You can't say that!

BUT CONSIDER THIS: DISABILITY

UNIVERSITY OF WOLLONGONG AUSTRALIA

Acknowledgement of Country

We acknowledge that Country for Aboriginal peoples is an interconnected set of ancient and sophisticated relationships.

The University of Wollongong spreads across many interrelated Aboriginal Countries that are bound by this sacred landscape and intimate relationship with that landscape since creation.

From Sydney, to the Southern Highlands, to the South Coast.

From fresh water, to bitter water, to salt. From city, to urban, to rural.

The University of Wollongong acknowledges the custodianship of the Aboriginal peoples of this place and space that has kept alive the relationships between all living things.

The University acknowledges the devastating impact of colonisation on our campuses' footprint and commit ourselves to truth-telling, healing and education.

FLAME TREE ARTWORK BY SAMANTHA HILL, DHARAWAL/ WANDANDIAN WOMAN

Cover artwork: **Ocean & Mother Nature Healing**
Artist: **Tracy Anne Davis**, UOW Fine Arts student.

At the age 49 after raising my two daughters alone since 21, I wanted to have faith and belief in myself as a practising artist and continue my journey in Fine Arts at UOW. I have mental health challenges although when I escape into my worlds of colours, I feel free, have faith and much joy.

Contents

NOTE: This guide contains ableist and offensive language and is intended as a printed resource only.

What is disability?

Living with a disability can create a different experience for each person. There is no universally accepted definition of disability as it can vary by context and perspective of the person. When considering the concept of disability, People with Disability Australia describes two contrasting models:

1. The **medical model** of disability frames people with disabilities as 'abnormal' and a problem internal to the individual. The focus is on the medical profession and the ideal is to 'fix' or 'cure' the individual. While recognised in 2001 by the World Health Organization, this interaction should shape policy change.

2. The **social model** of disability asserts that disability is caused by physical and/or social environments that don't meet an individual's needs. People are framed as being disabled by unsupportive environments, and the focus is on fixing the environment rather than on the individual.

The Australian Bureau of Statistics' Survey of Disability, Ageing and Carers uses the definition, *"a person is considered to have a disability if they have a limitation, restriction, or impairment that has lasted or is likely to last for at least six months and restricts everyday activities."*[1]

This includes conditions such as sensory loss, intellectual difficulties, physical limitations, psychosocial conditions, head and brain injury, and more.

Despite this, many Australian institutions use the World Health Organization International Classification of Functioning, Disability and Health (ICF) which considers the environmental factors to contextualise the functioning and disability of a person.[2]

YOU CAN'T DO THAT

Greet someone by saying "you look so normal".

BUT YOU CAN DO THIS

Greet someone as you would a non-disabled person by enquiring about how they are feeling.

[1] Australian Government: Australian Public Service Commission. Definition of disability, 9 Sept 2019. Accessed at Definition of disability | Australian Public Service Commission (apsc.gov.au)

[2] World Health Organization. International Classification of Functioning, Disability and Health (ICF). Accessed at International Classification of Functioning, Disability and Health (ICF) (who.int)

The ICF framework is used as a way to measure disability and health at both a population and individual level considering bodily functions, structure, activities and participation in relation to a health condition, and environmental and personal factors.

In addition, within Australia, the *Disability Discrimination Act 1992* definition is broader and includes:

- Physical disabilities
- Intellectual disabilities
- Psychiatric disabilities
- Sensory disabilities
- Neurological disabilities
- Learning disabilities
- Physical disfigurement
- Presence of disease-causing organisms in the body

YOU CAN'T DO THAT

Assume that people living with disability are "'courageous', 'brave', or 'inspirational'".

BUT YOU CAN DO THIS

Believe people with disabilities are the same as everyone else and have their own talents just like everyone else.

Many organisations in Australia use concepts from the ICF to define disability, whereby disability results from an interaction between an individual's health condition and their environment.

YOU CAN'T DO THAT

Continue to point out problems with a person's communication

BUT YOU CAN DO THIS

Ask the person what could be helpful to them.

