

Disability Awareness & Etiquette

May 19, 2022

Inclusive Arts Vermont

Transcript

HEIDI SWEVENS: As we begin, we pause to acknowledge the place we exist, connect, and create. Is the traditional unsundered territory of the Abenaki People, one of 5 Wabanaki Nations who have a continued and enduring presence with this land, presence with mountains, with vistas, with forests, waters, and winds. Presence with People, relations, culture, and creations. Presence with light. In Abenaki “waban” refers to the white flickering light in the sky, and “aki” is the word for land or the earth. So the Wabanaki are the people of the Dawnlands. We acknowledge Wabanaki ancestors, past, present, and future.

Welcome! With that Acknowledgement I'll introduce myself. My name is Heidi Swevens, I use she/they pronouns. For access purposes I'll do a verbal description of myself and surroundings. I have blue eyes and pale skin and short round hair. Today I'm wearing a turquoise button-down shirt. Behind me is an abstract rectangular painting against a white wall. I'm really excited to be here with my colleague, Katie, and with all of you talking about something that's near dear to my heart. So thank you for being here, for showing up and being open to learning and unlearning and questions, and with that I'm going to pass it over to Katie for our next bits of welcome and introductions.

KATIE MILLER: Great, thanks Heidi. Welcome everyone. Like Heidi said my name is Katie Miller, and I'm the executive director at inclusive arts Vermont and I co-facilitate a lot of our trainings with Heidi. Really quick I just wanna remind folks that if you could mute yourself when you're not speaking so we can eliminate back background noise, that would be really helpful. I am going to pull up my slides. There we go. Okay. So first I'm gonna do a verbal description of myself just like Heidi did. I am a pale skinned woman, with blonde and brown and silver hair, that today is up in a low bun. I have on a gray cardigan and a black and white tie-dye tank top underneath that and I'm wearing black headphones. Behind me you'll see my office slash bedroom which has gray blue walls and chunky white trim, and a big white dresser behind me.

Forgive me... I'm letting people in while I'm talking so multitasking.

So a reminder today, also, that today's workshop is being recorded. So we invite you to turn your camera on and be here with us on video. But if that doesn't feel comfortable for you, you can also leave your video off. And this recording will be available after the training is done. One thing you will hear in every training you come to with us, is-and we really mean this-is that we at inclusive arts believe that we are all human beings first, and everything else after that. So we invite you to come as you are today. You are a human being, you have needs, take care of those needs. If you need to be joined by animals or humans big or small. That's totally fine. Please come as you are. you might see my animals and/or small people come in and out behind me today. We also invite you to participate in a way that's meaningful for you today so there will be opportunity for discussion, which means that you can either share discussion thoughts out loud or in the chat box. You could be on camera or not. if you have thoughts

after this that you want to share with us, you're always welcome to send an email to Heidi and I, and we'll make sure you have that information at the end. We do ask again that you mute yourself when you're not speaking, and when you are speaking, if you feel comfortable taking a try at that verbal description, the first time you talk of what you look like in your surroundings look like that would be great. Alright, I think that's it, Heidi.

HEIDI SWEVENS: Thanks, Katie. And echo one more time we're just really grateful to be in this space with all of you and glad you're here. Katie and I have lots to share, but before we do that, we want to invite a reflective practice. So if you have a pen or a paper or if you're a digital kind of person a place on a note pad or your screen. For just the next 2 min or so I want you to think about and reflect upon what comes to your mind and or heart when you encounter the word "disability". So 3 to 5 things. you can write or draw or just reflect. But what comes to mind and heart when you encounter the word disability.

(Pause)

As you're doing this, I'll say it's not a test. There's not a right or wrong. You'll be invited to share, but not obligated to. It's just an inquiry into where you are at this moment.

(Pause)

So this could go on longer, but I'm gonna invite people to wind down in about 30 seconds. And Katie. does it look like people are still...

KATIE MILLER: Sorry it's my controls are not in the normal please, because of screen sharing. Anyway. I can't see anyone today no one's starting their video... So if folks just either give me a thumbs up, emoji, or right done in the chat. That would be great that way. We know we'll have a general idea... Alright. we've got some "done", some thumbs up, I think.

HEIDI SWEVENS: Awesome, and so I think, before we move on to sort of the next part of us sort of defining disability and accommodation and models what I'd like to say is anybody want to share? Maybe 2 to 3 people share either in the chat box... it feels like this might be a chat box kind of crew. You're certainly welcome to share on camera. But what was your response to what comes to mind and heart when you hear the word disability.

(Pause)

And it's okay if people are not wanting to share. this might be just for you all.

KATIE MILLER: Yeah, I'm not seeing any volunteers Heidi.

