



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# EMBRACING DIVERSITY

## Etiquette Guide for Assisting People with Disabilities

A guide to living our values by treating individuals with disabilities with integrity and respect.



# General Guidelines

YMCAs are a vital community service, providing access to a wide array of resources to support healthy living, including recreational, sports, and fitness programs, child care, and social activities. YMCAs are a resource for the whole community, people with disabilities are in every community and need the opportunity to participate in all YMCA programs and services. This guide provides some important guidelines, considerations, and recommendations to ensure that YMCA facilities, programs, and communications are accessible and inclusive is important.

According to the Centers for Disease Control (CDC), approximately 27% of Americans have a disability, that is over 1 in 4 people. You may not know if someone has a disability when you meet them. Not all people with disabilities identify as disabled, some disabilities are non-apparent or 'invisible', and other people have multiple disabilities. Even people with the same types of disabilities may have vastly different experiences, preferences, and access needs. The information in this guide will provide you general guidance but it is important to remember that every person is unique and they are the expert in their needs.



Image Description: Hands displaying the letters Y M C A in sign language.

## Quick Tips

People with disabilities know they have a disability. They are not uncomfortable with their disability. If you are uncomfortable, take a deep breath.

Avoid referring to people as “differently-abled,” “special” or “special needs,” “gifted,” “handicapped,” or as having “diverse” or “special” abilities. Many people with disabilities find these terms offensive. Instead, refer to individuals as having a disability or being disabled (e.g., she has a disability, he is disabled, they are Deaf).

Do not refer to someone with a disability as ‘inspirational’, ‘courageous’, ‘special’ or ‘brave’ unless you would say it about someone without a disability in the same situation.

Some people prefer person-first language (person with a disability) while others prefer identity-first language (disabled person). Both are acceptable, try to use the same language they do.

Do not touch someone’s medical equipment, mobility devices (canes, wheelchairs, etc.), or other aids (e.g., service dogs) without explicit permission.

Service dogs are different from emotional support, therapy, or any other kind of animal. Wearing a vest, collar or ID card does not make a dog a service animal. Service dogs are ‘**trained** to do a **specific job** for the person’. You may ask “what is the job that the dog is trained to do”. Service dogs must be allowed wherever the person goes.

Do not question, or make assumptions about a person’s disability. Believe what they say.

Do not make assumptions about a person’s health based on their disability.

Always ask before you help. Don’t help someone just because they have a disability.

If you don’t know how best to help someone - **Ask**.

# Blindness and Low Vision

## About

Blind or low-vision individuals may use:

- A cane
- A guide dog
- A sighted guide
- Any combination of the above
- No aids at all

The aids a blind or low-vision individual uses may also vary depending on the environment or the activity. A small percentage of people who are blind have no sight at all. People who are blind may have some usable sight or be able to see light and dark. A person with low vision typically has usable sight but may need magnification.

## Quick Tips

- It is acceptable to refer to individuals as “blind,” “legally blind,” or as being or having “limited vision,” “low vision,” or a “vision disability.” Avoid the term “visually impaired.”
- Always identify yourself directly to a person with a vision disability when you approach them or when you arrive. This will let them know where you are. Always announce that you are leaving before you walk away.
- Do not touch, grab, push, or pull a person who has a vision disability and always ask before providing any assistance.
- If someone asks you to guide them, stand beside and a little in front of them and allow them to grasp your arm above the elbow. If they have a cane or guide dog, position yourself on the opposite side of the person so you won’t touch the cane or dog.
- Describe the setting as you walk. Mention any obstacles, such as partially opened doors, steps, or ramps, and any landmarks, using directional language (e.g., to your left, directly in front of you) so that they can learn their own way around.
- If you see someone in imminent danger, remain calm and use clear and specific language to identify the danger, for example, “Stop! A car is coming” or “there’s a large pothole in front of you.” Avoid generic phrases like “look out!”
- Speak normally, do not shout.
- In virtual meetings, always say your name before you speak.

## Access and Accommodations

Blind and low-vision people often use a white cane to navigate. A white cane with red stripes may indicate that a person is Deafblind. They may need things described to them verbally. They may also need materials provided in Braille, large print, or electronically. They may need to check in with you upon arrival to know if there are any changes to pathways or new obstacles.

