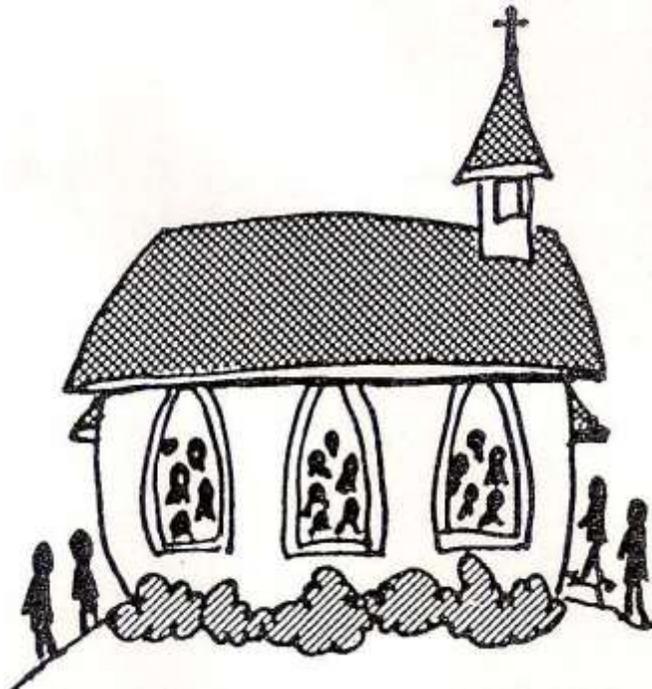


Guidelines to Accessible and Inclusive Ministry



**A guide to take the stress out of
ensuring your church and ministry
are accessible to people with
disabilities**

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Practical Guidelines

(Adapted with permission from 'Roofbreakers Guides - Through the Roof')

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Theology of Inclusion

Theology of Inclusion for those with Disabilities

There are approximately 9.8 million disabled people in the UK with 95% of the population likely to experience a disability in their lifetime.¹ Indeed, you could say 'we are all only ever temporarily non-disabled.'²

In addition, there are a large number of carers and family members affected by disability and unable to attend church. If your building and ministry are fully accessible you will open a huge missional door through which you can share the gospel and lead all people to salvation through Christ.

Churches that contain a wide range of different sorts of people are more likely to be flourishing today than those that do not.³

For diversity and inclusion to truly become a reality we need to look to the roots of our faith and recognize that 'a missionary church is focused on God the Trinity... The Church is called to be a reflection of the divine in its community life, its welcome and its hospitality.'⁴

By reflecting the Trinitarian God the church must embrace diversity and not be 'closed in on itself, but rather open in an outgoing movement of generosity' to all.⁵ St Paul wrote 'The body of Christ has many different parts' and urged for each part to be shown honour in equal measure; indeed, he stated 'the members of the body that seem to be weaker are indispensable' (I Corinthians 12:12, 22). Not only are these weaker members indispensable but we often find them to be paradoxically the strongest –

"My grace is sufficient for you, for power is perfected in weakness."
(2 Corinthians 12:9-10).

¹ www.throughtheroof.org June 2004

² McCloughry p.41

³ Jackson (2002) p.88

⁴ Bayes p.127

⁵ Mission-shaped Church p.85

We can gain much by being in relationship and worshipping with others who are made in God's image and have the insight of a life experienced in a different way to the perceived norm. 'The presence of each human life contributes something unique in terms of 'being' even if it cannot in terms of 'doing.'⁶

This value and compassion for the 'weaker' members has been evident throughout the Jewish and Christian faiths. Indeed, many significant figures in scripture experienced a disability of some kind. In the Old Testament Jacob limped after his hip was put out of joint by the man of God (Genesis 32:25-31), Moses may have had a speech impediment (Exodus 4:10), Samson became blind (Judges 16:21), Mephibosheth, the grandson of Saul, was lame (2 Samuel 4:4) and Job was covered in sores (Job 2:7). Not only were people with disabilities agents of God's work but, against the ancient traditions of the time, the Israelites were called to show them compassion (Leviticus 19:14, Deuteronomy 15:7-11 and 27:18).

When we look at Christ's ministry the evidence for inclusion and compassion is even more prominent. The Gospels tell of 35 miracles of Jesus, 23 of which involved the healing of physical and mental disorders. Jesus not only healed these people but he actively searched them out (John 5:1-9) and allowed property to be torn apart so that he could minister to them (Mark 2:3-12). Perhaps the resurrected Christ was also a disabled person – his wounds were still evident (John 20:27) and these may well have caused him to limp along the Emmaus Road with his disciples (Luke 24:13-31). This incarnational and disabled Christ points to an understanding of disability, not as a description of tragedy but as 'a set of challenges that arise out of our being embodied.'⁷ It presents 'a new model of wholeness and a symbol of solidarity'⁸ between Christ and his people.

It is evident from St Paul's letters that he had both a visual impairment and, perhaps, a physical disability (Galatians 4:13, 6:11, 2 Corinthians 12:7). The first full description of a miracle at the hands of the Apostles was the healing of a lame man – after which over 5,000 came to faith (Acts 3:1-4:4).

God has demonstrated his kingdom work through many people with disabilities throughout our faith history and continuing to this very day. 'The spiritual pulse and the gifts such persons bring to churches... a way of seeing things long obscured and neglected – raise important theological and spiritual questions about the nature and quality of our worshipping assemblies.'⁹

We need to ensure our buildings are hospitable and our attitudes are compassionate so that no stumbling block is put in the way of any person from receiving the gospel.

⁶ McCloughry p.29

⁷ McCloughry p.31

⁸ Eisland (1994) p.101

⁹ Saliers quoted in Eisland (1998) p.20

The language of disability is an emotive subject. Indeed many would wish to avoid the word 'disabled' under every circumstances. Some describe 'disability' as 'the effect of an antipathetic environment upon an individual with impairment.'¹⁰ However, for the sake of these guidelines, I have attempted to be sensitive to language, whilst using the agreed norms for the sake of clarification and recognition.

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¹⁰ John Peirce in Carr (2002) p.98

1. Including wheelchair users and other people with limited mobility

Limitations of your buildings may mean that it is difficult to accommodate wheelchair users and those with other limited mobility in the way both you and they would prefer. However, you can go a long way to meeting those needs in a way which respects their dignity and values their contribution with some simple, effective measures.



Mobility Impairment

- Mark out reserved parking spaces for blue badge holders and others with limited mobility as near as possible to the building entrance.
- If you don't have a car park, reserve a drop-off area near the entrance.
- Keep a few seats reserved near that entrance as an 'easy-access' section for people who cannot walk far.
- Make sure you have some seats with arms for people who have difficulty standing - particularly elderly people and others with conditions like arthritis.
- Having a footstool available is useful for people who need to keep their legs elevated.
- You must provide handrails to assist those using steps or ramps (even single steps).