What is neurodiversity?

The term neurodiversity was first used in the late 1990s by members of the Autism community to reframe conversation away from the language of "*disorder*" or "*deficit*" to a more inclusive and respectful angle. Neurodiversity suggests that neurological differences are natural variations of the human brain, much like biodiversity seen in nature.

The term emphasises that differences are not defects that need to be fixed, but rather, they are part human diversity. Over time, the neurodiversity movement has grown to advocate for societal acceptance and equal opportunities, promoting the idea that every person's neurology should be respected and valued.

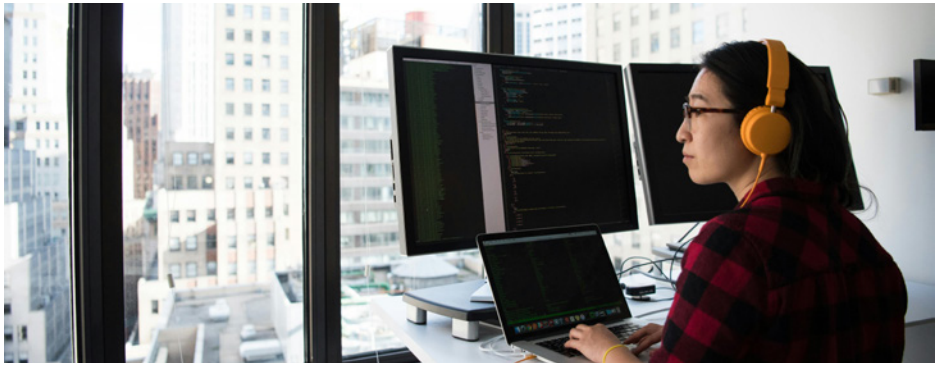
YOU CAN'T DO THAT

Label a person with a disability based on the disability e.g. "actor with Down syndrome".

BUT YOU CAN DO THIS

Generally, if a person's disability is not relevant to their work and is unlikely to become relevant, don't mention it.

But if it is relevant then it should be discussed in a respectful way.



Workplace considerations for neurodivergent people

Workplace accommodations for neurodivergent people can take many forms. These may include flexible work hours to accommodate specific routines or sensory needs, and sensory-friendly workspaces with adjustments such as soft lighting, noise-cancelling headphones, and designated quiet areas.

Clear communication and expectations can help those who struggle with social cues and unwritten rules, while alternative communication methods may be more comfortable for others.

Job tailoring and flexibility, using strengths-based approaches, can help individuals feel valued and engaged. Employers should also provide sensitivity training and awareness programs to foster an inclusive environment. Quiet spaces and breaks can help manage sensory overload and improve focus, while assistive technology and tools can enhance efficiency.

These accommodations are a legal requirement for employers to provide and fund reasonable adjustments for anyone with a disability.

Common misconceptions about neurodiversity

1. **Neurodiversity is only about autism:** While autism is a part of neurodiversity, it also includes other neurological variations such as ADHD, dyslexia, dyspraxia, and Tourette syndrome among others.
2. **Neurodivergent individuals cannot lead successful, independent lives:** Many neurodivergent individuals excel in their chosen fields, leveraging their unique perspectives and strengths to contribute meaningfully to society.
3. **Conditions like ADHD or autism are labelled as 'bad behaviour':** These conditions are genuine neurological differences, not excuses. They come with both challenges and strengths for the individual.
4. **Neurodiversity ignores the reality of disabilities:** Neurodiversity acknowledges that neurological variations can be disabilities, but they are not flaws. People with neurological differences are not 'broken' or incomplete versions of 'normal' people. Therefore, the neurodiversity paradigm aligns with the social model of disability..
5. **There's an epidemic of autism and/or ADHD:** Until recently, many people were undiagnosed, especially women or people assigned female at birth, people of colour and socially marginalised or financially disadvantaged people.
6. **People who self-diagnose are 'faking it' or 'attention-seeking':** Formal clinical diagnosis can be very expensive and may require months or even years on specialist waiting lists. Many clinicians lack experience in recognising autism and ADHD in traditionally under-identified groups. Additionally, clinical diagnostic procedures can be traumatising.
7. **Autistic people lack empathy and the ability to take other peoples' perspectives:** This myth originates in the historic focus on young male children with significant disability in spoken language. More recent research has refuted this. Dr. Damien Milton has proposed the Double Empathy Problem, which describes how communication difficulties arise between people of different neurotypes.
8. **Autism and ADHD are 'opposites':** Until recently, diagnostic manuals precluded an autistic person from receiving an ADHD diagnosis or vice versa. Since this change, many people are receiving dual diagnoses, or recognising they have traits of both neurotypes.
9. **Lifelong care is needed:** That neurodivergent people require someone to care for them for the rest of their lives is a common misconception.