HEIDI SWEVENS: Okay, we'll hold that, hold that with you. We ask people to think about this for themselves because we're gonna get into definitions of disability, models of disability, and all sorts of things and those elements of disability and understanding disability interact with where you are in this moment. And... and again there's no right or wrong. Our hope is that this will engage disability understanding in a new way for you, and maybe add some skills along with that understanding. As we go through this workshop series and certainly through today. So thanks for taking a moment to be with that question, and we'll move on to the next slide. So we're gonna start with disability statistics, and Katie, do you mind reading this slide?

KATIE MILLER: Yeah, sure. So this is a slide that split half and half, a graphic on the left and there's some text on the right. On the left, the graphic, in short, is an outline of the United States filled with different figures of people that are blue and yellow. And the blue represents people live living with a disability, and the yellow represent people living with no disability. And the slide reads: Disability impacts all of us. 61 million adults in the United States live with a disability. 26%, or one in 4 of adults in the United States have some type of disability. And then on the right hand side it says "Why disability?" It has the same data I stated before. 61 million adults in the U.S.A. have a disability. This is equal to one in 4, or 26%, and that's according to the CDC inn 2018. So this data is pre-pandemic, and and knowing that we're waiting for the new data to come out, and knowing how the pandemic has affected people's long term health, I would venture to believe that this number might be a little bit higher but that's just a guess on my part. And in Vermont specifically 23.7% of adults have been identified as having a disability. But when you include invisible disabilities, such as mental health or learning, disabilities, that number can reach as high as 70%. And the majority of those with disabilities are in the 65 plus age bracket, and when you include children, the number is 14.7%. And a little bit of context, this isn't on the slide, but a little bit of context for why that is, is because, disability, you know, becomes more prevalent as people age naturally. But also many children when included in these numbers are not diagnosed if they're diagnosed at all, with some... type of disability until they reach school and there's regular testing or learning disabilities have been identified. So when you include young children in this number it goes down quite significantly.

HEIDI SWEVENS: Thanks, Katie. So... one other sort of way to think about all of these numbers is that, in general, one in 4 adults and one in 5 children have a disability that's been sort of documented or identified. So when we talk about disability, and not necessarily what is disability but why disability is relevant, Rebecca Cokeley, who is a disability advocate, used the example of, you know, disability is in 1 in 3 households. So if that's not within your household, it's your neighbor to the left or your neighbor to the right. So disability is really close to home for many of us, and for all of us in some ways when we take those numbers and we apply it to our homes and our communities and our families. The definition of disability can get a little wonky. It looks to functionality. It links to perceived limitations and impairment with activities of daily living. There are legal technicalities, and there are all sorts of definitions. With that Google can assist you (laugh). For the purpose of this, we invite you to think about how you understand disability because that will be in the interactions that you have and the accommodations that you provide and the services and the features. And the technicalities are important and they're relevant, but the focus of this really is to understand the conceptual models of disability. And then how those inter react, interrelate with one another. So our next slide to help talk about kind of constructs of disabilities, models of disability. And Katie, do you mind describing this slide also?

KATIE MILLER: Sure. So this is a white slide with black. text that's all in capitals, and it reads models of disability, medical, social, cultural. And on the right hand side there's a photograph of 3 people going up a staircase. But the staircase is... throughout the staircase all the way up There's a switch back ramp that sort of zigzags all the way up the staircase. So the ramp is interwoven into the staircase, and all of the flooring and the walls, and everything is made out of gray concrete.

HEIDI SWEVENS: Thank you. Okay, So The models of disability we sent ahead of time in a handout in the email, because this is something that I think is really important, it's sort of foundational for lots of the concepts that will follow, and also just for for basic understanding. The models will present as sort of

distinct, but in actuality, and in practice, they're interrelated. So the medical model and this might be one that people have heard of.

If there was videos on I'd ask for hands about who's heard of the medical model. Katie, I don't know if you can see the screen with the screen share or not in terms of how many people have heard of this? Maybe we can get thumbs up digitally.

KATIE MILLER: I can. Yep. So if people want to give us either a thumbs up reaction or say "yes" if you've heard of the medical model of disability in the chat. You can also turn on your video and give me a thumbs up to that always works.

HEIDI SWEVENS: Just curious if anybody... where people are at in this zoom.

KATIE MILLER: I would say about half.