Wheelchair users

- All internal and external access needs to be level or ramped.
- Don't put all wheelchair users in one area - this highlights their disability.
- Make sure that at each wheelchair position at least one adjacent seat is available for a friend to be able to sit alongside.
- Screens can be hidden by people standing, so provide printed copies of any songs for all those who remain seated.
- Wheelchair accessible toilets should never be used for storage - the space is needed for wheelchair users to manoeuvre.
- When talking to a wheelchair user, it is courteous to sit down so that you are on the same level, making eye contact easier.
- Remember a wheelchair is part of the user's personal space - don't lean on it or attempt to move it without the user's permission.
- Don't push a wheelchair user unless they ask you to - however, offers are often welcome.

- Use the international symbol shown below to indicate that you provide facilities for people with mobility impairments on all your literature.



Assume nothing - always ask

2. Including people with visual impairment



The term includes people who are partially sighted and people who are blind. Many blind people have some residual sight, however, so visual impairment is a wide-ranging term.

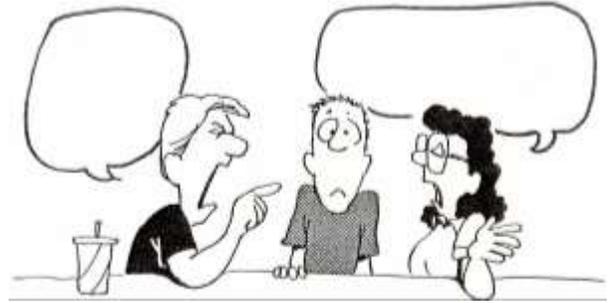
- Make sure that all corridors, approaches and circulating areas are free from obstructions and there are no projecting signs or overhanging branches or plants.
- Provide publicity and information in alternative formats to ordinary print. These could include large print, Braille, or audio recordings. Braille is the preferred reading mode of a relatively small number of people. If it is needed, contact Torch Trust on their [website www.torchtrust.org](http://www.torchtrust.org) or phone 01858 438260. Free Braille Bibles and large print Bibles are available at www.braillebibles.org.
- Large print versions as an alternative to songbooks, PowerPoint and overhead projector (OHP) acetates are essential.
- All print for partially sighted people should be in a sans serif typeface (like this document). Normally 16 point type is adequate, although some people find up to 30 point necessary. If possible, ask what point size the person would prefer.
- Never hand-write OHP acetates or use all capital letters - it's much harder to read. PowerPoint slides should be in 30 point type; photocopied acetates, and prints of slides from PowerPoints, make excellent large-print song sheets which are also useful for people unable to see the screen when others are standing.
- Printing should be on contrasting colour paper (black on white or black on pale yellow or cream is best) and on matt (non-glossy) paper. This will also help people with dyslexia. Don't use pale coloured type on dark colours or print over photographs. Always avoid words over pictures on PowerPoint slides, especially moving pictures.
- When holding any meeting, circulate any written support material before, not on arrival or during the meeting.
- Some people will prefer audio recordings of the information rather than the written word.
- Remove a chair at a convenient point to allow guide dogs to sit with their owners and to avoid people tripping over or treading on the guide dog.
- Provide a drinking bowl (old ice-cream container is ideal) for guide dogs.
- For safety reasons, good lighting is essential for partially-sighted people. (Deaf people benefit too, as lip-reading is only possible in good lighting).

- Some reserved front row seats will be needed for partially sighted people to maximise their ability to follow events.
- Use colour contrast as much as possible to designate entrances/exits.
- Use the international symbol shown to indicate that you provide facilities for blind and partially sighted people on all your literature, advertisements and notice boards.



Assume nothing - always ask

3. Including people who are Deaf or hearing impaired



Deaf people fall into two groups - those with little or no useable hearing (about 100,000 in the UK) described as Deaf or profoundly deaf; and those who have lost some or much of their hearing (about 8½ million in the UK), described as hard-of-hearing or hearing impaired; many of this latter group use hearing aids (2.5 million in the UK).

- Always make sure that the person is aware you want to communicate before speaking; a touch on the arm is an acceptable way to gain their attention.
- The wall or area behind you should be plain with no windows, so that those who rely on lip-reading have a clear view of your face with no shadows or reflections.
- Look directly at the Deaf person or those with hearing impairment, speak at a normal pace and be aware that the Deaf or hearing impaired person needs to look at your face as you talk.
- Keep your hands away from your face.
- Eating, drinking or chewing gum hinders effective lip reading.
- Shouting won't help, as sound will be distorted and your lip patterns hard to read.
- Do not worry if you are not immediately understood. Try rephrasing, rather than repeating your sentence and cut out any long or unusual words.
- Be prepared to write things down if necessary.
- Always address the Deaf or hearing impaired person directly, not their hearing friend.
- Good, clear signposting means that Deaf and those with hearing impairment don't have to ask for directions.
- Services should be interpreted into British Sign Language (BSL) for people who are sign language users, although not all Deaf people are sign language users - but demand exceeds supply of interpreters – you will need to liaise and book an interpreter at least 6 weeks in advance (see the list of helpful organisations pp.37-40).
- Encourage members of your church to learn sign language – perhaps the PCC would be willing to fund this?
- Provide an induction loop for those using hearing aids.
- Test the loop regularly and ask those relying on it whether it is working.
- Deaf and hearing impaired people who lip-read need reserved seating near the speaker or the face of the speaker projected onto a nearby screen.
- Background noise can make it very difficult for people who use a hearing aid. It distorts and blurs sound.

- You will help a BSL interpreter by providing the Bible readings, any liturgy or song words used and an outline of any talk or sermon well in advance of the service.
- Make sure people don't walk between the interpreter and Deaf people.
- If communication is difficult - don't give up. It is so discouraging when people do.
- Use the international symbol as shown below on all your literature and outside your church to indicate that you provide facilities for hard-of-hearing people.



- Use the international symbol as shown below to show a loop system is available.



- Use the symbol as shown below to show there is a BSL interpreter present.



- www.actiononhearingloss.org.uk The new name for the Royal National Institute for the Deaf
- www.bda.org.uk - British Deaf Association
- www.asli.org.uk – Association of Sign Language Interpreters
- www.signsofgod.org.uk – List of Christian Interpreters

Assume nothing - always ask

4. Including people with learning disabilities



Learning disability, once commonly called mental handicap, is a large single disability issue affecting over one million people. Most adults and nearly all children with learning disabilities live with their families; but increasing numbers of adults are living in homes of their own, with the support they need.

