people have their own strengths and weaknesses.

Myth – autistic people are not creative.

Fact- autistic people may be creative and may use their intense focus or interest to help create.

Myth - autistic people are anti-social.

Fact - autistic people may need support with their social skills and interact differently with the world around them, but most autistic people enjoy having relationships.

Myth - autism only affects males.

Fact - autism is a hidden disability and affects both males and females.

Myth - autistic people don't have empathy.

Fact - autistic people may be highly empathic but may not show a response to another persons emotions.

Find out more:

National Autistic Society- What is Autism?
www.autism.org./advice-and-guidance/what-is-autism

Act for Autism- Understanding Autism Training (free)
www.actforautism.co.uk/info/workshops

Sheffield Autistic Society
www.sheffieldautisticsociety.org.uk

Sheffield Adult Autism and Neurodevelopmental Service- Useful videos about autism
www.shsc.nhs.uk/services/sheffield-adult-autism-and-neurodevelopmental-service-saans



What is learning disability?

Learning disability is a reduced intellectual ability and difficulty with everyday activities which affects someone for their whole life (Mencap).

Some experiences of learning disability

- People tend to take longer to learn.
- People may need support to develop new skills, understand complicated information and interact with other people.
- People with a learning disability tend to have poorer physical and mental health than the general population (due largely to discrimination).
- Stigma and discrimination may have a significant negative impact on the lives of people with a learning disability.
- Friendships and socialising are important to people with a learning disability.

Do's and don'ts

DO- speak to the person directly, not their carer/friend/supporter.

DO- ask people if there is any support they need to do the activity.

DO - check they have understood by asking open questions such as 'What are we doing next?' (don't ask 'do you understand?').

DONT- use jargon or complicated language.

DO - use gestures and facial expressions to demonstrate what you mean.

DO - provide information in Easy Read, where possible.

Myths and facts

Myth - people with learning disability do not have sexual relationships and are not sexual beings.

Fact- people with learning disability often want to be in relationships and to be intimate, they may be LGBTQ+ like anyone else.

Myth- support for people with learning disabilities is equitable.

Fact- people with learning disability who are also from black and ethnic minorities experience double discrimination.

Myth - society is tolerant of people with learning disabilities.

Fact - people with a learning disability experience hate crime.

Myth - people with learning disabilities are unable to learn and progress.

Fact - many people with a learning disability are fit to work, can do a job well, and can be just as productive at work as anyone else (Mencap).

Find out more:

Mencap

www.mencap.org.uk/learning-disability-explained

Sheffield Mencap and Gateway

www.sheffieldmencap.org.uk

Burton Street Foundation

www.burtonstreet.org.uk/disability-services

Easy Read UK

www.easyreaduk.co.uk

Sheffield community learning disability team

www.shsc.nhs.uk/services/community-learning-disability-team

What is severe mental illness?

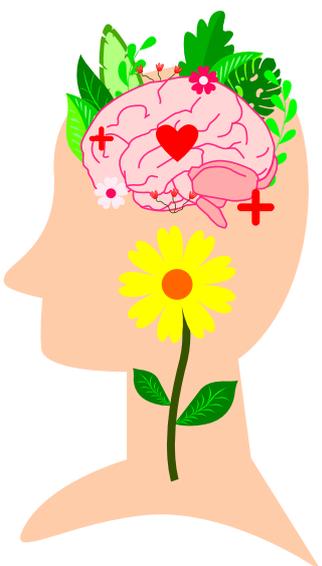
Usually means psychosis (losing contact with reality) e.g. schizophrenia or bipolar disorder.

Any mental illness can become severe e.g. anxiety, depression, OCD, personality disorders, eating disorder.

When symptoms are severe they can prevent someone going about their day to day life and activities.

Some experiences of psychosis

- Delusions or false beliefs, which can be frightening and all consuming, e.g. that you are being followed by a sinister organisation or they are on a special mission.
- Paranoia - thinking and feeling like you are being threatened in some way, even if there is no evidence, or very little evidence, that you are (Mind). e.g. thinking that people are trying to harm you
- Hearing voices, e.g. commenting on what you are doing, telling you to do certain things.



Do's and Don'ts

DO - remember the person really believes and experiences this.

DO - focus on the person and not the illness.

DO - find things in common that are not to do with their illness.

DO listen - you can listen and be impartial.

DO - acknowledge how the person feels.

DO - encourage people to do the things they enjoy and be distracted by healthy activities.

DON'T argue - you can't argue them out of the belief (delusion).

DON'T collude - don't pretend you agree, this can strengthen the belief.

