



## For More Information Contact:

Diocese of Orlando  
Office of Advocacy and Justice  
1819 N Semoran Boulevard  
Orlando, Florida 32807

Phone: 407-658-1818 x 2086  
Fax: 407-282-2891  
Email: [advocacyjustice@orlandodiocese.org](mailto:advocacyjustice@orlandodiocese.org)  
[www.advocacyjustice.org](http://www.advocacyjustice.org)

# Welcoming People with Disabilities

## Do's & Don'ts



Diocese of Orlando-Office of Advocacy and Justice

By keeping in mind a few basics about relating to people with disabilities, you can not only prevent uncomfortable moments and embarrassing situations but can convey the warmth and friendliness you would like to extend all parishioners and visitors. It is better to make a mistake while attempting to be friendly than to avoid encounters of fear of not knowing what to do. People with disabilities want to be welcomed into the church community. Be yourself—your friendliness will likely overcome any faux pas. Smile, greet the person, and ask if any help is needed. Remember, it takes more than a ramp to get inside a church community.

Get to know people who live with a disabling condition. Below are some extra cues about what is acceptable and what is not.

## Blindness & Visual Impairment

### Do:

Identify yourself when you greet a person who is blind.

Tell the person when you are about to leave, so that he or she won't continue to converse after you have gone.

Talk normally, using your customary tone of voice and typical expressions of speech, such as "see you later."

Offer your arm when assisting, the same way an usher does at a wedding.

Give verbal cues such as, "we are coming to a curb" or "we are going through a doorway."

### Don't:

Say "afflicted," "victim," "cripple," "invalid," "poor unfortunate," "defective," "crazy," "insane," "gimp," "spaz," "stricken," or "deaf and dumb." These words give strong, negative images of people.

Generate a superior vs. inferior class structure by using words such as "less fortunate" or "least."

Use words that disparage the dignity of people. Expressions should not generate pity and sorrow.



**Don't:**

Feel rejected if the person to whom you have reached out does not respond to your overtures.

Try to “cure” the person yourself.

Suggest that the illness is retribution for sin.

Force conversation.

Go along with delusions or unreality. Wait for rational moments and don't argue.

**Language Tips****Do:**

Use "people first" language: say "person with a disability" not "disabled person." Say “man, woman or child” who is “blind, deaf or developmentally disabled.”

Use the word “disabled” rather than “handicapped.”

Use such terms for mental impairment as: “developmentally disabled,” “mentally retarded,” “multi-handicapped,” or “mentally disabled”—depending upon the norms of family and friends.

Say “person who uses a wheelchair” not “wheelchair bound.”

Say “seizure” instead of “fit” when describing an epileptic seizure.

Say “typical” rather than “normal” when describing those without disabilities.

Describe the physical setting, especially for church rituals not practiced regularly (a service in which all are expected to move from their seats, bringing a gift for Thanksgiving, or to receive and light a candle, or something similar).

Arrange a private tour whenever something new, from furnishings to a new parish hall, is added to the church building.

Allow the person who is blind to touch religious symbols and statuary to appreciate more fully the beauty of the environment.

Describe the other people present and any visual aids used at community meetings.

Invite the blind person to participate in group discussions by providing the oral equivalent of visual cues that usually signal when it is one's turn to speak.

Provide large-print bulletins.

Make sure that lighting is adequate.

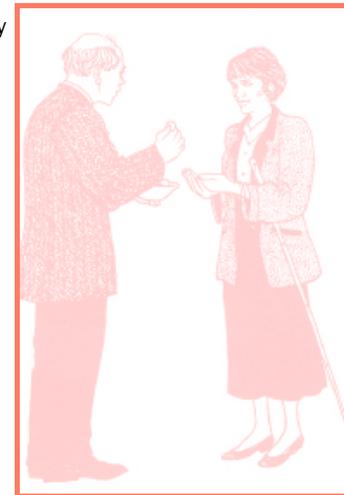
**Don't:**

Gesture about a person who is blind. He or she may sense that some nonverbal communication has taken place and feel offended or excluded.

Assume that the blind person needs Braille; many do not read it.

Be protective. Encourage people who are blind, then let them set the pace for their own involvement.

Change the furniture or freestanding devices such as fans or podiums, without telling the blind person of the rearrangement.



## Physical or Mobility Impairment

### Do:

Speak directly to the person in the wheelchair—not to a companion or attendant.

Offer assistance but accept a “No, thank you” if that is the response. Respect any refusal.

Ask directly how you may assist because, while certain movements may be difficult, other actions—carrying parcels, for example—may be managed easily.

Involve the person in the wheelchair in conversation.

Sit down so that you are at eye-level if the conversation will last more than a few minutes.

Remember that walkers, wheelchairs, or other equipment are part of the identity of the owner and are included in the imaginary boundary of personal space.

Ask how to collapse the wheelchair or walker before attempting to load it into car.

Shake hands or touch people who are physically impaired in the same way that you do with others.

Allow space for wheelchairs in a variety of locations in any permanent seating area, the sanctuary or parish hall, for example.

Recognize limitations, but invite people who are physically impaired to participate in all phases of worship and community.



## Mental Illness

### Do:

Pay Attention to the person with the mental illness.

Gesture appropriately to show friendship or concern.

Recognize that mental illness creates a gulf between the person and the community.

Provide bulletin inserts or pamphlets in the book rack to educate the parish about mental illness.