Historic and societal implications of disability

Due to the variability in definitions, classifications, and types of disability, as well as various personal and social factors, some people with disabilities are willing to share their experiences, while others prefer to keep such information private and only disclose it when necessary, often for medical reasons. This hesitation to disclose information can be influenced by changes in societal pressures.

Historically, people with disabilities were marginalised, hidden away, or subject to ridicule. During the early 20th Century people with disabilities were frequently placed in institutions or prisons, and women and girls with disabilities were sometimes even sterilised as a form of treatment.[3] The introduction of the Invalid Pension in 1908 provided some early support and independence. Post-World War I and II, rehabilitation services expanded, reflecting a growing awareness of the rights of people with disabilities. The 1970s saw a shift towards self-advocacy, with professionals who were living with a disability demanding equal treatment and rights.

This activism gained momentum in the 1980s, particularly with a protest at the Rehabilitation International conference in 1980 in Winnipeg, Canada, and the subsequent establishment of the Disabled Peoples International human rights organisation.

The International Year of Disabled Persons in 1981 further highlighted disability issues with a call to action for equal treatment, opportunities, and rehabilitation.[4]

Despite progress, challenges persist, as recent reports indicate ongoing discrimination and exclusion. The disability rights movement has been instrumental in policy changes, including the National Disability Insurance Scheme.[5] The outcomes of the ongoing Disability Royal Commission are expected to be a significant step forward in the struggle for equality and inclusion for Australians with disabilities.

Understanding stigma

Stigmas are negative stereotypes of people or groups that have been normalised through society and create barriers to everyday life. *"The term stigma has been used to refer to (a) marks, visible or invisible, indicating membership in a stigmatized group"*.[6] Stigma can take various forms, often resulting in prejudice and discrimination against individuals with certain traits or conditions. It can relate to a person's self-perceived ideas or relate to a person's family, friends or affiliations, or their public or social interactions.

YOU CAN'T DO THAT

Assume all people with the same type of disability have the same needs.

BUT YOU CAN DO THIS

Ask the person what their needs are.

[3] History of Australia's disability movement - People with Disability Australia (pwd.org.au)

[4] The International Year of Disabled Persons 1981 | United Nations Enable

[5] New reports chart the history of disability in Australia | Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

[6] Smith, R., Zhu, X., & Quesnell, M. (2016, June 09). Stigma and Health/Risk Communication. Oxford Research Encyclopedia of Communication. Retrieved 18 Apr. 2024, from oxfordre.com/communication/view/10.1093/acrefore/9780190228613.001.0001/acrefore-9780190228613-e-96.

Stigma can be categorised into some common forms, including:

PUBLIC STIGMA

This involves negative stereotypes and prejudices that result in discrimination against people with certain traits or conditions.

CONSIDER THIS: The media can play a crucial role in shaping public perceptions. Encouraging accurate and sensitive portrayals of mental health in the media can help to combat stigma.

SELF-STIGMA

This occurs when individuals internalise public stigma, leading to negative self-perception and self-discrimination. Self-stigma can include alienation or feeling disconnected from those around you.