HEIDI SWEVENS: Okay, this is, you know, I think it's the dominant-one of the dominant-models, because, you know, medicine is so influential in our in our culture. So I'm going to read this with large print. I have low vision. So bear with me again. This was in a handout for those of you who want to reference it later. But the medical model of disability is, defines disability or views disability as a defect within the individual. Disability is an aberration, compared to, in air quotes, "normal" normal traits and characteristics. In order to have a high quality of life, the defects must be cured, fixed, or completely eliminated. You know, health care and social service professionals within this model have the sole power to correct or modify the condition. So, Katie, I might ask you to read the next definition, just for ease of everybody. But within this, this medical model, the short hand version is that the problem-and I'm putting problems in air quotes-because I see it very differently. But the problem is in the individual, and therefore the fix or the situation, what must be changed is inside the individual. And Katie Do you have the handout up, or am I putting you on the spot to read the social model?

KATIE MILLER: I don't have it, but I could find it really quickly.

HEIDI SWEVENS: Yeah, and I can also summarize it... For the purpose of this, the social model was established in response, I think, to the individual kind of accountability for this thing in a body that was seen as a problem. Where the social model says "wait a minute"... disability arises between individuals and environments, where there are barriers for the people with disabilities engaging in the environment in ways that they want to. So the barriers are seen as existing within the environment, and in attitudes as well as, you know, in a response to and a dynamic interaction with the individual body mind. So that social model of disability kind of says "Wait a minute", the-and I'm putting this in air quotes-the "problem" is in the environment. So if we address the environment, we add a ramp in this beautiful graphic image, the whip, the ramp is woven in with the stairs. This this is a way to eliminate some of the barriers in the environment by making changes. That can also happen in digital environments in other ways. So social model kind of redirects where the... the barrier, the challenge, the problem is, and therefore where the interventions or solutions might be. And then the cultural model is just a third perspective, and culture and ethnicity are broad topics. We bring this up only to say that within the sort of individual and the environment there are all other sorts of cultural influences that are meaning making. Western models, religious models, social models, and those narratives for example, the sort of narrative or understanding within a cultural context of disability being a punishment for a sin, have an influence on how individuals understand the meaning of disability in their own lives, or can have a

potential understanding of that for some learning, and unlearning. So all this to say when we talk about “what is disability” we're talking about these moving pieces, that help influence the meaning of disability... and therefore, can be shifted or changed. And so I think that's it for now, Katie I'm gonna ask you to move to the next slide.

KATIE MILLER: Alright. So this slide is again. It has a white background on the top with black text that's all capitals that reads the Americans with disabilities Act, and the bottom is an illustration and there are 1 (whisper) 13 people, I believe with my quick count, across the bottom, and some-they're all using-not all. Many of them are using different mobility aids, such as wheelchairs or prosthetic limbs. I see a cane, a sling crutches, walker. all sorts of different stuff.

HEIDI SWEVENS: Thank you. So the Americans with Disabilities Act... And I'm gonna ask another sort of digital response question. How many people here have heard of the Americans with Disabilities Act? And if you could do a “Yes” or a thumbs up, that would be helpful.

KATIE MILLER: let's see, I see, oh, I'd say a good two-thirds thumbs up. And, yes, it's actually more than that. Probably, when I add them all up.

HEIDI SWEVENS: Okay, so the Americans with Disabilities Act is national legislation that makes discrimination against people with disabilities a crime. And so it was established in 1990. When you think about civil rights movements, and you know other sorts of historical anti-discrimination laws, 1990 is more recent. It... it's not the only legal action against the discrimination of people with disabilities... there's a-we shared a 10 min video that describes us very well, but I think it's really important to know that the Americans with Disabilities Act was established in 1990 was revisited in 2008 with some updates and it basically is to protect the rights of people with disabilities to participate in community spaces in communications and transportation and employment. And there's a wonderful resource that we often share and We refer people with legal questions to the New England ADA Center Center, which is a confidential hot line, helpline to explore, you know, areas of the ADA and other disability laws. They're great thinking partners, and they have that legal expertise. But the purpose of the ADA, and and where we bring it up-why it's really important other than just sort of awareness of this thing that's out there. is that it does have practical implications for services, and programs, but also the purpose of it is to prevent discrimination against people with disabilities, and I think that's something that, however, we shake it out, people, you know, kind of believe in it and want to have happen. So it's just how do we get to that place of more inclusion of people with disabilities, with-with a history of, you know, not understanding disability, outside areas of negativity, I mean people with disabilities have been discriminated against and so how do we kind of reshape that? moving forward. And the last slide, Katie, if you would.

KATIE MILLER: Yeah. So this last side, slide has a white background with black text again, and it says “Disability can be both visible and invisible”. And to the right is-oh, wow-when I hover over it gives me my verbal description, which is very handy. It is a group of 11 young adults smiling at the camera standing against a white wall in an art gallery. Some have white canes in hand, and the person furthest to the right is seated in a blue wheelchair.