# Culturally Deaf, Deaf, and Hard of Hearing

## About

Hard-of-hearing, deaf or Deaf people may use:

- A sign language interpreter
- A cochlear implant/s
- Hearing aids
- Assistive listening devices, or
- Any combination of the above.

Deaf, deaf, or hard-of-hearing persons may also use various aids depending on the context or activity. Individuals who are Deaf, deaf, or hard of hearing may be able to read lips and may have some usable hearing.

## Quick Tip

- It is acceptable to refer to individuals as “Deaf,” “deafblind,” “hard of hearing,” or as having/experiencing hearing loss. Avoid the term “hearing impaired.”
- When interacting with a person who is Deaf, deaf, or hard of hearing, get their attention politely and face them while communicating. Do not hide your face or speak while eating.
- Always face them and speak directly to the person who is deaf, hard of hearing, or Deaf (not the sign language interpreter).
- Be aware of background or ambient noise and the general noise level around you. Consider moving to a quieter location if other noise is impacting your communication.
- Speak clearly, naturally, and at a consistent pace. Don’t shout or exaggerate your mouth movements.
- Try to face the light source so that you are as visible as possible and the person is not looking into the light.
- You may communicate with gestures and/or writing. Keep a pen and scratch paper nearby, or use your phone to display text.
- If a person does not understand what you are saying, they may ask you to repeat it. If they still do not understand, rephrase the sentence. Often, it is just one or two words that they do not understand.

## Access and Accommodations

You may not be able to identify someone who is Deaf, deaf, or hard of hearing by looking at them. If someone is not responding when you are trying to speak with them, be sure that you present yourself to them so they can see your face. If they use American Sign Language (ASL), they may need in-person or virtual interpreting. You might also need to text or write messages down. Information or instructional materials should always be available in written form. Videos and electronic messaging should include captioning, and/or ASL interpreting.