Myths and facts

Myth- People with severe mental illness are violent and dangerous

Fact- They are more likely to be at risk from other people and most violence in society is caused by people without mental illness

Myth- People can never get better from mental illness

Fact- Many people manage their symptoms and live fulfilling lives, being connected to a community and physical exercise can help

Myth - people with severe mental illness can snap out of it if they try hard enough

Fact- severe mental illness is not a mood that people can snap out of, it's a medical condition

Myth - severe mental is a sign of weakness

Fact- severe mental illness can happen to anyone at any time

Find out more:

RETHINK

www.rethink.org/advice-and-information/about-mental-illness/learn-more-about-conditions/

Mind

www.mind.org.uk/information-support/types-of-mental-health-problems/

Mental health training

www.mhfaengland.org/online-mental-health-courses/

Broadening the inclusion in physical activity for people with severe mental illness

[https://shura.shu.ac.uk/31232/7/Machaczek-BroadeningInclusionPhysical\(VoR\).pdf](https://shura.shu.ac.uk/31232/7/Machaczek-BroadeningInclusionPhysical(VoR).pdf) (shu.ac.uk)

Sheffield Mind

www.sheffieldmind.co.uk

Sheffield Mental Health guide

www.sheffieldmentalhealth.co.uk

Sheffield Health and Social Care Trust

www.shsc.nhs.uk/services/single-point-access

Samaritans

www.samaritans.org



Different ways of thinking about disability

Medical model of disability

The condition, impairment or illness is the problem that needs to be treated or cured. The problem is located in the person.

These impairments or differences should be 'fixed' or changed, so people can be made well and 'normal'.

Looks at what is 'wrong' with the person, not what the person needs.

Creates low expectations and leads to people losing independence, choice and control in their own lives.

Social model of disability

The way society is set up is the problem which prevents people with some disabilities and illnesses from participating fully. The problem is located in society.

When barriers are removed, disabled people can be independent and equal in society, with choice and control over their own lives.

It looks at ways of removing barriers that restrict life choices for disabled people.

The social model of disability is the accepted way of thinking about who is responsible for accessibility e.g. having easy read information on websites for people with a learning disability.

Barriers

There are many barriers that make it difficult for disabled people to access activities. Below are some examples:

Attitudinal - prejudice, stigma, pity, burden, dangerous, child-like, fear, denial, complicated, aggressive, limited, courageous.

Environmental - stairs with no ramp, no lift, broken lift, inaccessible toilet, poor lighting, poor colour contrast, blocked pathways, office layout, clutter, noise, lighting.

Organisational - inaccessible communication, online processes, abstract questioning, membership process, lack of staff and volunteers awareness / training, costs of activity.

Some experiences

- Autistic people not accessing activities because they don't know exactly what will happen or whether the environment will be right for them.
- People with a learning disability who feel safer at activities provided by learning disability organisations because they fear being bullied, or not understanding instructions.
- People with severe mental illness feeling that they are at risk in the community.
- Autistic people not looking on websites for information as there are flashing images and over use of colours.
- People with a learning disability struggling to fill out a membership form as it is not in easy read format and / or in simple plain English.
- People with severe mental illness worried about how they will be treated when they disclose their illness.

Do's and don'ts

DO- see it as your responsibility to remove the barriers to access.

DO- ask what a person needs to make the activity accessible.

DO- model the behaviour you expect from other people at the activity, if you include a person, others are likely to.

DON'T- expect people to just put up with things that are not suitable for them.

DON'T- expect people to assume that your activities are suitable for them, tell people that you can adapt.

Find out more:

Video about the social model of disability
<https://youtu.be/0e24rfTz2CQ>

www.scope.org.uk/about-us/social-model-of-disability

www.learningdisabilities.org.uk/learning-disabilities/a-to-z/s/social-model-disability

Changing attitudes

The way people act towards people with a learning disability, severe mental illness and autistic people has a huge impact on their lives.

Being ignored constantly and / or being subjected to a negative attitude excludes disabled people from society as they feel that they do not 'fit in'.

One of the biggest barriers for disabled people to accessing services is people's attitudes.

To help disabled people feel a part of society it is important we tackle discrimination and prejudices.

Becoming a more inclusive organisation will help change the attitudes of the staff, volunteers and service users within your work place.

Do's and Don'ts

DO - employ disabled staff.

DO - be friendly and welcoming.

DO - ask about their impairment or disability if necessary, in order to make adjustments

DO - recruit disabled volunteers.

DO - strive to become inclusive and accessible for all.

DON'T - accuse a person of faking their impairment or being disabled.

DON'T - judge a persons capability.