HEIDI SWEVENS: Okay, thank you. This, the reason we bring up that some disabilities are visible and some are invisible is because when we think about service to patrons, we think about people, when we think about communications, it's not always apparent that somebody has a disability. And that may not

be relevant in, except that if that person with a disability needs accommodation, there can be sort of tangles, or you know, Do I share?

Do I not share? How do I get my knees and that How do I get my access? needs met?

So we like to just point out that until we in our society are inclusive, and it doesn't matter whether a person has a disability or not, we're going to point out that sometimes it's a parent and sometimes it's not. So when people are talking about accommodations, we really just want to slow down and think. Am I making the assumption based on what looks to be the case? Like, sometimes people who don't have any mobility aids also have, you know, endurance disabilities where walking a great distance might be a challenge. So the presence or absence of a wheelchair does not necessarily directly link to an accommodation need or request and the other way around. So we bring this up just as a reminder. What are invisible disabilities? You know things, like Katie mentioned before, some mental health disabilities, learning disabilities, endurance, pain, chronic conditions. And I want to be clear, and we'll get to this in some of our other workshops will probably say it many, many times, at Inclusive Arts Vermont, we don't perceive disability as negative. We don't want to name the experience for other people. People with disabilities have all sorts of legit experience, and some of them are challenging for sure because of barriers in the world, and because of things, but disability in and of itself is not a negative, and there's joy. There's resilience, and there's other things. So when we think about invisible and visible disabilities, and just making that distinction, we also want to say like this is not about negative or positive. This is about just understanding how to meet a human where they are, and know what responsibilities might be to provide access or other options, so that all people can participate in programs and services, all people that want to. I think that's it for me.

KATIE MILLER: Okay, So I am going to talk a little bit about ableism and what ableism is. Can I get another sort of assessment? Either a thumbs up or yes, or no in the chat if you've heard of Ableism, let me know. Okay. Looks like... looks like somewhere between half and 2 thirds of people, which is great. So this slide that I'm showing right now on the left hand side there is an orange background graphic. And what this actually is the book cover to a book by Rebekeh Taussig... and... and it's an image of her sitting on her wheelchair, wearing a bright yellow top and black bottoms. White outlines are drawn onto the wheels of the chair, and her shirt, and against an orange background are white and black letters, letters that read, Sitting pretty the view from my ordinary resilient, disabled body. Rebekeh Taussig. Karen says (chatbox) Love this book, this book. As someone who works in the disability field, or just like, even as a human being, this is one of my favorite books. And with the work I do, this, personally, is the book I often recommend to people to read if they want to learn about ableism. A quick side note that her chapter on kindness sort of blew my world open... in a really beautiful way. So Rebekeh first I'll talk about how Webster's dictionary defines ableism. Webster's dictionary says that ableism is discrimination in favor of able bodied people. Plainly put. Rebekeh Taussig, in her book, defines ableism as "the process of favoring non-disabled bodies, while discriminating those that move, see, hear, process, or look differently. The application of this can morph into 10,000 shifting shapes, and for the world we live in today, it's usually more subtle than overt cruelty. Some examples to get us started: the assumption that all of those who are Deaf would prefer to be hearing, the belief that walking down the aisle at your wedding is obviously preferable to moving down that aisle in a wheelchair, parents physically holding their children back as a person with a disability passes by, the assumption that a non-disabled person who chooses a partner with a disability is necessarily brave, strong, and especially good.

All of these are different flashes of the same oppressive structure. Ableism separates, isolates assumes it's starved for imagination, creativity, and curiosity."

I feel saying this to a group of librarians, but if, for some reason you don't have the time to read this book and or not time, you don't want to read the book there, I'm gonna share a link to a an article with Rebekeh that's much briefer that talks about sort of the main, it explores the main themes in her book, where she talks largely about Ableism but her own experience growing up as a disabled person in this world. That's what ableism is And next I just wanna remind you of or not remind you, share a couple of things with you. Let me stop sharing my screen. There we go.

The first is that when, when we're looking at ableism, or trying to identify and explore the concept of ableism, remove ableism from our own practices as an organization, or within ourselves, to engage with that process with compassionate curiosity rather than interrogation. Because the answer to "who done it?" The answer to "who has ableism within them?" is all of us. Like, it's part of the... it's, it's woven into everything that's out there. And I don't think-it's really similar, if any of you have ever engaged in anti-racism work-It is really similar in the sense of... It's-anti-ableism work, anti-oppression work--it's all a lifelong process. So just know that, that the work of anti-ableism is never done. And so starting with exploration is the best place to start.

So I'm going to take a brief cause and offer a moment. Does anyone have any questions about what we've talked about so far? Ableism. The models of disability. What is disability? Any questions about that so far?

So go ahead, Sue.