## deaf and Deaf

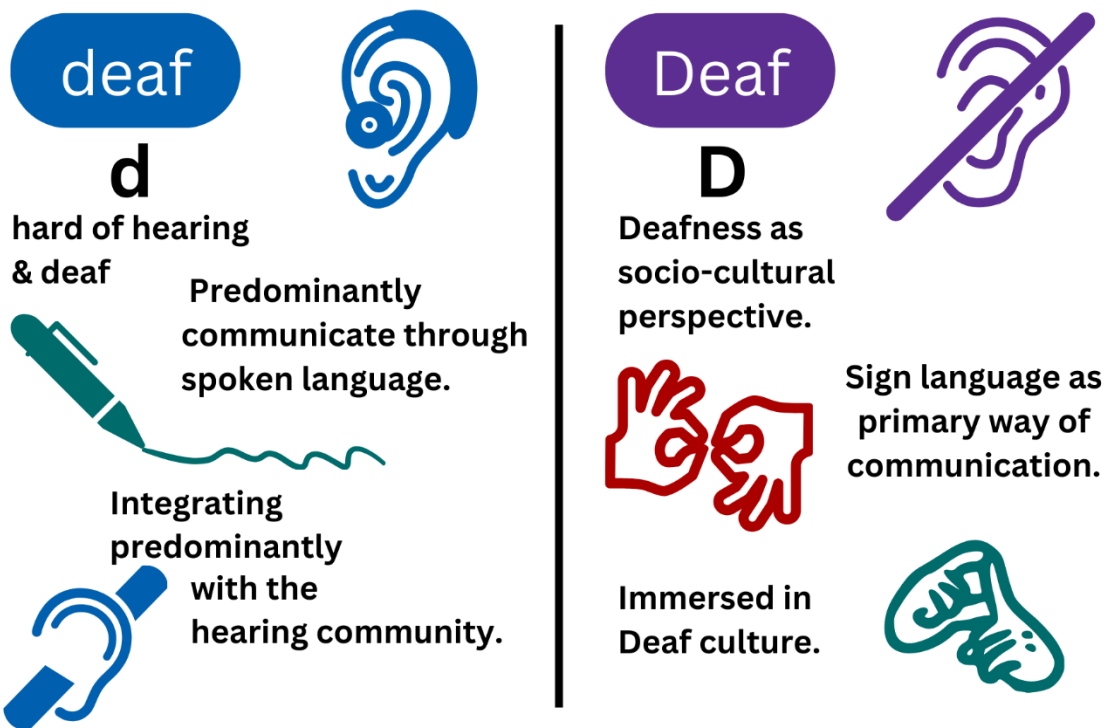
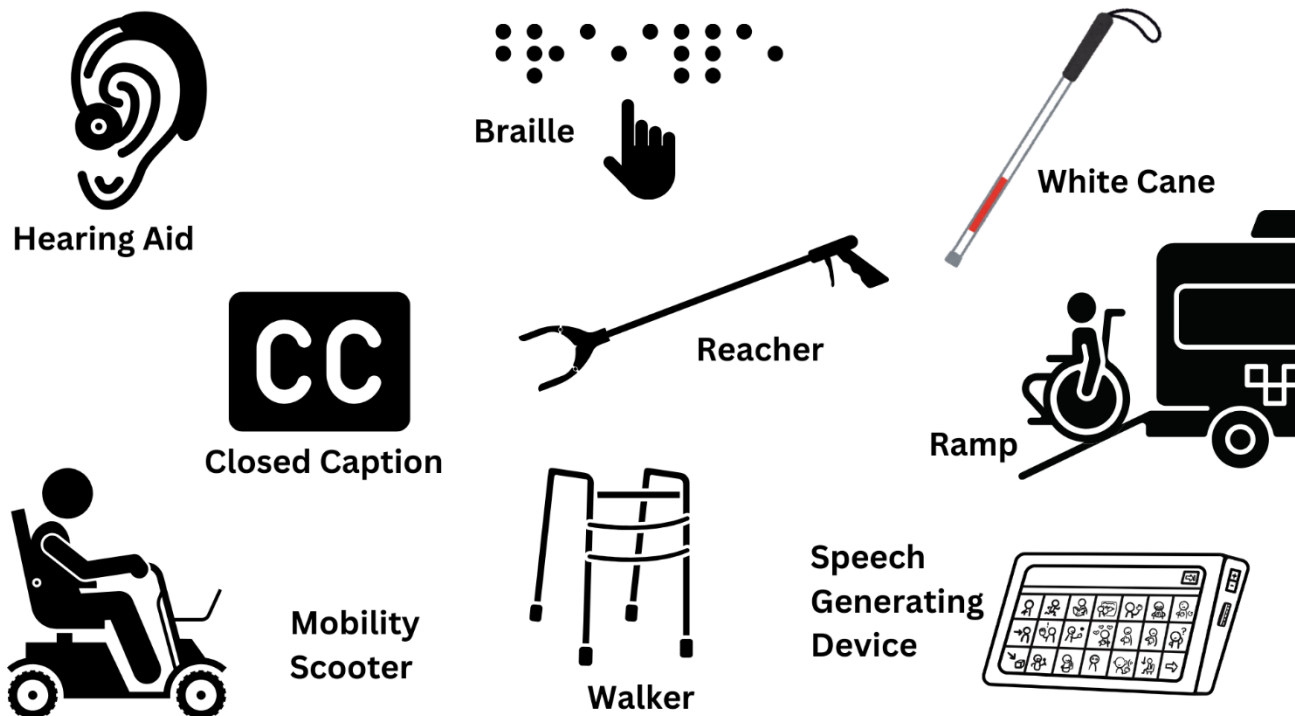


Image Description: hard of hearing and deaf, predominantly communicate through spoken language, and integrating predominantly with the hearing community. Deaf with a capital D is deafness as socio-cultural perspective, sign language as primary way of communication and immerses in Deaf culture.

## Assistive Technology Examples



The Assistive Technology Act of 1998 defines Assistive Technology as “any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

# Physical Disabilities

## About

People with physical disabilities may or may not use assistive devices, such as wheelchairs, canes, walkers, prosthetics, or other aids. Some people with physical disabilities have a mobility disability. This means that their disability impacts their ability to move from place to place. Other physical disabilities may impact someone's ability to move certain parts of their body, coordinate movements, or use strength. People who use physical or mobility aids may not need to use their aids all the time. For example, some people may walk short distances but use a wheelchair for longer distances, others may be able to grab an object from a counter but not from the floor.

