

Philadelphia Office of
Housing and Community
Development

≡ NEWS ON TAP ≡

People First

A publication intended to increase awareness of appropriate ways to address and refer to individuals with disabilities.

This pamphlet entitled ***People First*** is a publication of the **Housing and Disability Technical Assistance Program (TAP)**. **TAP** is a resource sponsored by the Philadelphia Office of Housing and Community Development (OHCD) that provides technical assistance and information on accessible housing, fair housing law and other matters of interest to public and private organizations concerned about people with disabilities in the City of Philadelphia.

Diana T. Myers and Associates, Inc. (DMA), a housing and community development consulting firm, works with OHCD to bring this resource to Philadelphia. DMA, whose clients include public and non-profit agencies, specializes in planning and developing affordable, accessible housing for people with disabilities.

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in the City of Philadelphia.*

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[http://www.sanantonio.gov/planning/
disability_handbook/disability_handbook.asp](http://www.sanantonio.gov/planning/disability_handbook/disability_handbook.asp)



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Purpose of this Pamphlet

The *People First* pamphlet is intended to increase awareness of appropriate ways to address and refer to individuals with disabilities. It is designed for builders, developers, architects, as well as staff for housing and community development corporations, housing counseling agencies, financial institutions, public agencies, and other housing or human service organizations in Philadelphia who are concerned about common courtesies when interacting with people with disabilities.

PEOPLE FIRST

The information in this pamphlet is intended to present respectful ways in which to interact with individuals with disabilities and to enhance opportunities for individuals with disabilities to pursue their independent lifestyles. However, no handbook dealing with disability nomenclature can claim to be the final word regarding disability etiquette. Therefore, this pamphlet cannot speak for every person with a disability. As in any culture, different groups and individuals have specific preferences. Language is dynamic, ever-changing, and, hopefully, becoming more clear and precise. Therefore, this pamphlet will be revised as needed since disability awareness, indeed awareness of any type, is an ongoing process, not a static event.

Understanding the Distinction between Disability and Handicap

A **Disability** is a natural part of the human experience that does not diminish the right of people with disabilities to exert control over their own lives, to fully participate in and contribute to their communities, and to live independently. Disabilities may be caused by trauma, an accident, genetics or disease and include:

- mobility disabilities
- blindness and vision disabilities
- deafness and hearing disabilities
- speech and language disabilities
- mental and learning disabilities

A **Handicap** is a physical or attitudinal constraint that is imposed upon a person, regardless of whether that person has a disability. Webster's Ninth New Collegiate Dictionary defines handicap as "to put at a disadvantage". For example, some people with disabilities use wheelchairs. Stairs, narrow doorways and curbs are handicaps imposed upon people with disabilities who use wheelchairs.

Common Courtesies *Interaction with People With Disabilities as People First*

People with disabilities want to be thought of as **PEOPLE FIRST**. People with disabilities are not conditions or diseases. They are individual

human beings. When it is necessary to refer to an individual's disability (and it is not usually necessary), the disability should not be emotionalized or sensationalized. For example, a person is **not** an *epileptic* but rather a *person who has epilepsy*. First and foremost, everyone is an individual. Only secondarily does a person have a disability. Hence, it is correct to refer in print or broadcast media to individuals who have disabilities as either **people who have disabilities** or **people with disabilities**. When including a person with a disability in a story, it is not required to disclose that the person

has a disability. However, if such disclosure is key to the story, then refer to the disability and/or describe it when the person is first mentioned. All further references to that person should be in the form of Mr., Mrs. or Ms. Thus, it will not be necessary to repeat the words "person with a disability".

 Don't refer to a person with a disability as handicapped or crippled.

When introduced to a person with a disability, it is appropriate to offer to shake hands. People who have limited use of their hand or who wear or have an artificial limb can usually shake hands. Shaking hands

with the left hand is acceptable. Greet the person the way you normally would, however if the individual does not extend his or her hand, it is courteous to then verbally communicate. If neither greeting works, wait for the person to respond in order to get a sense of how that person communicates. Treat adults in a manner befitting adults. Call a person by his or her first name when extending that familiarity to all others present. When talking to a person with a disability, speak directly to that person, rather than through a companion, assistant, or attendant who may be along.