SUE: So I was part, I'm part of an inclusion committee here in our town, and we had one of our first meetings, and we were talking about disability. And I was bringing up the point that disability also can be unseen and result of trauma. And one of my committee members said, "Well, we have to go by the medical definition." So how do I respond to that?

HEIDI SWEVENS: Hmm! Wow! this is Heidi. Katie, do you mind if I-

KATIE MILLER: Not at all, go for it. I was gonna ask if you wanted to take this one.

HEIDI SWEVENS: I wanna thank you for asking that question and my my response is going to be sort of more things to consider rather than a "do this" because there's lots of parts that I'm not familiar with in that context. But I would ask sort of "What's the goal of this Inclusion Committee?"

SUE: The goal of the inclusion committee is to mae Springfield more welcoming to all... to all.

HEIDI SWEVENS: Well, yeah. I, I think not including people with invisible disabilities would be exclusionary and sort of counterintuitive to an inclusion committee. Many, many disabilities are invisible. and the statistics that we shared, and in some other presentation and context we talk about those statistics... and then we kind of pause and say, "and that was before the pandemic." You know, there's lots of things in the news around youth mental health, other mental health-it's something we don't want to talk about. There's so much shame around disability, like, it can be, not for everybody, but I think to not include invisible disabilities would not be inclusive. And if you want to understand, maybe some scenario, we can talk more or think through some like how would you say that? How would you bring it up. Where would you have any, you know, if there's any support that you want to have. I

think the New England ADA Center is fantastic as a sort of legal resource. I mean, we can also think through some other things... What happens when you start-not you, the general you-start to say "Hmm.. this doesn't seem air quotes right. Something about this feels off." Is that there can be some uncomfortableness and sometimes it's hard to speak to, you know, the discomfort in a room. And however that happens, it can be helpful to have outside resources and outside sort of like, this person was saying this, and this, this discomfort is actually accurate. And here's some evidence or some support for this thing that I want to advocate for, or speak up against.

SUE: So, so we can consider a disability, even though though it's not d diagnosed. That was the, the big conversation.

HEIDI SWEVENS: That it had to be documented or proven?

SUE: Okay, that's the-

HEIDI SWEVENS: Yeah, that's true in some context. For example, some medical services, some benefit services. You know the VA does calculations of percentages of disability. And you might notice my tone, is like, there are some quantifiable evidence-based places you have to prove it, document it So, without knowing the context of all this, there might be some truth to that.. where calling the New England ADA might help you understand. For our purposes at Inclusive Arts Vermont-and sometimes this is so counter to the main area where you have to sort of prove all that you can't do in order to get help with what you can-it's sort of a contrary or different model. So there are some places definitely that you have to document, prove, diagnose and I don't... and sometimes government, depending on who's involved, it might be part of that. So, but if you're, you know, a library, and somebody comes in and they want an accommodation, you know, again I would check with the New England ADA about what you can and can't ask. Because sometimes this ties to money as well like, who's going to pay for it? And unfortunately, that's part of the sort of larger systems not necessarily the human system. Does that make sense?

KATIE MILLER: Yeah.

HEIDI SWEVENS: I think, I think it's fair and accurate-and Katie, I'm going to pause and then ask for any of your thoughts--I think it's fair and accurate to say that not all disabilities are visible invisible just disabilities exist. And how do we want to talk about with this disability community that we're trying to include? And what are the barriers? Are we creating more? Or are we taking them away when we think about inclusion in terms of how do people have to, you know, prove or identify-what's that category?

SUE: Yeah, and I don't want to hijack the the conversation (laughs).

HEIDI SWEVENS: I don't feel hijacked-I'm wondering whoever's listening... there might be, like, not the exact story, but hmm... there might be a parallel. So thank you for that question. And, Katie, do you have anything to add?

KATIE MILLER: I do, yeah, Karen, I see your hand up and i'm gonna just say something right quick, and then you can go. I think a couple of things. One thing way, I like to frame it for people when we start to have this conversation about how do you define disability, and who gets accommodations and who doesn't is that Inclusive Arts Vermont, we don't ask people what their diagnosis is. We ask them "what do you need to have a positive experience today?" For some people they're like, oh, just as it is fine.

For some people they say, "I need this and this and this. And the reason for that is because... let's take- I'll use my own family circumstance as an example. My daughter is legally blind and she's autistic. And so if we were to go somewhere and they were to assume, because she's legally blind, she needs braille. She doesn't read braille so it would not be helpful for her, but things like large print are really helpful for her. Things like a quiet space are really helpful for her. Things like sensory backpacks are really helpful, you know, so like.. but what she needs and other people need who have the same exact disability could be entirely different. And so coming at it from a place of letting people define and tell you what they need instead of trying to tell them what they need. It can be really-it, it flips the conversation in a way that puts the power in the hands of the person with a disability. I think, you know I I do think it's also important to market whatever accessibility things you have available at your library already. I think that's, that's really great... so just another perspective Karen, go ahead.