Adults and children with learning disabilities have more difficulties than others of their age in dealing with complicated issues or new situations. Some are just a little behind their non-disabled peers. Others have more severe learning disabilities - sometimes with other sensory or physical disabilities presenting additional communication problems. Learning disability is not always recognisable from a person's physical appearance.

Where people with learning disabilities are part of a supported group, those who support them should provide personal care as needed. People with learning disabilities can be encouraged to join whatever is going on but, as in any group of people, some will want to opt out.

The term 'learning disabilities' is used in a very general way which is often unhelpful. Some people have conditions which are included in the general description 'learning disabilities' such as dyslexia, Asperger's syndrome and many others where the intellectual capability of the individual often exceeds that of average people in the population. It underlines the importance of making no assumptions about people.

In including people with learning disabilities, normal good practice - summarised below - is the main requirement:

- Treat adults as adults, children as children.
- Signpost facilities using pictorial signs (such as Makaton Symbols) as well as words. These will also benefit non-English speaking people and pre-school children.
- Offer help if people seem to be experiencing difficulties.
- Take extra time to explain if necessary, and don't appear impatient
- Be understanding when people don't immediately pick up on 'normal' activity.
- Ensure you have clear evacuation procedures to help people with learning disabilities in case of fire or other emergency – often people become disoriented and distressed in such an unfamiliar situation.
- Be patient if individuals are noisy, move about or show other non-conventional behaviour.
- Provide information which is simple, clear and concise, focusing on a single subject.

- Keep all communication in 'bite-size chunks' - speaking in five minute segments backed up by dramas or songs with a similar theme to reinforce a point.
- Many adults with learning disabilities have limited or no reading ability, so will feel excluded where bibles and songbooks are used. Including songs with repetitive or simple choruses helps people to feel a part of the event.
- www.makaton.org – Communication signs and symbols often used for those with learning disabilities – use these signs in service sheets to aid understanding – as well as assisting pre-school children and non-English speaking visitors. Service sheets for Holy Communion available in this format from Prospects (www.prospects.org.uk).

Assume nothing - always ask

5. Including children with disabilities



- Speak to the young person direct – or engage with them through the communication form they relate to best (that may be a picture board or sign language as well as the spoken or written word). Build relationships.
- Parents of a young person with a disability will give you advice and help on including their child.
- Do make time to talk to the parents, who will know what their child's needs are and how best to meet those needs. Look for ways to offer specific help to meet those needs, both in church and at home.
- Don't assume a physical disability implies a learning disability.
- General offers to help are rarely taken up by parents. Make sure support is practical and consistent.
- Include children and young people with disabilities in the group appropriate to their age wherever possible.
- Although a young person's intellectual attainment may be below that expected for his or her age, emotional and social development should be assumed to be at an age-appropriate level.
- Good safeguarding practices need to be in place for people of all abilities.
- Many children and young people with disabilities need a one-to-one helper. This will reassure parents that their child's needs will be met by one person with whom they can discuss issues of concern, and also takes pressure off the group leader who can rely on the helper to meet the needs of the young person.
- Find members of the church who would be prepared to act as a one-to-one helper but may not feel able to teach in a children's group. If necessary, the one-to-one helper can simplify or repeat a story, use a worksheet adapted to include a drawing rather than text, or write in the young person's ideas rather than expecting them to do it themselves. Offer help during other church activities, including All-age services.
- If the young person is confident enough, encourage them to talk to the group about their disability and how they feel about it.
- If you are welcoming a new young person with a disability into the group, it is often a good idea to ask them or a parent to visit the class the previous week and explain to the other young people about their condition and needs. This will give them the knowledge and confidence to welcome the young person into the group.
- Remember that for a young person with severe difficulties, their inclusion in your church group may be their first experience of being in a mixed group - this can be a little daunting but also a very positive experience for the young person and the others in the group.

- Allow young people with disabilities to dictate the pace. They are often realistic that it is not always possible to include them in everything, but are always happy to feel part of the group.
- Try to include young people with disabilities by giving them tasks appropriate to their abilities; for example, giving out books, keeping score in a game etc. This will help them to feel less frustrated.
- Be creative! To keep their attention, use plenty of variety, different visual stimuli (unless their problem is visual impairment!), lots of description, action songs and games.
- Work at helping others in the group to feel comfortable and safe with people with disabilities and model acceptance. Be prepared to repeat and reinforce this instruction.
- Use biblical teaching to emphasise that everyone is different and that everyone is special to God. Jesus' ministry with people with disabilities will give you plenty of material to use.
- Give them the opportunity to say the things they find difficult, which will probably be the attitudes and misunderstandings of others.

Cerebral Palsy and Global Developmental Delay are two of the more unusual but complex childhood and adult disabilities.

Cerebral Palsy

Cerebral Palsy is an umbrella term encompassing a group of non-progressive diseases that cause physical disability in human development, including orthopaedic deformities. Each individual with Cerebral Palsy can exhibit very different symptoms and abilities. Some may have severe mental and physical disabilities, whilst others may have an age appropriate mental ability and few physical restrictions.

- The young person themselves and their carer will be the main source of information concerning the areas where assistance is needed.
- It is important to treat each person as an individual and aid their inclusion into an age appropriate group wherever possible.

Global Developmental Delay

Global Developmental Delay, as the name suggests, is a global generic term used to describe many forms of disability where the child is developing more slowly than other children of the same age in all areas of development. The ability of each child with this diagnosis can vary considerably – from a child who is fully mobile, to another who has no motor control, significant sight impairment and no communication skills. The young person and their carer will be the main source of information and advice.

- It is important not to be afraid of asking questions or fear your ability to care for a severely disabled child. Most parents are happy to answer straight forward questions if they are aware of your compassion and willingness to help.

Assume nothing – always ask

6. Including people with mental illness, including self-harming and eating disorders.



Mental illness includes a vast range of different conditions, but invariably the result for the person experiencing almost any mental illness is rejection and enforced loneliness.

One person in three in the UK will experience mental illness at some time in their lives, with conditions like clinical depression or breakdown resulting from extreme stress, bereavement, redundancy, divorce, violence, abuse, childbirth or following a traumatic event. Fortunately, most people recover fully from situations like these. However, some conditions such as schizophrenia, bipolar disorder and personality disorders are more long term, but can nonetheless usually be contained with treatment.

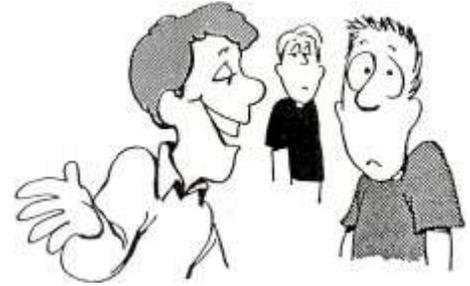
One of the largest groups of people with mental illness is the mainly elderly group of people experiencing dementia (including Alzheimer's disease). Other conditions which may be experienced by people with mental illness are obsessions, phobias, hysteria, self-harming and eating disorders.

