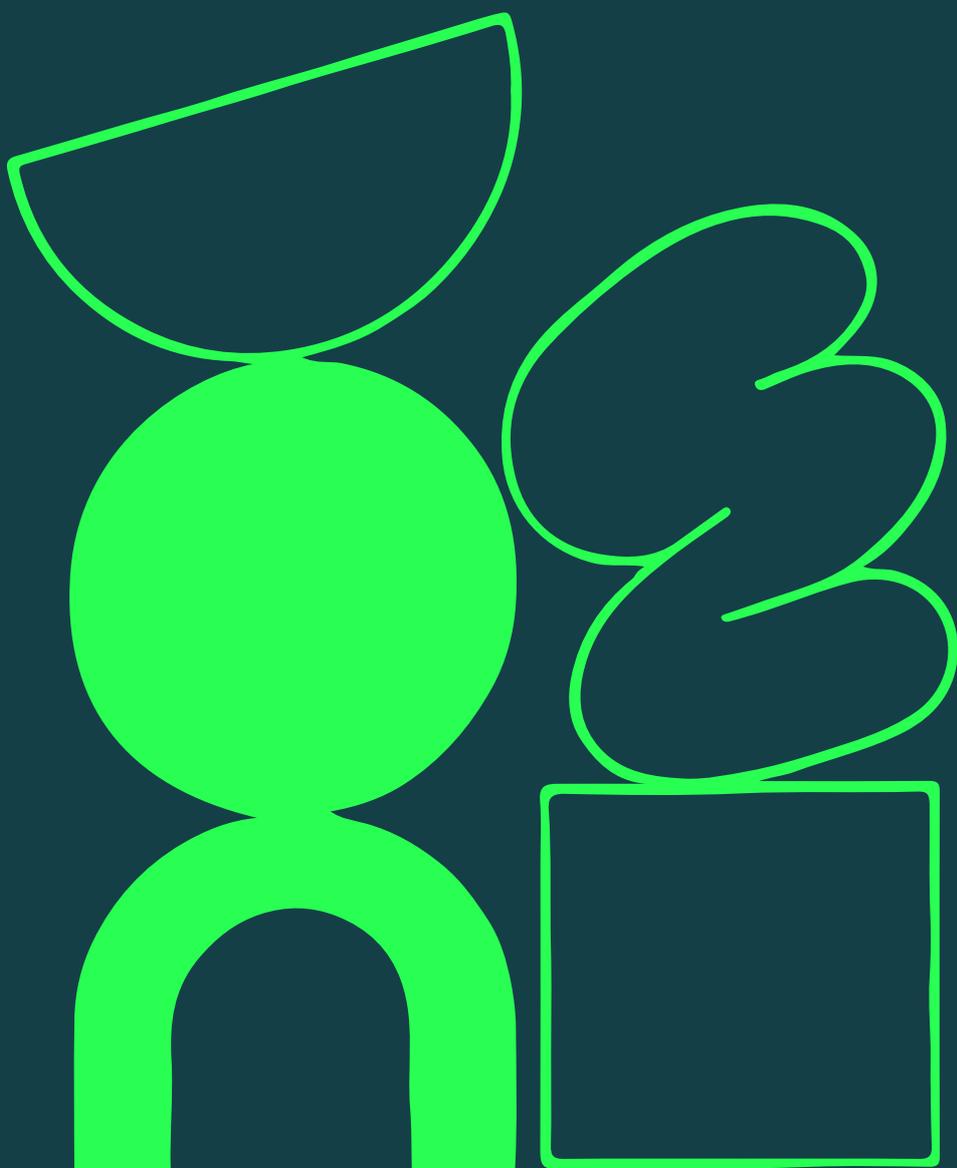


Diversity, Equity, Inclusion & Belonging

Deconstructing Ableism

Quick Guide

Content by Catarina Oliveira





Catarina Oliveira

33 years old, born in Oporto and graduated in Nutrition and Food Sciences from the University of Porto. Professional experience in different areas, from hospitality, event promotion and as a DJ, being part of a duo, an activity that remains active today. Passionate about communication, she created a page on Instagram (@especierarasobrerodas) where one of the main goals is to change mindset, break bias, prejudices and taboos related to people with disabilities. She is currently one of the ambassadors of Associação Salvador, an Association that aims to support people with physical disabilities. She also works as a speaker in schools, universities, and companies with the aim of clarifying myths and exposing problems related to accessibility, inclusion and representation of people with disabilities.

Contextualizing Disability



Contextualizing...

More than one billion people worldwide live with some kind of disability, with 200 million of them experiencing considerable functional difficulties.

The world's population is aging, with an increase in chronic diseases, which means the **prevalence of disabilities will increase in the coming years.**

The **Convention on the Rights of Persons with Disabilities (2006)** was a milestone in guaranteeing and promoting the human rights of all citizens, and of people with disabilities in particular. Signed by Portugal, Article 27 of the Convention recognizes the **right of disabled people to work and to have equal opportunities with other people.** This convention reflected the **beginnings of a change in the understanding of and global responses to disability.**

It must be understood that **people with disabilities are part of the structure of a community and share the same social objectives of equal opportunities, full and active participation, independent living, and economic independence.**



Dados

 15%

Of the world's population —
— It is estimated that more than one billion people live with some form of disability.

 66.5%

It is estimated that chronic diseases are responsible for 66.5% of every year lived with disabilities in medium- and low-income countries.

 20%

20% (1 in 5) of the world's poorest people in developing countries are disabled.



Women and children with disabilities, together with the elderly, are the poorest and most marginalized populations.

 80%

80% of disabled people live in developing countries.

The results of the World Health Survey indicate a higher prevalence of disability in low-income countries than in higher-income countries.



What is a disability?

