

## Accessibility & Inclusion Ministry: The AIM Program Experience

**Friday, June 26 | 4:15pm-5:30pm US/Eastern (1:15 – 2:30PM PDT)**

EqUUal Access

“We cannot transform the world and fulfill our call without drawing on the abilities of all in our midst.” The UUA and EqUUal Access have a new congregational certification program that helps! Hear from the pilot congregations and try some of the exercises. Imagine bringing this experience to your congregation!

Mark Bernstein | Suzanne Fast | Barbara Ceconi | Michael Sallwasser

Need to start with realistic self-assessment, then develop an action plan.

Not all disabled people self-identify. People benefit from different accommodations.

About 20% of population can be defined as disabled.

AIM program to help congregations to understand that everyone has gifts to bring to the congregation, and everyone has a right to belong.

Many issues worked on by UUs impact disabled disproportionately. Issues can be worked in partnership, congregation can mobilize on short notice if they understand the issues.

The better we understand the issues, the more effectively we can address them. Need to raise awareness of the ways in which disabled people impacted.

Resources: <http://uua.org/accessibility/aim>, <http://equalaccess.org/aim>, [aim@uua.org](mailto:aim@uua.org), <https://youtu.be/Ve3KutfTOh4>

Accessibility guidelines:

[http://www.uua.org/documents/equalaccess/accessibility\\_guidelines.pdf](http://www.uua.org/documents/equalaccess/accessibility_guidelines.pdf)

Models of Disability:

- Moral model: associated with a personal shortcoming of individual, or sins, or lack of faith, or lack of effort. Associated with shame/guilt, leads to ostracism.
- Tragedy model: victims of circumstance. If only this terrible thing had not happened to this person. Disability pride not understood. Associated with pity, approached as charity.
- Medical model: Dominant model. Deficiency or dysfunction of individuals. Seeks to manage disability through treatment or adaptive equipment. Access to medical care/rehabilitation.
- Social model: Natural part of human variation. Arises from society's failure to accommodate full range of human differences. Disability arises when people are excluded. Emphasizes social changes and universal design. Emphasizes human rights.

Some of the most challenging work comes from changing attitudes.

Bringing the AIM program home.

Donald Roberts

A comment for when appropriate: Churches should change the "access" committees to "inclusion" committees. It is no good to be accessible if a person does not feel included and welcomed and comfortable,

When the work started, discovered access challenges they were unaware of, and a surprising number of people benefitted from those changes.

Key is thinking outside the box, changing attitudes. Think about changing locations, spaces, that are more accessible.

"We've already done it" attitude is a problem. Need to look forward to new ways to promote inclusion.

Many changes can be relatively inexpensive, when you look for creative ways to include people.

"This is not a big problem" attitude deprecates the level of difficulty faced by a disabled person.

"We don't have anyone who needs one" limits the thinking too. Should seek to become accessible and inviting.

Congregations need to start where they are and take reasonable steps. Use the assessment process to set priorities. Take bites rather than trying reach the moon.