- You may be the first person to be aware that an individual is self-harming or suffering from an eating disorder. Be sensitive, do not highlight the issue in public, but make time to discuss the issue in private. Consult with the carers or parents of a minor, and the appropriate named person with regard to your church's safeguarding policy, as soon as possible.
- Review www.thesite.org/healthandwellbeing/mentalhealth/selfharm remember that the person is extremely distressed and that self-harm may be the only way they have of communicating their feelings.
- Allowing them to talk about how they feel is probably the most important thing you can do for them.
- Be clear and honest about your feelings. Explain that their behaviour upsets you but that you understand it helps them to cope.
- Take them seriously and respect their feelings.
- Don't blame them for hurting themselves. Try to avoid being critical even if you feel shocked by what they are saying. This may make them feel even more alone and prevent them talking to anyone else.
- Don't ask them to promise never to self-harm again. They may well do it again and then feel guilty about breaking their promises.

- Review www.anorexiabulimiare.co.uk 'ABC' is a national Christian charity working to support all those who suffer because of eating disorders and their associated problems.
- If you suspect someone has an eating disorder adopt as relaxed a style as you can, and try to gain as much understanding as possible about how the person is feeling. Avoid statements like 'Well you just need to eat a bit better, don't you!' and try to use things like 'So you want to eat a bit better but feel really scared about losing control, is that right?'. You may still find that they become emotional and tense – and if this happens you might want to withdraw and maybe start up the conversation at another time.
- Many people with mental illness find attendance at church meetings difficult and need encouragement often. Their condition may cause a lack of motivation and self confidence or simply anxiety about being in a large group of people.
- Groups meeting in people's homes are an ideal place of contact for some people with mental illness because of their small size.
- A 'drop-in' centre staffed by experienced counsellors and those who have recovered from mental illness will be a non-threatening environment for people with mental illness, which will help overcome loneliness and isolation.
- A willingness to take telephone calls, e-mails or texts from people with mental illness is very helpful. You may find it necessary to introduce some boundaries and agree a contract on frequency and duration of calls.
- Establish a team of people from the church willing to visit people with mental illness in their own homes on a regular basis.
- Accept that many people with mental illness may have mood swings, so be prepared for inconsistent responses.
- Don't be discouraged. People with mental illness find life hard and people give up on them frequently - be there for the long haul.
- Show acceptance; affirm these people as special to God as are we all.
- Encourage and work with them to find strength in God to carry them in their situation.
- Assist the depressed person to praise God even in their low time and help the elated 'high' person to keep a sense of perspective.
- Think of people with mental illness as a potential resource in the church. This will help them to feel included. Fit tasks to their capacity and confidence level.
- Remember mental illness is not weakness or failure, but a severe illness or disability.
- www.sane.org.uk is an organisation raising awareness about and respect for people with mental illness and their families to improve education and training.

Assume nothing – always ask

7. Including people with a speech difficulty



- People with speech difficulties are sometimes isolated as a result of other people's fears that they will not be able to understand what is being said to them. However, the person with a speech difficulty will be used to the problems in communication and will be patient.
- Once the first step is made, things usually get easier from there on. Show that you are willing to take time to listen.
- If you are in a hurry, be honest and arrange another time to talk.
- Be relaxed - nervous body language creates tension.
- Try to put the person with speech difficulty at ease so that speech will come more easily - have a sense of humour!
- Give the person good eye contact - and even though you are concentrating, try not to frown or appear tense.
- If talking to someone with a stammer, ensure you look at their eyes, not at their lips - this makes the stammerer self-conscious and their stammer will become worse.
- Don't try and finish sentences for anyone with a stammer or other speech difficulty unless they ask you to do so.
- Do not shout back or use over-simple language - limited speech does not mean limited intelligence.
- Never pretend you have understood what has been said unless you really do. This is very frustrating or even insulting to the person communicating with you.
- If there is loud background noise, try and find a quieter place to talk.
- When the person starts talking, do not be too quick to stop them.
- If you are not understanding all of it, listen out for some words and you may get the gist. If you think you have got a few words, repeat them to the person to check you are understanding them, then ask them to confirm.
- If you can't get a word which is clearly important, ask them to try another word or phrase which you may be able to understand.
- If things prove to be difficult and you do not understand anything, say so with a smile, and ask the person for one key word. This will give a context and help you tune in.
- If you are completely stuck, try to enlist the help of someone who is 'tuned-in' to that person's speech to help you.
- Ask the speech-impaired person to write down their point unless they have an impairment that would make writing difficult or impossible.
- If things continue to prove too difficult, give it a break and try later - but be polite, explain the situation and make sure it's not urgent!
- At the end of a distinct section of the conversation that you think you have understood it is often a good idea to summarise. This will reassure both of you.

- It takes practice, but you will find the more you talk to that person the easier it gets.
- www.findavoice.org.uk supports children and adults with communication difficulties.

Assume nothing - always ask

8. Including people with epilepsy



Epilepsy is a tendency to have recurrent seizures. A seizure is caused by a sudden burst of excess electrical activity in the brain, causing a temporary disruption in the way the brain works. The brain is responsible for all the functions of your body, so what you experience during a seizure will depend on where in your brain the epileptic activity begins and how widely and rapidly it spreads. For this reason, there are many different types of seizure and each person will experience epilepsy in a way that is unique to them. Not all epilepsy has a known cause. In the UK around 456,000 people have epilepsy. See www.epilepsy.org.uk for further information.

There is still significant stigma surrounding epilepsy. People may be nervous of telling you about their condition (epilepsy is a condition not an illness) because of your reaction. They may have faced significant discrimination in the workplace or been rejected by people in the past.

- Remember the person with epilepsy is the one who knows what epilepsy is like. Ask them what they need.
- Avoid the situation where people with epilepsy are told they cannot take part in certain activities because of their condition.
- Allow people with epilepsy to decide what to do and to dictate the pace themselves. Always ask the person's permission before telling others of their condition.
- After someone has had a seizure in church, reassure and affirm them. They may be embarrassed or feel that people will avoid them in the future. However do not single them out or make a fuss the next time they attend church.
- If appropriate ensure that at least one person in the church knows a little about their condition such as, what medication they are on, the potential side effects of these (if any), whether the person gets warning signs of an approaching seizure, how long a typical seizure will last as well as how long they usually take to recover.
- If someone with epilepsy needs to avoid certain activities they will tell you. Make sure that this is managed with the minimum of fuss. There are few things people with epilepsy cannot do. For instance if you are free from seizures for one year you can have a three year renewable driving licence.
- Some people have photosensitive epilepsy which means they react to flashing or flickering light. Ensure that if an activity will involve flashing or flickering lights, clear prior warning is given of this. For this reason, make sure that all fluorescent lighting is working properly and has good quality diffusers.