Disability is part of the **human condition** and almost all of us will experience a **temporary** or **permanent** disability or limitation at some point. **Disability** is a **complex concept**, and the approaches that can and should be taken to overcome the disadvantages associated with disability are **diverse and systemic**.

Some types of disability:

- **Hearing impairment**
- **Physical disability**
- **Learning difficulty**
- **Visual impairment**
- **Non-visible disabilities**
- **Among others**

Disability is a very **diverse, complex, dynamic, and multidimensional** concept. We need to consider disability more broadly. **People with disabilities** have **different degrees of skills and abilities** that can prevent them from performing a particular task and from accessing certain services, especially if they are not **designed in an inclusive and accessible way**.

To better understand this concept, it is important to understand the **models of disability**. There has been a transition from an **individual and medical perspective** to one that is **structural and social**, understood as changing from a “medical model” to a “social model”.

This paradigm shift can be explained by being aware of the **three disability models**, as outlined here:

Medical Model

Part of this premise is that there is a **biologically normal human** being and that variations from this are **abnormal**. The **solutions** focus on **normalizing the individual through prevention and treatment**. This is a **linear causality model**: being a disabled person is synonymous with having a disability, which is necessarily a disadvantage.

Social Model

This considers **disability** to be a social construct and **not an individual attribute**. The **causes of disabilities** are not limited to the natural obstacles the person faces, but are also the result of the individual's interaction with the various social barriers.

This model considers the individual's full inclusion. Social, attitudinal, or ideological changes are imperative, given that the participation of people with disabilities in all areas of society is considered a **collective responsibility**.

Functional Model

This incorporates medical diagnostic information with psychosocial aspects. The focus is on the **functionality of the individual** and not on diagnosis.

Equal consideration should be given to **the person and their health** (physical/mental functions and structures), **the environment** (the physical, psychological, and social elements that, if appropriate, constitute a facilitator or, on the contrary, if inadequate, represent a barrier) **and the reciprocal interaction between these elements, which result in the concepts of participation** (ranging from complete to restricted) and the **performance of activities** (ranging from complete to limited).