 Do not speak through another person.

If you are hosting meetings at your facility, know where the accessible restrooms, drinking fountains and telephones are located in advance. If such facilities are not available, be ready to offer alternatives such as the private or employee restroom, a glass of water or your desk phone. Offer assistance in a dignified manner with sensitivity and respect. Be prepared to have your offer declined. Do not proceed to assist if your offer is declined. If the offer is accepted, listen to or accept instructions.

If the physical facility or building has architectural barriers

which place handicaps on people, then you should have knowledge of alternate routes. If you are walking along with a person using a wheelchair and there are inaccessible and accessible entrances, both of you may use the accessible entrance. Relax. Don't be embarrassed if you happen to use accepted common expressions such as "See you later" or "Got to be running along" that seem to relate to the person's disability.

Interaction with Individuals Who Have Mobility Disabilities:

Most people who use a wheel-chair, crutches or other mobility devices do not regard

them as confining. They are viewed as a means of getting around.

When talking for more than a few minutes with a person who uses a wheelchair, or someone who cannot stand or chooses not to stand (for whatever reason) sit down if possible, in order to place yourself at the person's eye level to facilitate conversation. Never patronize people using wheelchairs by patting them on the head or shoulder. When addressing a person who uses a wheelchair, never lean on the person's wheelchair. The chair is part of the space that belongs to the person who uses it.

⊘ Don't refer to a person with a mobility disability as "confined/restricted to a wheelchair" or "wheelchair bound".

Interaction with Individuals Who Have Severe Loss of Vision:

When greeting a person with a severe loss of vision, always identify yourself and others who may be with you. When conversing in a group, the guidelines are similar to those that you use when on a conference call – enunciation, one person at a time, announce who is talking, who is being talked to, and include descriptions of important physical actions and displays. If a person gestures toward a particular

picture on the wall, then the conversation should also verbally reflect the gesture.

Using a chart and pointer to demonstrate information should be accompanied by a verbal description of what is being demonstrated. Speak in a normal tone of voice, indicate in advance when you will be moving from one place to another and let it be known when the conversation is at an end.

⊘ Don't leave a person with a visual disability in an open area. Guide the individual to a wall, table, chair or other place that provides orientation.

When walking with an individual with a severe loss of vision, allow the person to take your arm (at the elbow) in order to guide rather than propel. Allow for enough room to avoid obstacles from the side and point out obstacles from above. If you notice a person heading for danger, give the immediate command “Stop”.

Interaction with Individuals Who Have Severe Hearing Disabilities:

Deafness refers to a person who has a total loss of hearing. Hard of hearing refers to a person who has a partial loss of hearing within a range from slight to severe. Many

hard of hearing individuals use a hearing aid. Hard of hearing describes a person who communicates through speaking, and who usually has listening and hearing abilities adequate for ordinary phone communication. To get the attention of a person with a hearing disability, tap the person lightly on the shoulder, or wave your hand. Look directly at the person and speak clearly, naturally and slowly to establish whether the person can read lips. Not all persons with hearing disabilities can lip-read.

 Don't pretend you understand when you do not.

Those who can will rely on facial expression and other body language to help in understanding. Show consideration by placing yourself facing the light source and keeping your hands, cigarettes and food away from your mouth when speaking. Shouting won't help but in some cases a louder volume does help and is preferred. Shouting distorts sounds accepted through hearing aids and inhibits lip reading. Written notes may help. If an interpreter is present, always speak to and maintain eye contact with the person who has a hearing disability, not with the interpreter.

⊘ Don't refer to an individual with a hearing disability as "dumb".