CONSIDER THIS: Overcoming self-stigma involves recognising and challenging negative beliefs, and can be achieved through self-care practices and building a supportive network.

PERCEIVED STIGMA

This is the expectation or fear of public stigma by the affected person. Unlike self-stigma, which is internalised, perceived stigma is about how a person feels society will view them.

CONSIDER THIS: Perceived stigma can have a significant impact on an individual's life, leading them to adopt harmful coping mechanisms such as social withdrawal.

STIGMA BY ASSOCIATION

This refers to negative attitudes or actions towards people who are related to or associated with the affected person.

CONSIDER THIS: Interactions between the public and individuals with lived experience can reduce prejudice and discrimination.

STRUCTURAL STIGMA

This includes institutional policies or practices that limit the rights or opportunities of the affected person.

CONSIDER THIS: Structural stigma can be addressed with appropriate institutional policies, promoting workplace culture around understanding, equal opportunity and acceptance.

Stigma profoundly impacts individuals with disabilities, leading to adverse health and psychological effects. In Australia, discrimination against people with disabilities was reported by 14 per cent of those aged 15 to 64 years, with younger individuals and those with severe or intellectual disabilities facing higher rates of discrimination. This can trigger increased stress and poorer self-rated health.

Socially and economically, stigma can lead to exclusion from employment and education, perpetuating poverty, and dependency. Internally, stigma can diminish self-esteem and negatively impact mental health.

The National Stigma and Discrimination Reduction Strategy aims to eliminate structural stigma and discrimination in various sectors, including health, education, employment, and social services. Supported by the Australian Government, this long-term vision seeks to reduce self-stigma among people living with mental health issues, decrease public stigma towards those with lived experiences, and eliminate structural stigma and discrimination in key settings across Australia.

While mental health is not considered a form of disability, the stigma experienced by a person with a disability can lead to mental health challenges.

The dilemma of disclosure

As a result of the adjacent forms of stigma and discrimination, persons with a lived experience of disability may face an internal struggle of label avoidance.

This occurs when a person is reluctant to disclose or seek help for their condition due to associated public and self-stigma. Disclosure is the process of revealing your own, sometimes stigmatised, trait or condition to others.

The anticipation of negative consequences that may be associated with a stigmatised label means some people will avoid disclosing their condition. For many, this decision occurs at the point of diagnosis of a health condition.

Disclosure can also create a feeling of increased stigma for a person who is not willing or able to disclose. Contrary to this, disclosure can enable some people to raise awareness and confirm their identity, helping to reduce stigma.

The choice to disclose living with a disability is a very personal one that must align with a person's self-awareness and stage of life. The *Disability Discrimination Act 1992* emphasises a person's right to not disclose their disability, the importance of privacy, and protection from discrimination. However, in the workplace, disclosure may sometimes be necessary due to the inherent requirements of a role.[7]

For example, a staff member with visual impairment that affects their ability to read printed materials and see students in a large lecture hall may need to disclose this if their role requires them to provide lectures.

Equally, an employer must also make efforts to provide reasonable adjustments to the workplace to allow a person living with a disability to perform their role[8]. For example, provision of screen readers, magnification software and appropriate lighting.

Responding to societal implications: Allyship

Allyship plays a role in supporting people living with disabilities in many ways. Some examples include:

- **Validation and solidarity:** Being an ally shows that you acknowledge and validate the experiences of people living with a disability. It helps to break the isolation some people living with disabilities may feel.
- **Amplifying voices:** Allies can use their influence to amplify the voices of people living with a disability. By actively listening and advocating, they help bring attention to disability-related issues.
- **Promoting inclusion and accessibility:** Allies work to promote accessibility and can help create inclusive environments. They can advocate for physical accommodations, digital accessibility, and social inclusion.
- **Challenging stereotypes and stigma:** Allies can challenge harmful stereotypes and combat stigma associated with disability. They help shift societal perceptions toward a more positive and accurate understanding.
- **Learning and educating:** Being an ally involves continuous learning about different disability types, experiences, and needs. Allies educate themselves and others, fostering a more informed and empathetic society.