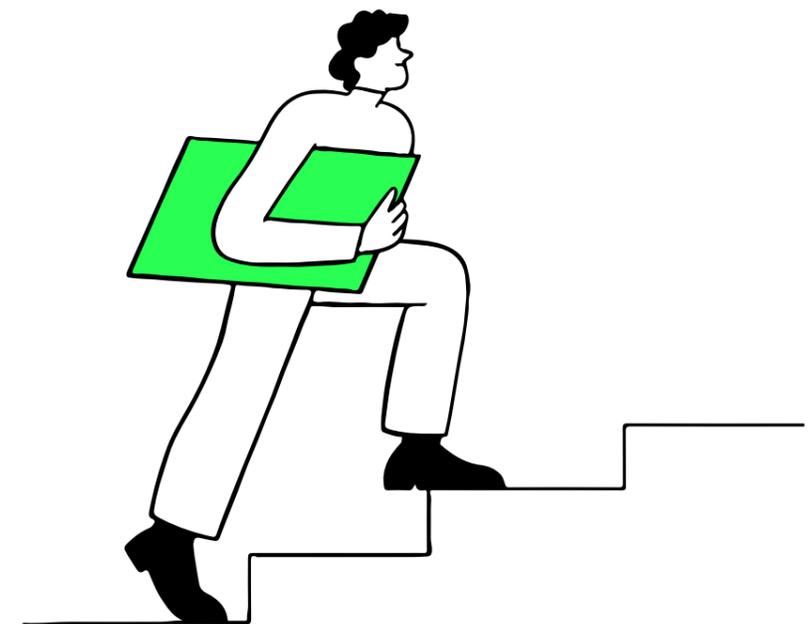
Thus, having the **functional model**, as a conceptual framework, the **World Health Organization (2001) defines functionality as a comprehensive concept encompassing the body's functions and structures, as well as activities and participation in society**.

Disability is therefore an umbrella that encompasses **the individual's impairments** (i.e. deviations, losses or problems with body functions and structures) and **the activity and participation limitations** (i.e. difficulties or problems in achieving what is intended) (**WHO, 2001**).

“

The **difficulties** faced by disabled people lie not only in their physical limitations, but also in the external barriers they face: inadequate policies and standards, negative attitudes, physical barriers, access to health care, education, employment, transport, and information, among others.

”



Ableism



Ableism

How many have heard of the word “Ableism”? Few, perhaps.



Ableism is the word used to define any and all discrimination against disabled people. At first sight it may seem rather vague and diffuse, however it's extremely present in our society, whether it's on the past or present. Hopefully, there will be less ableism in the future.

Ableism is found in **throughout our society**, in a very deep-rooted and often veiled way that is difficult to deconstruct. **It is in the physical, attitudinal and opportunity barriers people with disabilities constantly face as they go about their daily lives.**

The main barriers are:



Physical or environmental

Lack of access ramps, floors that are comfortable and accessible to all, properly adapted toilets, elevators.



Communications

In written and spoken communication, including media, advertising, internet, culture, recruitment, etc.



Inadequate policies and standards

Legislation discriminating against disabled people and/or the absence of legislation that could otherwise provide an enabling structure.



Attitudes

Negative stereotypes about disabled people, social stigma. Cultural beliefs associating disability with sin, tragedy, punishment. Infantilizing the disabled person. People with disabilities often report that attitudes are the most difficult barriers of all.





How do you (de)construct ableism?

We are, we have been, or we will be ableists. All of us. Because we grew up in and are shaped by an ableist society. But **we can deconstruct our ableism.** In order to do so, we need to be informed about the different realities, regardless of whether or not they belong to us. **It is not necessary to be a disabled person to be informed about the different issues relating to disability.**

01. Language matters

Language is of overarching importance in society. **As far as people with disabilities are concerned, there are no exceptions to this rule.** Different people with disabilities will also have their personal preferences in respect of the language used.

