



DIScover

serving customers with disabilities

Training guide

This training guide has been produced for individuals or organisations to use alongside the 'DIScover: serving customers with disabilities' resource. A copy can be downloaded from www.upperhuttcity.com/discover

There are so many ways to help yourself and your staff become better informed about serving customers with disabilities. This guide includes some suggestions and activities to increase disability awareness in your workplace which you might like to try . Here are some suggestions on how to implement this:

- Go through the guide individually in your own time
- Dedicate fifteen minutes at the beginning of your staff meetings to deliver a section of the training
- Ask your staff to take it home and work through the questions
- Hold a training workshop facilitated by a Disability Awareness Consultant

The activities and questions set out below refer to different chapters and topics in the DIScover resource.

If you intend to facilitate the training to staff in your organisation, please make sure you have hard copies of the DIScover resource available for background information. The questions and suggestions that follow are supplementary to the information provided in DIScover. Answers and suggestions are included after each question.

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COMMUNITY SERVICES
Upper Hutt City Council

How do we define disability?

Question 1. Temporary impairments: Can you think of a time you have injured yourself and not been able to do tasks you normally can? Take a broken arm or leg for instance; how did this affect your day to day life?

If you can't think of an injury, try thinking about a time you have felt 'out of place' or uncomfortable – for example, turning up at a party in fancy dress when no one else is. How did this make you feel?

Option: Ask people to write down their experience and feelings anonymously, put into a box and get each person participating to read out another's experience.

Answer 1. Temporary impairments: Here are some examples given anonymously at the Upper Hutt City Council DIScover pilot workshops.

- "I sprained 4 of 6 tendons in my ankle during a netball match. The immediate effect was that I couldn't walk or play sport. I had to use crutches. The long term effect is that I can roll my ankle very easily, can't wear high heels and it gives me pain when exercising."

- "I had Post Traumatic Stress Syndrome. I felt exhausted, confused and unable to focus and make competent decisions. I could only cope by simplifying my day and keeping to the basics. I would suck my teeth, blink all the time and probably came across to people as being preoccupied. It was hard to communicate and engage with people."

- "I tore a ligament in my knee. I couldn't play any type of sport for a year and I was in a big brace for a month after surgery. I didn't really like people doing things for me. It was hard to shower. Watching other people do things I couldn't do was really hard."

Question 2. Impairment categories: There are five main impairment categories. Can you name them?

Impairment:	1.	2.	3.	4.	5.
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Answer 2. Impairment categories: There are five main categories for impairments and within these categories there can be a huge range in ability and severity. They are:

Physical – this refers to a person who has an impairment that effects their mobility or agility (wheelchair, crutches, scooter, walking stick)

Sensory – this generally refers to people who are blind, deaf, visually or hearing impaired.

Neurological – impairments associated with the brain (Alzheimer's disease, epilepsy etc.). Neurological impairments can affect a person's coordination, speech and general communication.

Psychiatric/Psychological – long term emotional, behavioural or mental health conditions that can affect day to day interactions. E.g. Bi-polar, schizophrenia.

Intellectual – for the purpose of this activity we are including learning



Question 3. Visible/non-visible impairments: Impairments come in many different forms – some are visible while some are non-visible. Can you make a list?

Answer 3. Visible/non-visible impairments: Here are some examples of visible and non-visible impairments. Some can fit into both categories.

Visible impairments	Non-visible impairments
Amputee	Schizophrenia
Cerebral Palsy	Anxiety disorder
Deaf (someone using a hearing aid)	Asperger's Syndrome
Down Syndrome	Bi polar disorder
Muscular Dystrophy	Epilepsy
Sight impaired (using a mobility aid)	Depression
Spina Bifida	Multiple Sclerosis
	Repetitive stress injuries

What difference can I make?

Question 1. Community facilities: Why do you think community facilities play an important part in our lives?

Answer 1. Community facilities: Here are some quotes provided by members of the Upper Hutt Disability Forum when asked “why are community facilities important to you?”

- *“To maintain my fitness and participate in social networks.”*
- *“Places like libraries provide me with educational material for free.”*
- *“They provide a warm, cheap place I can participate without embarrassment.”*
- *“They enable people to have a space where they can come together for learning, celebration, exercise, meetings, worship and so on.”*
- *“An accessible facility means I can participate in community events.”*

Question 2. Quick brainstorm: Think about your place of work – what could be done differently to make life easier for a person with a disability? You could also think about the places you visit regularly, or the places you go to recreate – are they disability-friendly? Give yourself a couple of minutes to conduct a quick brainstorm of your initial thoughts – we will cover this topic in more detail later in the guide.