- Some of the passages on healing in the gospels can be misconstrued to suggest that people with epilepsy are demon-possessed. This is extremely offensive and should be avoided. All preaching on disability in the Bible needs to be done sensitively and in an informed manner (see 'A Healing Homiletic – Preaching and Disability' by Kathy Black)

Basic first aid for seizures

Do

- Protect the person from injury - (remove harmful objects from nearby).
- Cushion their head.
- Look for an epilepsy identity card or identity jewellery.
- Aid breathing by gently placing them in the recovery position (see below) once the seizure has finished.



- Be calmly reassuring.
- Stay with the person until recovery is complete.

Don't

- Restrain the person.
- Put anything in the person's mouth.
- Try to move the person unless they are in danger.
- Give the person anything to eat or drink until they are fully recovered.
- Attempt to bring them round.

Call an ambulance if...

- You know it is the person's first seizure.
- The seizure continues for more than five minutes.
- One seizure follows another without the person regaining consciousness between seizures.
- The person is injured during the seizure.
- You believe the person needs urgent medical attention.

Assume nothing - always ask

9. Including people with diabetes



Diabetes mellitus is a condition in which the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. Glucose comes from the digestion of starchy foods such as bread, rice, potatoes, sugar and other sweet foods, and from the liver which makes glucose. The pancreas should produce a hormone called Insulin that helps the glucose to enter the cells where it is used as fuel by the body.

There are two main types of diabetes - Type 1 and Type 2.

Type 1 diabetes develops if the body is unable to produce any insulin. This type of diabetes usually appears before the age of 40. Type 1 diabetes is the least common of the two main types and accounts for between 5 – 15% of all people with diabetes. This is usually treated with daily insulin injections and blood testing for glucose levels several times during the day.

Type 2 diabetes develops when the body can still make some insulin, but not enough, or when the insulin that is produced does not work properly. Type 2 diabetes is the most common of the two main types and accounts for between 85 - 95% of all people with diabetes. This is often treated with diet and medication. There are currently over 2 million people with diabetes in the UK and there are up to another 750,000 people with diabetes who have the condition and don't know it.

- Remember, the person with diabetes knows his or her needs best. They may tell you about their diabetes, not only as general information about themselves, but also because if they have a 'hypo' (extremely low blood sugar) and are at risk of going into a coma they may feel safer if someone in church, a neighbour or a work colleague know.
- As with any person for whom you are preparing food, ask discretely about their needs, but most people with diabetes eat a balanced healthy diet. Do not bother to buy special 'diabetic' food for them, as this is unnecessary. They will know how to handle their own diet.
- Avoid the situation where people with diabetes are told they cannot take part in certain activities because of their condition. They will know, for instance, that strenuous exercise may need compensating for by adjusting their medication. But that does not stop them being good at sport!
- With permission, ensure the leaders and some members of the congregation are aware of what to do in the case of an emergency. If someone with diabetes goes into a coma or collapses ensure that they are placed in the recovery position and are made comfortable.

- Ask the person concerned what they would like to happen should they have a 'hypo'. It may be as well to ask whether they have any indication that this is coming on. See the box below:

Having a 'Hypo'.

A hypo may occur if you have taken too much diabetes medication, delayed or missed a meal or snack, not eaten enough carbohydrate, taken part in unplanned or more strenuous exercise than usual, and have been drinking alcohol without food. Sometimes there is no obvious cause.

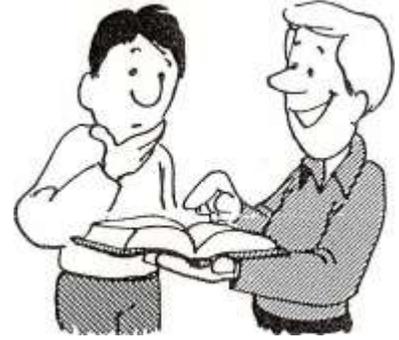
When a hypo happens the person often experiences 'warning signs', which occur as the body tries to raise the blood glucose level. These 'warning signs' vary from person to person but often include feeling shaky, sweating, tingling in the lips, going pale, heart pounding, confusion and irritability.

Treatment is usually very simple and requires taking some fast acting carbohydrate, such as a sugary drink (a small 200ml carton of orange juice can be useful in bringing someone out of a hypo) or some glucose tablets, and following this up with some longer acting carbohydrate, such as a cereal bar, a sandwich, piece of fruit, biscuits and milk or the next meal if it is due. If left untreated the person will, eventually, become unconscious and will need to be treated with an injection of glucagon (a hormone that raises blood glucose levels).

- Offer space for an appropriate emergency kit to be stored – this may include a small amount of the person's medication (if the space is secure and appropriate), sugary drinks, biscuits, chocolate and, if thought necessary, and there is someone qualified to administer it, a glucogen syringe. Remember that insulin has to be stored in a fridge as it will deteriorate after a month otherwise.
- There can be other medical complications running alongside a diagnosis of diabetes leading to feet or eye problems, heart disease, gum disease, kidney disease or a nerve disorder named neuropathy. Offer support and empathy and be aware that the person may well feel isolated or depressed by their condition.
- Diabetes is covered under the Disability Discrimination Act (DDA). People with diabetes are under no legal obligation to tell their employer that they have diabetes. However sometimes people with diabetes are discriminated against in the workplace and they will need appropriate support if this takes place.
- Diabetes UK is a very helpful organization for people with diabetes and it can offer help and support as well as practical advice. Their websites at www.diabetes.co.uk and www.diabetes.org.uk provide a wealth of information.

Assume nothing - always ask

10. Including people with dyslexia



Dyslexia describes a range of difficulties with processing the written word. People who are severely affected may not be able to read or write, whilst some may have isolated problems with spelling, sequencing, punctuation, or short term memory. See www.dyslexia.uk.com for more information.