## Quick Tips

- Avoid terms such as “wheelchair bound,” “confined to a wheelchair,” or “physically impaired.” Instead, refer to people as “wheelchair users” or physically disabled.
- Consider equipment a part of the person's body and never touch a person's device without explicit permission. Some equipment and devices, such as wheelchairs and prosthetics, can be custom-made, extremely expensive, and difficult to repair or replace.
- Some people may use wheelchairs or mobility aids intermittently or only in specific contexts, while others use them all the time. Do not make assumptions based on someone's equipment, or that they are able to do the same thing from day to day.
- When talking to someone who is seated or at a lower height, position yourself at eye level if possible. If you cannot, stand at a slight distance so they don't need to look up at you.
- Some physical disabilities are visible but others may not be apparent. Never assume someone does not have a disability because of their appearance, presentation, or age.

## Access and Accommodations

- Parking lots, sidewalks, pathways, entrances, and ramps should be maintained and kept clear at ALL times. Gravel, cracks, or uneven surfaces can make them inaccessible.
- Be mindful of potential trip hazards, such as carpets or wet floors.
- All staff should be able to answer questions about the most accessible routes and pathways in and around the building and property.
- Registration counters, materials, towels, and other resources should be available in open areas, at lower counter heights for people who may be seated, and may not be able to reach high or low.
- Doors should be weighted so that they open with a nominal exertion and handles should use bar or lever design instead of knobs.
- If an accommodation is provided by offering an option rather than changing the main feature (such as materials on a table as well as a high counter) signage should be used.

# Speech and Communication Disabilities

## About

Speech and communication disabilities may take many forms. They are generally nonapparent and can occur in conjunction with other disabilities such as Deaf and hard of hearing, cognitive, intellectual, or some physical disabilities. Speech and communication disabilities can also be mistaken for other disabilities or physical conditions.

## Quick Tips

- Some people may have physical disabilities affecting their motor control or musculoskeletal functioning that impact their ability to speak or be understood.
- There are many small muscles that are required to speak a language, slurring, mispronouncing, or combining word sounds does not indicate a cognitive ability, or that the person is under the influence of a substance.
- If you are having difficulty understanding someone, it may be tempting to be frustrated with your inability. It is important to be aware of your frustration and not to let it stop you.
- Some people may require additional time to form sounds and articulate words. When interacting with someone who communicates at a different pace, be patient. Do not try to assist them by finishing their sentences or guessing at what they are trying to say.
- Some people may rely on alternative communication tools. Be willing to use alternate communication methods such as assistive technology aids or paper and pencil.
- Be aware of your body and facial expressions. Some speech and communication disabilities can be impacted by stress and anxiety. Conveying impatience, even if it is non-verbal, can increase the person's communication difficulty.
- Some people have neuromuscular tics, tremors, stutters, or other movements that impact their speech. Allowing the person, the time and ability to complete their messages and not being distracted will help facilitate communication.
- People who are Deaf, deaf, hard of hearing, or who have auditory processing disabilities may choose to communicate using lipreading and speech. They may speak using sounds and words that are articulated differently.
- Always maintain an appropriate distance to be able to hear the person, maintain eye contact, and focus on their messaging.
- When you have difficulty understanding, repeat back to the person what you think you heard, if you still do not understand, ask them to repeat or to use different words.

## Access and Accommodations

Taking the time to focus on the person and their communication is critical. Listening and speaking should convey patience and prioritizing understanding. If you have difficulty understanding, repeat and rephrase until you understand. Do not pretend to understand if you do not.