It is essential to put the **person first** and, therefore, when referring to a disabled person (or to any person), **refer to the person by name** where appropriate.

Expressions that no one should say: “wheelchair-bound”; “sentenced to a wheelchair”; “crippled”; “abnormal”; “victim”; “poor thing”.

Generally speaking, there is no problem using **idiomatic expressions** when communicating with disabled people, such as saying: “**It was nice seeing you**” to a blind person or “**You’ll hear from them soon**” to a person with a hearing impairment. **People with disabilities also use these expressions on a daily basis.**

Different individuals have their own preferences. If you are not sure what term to use, ask.

02. Myths and Facts about Disability

There is still a lot of **misinformation** when it comes to **disabilities**. People who don't have daily interactions with or who are not close to someone with a disability can have **misconceptions based on myths about the disabled**.

The following table contains a number of **myths and facts about disability** of which you should be aware:

Myth	Fact
Disability is unusual and abnormal.	Disability is a natural part of the human experience. Around 15% of the world's population have some kind of disability.
The needs and abilities of a disabled person can be categorized easily.	Not all people with disabilities have the same specific abilities and needs. People themselves are best informed about their own needs.
A person's disability is generally visible.	Many disabilities are hidden and are no less real.
Loss of senses such as vision or hearing automatically cause other senses to become more acute.	A person's senses do not become more acute: the individual can learn to become more aware of certain information received by those senses that are not affected.
Disabled people are heroes	People with disabilities are not heroes for trying to live their lives as naturally as possible.
People with disabilities must be treated separately or in a special way so they can receive quality services.	People with disabilities should be treated in the same way as the rest of the population, taking into account the adaptations necessary for their specific needs.
Everyone should be treated equally.	Due to the existence of numerous physical, communication and attitudinal obstacles, it is not possible to treat everyone in the same way. Everyone needs to be treated equitably, according to their specific needs.
Adaptations for people with disabilities are expensive and dispensable.	Many adaptations can be made at low or no cost, using aid and inclusion programs. The more adaptations that are made, the more people will be included in society.



03. Tips For Effective Interactions

One of the greatest barriers people with disabilities face is the attitude of others. It is therefore essential to reflect on how we communicate and behave during an interaction with people with disabilities.

As disabilities and people are diverse, here are some guidelines for interactions with specific groups of people with disabilities.

The following guidelines are not intended to be rules, they represent behaviors and realities of most people with disabilities (with exceptions of course).

A | Hearing impaired

Hearing impairment refers to partial hearing loss on a scale that can range from slight to severe. There are various kinds of hearing impairment, with some people having slight hearing loss with or without a hearing aid, while other people have profound hearing loss. Some people with profound hearing loss are “oralized”: that is to say, they can speak. **Not all hearing impaired people are unable to speak.**

People with hearing impairments **can communicate by speech, lip reading or sign language.**

When we communicate or interact with a person with a hearing impairment, we must engage in **communication that is suitable** so the person can be truly included in the group. Whether by using a **sign language interpreter, or by more attentive communication**, facing the person, speaking more slowly, etc.

Don't forget:

- When a sign language interpreter is present, look at and speak to the deaf person and not to the interpreter.
- Do not shout in an effort to get the attention of a person with a hearing impairment. Instead, touch them lightly or wave your hand. Shouting often just distorts the words.
- Look directly at the person and speak clearly, naturally and slowly to determine if the person can read lips. Not all deaf people can read lips.
- Provide the person with a means of exchanging written messages to see if this would be helpful in facilitating communication.
- When you are meeting in a group, speak one at a time. This is especially important if there is a sign language interpreter, but it also applies to someone with a hearing impairment who is trying to follow the conversation on their own.
- Follow the person's tips to understand whether communication by sign language (if possible), writing or lip reading is preferable.