Answer 2. Quick brainstorm: Each building or environment is different. Hopefully you came up with a few ideas. Here are some examples given at the Upper Hutt City Council pilot training workshops:

- Have a ramp up to the entrance way
- Have accessible parks outside the front entrance
- Have staff attend disability awareness training
- Provide a waterproof wheelchair at the pool

Question 3. The New Zealand Disability Strategy: View a copy of The New Zealand Disability Strategy (it can be downloaded from <http://www.odi.govt.nz/nzds>) to familiarise yourself with the objectives. Think about how you can incorporate these into your workplace. If you're delivering training to others, make sure you've read the objectives prior to the training and have hard copies available for the participants. Look over the 15 objectives of the New Zealand Disability Strategy and discuss ways in which you might be able to incorporate some of them into the work you do, or how you think some of them are being implemented around New Zealand.

Answer 3. The New Zealand Disability Strategy: Here are some examples.

Objective 1: Encourage and educate for a non-disabling society.

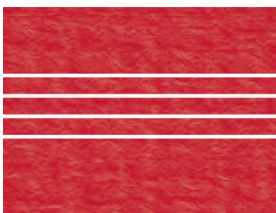
"DIScover training is a great example of encouraging and educating."

Objective 2: Ensure rights for disabled people.

"Since the strategy was launched, there is greater willingness within society to accept and appreciate the views and rights of disabled people."

Objective 5: Foster leadership by disabled people.

"Society is beginning to realise what we mean when we say: 'nothing about us without us' and that it is disabled people ourselves who must lead all efforts to ensure our inclusion."



What are barriers?

If you thought through the questions above you may now be more aware that a key common factor among people with impairments is that they face many lifelong barriers in our society.

Question 1. Barriers come in all shapes and sizes: Make a list of the physical barriers someone could encounter when entering a community facility or retail outlet. Now, on a separate sheet, make a list of other barriers (aside from physical) that people with impairments and disabilities might face. Think as widely as possible. What barriers do they face within our whole society?



Answer 1. Barriers come in all shapes and sizes: Here are some examples of barriers people with disability may encounter in life.

Physical barriers	Other barriers
No lift access (only stairs)	Person not greeting a blind person at reception
No audio voice or braille markings on buttons in lift	Poor access to public transport
Reception desk too high	Expensive vehicle modifications
No chairs available in reception	Stigma and discrimination
Poor lighting	Lack of suitable housing and accessible accommodation
Narrow entrance ways	Some events are not set up to be accessible

Question 2. Myth vs reality: People's perceptions of what it is like to have an impairment or disability are not necessarily correct. Match the correct reality with the common myth.

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| <p>1. Disability is a tragedy that dominates a person's life and makes satisfaction and fulfilment impossible.</p> | <p>A. People with disabilities go to school, get jobs, get married, pay taxes and generally do the same things as you.</p> |
| <p>2. Many people with disabilities have special gifts.</p> | <p>B. People who are deaf communicate using a variety of techniques. Sign Language is an official NZ language.</p> |
| <p>3. People with disabilities are less reliable workers and take more sick days than other workers.</p> | <p>C. Disability depends on the level of impairment. The higher the level of damage to the spinal cord, the greater the movement restrictions will be.</p> |
| <p>4. People with spinal cord injuries all have similar limitations and all use wheelchairs.</p> | <p>D. People with cerebral palsy show the range of intellectual capacity found in the general population.</p> |
| <p>5. People with disabilities lead vastly different lives from others.</p> | <p>E. Often disability does not dominate. Each individual finds their own ways of adapting.</p> |
| <p>6. Deaf people are mute and cannot communicate.</p> | <p>F. Like others, most people with disabilities are well most of the time.</p> |
| <p>7. Most people with disabilities are sick and frail.</p> | <p>G. Research indicates that people with disabilities take fewer sick days.</p> |
| <p>8. People who have a vision impairment possess high levels of sensitivity in other senses.</p> | <p>H. The range of abilities is the same as in the general population.</p> |
| <p>9. Most people with cerebral palsy are intellectually impaired.</p> | <p>I. High acuteness of senses may develop with practice.</p> |

Answer 2. Myth vs reality:

1 = E, 2 = H, 3 = G, 4 = C, 5 = A, 6 = B, 7 = F, 8 = I, 9 = D

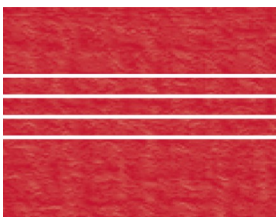
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Question 3. Access for all: What does being accessible mean? Think about whom in your life would benefit from increased accessibility.