## General Considerations

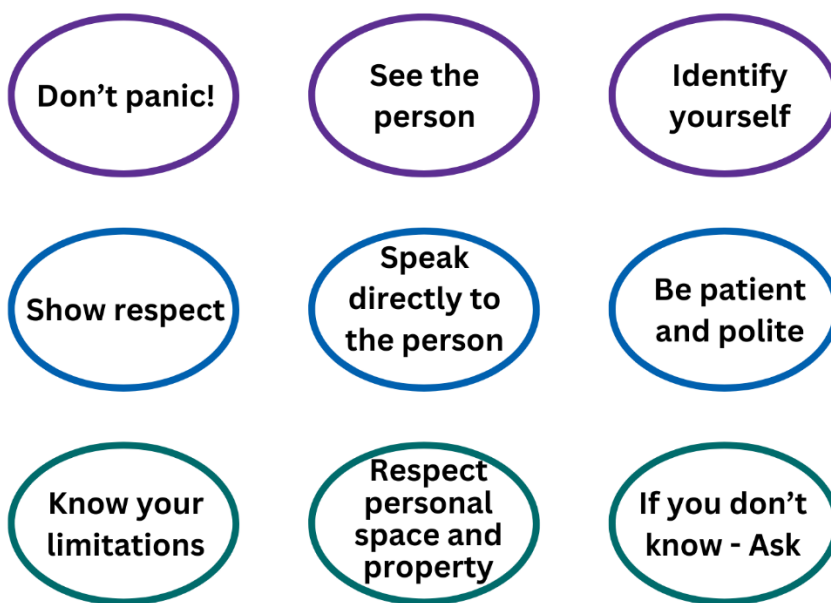


Image Description: 9 circles, each showing 1 consideration; don't panic, see the person, identify yourself, show respect, speak directly to the person, be patient and polite, know your limitations, respect personal space and property, and if you don't know -ask.

## Person and Identity First, Bias Free, Language

Use	Avoid
Person first language: person with a disability Identity first language: disabled person	Old stereotypes: handicapped, cripple, victim, invalid, special
Person who uses a wheelchair	Confined to..., wheelchair-bound
Person without a disability	Normal (indicating able-bodied people are 'normal' and disabilities are abnormal)
Person who is hard of hearing; deaf; Deaf; or has a hearing loss	Deaf and dumb; deaf/mute
Has _____ (ex. arthritis, epilepsy, a visual disability)	Victim of... suffering from... afflicted with... ____(name the disability)____
Person with a learning disability	Slow, special, differently abled, retarded
Person with a mental health disability	Crazy, mentally ill, psychotic, depressed

Image Description: Use person first language: person with a disability, Identity first language: disabled person, avoid old stereotypes: handicapped, crippled, victim, invalid, special. Use person who uses a wheelchair, avoid confined to...wheelchair-bound. Use person without a disability, avoid normal (indicating able-bodied people are 'normal' and disabilities are abnormal). Use person who is hard of hearing; deaf; Deaf; or has a hearing loss, Avoid deaf and dumb; deaf/mute. Use has (insert disability) ex. Arthritis, epilepsy, a visual disability. Avoid victim of...suffering from...afflicted with...(name the disability). Use person with a learning disability. Avoid slow, special, differently abled, retarded. Use person with a mental health disability. Avoid crazy, mentally ill, psychotic, depressed.

# Cognitive or Intellectual Disabilities

## About

Cognitive and intellectual disabilities are different. However, they are both related to a person's ability to acquire, process, or use information in a way that supports functioning and interacting with their environment and others. These disabilities may be visible or invisible, some may become apparent when engaging or communicating with a person and others may only become apparent in certain situations. People with cognitive or intellectual disabilities are extremely unique and diverse. Knowing the definitions is not as important as knowing how to be inclusive.

## Quick Tips

- Some people may take longer to process information and make it meaningful. Speaking clearly and at a normal pace and volume will allow the person to receive the information. Be comfortable waiting for a response. Do not assume that a person is not going to respond because it takes a little longer.
- Some people may also take longer to develop and express their own thoughts. When interacting with someone who communicates at a different pace, be patient. Do not try to assist them by finishing their sentences or guessing at what they are trying to say.
- Some people may rely on alternative communication tools (such as text-to-speech software or communication boards). Be willing to use alternate communication methods.
- Always avoid talking down or treating people like children. If a person is an adult, assume they have similar experiences, preferences, and responsibilities as other adults.
- Some people may have vocal or motor tics, tremors, or other involuntary movements, others may benefit from engaging in self-stimulating repetitive behaviors such as walking around or flapping one's hands. Avoid being uncomfortable or drawing attention to these behaviors. Allow people to move around, fidget, or use toys to help focus their attention.
- Use clear and concise language and try to avoid using metaphors, acronyms, or language that is specific to the facility or activity.
- Do not assume that a lack of eye contact means a person is not listening or paying attention to you, and do not ask someone to look at you while you're speaking.
- Present information in multiple formats and allow people the time that they need with the materials. Some people may want materials read to them, need to read it aloud, want to take it home, or need it in electronic format.
- Always maintain an appropriate distance for communication and speak directly to the person, avoid deferring to a family member, caregiver, or support worker if present.

## Access and Accommodations

Accommodations or assistance may include creating a welcoming environment, being patient, flexible, comfortable, and respectful. Use plain language, be willing to make changes, and receive ideas and suggestions from the individual on ways to assist them.