DON'T - make assumptions.



How to involve disabled people

Involving disabled people in the planning of your activities is extremely beneficial for everyone. It is important to involve people at the initial planning stage and then throughout the process.



It provides a **platform** for disabled people to:

- Say what they want.
- Say how they feel about activities.
- Say what works for them.
- Share their experiences of accessing activities.

For organisations, it ensures that activities have been planned with disabled people in mind.

Generating **feedback** from disabled people about existing activities is also very important. This can be done in many ways:

- Courtesy phone calls.
- Speaking to attendees after the activity.
- Using feedback / evaluation forms.
- Monitoring progress of the person taking part in the activity (over a period of time).
- Speaking to the activity lead.
- Focus groups.

Some experiences

- During discussions held with a group of disabled people they expressed the need to have activities running during weekends and early evenings. This was taken on board and a Saturday group was set up which is very well attended.
- During a courtesy call to a new member of the group the staff member was able to pick up that the person needs visual instructions on how to do the activity.

You can **involve** disabled people in various ways depending on what works for your service and them:

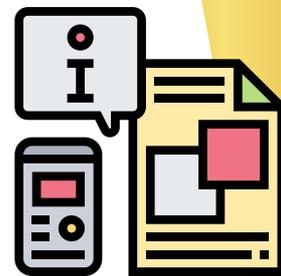
- Consultations with disabled people where discussions take place
 - Surveys / questionnaires
 - Attending existing groups and speaking to disabled people
- Speaking to professionals / organisations that work with disabled people
- Provide taster sessions for disabled people so they are given choice
 - Use social media / website to reach out to disabled people
 - Focus groups

Key **principles** to involving disabled people:

- **Informing** disabled people about activities / groups that they can access
- **Collaborating** with professionals / organizations that work with disabled people.
- **Involving** disabled people to ensure their views and needs are constantly heard and considered.
- **Entrusting** disabled people to take a lead in the decision making about setting up activities.

Find out more:

www.activityalliance.org.uk/how-we-help/resources/7070-effective-engagement-factsheets



What helps people join your activities?

People with a learning disability, severe mental illness and autistic people face many barriers when accessing healthy living and physical activities. There are many things you can do to help overcome some of these barriers and give disabled people a good experience of your activities

Some barriers

- Lack of clear information
- Lack of disability awareness / understanding amongst staff / volunteers
- Cost
- Physical environment
- Not feeling welcome
- lack of transport or difficulties using transport
- Complicated membership processes

Providing information in advance

People like to know what to expect especially autistic people, those who experience anxiety and / or those who haven't been out for a while.

Our consultation found that people did not know what activities were available, or they had concerns about how to get there.

Some experiences

- Autistic people often like to know exactly what will happen, and that the activity will be as expected.
- People with a learning disability may find it difficult to follow complex directions.
- People with severe mental illness may be anxious about being unfit if they have been unwell and on treatments for a while.
- People may not have a wide social network to inform them about activities so may be relying on the information your provide.

What you can do BEFORE the activity?

- Think about how easy it is to find out about your activities.
- Consider running activities at weekends and in the evenings.
- Send your information to services who work with people with learning disability, autism and mental illness.
- Send your information to carers' organisations with offers of free entry for carers.
- Send information to organisations working with ethnic minorities / LGBTQ communities.
- Provide clear information about how to get there.
- Provide clear information about start and end times.
- Include maps, photos building and public transport information.
- Say how many people might be there.
- Provide photos or videos of staff members and the location.
- Provide clear information about what to bring and what to wear.
- Provide clear information about the cost and any concessions.
- Show a video or photo of the activity if possible.
- Say who you welcome in your adverts, be specific.
- Keep your websites / other websites you advertise on up to date.

What you can do DURING the activity

- Make the person feel welcome, tell people they are welcome when they arrive.
- Have a contact person to discuss their needs or concerns with.
- Do introductions of staff and other attendees.
- Make carers or supporters welcome.
- Ask the person if they have any questions.
- Speak slowly and clearly and give people time to process it.
- Try rephrasing if the person hasn't understood you.
- If a person makes a mistake, re-assure them that it is ok.