[7] 11_-_includeability_-_guide_-_identifying_as_a_person_with_disability_in_the_workplace.pdf

[8] 8 Legal and policy framework | Australian Human Rights Commission

How to be an ally

Being an ally in the workplace involves actively supporting and advocating for our colleagues, especially those from marginalised groups. Here are some practical ways to be an effective ally:

1. ACTIVELY LISTEN AND LEARN

- **Pay attention:** Listen more than you speak to better understand the experiences and challenges of your colleagues.
- **Educate yourself:** Learn about different groups and the barriers they face. This can help you become more aware of your own biases and how to address them.

2. SPEAK UP

- **Intervene:** When you witness bias or discrimination, speak up. Bystander training can help with strategies. This shows that you support an inclusive environment.
- **Use inclusive language:** Be mindful of the language you use and ensure it respects everyone's identity. It is ok to make mistakes but acknowledging these is also important.

3. SUPPORT AND MENTOR

- **Mentorship:** Offer to mentor colleagues from underrepresented groups. Share your knowledge and help them to navigate their career paths.
- **Share opportunities:** Advocate for your colleagues by sharing opportunities for growth and development.

4. CREATE AN INCLUSIVE ENVIRONMENT

- **Acknowledge celebrations:** Recognise important cultural and religious holidays, as well as personal milestones including promotions and birthdays.
- **Encourage participation:** Make sure everyone has a chance to contribute in meetings and discussions. Support those who may not be as vocal without singling them out.

5. BE STRATEGIC IN ADVOCACY

- **Support diversity networks:** Get involved with workplace diversity networks and support their initiatives. Many exist both internal and external to UOW.
- **Promote policies:** Be aware of, and advocate for policies that promote diversity, equity, and inclusion within your organisation.

Changing terminology

Using respectful and inclusive language is vital to creating a sense of belonging. At all times, inclusive language should aim to:

1. **Focus on the person:** Talk about the person, not their disability. Mention disability only when relevant to the content.
2. **Use respectful language:** Acknowledge a person's preference to identify with a particular community or characteristic. Avoid disempowering, discriminatory, degrading, or offensive terms.
3. **Avoid harmful stereotypes:** Negative words like 'victim' or 'sufferer' reinforce stereotypes that are not true. People with disability live diverse lifestyles, have families, and contribute to their communities.
4. **Be inclusive:** Recognise that many people with disability are proud of their identity and want it respected.

Language is very personal, and each person is likely to prefer certain types of words and combinations of phrases that are used in relation to their lived experience.

The American Psychology Association[ii] considers disability to be an overarching culture, with specific types of disability forming subcultures, each with their own methods of self-identification.

Some individuals and groups may prefer person-first language (person with disability) where the disability is not the focus. But others may prefer identity-first language (disabled person) where the person claims identity by means of the disability – it is up to the individual.

In many disability groups the use of identity-first language is the reversal of a previously negative identity and a reclamation of cultural pride.

Where possible, be factual and descriptive, naming the specific type of disability (e.g. Down syndrome, cerebral palsy, blind, amputee) or use the generic term 'disability'.

The most important factor to consider is maintaining the integrity of the person that is being spoken to. By considering integrity you are addressing both the person's worth and the person's dignity. Where possible, negative or condescending references should be avoided including the use of metaphors, euphemisms[iii] or terms that imply restriction due to the person's disability.

The following guide provides insights that demonstrate the change in language that has occurred with time. Please note, this guide is not a comprehensive reference and may not be suitable for every situation.

Changing social interactions

As with language, the way we interact with others also evolves with time. In any interaction, is it important that the person with the disability feels safe and respected. For many years the voices of people with a disability were ignored, undervalued, or dismissed.