Interaction with Individuals Who Have Severe Speech Disabilities:

Listen attentively when you are talking to a person who has a speech disability. Exercise patience. Don't attempt to finish sentences for the individual. When necessary, ask short questions that require short answers, a nod, or a shake of the head. Never pretend to understand if you are having difficulty doing so. If you have difficulty understanding, ask the person to repeat or rephrase what they are saying.

If an individual uses an assistive communication device, wait until the person has completed a statement before asking questions or commenting. Again, be patient.

Please Note:

The guidelines presented here are just guiding principles and may be altered. For example, you should only speak louder to a person with a hearing disability who has noted that you should do so. You should not attempt to guide someone with a visual disability unless the person approves. You should only finish sentences for those individuals with speech disabilities who have indicated that this is acceptable.

⊘ Don't assume that a person who has difficulty speaking has difficulty understanding. Do not lower the level of your language unless it is questioned.

Interaction with Individuals with Developmental Disabilities

The term developmental disability means a severe, chronic disability in a person five years of age or older that:

- is attributable to a mental or physical impairment or a combination of both
- is manifested before the person attains age 22
- is likely to continue indefinitely
- results in substantial

functional limitations in three or more of the following areas of major life activity - self-care, receptive and expressive language, learning, self-direction, mobility, capacity for independent living and economic self-sufficiency.

Individuals with developmental disabilities, some of whom have mental retardation, function at many different levels.

Communication may not be through speech. Consider the person's facial expressions, body movements and gestures. When asking questions you may need to use different

strategies for different people. Some may be able to answer only "yes" or "no" questions. Others may require that you ask them to be specific. Never assume anything about a person.

 Don't refer to a person with a developmental disability as retarded.

Service Animals Courtesies

Over 12,000 people with disabilities use the aid of service animals. Although the most common types of service animals are guide dogs used by people who are blind, service animals assist persons who have other disabilities as well.

According to Assistance Dogs International, the three types of Assistance Dogs are *Guide Dogs* for people who are blind and people who have visual disabilities, *Hearing Dogs* for people who are deaf and hard of hearing and *Service Dogs* for people with physical disabilities other than those related

to vision or hearing. Although Guide Dogs have been trained formally to assist people who are blind for over 70 years, the training of dogs to assist people with hearing disabilities and people with physical disabilities is a much more recent concept. Also, service animals include horses and pigs as well as other animals. Some disabilities are invisible. Thus, every person accompanied by a service animal may not "look" disabled. A service animal is NOT required to have any special certification. A service animal is NOT a pet!

 DO NOT feed the service animal since it may disrupt his/her schedule.

According to the Americans with Disabilities Act, a service animal is any animal that has been individually trained to provide assistance or perform tasks for the benefit of a person with a physical or mental disability which substantially limits one or more major life functions.

 DO NOT touch the service animal or the person it assists without permission.

Service animals are taught to have work periods and rest periods. A working dog should be ignored. Your interaction may distract the animal from its job. Obtain prior permission before interacting with a

service animal. Do not be offended if the person does not feel like discussing his/her disability or the assistance the service animal provides.

 DO NOT make noises at the service animal since it may distract the animal from doing its job.

Accessibility Guidelines for Planning Meetings/Conferences

When planning a meeting or conference it is important to plan ahead to ensure that the needs of people with disabilities are anticipated and acted upon. Even if none of the participants will need accommodations, you should be prepared to arrange the meeting or event to be accessible so that people with disabilities can participate independently. Two important areas need to be considered when arranging accessible meetings and/or conferences - physical access to the meeting space and access to the meeting contents and proceedings. If you are hosting an event, the following specific suggestions will help to make it accessible for both presenters and participants.

General Accessibility Considerations:

- Ensure that a member of your staff is responsible for making the event accessible.
- Be prepared to respond to accommodation requests in the same manner that you respond to other requests about the event.
- Ensure that the invitation or notice of the meeting includes information about the accessibility of the event.