Answer 3. Access for all: Being accessible means creating buildings, programmes and services that can be accessed by everyone in your community. Making your premises assessable has benefits for everyone in the community. Perhaps your elderly parents or grandparents may benefit from increased access; for example, having a lift available or a hearing loop at the theatre. Parents with prams would appreciate ramps and wide doorways. If you have ever had a temporary disability, such as a broken leg, you would also appreciate increased accessibility.



Let's do this!

Question 1. In someone else's shoes: A great way to really investigate the barriers someone with a disability might face when accessing **your** facility or premises is to try to imagine yourself in their shoes. You could do this individually or with a group of workmates. Imagine you have one of the disabilities you wrote on your visible/invisible disabilities list earlier. Start from outside your place of work or leisure and take note of all the things you encounter that are, or could be, potential barriers for a person with that disability. If you aren't 'on site' then try to mentally do a walk through, or complete this activity when you go back to your workplace.

- **What barriers can be fixed straight away?**
- **What could you suggest to management to be done in the future?**
- **What could you do if money was limitless?**

Answer 1. In someone else's shoes: Here are a couple of examples you might come across.

- **What barriers can be fixed straight away?** People's knowledge could be improved by reading the DIScover resource, put seating in the reception area etc.
- **What could you suggest to management to be done in the future?** Pay for some disability awareness training, purchase large stickers for the windows, widen aisles in shop, ensure mirrors and doors in accessible toilets are accessible from a wheelchair, lower reception desk etc.
- **What could you do if you were given a budget to make changes?** Install a ramp at front entrance, install a lift, publish public documents, resources and promotional material in a variety of formats etc.



Being a good communicator

Question 1. Customer service experiences: Think of a time you have encountered both a positive and negative customer service experience. How did they make you feel?

Answer 1. Customer service experiences: You will notice throughout the DIScover resource there are anonymous quotes reflecting disabled people's customer service experiences. Here's a positive and negative example:

- "Using the facilities at H²O Xtream (Upper Hutt Swimming Complex) has been a very positive experience. They have excellent facilities for people with disabilities including a pool hoist and one very good accessible changing room, which is kept locked so others can't use it. The key has to be collected from and returned to Reception. Staff are always very helpful and nothing is too much trouble."

- "I was once yelled at in a café at a community facility after my son, who has an intellectual disability, grabbed lollies off the counter. It was such an awful experience I have refused to go back there. It is people's attitudes that need to change. Try to be a bit more understanding."

Question 2. Case studies: Review the following case studies (or make up your own to suit your business or organisation). You could do this individually or with a group of workmates. How would you establish a respectful, working-relationship with your case-study customer, and how could you best be of service to that person? If you are completing this as a group activity report back to the wider team.

Case study 1 - David

David is a 55 year old man who uses crutches and sometimes a wheelchair for mobility. David lives with his daughter and grandchild and works at a call centre.

David has come to the pool on the recommendation of his doctor, after a mild stroke, and wants to speak with a staff member about the how staff can help, and what's on offer at the facility.

Case study 2 - Hone

Hone is a 40 year old Deaf man, who works as an accounts clerk. He recently moved to the Hutt Valley with his brother, whom he flats with.

Hone has come to Expressions Arts and Entertainment Centre to find out what is on offer at the centre and also about getting on the mailing list for exhibition information. He comes to the counter to ask you for help.

Case study 3 - Ruth

Ruth is a 20 year old woman with an intellectual impairment. She flats with other young people around her own age and works at the local supermarket.

Ruth has come to the library to find out what books may be available for someone her age, with plenty of pictures and clear, simple text. Ruth has brought a support worker with her, who prefers to step back to allow Ruth to handle things for herself.



Case study 4 - Tui

Tui is a 35 year old blind woman. She is married with two teenage children and works for a Government agency.

Tui has come to the Council to find out about paying for dog registration, as the family has a new puppy. She also wants to know about the bylaws around having a dog/puppy. Tui comes to the counter to ask you for help.

Answer 2. Case studies: The following suggestions are taken from the Health and Disability Commissioner 'Making communication easy: useful tips to make it easy to communicate effectively with people with impairments'. A copy can be downloaded from:
<http://www.hdc.org.nz/media/158412/making%20communication%20easy.pdf>

Case study 1 – David

- Do not assume that your help is needed or wanted — ask first. If the person would like help, ask how you can help. The person will use his or her own experience and judgment to direct you in the most effective way of dealing with the situation.
- Consider a person's wheelchair as an extension of that person's body. Therefore, leaning on the wheelchair or placing your foot on a wheel is not okay.
- Speak in a normal voice to a person who uses a wheelchair, cane or crutches.
- Ask a person who uses a wheelchair if he or she would like to move to a place where you could sit, and speak at an appropriate eye level if you are likely to speak for a long time. If in doubt, ask the person for his or her preference.
- Feel free to use phrases such as “walk this way”. Expressions such as this are commonly used by people who use a wheelchair, cane or crutches.