- Ensure that all written material is clearly printed in a clear font - such as this font – Arial.
- People with dyslexia often prefer a layout of bullet points, with the information itemised as a list rather than appearing in sentences and paragraphs.
- Never obscure print by the 'artistic' use of background graphics or moving images.
- For PowerPoint slides a plain royal blue background with yellow type is preferable.
- Good colour contrast is important.
- Some people may have coloured wallets in which to place documents to aid their reading. Encourage this and do not highlight or cause embarrassment when such aids are used.
- Do not use glossy paper or coloured paper other than pastel tints as requested.
- If you want someone to read aloud, ask them privately first. It is embarrassing to have to make an excuse in public, whatever the reason.
- Back up written notices / announcements with the spoken word, but be aware that poor short term memory affects some people. Repetition helps.
- It can be beneficial to check privately with the individual and go over dates, times etc.
- Dyslexia can also affect the memory of sequences, so make dates, hymn numbers and other sequence-dependent material as clear and short as possible.
- Remember that a service that is heavily dependent on written material is not inclusive for many people groups.
- When holding any meeting, circulate any written support material before, not on arrival or during the meeting.
- Be aware that at times of stress a person with dyslexia may not be able to function, and previously readable print may become impossible to read.
- Some people with dyslexia may find books and written material threatening, so give them the opportunity to 'escape' without losing face.
- Some people are very uncomfortable about their condition and may not be prepared to discuss it, so be sensitive and discrete.

- Some people with dyslexia prefer an audio recording containing information rather than the written word.
- Some people with dyslexia process information more slowly or differently from others. This can often be misunderstood so be sensitive if they find it harder to follow the discussions in meetings or house groups etc. Dyslexia is no indication of IQ level. People with dyslexia are often very intelligent and all have skills and gifts to offer.
- Take time to understand the needs of a person with dyslexia.
- People with dyslexia may find note-taking from sermons etc difficult. It is helpful to provide notes or copies of OHP/PowerPoint presentations. Alternatively, allow them to use recording equipment or arrange for the item to be recorded for them.
- Many people with dyslexia enjoy learning better when it includes discussion and hands-on experience.

Assume nothing - always ask

11. Including people with autistic spectrum disorders



Autism is a lifelong developmental disability that affects the way a person communicates and relates to people around them. Many children and adults with a diagnosis of autism are unable to relate to others in a conventional way. Their ability to develop friendships may be impaired, as may their capacity to understand other people's feelings or see things from another's perspective. Some people with autism have accompanying learning disabilities; many with the condition share a difficulty in making sense of the world. However, it is important to know that people with a diagnosis of autism vary considerably. As always, building a relationship and getting to know the individual is imperative.

There is a wide range of autistic spectrum disorders, ranging from severe autism, where the person will have very little ability to communicate, to high-functioning autism, one specific condition of which is Asperger's Syndrome, where the person may have a very high intellectual ability. See www.nas.org.uk – National Autistic Society for further information.

Many people with autism have difficulty with social interaction, social communication and imagination. Many do not understand social cues, body language or the unwritten rules of society. Other common features are repetitive behaviour patterns and resistance (often accompanied by distress) to changes in routine. It is helpful to remember the following when relating to people with autistic spectrum disorders (ASD):

- Some people with ASD will focus on one thing at a time (they either look or listen, rather than doing both at once). This is one reason they find eye contact difficult.
- Some will take things literally, so it is very important that you say literally what you mean. For example, don't say 'take a seat', say 'sit down'.
- Many people with ASD are not good at predicting consequences. For example, a child picks up a stone and throws it and is surprised and upset when it hurts another child.
- Many do not like change, because of difficulties with predicting outcomes. It is therefore important to give time, whenever possible, to acclimatise to change and don't suddenly 'spring things' on to the person. For example, if you decide to move the chairs in church warn the person with ASD in advance and perhaps ask for their assistance. Change is easier to take if you have been involved in the process.

- Many people with ASD dislike loud noises, certain sounds or sights. This can cause problems in worship services, especially if drums and amplification are used without warning.
- Some people with ASD may react to flashing or flickering lights. Ensure that if an activity will involve flashing or flickering lights, clear prior warning is given of this. For this reason, make sure that all fluorescent lighting is working properly and has good quality diffusers.
- Many people with autism need secure personal space and avoid being touched. Bear this in mind when sharing the peace or offering prayer.
- People with autism may have difficulty making friends. They may misunderstand other's feelings and may be unable to initiate appropriate interaction. It is therefore important to make an extra effort to include them in social activities, and equally important not to feel hurt when they do not respond as would be expected.
- People with autism, including Asperger's Syndrome, need plenty of love and acceptance. They are particularly vulnerable to depression.
- Some people with a diagnosis of autism may process information more slowly or differently from others. This can often be misunderstood in meetings, house groups etc.
- The family of a child with ASD often need support, pastoral care and understanding. Ask the family how autism affects their lives and ask them what you can do to help. Ensure the child is appropriately supported in any All Age or Sunday School setting.

Assume nothing - always ask

12. Including people with food intolerances



A number of people are diagnosed with specific food intolerances such as coeliac, wheat intolerance, gluten intolerance, dairy intolerance and specific and serious allergies such as Milk allergy, Egg allergy, Peanut allergy, Tree nut allergy, Seafood allergy, Shellfish allergy, Soy allergy, Wheat allergy.

For some, contact with a food item to which they are allergic could be fatal, for others it could cause a great deal of discomfort. It is therefore vital that alternative food groups are offered and all food is clearly marked (including homemade food).

- Gluten free products should always be available – including gluten free wafers for communion. Ensure the congregation knows which station to attend to receive these. Also have a non-alcoholic wine available to aid many, such as those on specific medications and recovering alcoholics.
- Gluten free biscuits should always be available for the tea break and are now easy to obtain from any supermarket.
- All food products should be clearly marked as to their content.
- Any risk of contamination from other food products, such as nuts, must be clearly marked.
- If a residential or day outing is planned take the time to organize special meals for those with particular requirements – this will always be greatly appreciated and show a high level of pastoral care.
- Get to know your congregation and ask what can be done to make each individual feel more included in every aspect of community life.

Assume nothing - always ask

13. Including people with facial difference or other disfigurement.



A person may be born with a disfiguring condition or may acquire a disfigurement through accident, injury or disease. This guide refers to facial disfigurement, but the same principles apply for people who appear different in other ways; for example, those with limbs missing. Often people are scared of disfigurement and unsure how to act towards people with facial or other difference. Research suggests that social situations can be very stressful for people with facial difference. They may have had unpleasant experiences in childhood, such as name-calling and bullying. It would not be surprising therefore if that person lacked confidence or felt anxious about meeting new people or being in new situations. See www.changingfaces.org.uk.

- When meeting someone who has a facial or other difference, it is important to remember that both you and they may be feeling self-conscious and unsure how to behave or what to say.
- Don't be afraid to make eye contact, without staring.
- Take the initiative, shake hands, smile and be welcoming.
- If you are unsure of yourself, keep calm; speak slowly to calm yourself.
- Ask. If the person you are speaking to has a speech difficulty due to their condition, ask them to repeat themselves (see pp.18-19 concerning speech difficulty).
- Don't speak for them or pretend you have understood.
- Focus on the individual, not their disfigurement.
- Don't pry or ask personal and probing questions but do ask open questions to allow the other person to share what they would like to.
- Humour can be a great icebreaker, use it sensitively.
- Don't patronise people with clichés and insensitive statements, such as 'they can do wonderful things with surgery these days'.
- Do help children to meet people who have a facial difference. Sometimes all children need is a simple, accurate explanation, such as 'Michael had an accident and hurt his face' or 'Susan was born with a mark on her face'. Children will be helped by your example and encouragement to reach out to other people.