Do's and don'ts

DO - put simple videos on your website of how to find the building/meeting place, which door to use, the activity itself, staff introducing themselves

DO- give simple directions and travel information

DO- offer to meet people at the door/outside, and send a photo of the person who is meeting and greeting

DO- use easy read or plain English for your website and posters, keep it simple

DO- say if there is anyone who speaks other languages, including makaton, in your team

DO - make it clear people with mental illness, autism and learning disability are welcome

DO- say what benefits the activity could have

DO - allow carers or supporters to attend for free

DO - have information in Easy Read or use plain English

DO - have a buddy scheme in place (see buddying)

DON'T - leave out of date info on your website/other websites or out of date posters up

DON'T - make it hard to find the information online by having separate information of lots of different pages

Using the right language

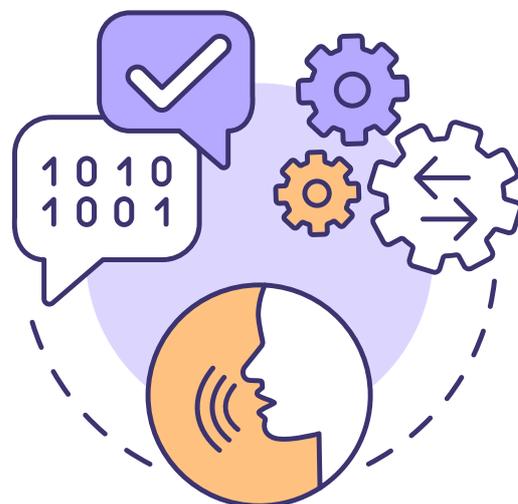
Using the right language is very important as it can make disabled people feel included and valued.

Language changes over time so regularly check with trusted organisations that you are using up to date terms and language. What is regarded as acceptable today may not be in the future.

Language can be used in various communication methods (written, verbal etc). It is important to consider the following when communicating:

Do' and Don'ts

- DO** - use inclusive language
- DO** - use language that is positive
- DO** - use plain English
- DO** - use Easy Read where possible
- DO** - Use 'disabled people' as the collective term
- DO** - get straight to the point
- DO** - speak slowly and clearly
- DON'T** - use jargon / abbreviations
- DON'T** - use offensive language
- DON'T** - give information overload
- DON'T** - use 'the disabled' as the collective term
- DON'T** - use medical terms e.g. patients



'Person first' or 'identity first' language?

Some people prefer person first language
'I am a person with autism'

Some people prefer identity first language
I am an autistic person'

Follow their lead or ask them if you are not sure

Examples of offensive terms and how they can be re worded to be more inclusive and positive

 **Tennis classes can help the disabled overcome their disabilities.**

 **Tennis classes get everybody active.**

 **Sam is unable to fully take part in the activity because he is confined to a wheelchair.**

 **Sam is a wheelchair user so may need to do things differently in the activity.**

 **All our groups are accessible to the disabled and non disabled.**

 **All our groups are accessible.**

 **Joanne suffers with depression and therefore getting out will help her feel better.**

 **Socializing will help improve Joanne's mental health.**

Find out more:

www.activityalliance.org.uk/how-we-help/resources?utf8=√&filter=Promoting+sport+and+activity#article_count

Physical environment



Creating an environment that is accessible and suitable for disabled people is very important.

Autistic people experience the world very differently to others. They may experience sensory differences. Some autistic people may be over-sensitive or under-sensitive to specific lights, sounds, smells or textures. This can be a positive thing, but may also cause distress or discomfort.

Autism is very complex and it is always best to ask the person about their sensory needs.

People with a severe mental illness and / or learning disability may also have sensory needs.

Things to consider:

- Fluorescent lighting can be distracting and debilitating for some autistic people
 - Clutter can cause overstimulation for autistic people
- Autistic people can hear sounds many decibels above those with normal hearing
- Background noise can make it difficult for disabled people to concentrate.
 - Smells can cause nausea in some autistic people
 - Too much space can cause anxiety and disorientation
- Many autistic people need space around them and cannot handle crowds and clutter, including narrow corridors and passageways

Do's and Don'ts

DO - ask people to find out what they need

DONT - make unnecessary changes



Advertising your activities

Your organisation may use social media, videos, flyers and websites to promote their activities with their audience. It is fine to use whatever works for you but it is important to consider the following:

- Use 'disabled people' and not 'the disabled' as the collective term.
- Use plain English – no jargon or abbreviations.
- Use easy read where possible.
- Get straight to the point.
- Carefully consider use of fonts and layout of text. Avoid italics and capital letters. Instead use Bold and larger text. Font size 14 is used for easy read formats and usually Arial or Calibri font.
- When using images carefully consider where text is placed – avoid shading or placing text on an image.
- Avoid overuse of colour.
- Videos need to have subtitles, audio description and no background noise.

Websites / Social Media

If people are looking on your website / social to find out about activities in your organisation, please consider the following:

- Websites need to be easy to navigate.
- Websites must have the ability to change the colour contrast and using responsive text sizes.
- No flashing images.
- Have accessible links and make them easy to understand.
- Content must be up to date and relevant.
- Clearly explain any image.