- When preparing for longer events, investigate available local resources, for example, interpreters, accessible transportation, emergency veterinarians and wheelchair repair services.
- Schedule sign language interpreters and/or captionists as soon as possible after confirming the date of the event.
- Before confirming the event date, inquire about other disability-related events in the area that may conflict with the scheduling of your event.
- If meals are to be "on your own," determine the accessibility of local restaurants and provide a list for conference participants.
- Respond to specific participants' requests for preferred alternative formats by making post-event production and delivery arrangements if required.

Alternative Formats

Handouts provided during meetings and conferences must be available in alternative forms as requested. Alternative formats include Braille, large text, other languages, cassette tape, computer disk, close-captioned videos and audio descriptions. To determine accessibility, a planner needs to consider three issues. First, is the physical setting of the

facility accessible to people who use a wheelchair, who use Braille, who need large print, etc.? Second, what are the accessibility features/needs of the participants and presenters? Third, are conference materials, presentations, and handouts to be utilized available in alternate formats? It is the planner's responsibility to ensure that all these conditions are being met by asking participants in advance what accommodations they need and want, and by asking presenters to provide advance information about the format of the materials that will be utilized. For example, a pre-conference questionnaire may include the following:

I will need the following accommodations in order to participate:

- Interpreter
- Note taker
- Assistive listening device
- Open captioning
- Large print
- Braille
- Audio cassette
- Computer Disk
- CD Rom
- Wheelchair access
- Orientation to facility

Transportation to and from the site
 Special diet. List: _____
An assistant will be accompanying me.
 Yes No

Choosing a Location:

- Plan an on-site visit to the location under consideration in order to determine its level of accessibility before you book your event. Never assume that a facility is accessible just because the facility staff says it is.
- Determine if the site has been recommended by a credible local disability organization with expertise in barrier-free access.
- Determine the appropriateness of the location through previous successful experiences involving people with disabilities at that venue.
- Determine whether the staff at the location has been sufficiently trained in disability awareness. If not, arrange for training from a recognized trainer prior to your event.
- Work with the hotel to know how many accessible rooms are available and what amenities are included with such rooms.

 Do not assume that a parking space near the door means accessibility.

The location should provide the following:

- Good lighting and acoustics
- Room for interpreters and for individuals using mobility aids to maneuver
- Room between the aisles, tables, etc so that wheelchairs can pass
- Signs to accessible restrooms, water fountains, signs indicating accessible routes, signs in Braille, etc.
- Limited stimuli environment
- Multiple sets of outlets for laptops or other electronic aids

Attitudinal Barriers

People with disabilities face barriers every day – from physical obstacles in buildings to systemic barriers in employment and civic programs. Yet, often the most difficult barriers to overcome are attitudes other people carry about people with disabilities. Whether born from ignorance, fear, misunderstanding or hate, these attitudes keep people from appreciating – and experiencing – the full potential of a person with a disability. *The most pervasive negative attitude is focusing on a person's disability rather than on an individual's ability.* Some common attitudinal barriers people with disabilities encounter include:

Fear: Many people are afraid that they will "do or say the wrong thing" around someone with a disability. They therefore avert their own discomfort by avoiding the individual with a disability. As with meeting a person from a different culture, frequent encounters can raise the comfort level.

Ignorance: People with disabilities are often dismissed as incapable of accomplishing a task without the opportunity to display their skills. In fact, people with quadriplegia can drive cars and have children. People who are blind can tell time on a watch and visit museums. People who are deaf can play baseball and enjoy music. People with developmental disabilities can be creative and maintain a strong work ethic.

The Spread Effect: People assume that an individual's disability negatively affects other senses, abilities or personality traits, or that the total person is impaired. For example, many people shout at people who are blind or don't expect people using wheelchairs to have the intelligence to speak for themselves. Focusing on the person's abilities rather than his or her disability counters this type of prejudice.

Stereotypes: The other side of the spread effect are the generalizations people form about disabilities. For example, many believe that all people who are blind are great musicians or have a keener sense of smell and hearing, that all people who use wheelchairs are docile or compete in paralympics, that all people with developmental disabilities are innocent and sweet-natured, or that all people with disabilities are sad and bitter. Aside from diminishing the individual and his or her abilities, such prejudice can set too high or too low a standard for individuals who are merely human.