Invite self-disclosure from both the person and the family so that the stigma of mental illness doesn't prevent them from sharing their pain.

Accept the unusual behaviors of some forms of mental illness as symptoms of a disease not a description of the whole person.

Offer “respite care” to the family or spouse of a person with long-term, acting out forms of mental illness.

Be present to people with mental illness and to their family members without feeling that you must solve the problem.

Visit the person who is hospitalized just as you would any parishioner.

Encourage continued attendance at Mass and parish functions.

Offer guidance to parishioners who are unfamiliar with certain symptoms of mental illness, such as delusions or manic behavior, so they can interact with all other parishioners comfortably.

Encourage the person to participate in parish activities.

Keep things simple and uncomplicated when the person is experiencing memory loss, confusion, or difficulty with concentration.

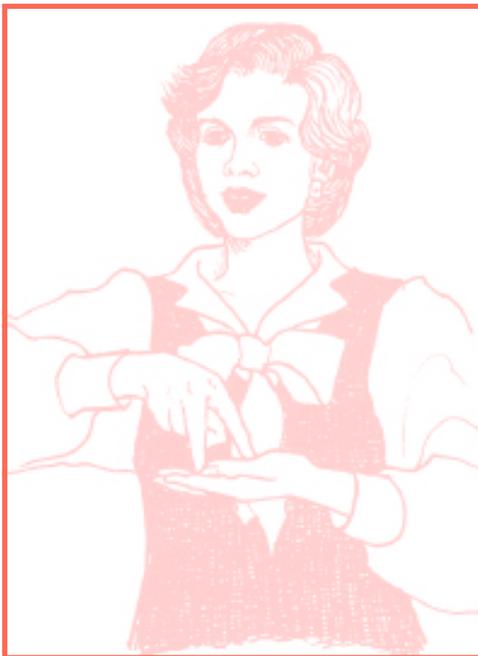
Tap the person gently on the shoulder to get his or her attention since calling the name may go unnoticed.

### Don't:

Assume that everyone with a hearing impairment reads lips.

Think that because the person is smiling and nodding you have communicated. To be agreeable, many people feign understanding.

Assume the deaf person will follow along with written handouts. (Skill levels vary widely. Those using American Sign Language, for example, often read at around the fourth-grade level. If possible, find out what a person's skills actually are.)



### Don't:

Ask personal questions about a person's disability.

Touch or move a wheelchair without the occupant's permission.

Move a walker, cane, or other tool "out of the way" and inadvertently out of reach!

Talk about the person as if he or she is not present.

Be patient with people who have difficulty speaking or pronouncing words. Let them talk at their own pace.

## Speech Impairment

### Do:

Ask questions that require only short answers or a shake of the head if you cannot understand the person's communication.

Repeat or paraphrase what was said in order to confirm that you understand.

Encourage the person to "say it a different way" if you really can't grasp the message.

Wait patiently for the person to go on after a pause.

Suggest that the person use a "communication device" for an extended, ongoing conversation—anything from a simple lap board with an alphabet printed on it to a sophisticated computer with synthesized speech.

Invite the person to contribute to the group's conversation or discussion if he or she appears shy about speaking in public.

**Don't:**

Pretend to understand when you don't. It's better to ask the person to repeat the sentence or ask a friend of the person to interpret for you.

Confuse mental impairment with a speech impairment; a person who has difficulty speaking may also have highly developed mental abilities not readily apparent.

Greet the person who is mentally retarded.

**Comprehension Impairment****Do:**

Interact normally, enabling the person to respond to the best of his/her capabilities.

Repeat information about yourself and your associates when meeting the person again. Some people with mental retardation need to be told only once or twice; others need the same information every time. Experiment until you know what is right for a particular person.

Treat people equally, regardless of their participation level; give song books and offer refreshments to all, and give everyone a chance to speak.

Remember that much more is being absorbed than is being given back.

Communicate acceptance by sitting near the person or accepting a hug, if it appropriately conveys inclusion.

Enjoy the spontaneity of people who have fewer inhibitions.

Watch for talents. Find out what the person CAN do.

Initiate conversation with simple topics such as the weather, employment, living situation, or sports.

End conversations that go on too long by expressing forthrightly your need to leave.

Find out what your parish can offer the person who is mentally retarded and his or her family.

Offer family members honest dialogue and assistance rather than pious platitudes, such as "God must have made you a special person."

**Don't:**

Assume that every person who is labeled "mentally retarded" is unable to understand what is going on around them.

Be surprised by unusual behavior. Often socially inappropriate behavior can be changed when parishioners become teachers or models.

Expect parents or siblings to be "heroes" or to feel "blessed" by family members with mental retardation; many feel ambiguity and frustration.

**Deafness & Hearing Impairment****Do:**

Face the person you are talking to, who will appreciate seeing your facial expression and may read your lips. ( A well lighted room helps)

Use gestures and facial expressions frequently to enhance your communication, smiling when the topic is happy, frowning when it is sad, pointing to others and to objects if they are the subject.

Change the wording of your sentence when the person doesn't understand you—change "7:30" to "half-past seven," for example.

Move closer to the person rather than shout.

Give extra cues and frames of reference to make group communication clearer. (Announce the topic, for example: "Next item on the agenda is the parish picnic.")

Turn off the radio, television, running water, or air conditioner when talking to a person with hearing loss. Background noises impede communication.