Find out more:

www.activityalliance.org.uk/how-we-help/resources/60-inclusive-communications-guide

Setting up a buddying system



Buddying is a great way of helping disabled people access activities. It can help to overcome their worries / concerns about attending an activity and give them the confidence to access services. Buddying can be done in different forms with varied levels of involvement and therefore organisations will need to consider training and safety checks.

Options

1. Volunteers who meet the person at home or other place and accompany them to the building and during the activity and back home. This option needs a lot of time and commitment from volunteer coordinators and volunteers and some funding for expenses.
2. Volunteers or staff meet the person at the door and accompany them during the activity. Needs some coordinating and commitment from volunteers or staff.
3. Staff at the activity introduce the person to another attendee / peer support, e.g. staff match the person up with another attendee to do partner work, or introduces them to established member and suggests they follow what that do.
4. The person brings their own buddy/friend/supporter who attends for free.

A buddy can help a disabled person in different ways:

- Help with getting to the venue e.g. meeting the person at the bus stop and walking to then venue
 - Make the person feel welcome
 - Answer any questions the person may have
- Ensure that the activity is accessible and meets the needs of the person
 - Talk about why they enjoy the activity and the benefits of it
- Staying in touch with the person to share information and provide support
 - Introducing the person to others in the group
 - To physically be with the person so they don't feel they stand out
 - Offer reassurance
 - Show the person where equipment is, where to go
 - Have a chat, be friendly.
 - Help with form filling.

A buddy cannot:

- Be intrusive and ask lots of unnecessary questions about why the person needs a buddy
 - Do personal care or support work role
- Touch or be over friendly with the other person
- Have expectations that the person will attend again

Buddies are usually volunteers

If you have volunteers in your organisation, they can be utilized to become buddies.

For help with recruiting volunteers please get in touch with Sheffield Volunteer Centre.

www.sheffieldvolunteercentre.org.uk

The universities are also a great way of finding volunteers to carry out short term roles.

www.shu.ac.uk/careers/work-experience/volunteering

Volunteers who take on buddying roles may need training on:

- Safeguarding
- Confidentiality
- Basic understanding of autism, learning disabilities, severe mental illness
- Professional boundaries

They may also need reference checks and DBS checks.

Skills and Knowledge

It is important that all staff and volunteers in your organisation understand the importance of Safeguarding and Confidentiality. This needs regular updating / refreshing.

External organisations and professionals will feel confident referring their clients to your activities, knowing that all staff and volunteers have the required skills and knowledge.

It will equip your staff and volunteers with the resources and awareness to deal with issues in these areas.

It also gives service users confidence in accessing your activities.

Safeguarding

Safeguarding applies to an adult who:

- has care and support needs
- is experiencing, or is at risk of, abuse or neglect; and
- because of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.



Staff and volunteers must be able to:

- Pick up cues when someone is indirectly telling them that they may be getting abused.
- Know how to respond to disclosures of abuse.
- Understand all the different forms of abuse.
- Know where to pass on safeguarding concerns within the organisation.
- Know how and when to report abuse.

Some experiences

- A person with a learning disability is cared for by their older brother who takes control of all their matters, including finances. The older brother uses the disabled persons money for his own personal means.
- An autistic woman attends an art group where she has made a close friend. The friend speaks in an inappropriate manner and often asks her to show pictures of herself.
- A person with a severe mental illness is recovering after treatment in hospital. He feels very low, tired and down. His partner mocks him and tells him he needs to 'man-up'.

Confidentiality

Confidentiality means that you must not share personal information about people who you work with, with anyone outside of our organisation without them agreeing to this.

The only time confidentiality can be broken is if there is someone at the risk of harm.

Staff and volunteers must:

- Not exchange personal information (gossip) about people they work with or talk about people on social media or outside of work
- Be mindful of people's personal details when handling paperwork (covering where necessary)
- Share information about people with line manager only in order to discuss issues or seek advice
- Keep peoples personal details locked securely
- Not take any documents with peoples personal details home with them

Some experiences

- Volunteers and staff talking amongst each other about the personal relationship of a group member
- Staff filling in membership forms and asking about personal details in front of others
- Disclosing personal information about a service user without their permission

Formal training is not always necessary for all staff and volunteers. There are other ways you can help them to acquire the skills and knowledge they need:

- Hold an informal awareness raising session covering key factors
- Develop simple and easy to use guidelines for them to follow
- Have a discussion with staff / volunteers as part of their supervision
- Use interactive ways like role play and / or scenarios