Assume nothing - always ask

14. Including people unable to attend church meetings



Many churches have members with such severe impairments that they are unable, or too unwell, to attend church gatherings and services. It is essential to keep them in everyone's prayers and keep them in touch with church life.

- Include them in membership and mailing lists. Give them, or email, a copy of the weekly notice sheet.
- With permission, mention them at public meetings, prayer meetings, and home groups. Pray for them. Tell stories, quotations, testimony etc from them. These people can often bring special insights. Their lack of attendance does not need to predetermine their lack of involvement.
- If desired, send audio recordings of services, including worship, sermon, prayers and notices without the person or their carer having to keep remembering to make arrangements.
- Point them to good YouTube clips or DVD's which will aid worship at home.
- Visit or phone at times suitable for them. This should ideally be coordinated so that no one is left out or over-visited. The person or carer should not have to ask for this contact to be maintained.
- Be prepared to be reliable and consistent in visiting. People are easily upset, disappointed and disillusioned if they are let down and promises unfulfilled.
- Encourage home groups and individuals to send regular cards, notes, gifts etc. and to be friends to these people who miss out on the personal touch.
- Visitors/friends need to learn about the special needs of each individual and remember that their friendship is a long-term commitment and a really valuable one! These friends may be the life-line between an individual and their church.
- Introduce prayer and worship to the home in an appropriate way for that individual and their family.
- They may have much to give spiritually and can greatly encourage the visitor.
- Take music and singing (live or recorded) into the home - one-to-one or in small groups as appropriate.
- Do not overstay your welcome. Begin the visit by asking how long they like people to visit for. Be proactive in bringing the visit to an end if they seem in pain or are becoming tired (this includes hospital visiting).
- Be creative! Include in the church's teaching programme, the sensitive subjects of sickness and suffering and how to cope if people are not healed. Whilst they have a great hope for the future, many of these people could do with some encouragement now!

- Remember the needs of carers and families who often miss out or feel guilty for leaving their loved ones while they go to meetings or other church activities.
- Offer to sit with the person who is impaired or unwell so as to release the carer to go shopping, or just spend some time caring for themselves.
- It is helpful when other church members miss meetings occasionally to 'be the church' for someone at home.
- Avoid, even unintentionally, making people feel guilty for being ill or impaired, especially if they previously had a role of responsibility. Be sensitive as to their ability and desire to continue this role, or immediately hand it on.
- Encourage the person's strong points. Others can often teach us lessons about faith, grace, perseverance, endurance and victory, even if they cannot keep up with the church in other areas.

Assume nothing - always ask

15. Guidelines for stewards and welcomers



General

DO

- Treat people with disabilities as equals.
- Realise that treating people equally does not always mean treating them the same way.
- Always speak directly to the person who has a disability.
- Always ask the person who has a disability first if you can help in any way.
- Whenever possible, offer to seat a person with an impairment with their friends or family.
- Try to be aware of people's hidden disabilities such as epilepsy or Alzheimer's disease, which may require assistance.
- Assume nothing - always ask!

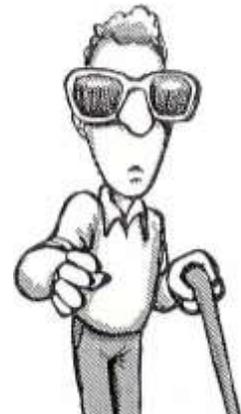
DON'T

- Don't use negative terms such as 'crippled' or 'victim'.
- Do not consider a companion or carer to be a conversational go-between.

Visual Impairment

DO

- Identify yourself by name and as a steward.
- Offer a person who is blind your arm and ask if they would like to be shown to their seat.
- Ensure they know large print song sheets are available.
- Explain to a visually impaired person where things are located.
- Provide space for a guide dog to lie down by removing a chair. Offer to provide the dog with a bowl of water.



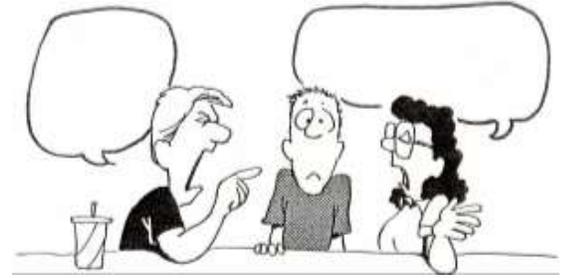
DON'T

- Don't push or pull a visually impaired person or assume they need your assistance - always ask and allow them to take your arm.

Hearing Impairment

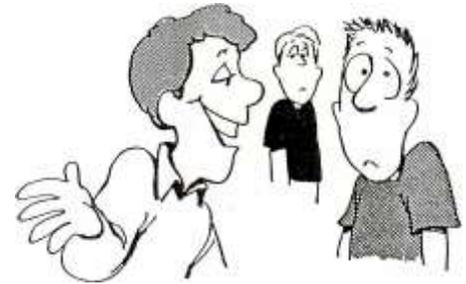
DO

- Ensure your face and mouth can be seen clearly.
- Look directly at the person and speak at normal speed with clear (not exaggerated) lip patterns.



DON'T

- Don't exaggerate or shout.
- Don't speak directly into the person's ear.
- Don't obscure your face.



Speech Impairment

DO

- Give your whole, unhurried attention with good eye contact.
- Remember the person with speech impairment may use another method of communication, such as writing.

DON'T

- Don't finish a sentence or word for the person.
- Don't get agitated or impatient.

Mobility Impairment

DO

- Always ask a wheelchair user if they would like assistance before you help.
- Try to sit or crouch down to talk to wheelchair users so that eye contact is easier.
- Provide seats near the entrance for people with mobility difficulties to minimise walking.



DON'T

- Don't push a wheelchair user unless they ask you to.
- Don't assume all wheelchair users want to sit in the same area. Some will be embarrassed to be at the front whilst others may enjoy that experience.
- Don't hold on to or lean on a person's wheelchair.

Learning Disabilities

DO

- Be patient; give someone with a learning disability plenty of time.

DON'T

- Don't assume the person cannot understand you.



Assume nothing - always ask

16. Inclusive language in Inclusive Ministry



Many people worry about what language to use when discussing the issue of impairment with a person with a disability. Some are aware that the issue can be a sensitive one.