B | Visually impaired

Visual impairment can be manifested as low vision to total blindness. That is to say, **different people will have different ways of responding depending on the degree of their visual impairment.** Some blind people have a perception of light or have partial vision, some can read and write using **Braille** while others can't.

Verbal communication is essential because people with visual impairments can lose a lot of routine information when they need vision to understand a situation.

A blind person or someone with low vision may need some specific resources in the context of social life and work, and these need to be guaranteed to **ensure the individual is fully included.**

Don't forget:

- Address the person verbally so that they know they are being approached. Identify and describe yourself. Speak normally, but face to face.
- Don't grab the person's arm or cane in the assumption they need help. Ask first if they help and if so, how they would like to be helped.
- Offer your help and an arm (for example) as a guide and describe any obstacles in the path.
- If you're going to warn of the presence of any obstacle be specific, simply shouting "careful" does not let the person know if they should stop, run, or jump, etc.
- If the person has a guide dog, walk on the opposite side from the dog and do not touch or distract the dog at any time.
- Offer to read written information, for example, a restaurant menu.
- Warn the person when the conversation has ended or when you are about to leave them.

C | People with a physical disability

People with physical disabilities are often considered to use a wheelchair; however, **not all people with a physical disability use a wheelchair**. They include those who use a wheelchair, crutches, walking sticks, walking frames, prostheses, people who can walk short distances, who have full or partial use of their arms or hands, etc. **Certain physical disabilities have characteristics with a bigger impact for society, which further removes people from effective inclusion.**

Individuals who use support products such as wheelchairs, walking frames, walking sticks, etc., **are still individuals and they are not defined by their equipment**. It is important to understand that support products, such as the wheelchair, are not prisons or sentences; rather, they represent freedom for the people who use them. **They are an extension of the disabled and their freedom.**

Don't forget:

- If you are having a long conversation with a person in a wheelchair, sit in a chair if possible so you are at their eye level, which will make the conversation more comfortable.
- Unless you know it is necessary for communication, do not speak loudly or extremely slowly to a person in a wheelchair or using any other support product.
- Do not touch or manipulate a support product without the user's permission. It is their individual property and personal space.
- Don't infantilize the person just because they have a disability.
- Do not be condescending towards a person because they use a wheelchair or another support product.
- Do not block access ramps or entrances.
- People who have difficulty walking may have to rely on a door for support. So always ask before "offering help" by pushing the door.

D | People with learning or development difficulties

Learning difficulties affect an individual's ability to function intellectually in such areas as **reasoning, learning, problem-solving and social behavior**. Often, people with learning difficulties have different ways of communicating than is considered standard, but that does not mean we should address an adult with learning difficulties as if they were a child. **Use simple, non-childlike language.**

People with learning difficulties are intelligent and have the potential to learn and perform tasks, so it is important not to underestimate them and to be **aware of their specific characteristics, needs, and limitations**. It is important we adjust our interaction with the person concerned. Speaking specifically of a **professional with a learning difficulty**, their **learning process** should follow some essential steps:

1. Explain the task without doing it to avoid distractions
2. Demonstrate the task by making sure the person is paying attention
3. Ask the person to repeat the task

Don't forget:

- Be aware of the need to communicate clearly in short sentences, and of the possible need to repeat the information.
- Use specific words and visual aids or color-based cues if necessary.
- It may be useful to offer help completing documents, understanding written instructions, or providing extra time to complete tasks. However, don't be patronizing and over helpful.
- Make sure the person knows that they can refuse to do something, say they don't know or that they don't want to. People with learning difficulties can be eager to please or to agree with the person with whom they are interacting.
- Don't assume a person with learning difficulties can't learn.
- Remember that people with learning difficulties can be independently and productively integrated into the community.