KAREN GRAVLIN: I just wanted to say something very similar along, along those lines. In my experience working in public libraries, we have never asked what someone's disability is when they're asking for an accommodation. It's always, as you said Katie, what do you need in order to make this, you know, program or service accessible to you? So, I think that it's safe to say that, you know, there are libraries out there who are serving people within invisible disabilities, and accommodating those disabilities all the time.

KATIE MILLER: I'm. seeing a check, a question in the chat. "What would be the disadvantage to using a broader definition? Also, universal design has proven itself as, well, universal." That's, I think, one of the beautiful things-or not one of the-I think the beautiful thing about universal design is you find often when you design something for, even for a specific population, it's meant for, it winds up being useful for more than one group of people. Again. I'll use myself as an example, not to center myself in the conversation, but just because I know my own experience, right? So, we have auto captions on today. Those don't necessarily meet the accessibility standard if someone were to request captioning. We would need to book a live captioner, but for me and the learning disabilities I have, the captions help me focus and hear what people are saying in a different way. They're not originally intended for me. I do not have hearing loss, but I find them helpful-It's just like ramps to get into a building. Originally intended for people with mobility aids like a walker or a wheelchair, but they're also great for moms with strollers, people pushing in, you know, a delivery like the UPS guy, somebody hauling in a massive cart of books they need to return. Like it could be lots of different folks using those. So, okay, I think you're set to go Heidi.

HEIDI SWEVENS: Great and thanks for the questions and the perspectives. I think that the real, real life experience and questions from librarians-and the communities that you're in-are really, really helpful for Katie and I to kind of frame and focus and respond to you where you're all coming from. So the next sort of topic area we have is, is "etiquette". And that's a word we sort of use, and we're like, "what does etiquette really mean?" But etiquette and what are the sort of best practices, and connecting with people with disabilities comes from understanding. And sometimes that understanding comes from learning new things, and sometimes it comes from unlearning things that may not have been in your awareness before. So I want to start with that sort of area of, you know, etiquette comes from understanding. And understanding, as Katie mentioned with regard to ableism, is, is lifelong. My guess is that librarians are lifelong learners in many ways, lifelong readers and engages. So that might not be true-I'm not trying to assume-but just know that the etiquette is unfolding and and ever responding and individualized. So we're gonna talk about some things in broad concepts, and then there'll be individualized experience.

And not a cookie cutter approach by any means because people are not cookies (laugh). Both are great, but they're just very different categories. And the first thing that we sort of have as a bullet point is to, you know, think about removing barriers. Those models of disability like within the, the human body mind and then within the environment. Part of what librarians-and library staff and volunteers-can do is to think about what might be barriers, and then to act to remove them if they are preventing people from engaging in waste that they want. It sounds like people are already doing that, and Karen sort of mentioned the ways that accommodations are provided without the proof. So there might be some examples of that. And if you have any examples and you want to throw into the chat box-or put them into the chat box-or voice out loud, you know "What are some of the barriers? And what are the ways to remove them?"

And we're talking here that sort of next point is, it's beyond the physical. So accessibility and inclusion is more than getting in the door or in the zoom space, if you will. And the person mentioned universal design for learning, which is based on universal design, which was in architecture. After the ADA, there were buildings in places that people couldn't get in and so they talked about designing ways, you know, using universal design with architecture. And one of those tenants, and Katie mentioned this, what was designed for one group of people actually benefited others. So the architects, you know, the story goes, they sat back and they were observing, and they noticed. "Wow." People with wheelchairs were using the ramps, and this was great. And then mothers with strollers, parents with strollers, and people with with groceries. Other people were using this ramp. So people in the learning field said, "How can we apply this to education?" How can we apply this to programs? And that universal design... looks at physical barriers and entry points, but it also looks at other ways of getting in. So it's more than the physical. It's more than the digital space. Once people are there-and even before people get there-what do they need to access the information? And that is individualized. You might notice that, Katie and I, we sent out a "Know before you go" so you had a sense of what was gonna be happening. Hopefully we're sticking to that in ways that is accurate (laugh) with some handouts and resources to read ahead of time. We'll stay on a little bit after if people have questions. Not all brings process at the same pace. I often say, if you have a shower thought or a walk thought it comes later. So we'll have 2 sessions of office hours for some questions and interaction in addition to this workshop. And then we'll send a follow up email so that before, during, and after there's multiple ways to engage. We're not perfect by any means, but our intent and our hope is to recognize that we want to connect with people, we want people to engage and learn and so we need to do that in multiple ways in order to make that happen. And if somebody were to say, "this is what I need"-hey, I've got my hand up now-"this is what I need", we would respond to that as best we could in any moment. So some considerations around removing barriers-and we can talk more about these in open office hours-there's also a Vermont Arts Council workshop series that Inclusive Arts Vermont has done. We can put, it can be available for some of these in more detail. But we think about accommodations and things like American sign language interpretation. Katie mentioned the captioning-the auto captioning that is available on many platforms that doesn't technically do the accuracy standards for ADA, but for some people that is more than fine. It works. It addresses hearing loss, but also, as Katie was saying, different learning styles. Verbal description is an access feature to provide language for the visual elements. There's also sensory needs... so the ability to turn off a video or a zoom screen. Attention to just, you know, fidgets-things like that. There a workshop on that. There's also pacing. I have to notice myself on this. I tend to speak really fast, and that's not always helpful. Communication styles, registration forms, things like that. So when we talk about removing barriers, those are all the elements that library staff and volunteers can consider in