# Invisible or Non-Apparent Disabilities

## About

Many disabilities are invisible or nonapparent. Disabilities such as some medical conditions, cognitive, learning, mental health, or sensory disabilities are not visible or apparent, even when engaging with the individual. It is important to remember that every individual is unique and uses strategies and actions to function on a daily basis. You might know that a person has a nonapparent disability if they tell you that they do or ask for assistance. An individual does not need to use the word “disability”. Some people may disclose what they are able or not able to do, or what they need to participate in an activity (for example a person who asks you to read the materials for them may have a learning disability). You should never assume that someone does not have a disability, or that they are “difficult” or “attention seeking” simply because of their appearance, presentation, or requests.

## Quick Tips

- Ableism (disability bias) is usually unconscious but is a real part of our society. People with invisible disabilities often observe ableism and are less likely to disclose their disability.
- Many people are more likely to make accommodations for disabilities that they can observe, creating an additional bias for people with invisible disabilities.
- Invisible disabilities can be affiliated with characteristics that are less socially valued, examples are medical conditions perceived as “weak”, learning disabilities as “less intelligent”, environmental sensitivities as “needy”, cognitive disabilities as “less capable”, people with hearing loss as “choosing not to pay attention”, people with neurological disabilities as “anti-social”. Be vigilant to avoid this way of thinking and speaking.
- Never assume that a person is open about having a disability because they shared information with you. People with invisible disabilities often make the determination to share (or not share) their disability status or their needs with every person they meet.
- Always honor an individual’s requests for accommodations or assistance, even if they do not appear to need assistance. Do not ask for additional verification or evidence.
- Do not make comments about disabilities or people with disabilities to others.

## Access and Accommodations

Many accommodations for invisible or non-apparent disabilities are also invisible or non-apparent. Maintaining an attitude and a personnel practice of acceptance and openness to the diversity of people will minimize negative responses to invisible disabilities. Respond respectfully to any verbal or nonverbal requests for assistance. Use language that is descriptive and objective and avoid words or phrases that have a negative connotation. If you see someone who may be uncomfortable, in distress, or having difficulty, ASK them if they would like assistance.

# Mental Health

## About

Approximately 20% of Americans experience a mental health disability, including about 5% who experience severe mental illness. Mental health disabilities may be temporary or lifelong, and like other disabilities might be impacted by situations and may not be apparent. Mental health disabilities can impact how a person thinks, feels, speaks, and relates to others. Mental health disabilities may often be mistaken as intentional inappropriate behaviors.

## Quick Tips

- The terms “mental illness,” “mental health disability,” and “psychiatric disability” are all appropriate. However, mental health disability is preferred as some mental health disabilities are not psychiatric and others are not considered illnesses.
- Avoid using terms like “crazy,” or “insane” and do not use the diagnostic labels such as “bipolar,” “schizophrenic,” or “OCD” unless referring specifically to the condition. Similarly, do not describe yourself or someone else as being “OCD” about something.
- Do not assume that a person is more likely to be violent or dangerous because they have a mental health disability. Remember that a person may behave in a manner that is unusual or even disruptive without posing a threat to others.
- Anxiety or distress can make it difficult to process information. If a person appears or reports to be anxious, speak calmly and offer to repeat information; using short steps to break down instructions can help people to understand information.
- Many people with mental health disabilities have a range of tools and strategies they use to manage their condition. Treat each person as an individual, and respect their needs, preferences, and strategies.
- Do not assume that people with mental health disabilities take or should take medication.
- If a person is in crisis, it is important to stay calm and be supportive. Do not try to “fix the problem”, instead, be there for the person, ask if there is anything you can do, or if there is anyone you can call.
- People with mental health disabilities may create and depend on structure and routine, deviations from what is expected may be difficult and unwelcome.

## Access and Accommodations

Behaviors of people with mental health disabilities are easily misunderstood. Remaining calm and talking respectfully will create an environment of safety. Providing quiet spaces that are available for people to use allows people to choose to use this space. When someone is demonstrating unusual behaviors, evaluate if the behavior is disruptive and inconvenient or if it creates a safety risk for themselves or others. If a behavior is not a safety risk, modifications of expectations can provide an inclusive environment (for example, if someone talks to themselves, has audible outbursts, or wanders when walking) the person may need patience and acceptance. Provide structure and routine to programs and services, providing as much advance notice and repetitive reminders as possible when changes are anticipated.