The practice of inclusive engagement is an ongoing process of learning and growing. It's okay to make mistakes, but it's best to learn from them and share your learnings with others. The following suggestions may help create an inclusive experience.[iv]

- Acknowledge your own benefits and privileges that others may not have.
- Recognise your biases in how you interact with other people.
- Use existing information to ensure you are asking the right questions during an interaction. The person with the disability does not need to educate you, although many are open to sharing their experiences.
- Consider the accessibility and flexibility of the engagement.
- Take responsibility for your actions, limitations and any decisions you choose to make.
- Ask the person how you can make the engagement more suitable and be prepared to provide the necessary supports.
- Take the concerns and needs of the person with a disability seriously; do not judge.
- Own your mistakes and learn from them.
- Always avoid offensive language, even in jokes.
- If someone calls you out for not being inclusive, don't make excuses. Instead, say, "I'm sorry. It wasn't my intention to offend you. Could you explain why what I said was wrong?"[iii]

[i] People with disability Australia (2021) PWDA Language Guide: A guide to language about disability. pwd.org.au/resources/models-of-disability/

[ii] American Psychology Association, Bias-free language - Disability. apastyle.apa.org/style-grammar-guidelines/bias-free-language/disability.

[iii] Diversity Council Australia (2016) WordsAtWork - Building inclusion through the power of language dca.org.au

[iv] Australian Government: Disability Gateway. Follow good practice engagement principles. disabilitygateway.gov.au/engagement-principles

Terminology glossary

YOU CAN'T SAY THAT	BUT YOU CAN SAY
Suffers with a disability Abnormal Defect Deformed Cripple, invalid Differently abled Handicapped Handicapable	Lives with a disability* OR Disabled person* ***NOTE:** This is an individual choice and the community is divided on which term is preferable. If in doubt, ask the person.
Wheelchair-bound person Confined to a wheelchair	Person who uses a wheelchair Wheelchair user
Vision impaired† Visually impaired† The blind† Sight-challenged person Visually challenged person Person with blindness	vision-impaired person† visually impaired person† Person who is blind† ‡Blind person Person who has low vision **†NOTE:** Use of person-first language.
Mental	Neurotypical Neurodiverse Neurodivergent ('Diverse' generally refers to a community while 'divergent' refers to the person).
Special requirements	Individual requirements
Aspergers "*On the spectrum*" especially as a joke or insult High/low functioning ASD "*We're all a little bit autistic*" or "*We're all on the spectrum*" They just need to try harder High functioning/low functioning Aspy/aspie, profound autism, mild autism	autistic person or ‡Autistic person (preferred by about 87% of autistic adults). Person with autism (only if that is the language the individual prefers). High/low masking, high/low support needs
"*I'm so ADHD today!*" if you don't have ADHD They just need to try harder Mild/severe "*Neuro-spicy*", "*neuroqueer*" etc., unless you identify as such	ADHDer Person with ADHD AuDHD for someone with both Autism and ADHD diagnoses

YOU CAN'T SAY THAT	BUT YOU CAN SAY
Paraplegic Physically challenged	Person with paraplegia
Schizo Borderline	Person with schizophrenia Person with personality disorder
Non-verbal	Non-speaking (may use spelling or assistive technology to communicate).
Mentally handicapped Slow Mentally challenged Special needs Slow learner, stupid	Person with intellectual disability Person with cognitive disability
Downy Mongol(oid)	Person with Down syndrome
Dwarf Midget	Person of short stature
Handicapped parking	Accessible parking
Disabled toilet	Accessible toilet
Mentally ill Crazy Mental Psycho "*OCD*" used as a joke or to refer to a preference for tidiness	Person with a mental health condition Person with a psychosocial disability
Deaf and Dumb Hearing impaired person Person with deafness Dumb person	Person who is deaf Person who is hard of hearing ‡Deaf person Person with hearing loss
Learning impaired	Person with a learning disability
Suffers from a chronic health condition	Lives with or has a chronic health condition
Able-bodied Abled Normal Sound of mind	Person without disability Non-disabled person Neurotypical

‡NOTE: The use of capitalisation.

Acknowledgements

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UOW Disability Inclusion Network

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