terms of making programs more accessible. My guess is you're doing lots of this already, but those are just some of the things that we're highlighting and can, you know, address and respond to if there's more specific questions. Katie, I think it's over to you now.

KATIE MILLER: Okay, I'm gonna talk about just some basic etiquette 101. And the thing I will say before I go into any of this detailed stuff is that each individual is going to have their own wants and needs, and the, the biggest number one piece of advice I can possibly give you when welcoming people with disabilities into your library, and your space, is to not assume that you know what somebody needs. And to ask them if they need anything or let them know you're there if they have any questions, or need anything rather than assume. Some examples of how you can do this-or just general etiquette-would be, the first is people who use mobility aids. So we're talking about things like canes wheelchairs, walkers, things like that. Do not touch or move them without somebody's consent. Think of them like an extension of their body-especially, I'm you know, I'm thinking about someone I know who's a wheelchair user and they said they were-I can't remember where they were, a restaurant or something-and someone came up to them, someone They don't know, and just grabbed their wheelchair and moved them out of the way without saying anything. And that's like walking up to someone who, I don't know-you need them to move, walking up to a random stranger at the grocery store grabbing them by the shoulders from behind, and just pushing them to the side. Like you would never do that, I'm assuming, so don't do that with somebody with a wheelchair. You can say, "Hey, can you slide over?" or "can we get around you?" You know, just like you would anybody else. And if someone... similarly for folks who have blindness or low vision, it's a best practice to announce yourself. Heidi, you know I don't want to speak for Heidi, but Heidi says this often where, you know, if I, like, if I ran into Heidi on Church Street in Burlington, I would say, "Hey, Heidi, it's Katie!" because we're meeting each other out of context and the way different people's vision works, they might not recognize you from a distance, or close up, or recognize the sound of your voice in a different environment. So you want to announce yourself. And, similarly to the mobility aids, ask someone if they need a guide. Don't assume that they do or physically touch or move someone. You know, again, just say like "we're here to help if you need anything, let us know."

ASL interpretation-which stands for-American Sign Language-ff you ever have an event, or you have someone come in with an American Sign Language interpreter, you want to make sure you talk to the guests of the library-or the person who's receiving the interpretation-and not the interpreter. So if Heidi had an interpreter, I wouldn't say, "Hey, interpreter, can you tell Heidi blah blah blah blah blah blah" or "Can you ask Heidi this question for me?" It would be, "Hey Heidi, here's my question," you know. And the interpreter will take care of the rest of it. When you're working with interpreters-this is true whether it's online or in person-you also want to speak slowly and clearly and leave pauses for the interpreter to catch up with you. American Sign Language interpreters are hearing a language, we'll say English. They're hearing English and translating it into physical movements with their body, usually at a delay from which they're still processing the language that they're translating, while also watching the person they're translating for for visual cues if they want to say something. So you gotta give them a little bit of time in between to catch up with everybody. (laugh) I was just speaking with an interpreter at an event we had a couple of weeks ago, and she said that there's actually a sign-I didn't realize this-for if someone is mumbling, or they're talking too fast and they can't understand them. And it basically means like "I can't get any of this so let me know if you want to come back to it later." (laugh)

And, oh, lastly, I'm gonna share a link in the chat box when I'm done talking. But we really encourage people to include, on your website, information about any accessibility things that you offer as well as on your registration materials, including a little question mark logo-which I'm gonna put a link to the tip sheet on how to use that on registration materials, with a person to contact to make accessibility requests. And what that does is it tells someone-it doesn't tell them necessarily that it will be accessible for them or that you can meet their accommodation. What it says is you're willing to accept the request and try. And I can't speak for everybody, but I can tell you that as a parent of a kid with disabilities, a kid, a parent of a kid who loves to go to the library, that is a huge help because then you know we're not searching the website, trying to figure out who's running the program, who's the program coordinator and who do I call to make this request? And, you know, it just sort of takes that part of the labor out so highly, highly recommend, including information on where to make a request. And we're gonna do a whole training on making, meeting requests and all of that so I'm sure there's going to be a ton of questions on it. But if you ever have questions on, you know, if a request is reasonable or not, you can contact the ADA. And it's totally anonymous. It's not like if you say something quote/unquote "wrong", that they're gonna report you to somebody. They're really truthfully there to help. Alright, I'm gonna find that link.