E | People with no visible disabilities

Not all disabilities are visible. For example, people with epilepsy, ostomies, autism, etc. Often these people can be misinterpreted because their **behavior or forms of communication appear "unusual"**. Care must be taken to interpret the behavior of people with non-visible disabilities, **who may seem unusual because of their disability.**

Here are a few examples: a person with a non-visible disability **may prefer written communication to verbal communication** and may therefore ask for some information being transmitted to them to be noted down. Another person may ask to sit instead of stand in a row because **they may be feeling the side effects of their medication**, for example.

Non-visibility disabilities are real. Whenever possible, respect the individual's needs and requests.





10 Take Home Messages:

01

People with disabilities are human. Recognize the differences and uniqueness of each person.

02

Prioritize the whole person approach.

03

If you are not sure what words to use, **then ask.**

04

Speak directly to the disabled person and not to their companion or interpreter.

05

Do not infantilize people with disabilities.

06

Do not force people with disabilities to accept your help.

07

Do not touch or move support and assistance products without asking permission.

08

A non-visible disability is a **real** disability.

09

Respect the privacy of people with disabilities.

10

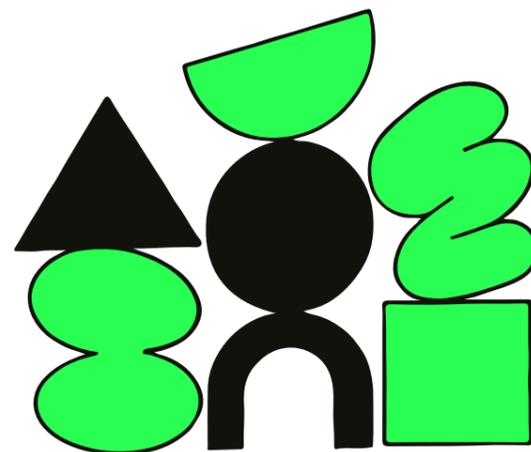
Do not make decisions or assume preferences for a person with a disability.

And very importantly, if you make mistakes... apologize, correct the problem, learn from the mistake and carry on!

How can we help (de)construct ableism?

We can deconstruct our ableism. How?

- 1. By becoming more aware. Disability awareness and its implications is the first crucial step in making society more inclusive.** Disability has often been hidden and misunderstood by society, which means people with disabilities have no voice in society in general.
- 2. Encourage participation.** The participation of people with disabilities **is essential for their real empowerment and change** in the community. “Nothing about us without us” has been a slogan and an integral message of the movement of people with disabilities. **We need to encourage people with disabilities to participate in decisions concerning them**, so that the actions affecting them are not planned or implemented without their involvement.
- 3. As a society we can challenge and change our own beliefs and attitudes towards the disabled. Promote their inclusion and participation in the various areas of society. Ensure accessible, inclusive and equitable environments. Not perpetuate or contribute to discrimination and violence against and the exclusion of people with disabilities.**
4. Helping people with disabilities, standing **alongside** them (not in front, not behind), **to deconstruct barriers and ableism.**



In conclusion...

- **The inclusion of people with disabilities and (de)construction of ableism in society is still very paradoxical.**
- **Practice is far more difficult than theory.**
- **We must not perpetuate the discourse of equality.** Instead, we should focus our actions and thinking on a discourse of equity, where people are equally respected, **but where their specific limitations and needs are considered.**
- A disabled person should neither be punished nor placed on a pedestal. They are human beings with limitations that must be considered if their inclusion is to happen in a responsible manner.
- **People with disabilities are individuals**, of different ages, origins, and realities, who must be independent and active participants in our society. They are mothers and fathers, coworkers, uncles and grandmothers, sons, children and elderly, neighbors, and friends. They can and must have family, friends, jobs, a social life, hobbies, problems, and happiness.
- **Disability is part of the whole. Of an individual. Disability is part of the individual. But it doesn't define them.**
- We need a **more holistic view** of the human being. **Without prejudice, stigma, and myth. We must recognize disability without focusing on it.**