Backlash: Many people believe individuals with disabilities are given unfair advantages, such as easier work requirements. The Americans with Disabilities Act (ADA) does not require special privileges for people with disabilities, just equal opportunity.

Inferiority: Because a person may be impaired in one of life's major functions, some people believe that that individual is a "second-class citizen" or not as valued as a person without a disability. However, most people with disabilities have skills that make the disability moot in their everyday lives.

Pity: People feel sorry for the person with a disability, which tends to lead to patronizing attitudes. People with disabilities generally don't want pity and charity, just equal opportunity to earn their own way and live independently.

Hero worship: People consider someone with a disability who lives independently or pursues a profession to be brave or "special" for overcoming a disability. But most people with disabilities do not want accolades for performing day-to-day tasks. The disability is there; the individual has simply learned to adapt by using his or her skills and knowledge, just as people adapt to being tall, short, strong, fast, easy-going, bald, blonde, etc.

Denial: Many disabilities are "hidden," such as learning disabilities, psychiatric disabilities, epilepsy, cancer, arthritis and heart conditions. People tend to believe these are not bona fide disabilities needing accommodation. The ADA defines "disability" as an impairment that "substantially limits one or more of the major life activities." Accommodating "hidden" disabilities which meet the above definition allows people with disabilities to live independently.

Myths About People With Disabilities

Myth: Wheelchair use is confining; those who use wheelchairs are “wheelchair handicapped” or “wheelchair bound.”

Fact: Wheelchairs actually liberate the people who use them, allowing them to participate in community affairs. Without their wheelchairs, these individuals would truly be “bound.”

Myth: People who are blind have highly developed other senses.

Fact: While many people who are blind make greater use of their other senses to compensate for their loss of vision, these other senses do not develop any differently than those of people with vision.

Myth: All people who have a hearing disability can read lips.

Fact: Very few people who have a hearing disability can read lips, and for those who can, only about 30% of “lip reading” can be understood.

Myth: People with disabilities are more comfortable “with their own kind.”

Fact: While people with disabilities may share a common dislike for those whose attitudes and actions impede them from fully participating in the community, they are most comfortable with family, friends, associates, and all who value them and treat them as equals.

Myth: All people who are blind can read in Braille.

Fact: Fewer than 50% of the individuals who are blind can read Braille.

Myth: Curious children should never be allowed to ask people about their disabilities.

Fact: Children are naturally curious. Reasonable interest is to be expected, and most people with disabilities do not mind respectful questions. It is an opportunity to help our future generation understand and develop positive attitudes.

Myth: People with disabilities cannot/should not work.

Fact: Although most adults with disabilities want to have meaningful jobs and contribute to society, the attitudes of others usually handicap them. As a result, while the general unemployment rate is around 4%, the unemployment rate for people with disabilities is about 70%.

Myth: People with disabilities are different.

Fact: People with disabilities have much in common with those who do not have disabilities. Almost every person, whether or not they are perceived to have a disability, wants to live a meaningful life. Only physical and attitudinal barriers cause differences in achieving these goals.

Breaking Down Barriers

Unlike physical and systemic barriers, attitudinal barriers that often lead to illegal discrimination cannot be overcome simply through laws. The best remedy is familiarity, getting people with and without disabilities to mingle as coworkers, associates and social acquaintances. In time, most of the attitudes will give way to comfort, respect and friendship.

TAP

The purpose of **TAP** is to provide the most up-to-date information on: accessible housing, fair housing law, financial and technical resources, model projects, and other issues related to housing for people with disabilities in the City of Philadelphia. This includes information on universal design, VisitAbility, proposed legislation, self-determination, and new public and private housing programs and projects. Diana T. Myers and Associates, Inc. is working with OHCD to bring **TAP** to Philadelphia agencies.

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