HEIDI SWEVENS: Yeah, I just, I'll share an anecdote about calling the ADA to ask about, you know, like whether a request is reasonable, and I'm air quotes "reasonable". That's the language of the law but it's not sort of consumers or patrons against anybody. That, like, we often think about who's right and who's wrong. And, just, that's how we're socialized. It really is, you know, like how can we make this program, this presentation, accessible? And there's certain things that are not possible within that and they're not even required by the law. Like fundamentally altering the program to meet somebody's needs is not part of an accommodation request that would be fundamentally altering the program. But providing information ahead of time or, you know, if there's a reading going on providing the text of that reading is a way to accommodate the person who makes the request. So the ADA is a really good thinking partner around some of the fuzzy areas. And, I think, for me anyway, when I call it gives me some confidence in my intention to meet the accommodation request as best I can. But to know that, sometimes, that's gray, and then what's possible with some ongoing conversation. So just because there's a request that's made doesn't mean that it has to be fulfilled-I guess-is another way to say this. so that putting yourself out there-and, and making yourself-we talked about the question mark as meeting somebody kind of halfway (laugh). That says you care, that the symbol means a lot more than the symbol might imply in terms of welcoming. But it doesn't obligate the organization to fulfill everything that comes in because that's not necessarily reasonable either (laugh).

KATIE MILLER: So right like if somebody, say we were having an event tonight, and somebody called me right now-at almost 2 o'clock-and requested an ASL interpreter, I might not be able to fulfill that request because finding an interpreter takes time. And That's, that's what the word "reasonable" means. Yeah, so do we want to open it up for questions, Heidi, with the last few minutes we've got?

HEIDI SWEVENS: Yeah, let's do that!

KATIE MILLER: So does anybody have any questions about what we've talked about or any burning questions that you came here with that you want to get answered?

HEIDI SWEVENS: Comments, thoughts....

KATIE MILLER: Okay, well, it's okay if there's not. Heidi and I say this often, but just because this workshop is ending does not mean we disappear. I will put our email addresses into the chat box and you can email us with questions anytime. We are happy to help and workshop with you if you have, you know, something that comes up. And just a few notes about what's gonna come next. So, you'll get an email from Heidi kind of like the one you got earlier today. That will be a follow-up, and it will include all the links that we've talked about today as well as a link to a survey. It should take you less than 5 min to complete, and I really really encourage you to fill that out because Heidi and I take the feedback from that survey after every session and directly apply it to next session. So if you have feedback from today on things we can do to improve the experience for you, or things that really worked well for you, I would really love to hear from you. The recording from today's training will be available on the department of libraries website as well as a transcript, I believe-right Heidi?

HEIDI SWEVENS: Yeah.

KATIE MILLER: Okay, Great. And You can join us next week for another workshop, and/or on June second for office hours. And those office hours-just to describe a little bit more about what they are-it's a time for you to come, you can ask any questions about accessibility you want-it doesn't have to be a topic we've covered already. Or if you have a very like a specific scenario that's happening that you need somebody to help you walk through, or you've got a flyer you want us to look at. Like it could be anything. Bring it and we'll, we'll help you talk through it. So office hours is really whatever the people who are there make of it.

HEIDI SWEVENS: And while katie and I have lots of expertise, if we don't know the answer, we're pretty comfortable saying "we don't have the answer to that" (laugh). And then we'll go into detective mode and find out who else might be able to, you know, respond to that question in a way. Lots of legal things we send to the New England ADA. But you know, just so, we-at least my inquiring mind-is like "Hmmm... that's curious." And then we do some of our own research. So, right, they're fun for us, too.

KAREN GRAVLIN: Right, I just wanted to mention that the next workshop is May, 26, which is next Thursday at the same time 1- 2 PM. And that one is going more into the power of language and disability etiquette. So for those of you who are interested and you haven't registered yet please feel free to do so. And you can visit the library's website, the Department of Libraries website on how to register.

HEIDI SWEVENS: Thanks Karen.

KATIE MILLER: Well, thanks everybody, and I hope you enjoy the rest of your afternoon.

HEIDI SWEVENS: Thanks for being here.