Case study 2 - Hone

- Do not try to second-guess what assistance an individual requires – this can make everyone uncomfortable and can lead to embarrassing situations. People will have different needs for assistance — do not assume that assistance is always needed. Ask if help is required and let the person describe what s/he needs.
- Use drawings, writing and gestures to assist you in communicating.
- Make sure lighting levels are adequate.
- Face the person and speak directly and clearly, but normally. Do not raise your voice.
- If a person is using a sign language interpreter, speak directly to the person and not to the interpreter. The interpreter acts as a conduit, conveying the conversation in an accessible way, not speaking on behalf of the person. Focus on the relationship with the person.
- Be aware of using jargon and avoid it whenever possible.
- It is OK to ask the person to repeat something if you are unable to understand their speech. If this does not work, try using written notes.

Case study 3 - Ruth

- Use plain language and short sentences, but do not talk down to the person. Describing a person with an intellectual impairment as functioning with skills comparable to a child of a certain age is not necessarily helpful. Regardless of a person's cognitive ability, if you are communicating with an adult, talk to the person and treat the person as an adult and not as a child.
- Speak directly with the individual and not with any support person, unless told otherwise.
- Be patient; take and give as much time as necessary to communicate effectively.
- Ask the person to repeat what was said. If you do not understand something, then repeat it back.
- Always ensure that the person has understood what you have said by politely asking them to repeat this back to you, if required.

Case study 4 – Tui

When communicating with someone with a vision impairment, it is important to remember that the impairment does not affect the person's ability to think or to hear. Speak in a normal tone. Consider the following suggestions:

- Touch the person lightly on the arm, or address them by name to gain attention when you wish to start a conversation.
- Ask the person if s/he would like to be oriented to the room in which the conversation is taking place.
- If so, tell the person about any obstacles the room contains.
- Use descriptive words, such as "in front of you, to your left or right") instead of vague language, such as "over there"). Keep in mind that a person with a vision impairment may not be able to relate to hand or facial gestures.
- Feel free to use visual words such as "look", "watch" and "see". Expressions such as these are commonly used by people who have little or no eye-sight.
- Always ask permission before attempting to interact with someone's guide dog.
- When acting as a sighted guide, let the person put their arm through yours - rather than you trying to take the person's arm. Propelling the person ahead of you is dangerous. In allowing the person to take your arm they will be guided by the motion of your body while you walk, and the fact that you are half a step ahead of them will warn them of potential hazards such as steps.
- Let the person know if you are leaving them to speak to someone else, so that he or she does not continue to talk after you have gone.

Behaviour and language

Challenging behavior affects all sectors of society for a variety of reasons. Strategies for addressing these are the same for all people, regardless of whether they have a disability.

Question 1. Challenging customers: Think of a time you have dealt with a difficult or challenging customer. How did you deal with the situation? Did it end in a positive way? What would you do differently next time?

Answer 1. Challenging customers: Here is an example given anonymously at one of the Upper Hutt City Council DIScover pilot workshops.

-"In the past, we had a regular customer at the library with a hearing impairment and a learning disability. She would often get frustrated when staff didn't have time to help her, or couldn't understand what she was asking for. To address this issue we nominated two staff with knowledge in the genre she liked, and whenever she came in we asked one of those staff to assist her one on one. Not only did this mean better customer service for her, it also meant better service for other customers, as we weren't away from the help desk for long periods of time."

Question 2. Mind your language: Some words should not be used to describe a disability as they are offensive and insensitive. Have a look at the list below - can you find a positive term to use instead?

Instead of saying...	Use the words...
Wheelchair bound; confined to a wheelchair	Wheelchair user; person using a wheelchair
Cripple; handicapped;	
Cerebral-palsied	
Insane; mental	
Deformed	
Mongoloid, Downs	
Deaf mute; deaf and dumb	
Stutterer	
Spastic	

Answer 2. Mind your language :

Instead of saying...	Use the words...
Wheelchair bound; confined to a wheelchair	Wheelchair user; person using a wheelchair; a person who uses a mobility aid
Cripple; handicapped;	Disabled person; person with a disability
Cerebral-palsied	A person who has cerebral-palsy
Insane; mental	Person with an impairment, mental health consumer; person with a mental illness
Deformed	A person with a physical disability
Mongoloid, Downs	A person with Down Syndrome; a person with an intellectual or developmental disability
Deaf mute; deaf and dumb	Deaf, hearing impaired
Stutterer	A person who stutters; a person with a communication disorder
Spastic	A person who has muscle spasms