The appropriate use of language is less to do with 'political correctness' than a desire not to reinforce negative images, incorrect assumptions and stereotypes associated with disabilities.

People with disabilities can be less concerned about the words you use than the attitudes that lie behind the words. Many people with disabilities have identified a vocabulary that they feel is appropriate; it is a matter of simple courtesy to use terms which they prefer. If in doubt you can begin that conversation by asking what their diagnosis is – this grounds the conversation in medical terms and allows the person to set the tone and complexity of their description. If you do not understand the terms used – ask.

- Use the term 'person with a disability' rather than 'cripple' or 'handicapped' (which has its origins in the term 'cap in hand', with implications of charity and begging). Be aware of terminology in the Bible translation you use in church and avoid these terms.
- Remember that we are talking about people; the term 'the disabled' is impersonal and implies a group separate from the rest of society.
- Wherever possible use the 'person' before the disability. For example, a 'child with a disability' rather than a 'disabled child.' However, some Deaf and blind people prefer this term as a sign of their acceptance of their condition.
- Whenever possible use a person's name rather than identifying them solely through their disability.
- Don't describe people by the condition they have. An 'arthritic' is 'a person with arthritis', a 'spastic' or 'epileptic' is 'a person who has cerebral palsy' or 'a person who has epilepsy'.
- Don't use negative images; 'suffering from...', 'a victim of...', 'crippled by...', 'afflicted by...' is better expressed as 'a person with (condition).'
- Use accurate descriptions. Terms like 'wheelchair bound', 'confined to a wheelchair' are best expressed as 'a wheelchair user' or 'person who uses a wheelchair.'
- Terms which are said to be 'politically correct' often don't communicate widely. Phrases such as 'physically challenged', 'intellectually challenged', 'differently abled' etc. often confuse people. As long as you use terms that are accurate, positive and in common use you shouldn't encounter problems.

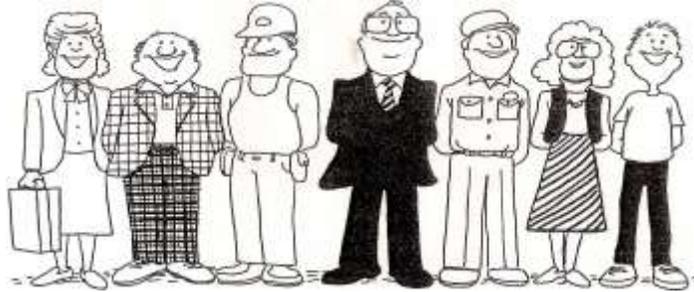
Words and phrases to be avoided:



- | | | |
|---|---|---|
| <i>Don't say cripple</i> | → | Say instead person with a disability/impairment |
| <i>Don't say invalid</i> | → | Say instead person with a disability/impairment |
| <i>Don't say handicapped</i> | → | Say instead person with a disability/impairment |
| <i>Don't say mentally retarded</i> | → | Say instead person with a learning disability |
| <i>Don't say mentally handicapped</i> | → | Say instead person with a learning disability |
| <i>Don't say deaf aid</i> | → | Say instead hearing aid |
| <i>Don't say the disabled</i> | → | Speak of individuals. When necessary say 'people with disabilities' |
| <i>Don't say spastic</i> | → | Say instead a person with cerebral palsy |
| <i>Don't say suffering from....</i> | → | Say instead a person with |
| <i>Don't say a victim of....</i> | → | Say instead a person with |
| <i>Don't say afflicted by....</i> | → | Say instead a person with |
| <i>Don't say confined to a wheelchair</i> | → | Say instead a wheelchair-user |
| <i>Don't say wheelchair-bound</i> | → | Say instead a wheelchair-user |
| <i>Don't say deaf and dumb</i> | → | Say instead a Deaf person |

Treat each person as an individual. Assume nothing.

17. Helpful Organisations In Christian Inclusive Ministry



Through the Roof
P O Box 353 EPSOM Surrey KT18 5WS
Tel: 01372 749955
Web: www.throughtheroof.org
Email: info@throughtheroof.org

Training and raising disability awareness among Churches and Christians and equipping disabled people for leadership.

Chuches for All
Tel: 0118 951 6971
Web: www.churchesforall.org.uk
Email: makeadifference@churchesforall.org.uk
Disabled people inspiring faith without limits.



Livability
50 Scrutton Street, London, EC2A 4XQ
Tel: 020 7452 2000
Web: www.livability.org.uk
Email: gtgroup@livability.org.uk
Offers a wide range of services to support and empower disabled people throughout their lives.

Torch Trust for the Blind
Torch Trust Torch House Torch Way
Market Harborough LE16 9HL
Tel: 01858 438260
Fax: 01858 438275
Web: www.torchtrust.org
Email: info@torchtrust.org
Providing resources for blind and visually impaired people.



www.braillebibles.org – Provide Braille Bibles (free) and Large Print Bibles.

Deaf Christian Network - Hands Together
PO Box 212 DONCASTER South Yorkshire DN2 5XA
Tel; 01302 369684 (Voice / Minicom)
Fax: 01302 739660
Web: www.jireh.demon.co.uk/signstart.htm
Email: g.stediford@ntlworld.com
Working with profoundly deaf people.



Open Ears
c/o 11 York Avenue New Milton BH25 6BT
Tel: 01425 615215
Web: www.openears.org.uk
Email: admin@openears.org.uk
Fellowship for hard-of hearing Christians.

Signs of God
1 Saxon Way Bradley Stoke Bristol BS32 9AR
Tel: 01454 202483 (voice/minicom/fax)
Web: www.signsofgod.org.uk
Email: info@signsofgod.org.uk
Organisation providing training related to deafness and a network of Christian BSL interpreters.

www.actiononhearingloss.org.uk *The new name for the Royal National Institute for the Deaf*
www.bda.org.uk *British Deaf Association*
www.asli.org.uk *– Association of Sign Language Interpreters*
www.deafchristian.org.uk *- Christian DeafLink UK – working to make church life inclusive for those with hearing impairments.*
www.christiansigns.co.uk *- Current signs & sign phrases used in the Deaf Christian Community.*

Scripture Union
207-209 Queensway
Bletchley
Milton Keynes
Buckinghamshire
MK2 2EB
Web: www.scriptureunion.org.uk
Email: info@scriptureunion.org.uk
Help with matters of inclusion for young people in church, excellent practical guidelines and resources.



Prospects

69 Honey End Lane Reading RG30 4EL

Tel: 0118 950 8781

Web: www.prospects.org.uk

Email: info@prospects.org.uk

Working with adults with learning disabilities – good resources



www.makaton.org – *Communication signs and symbols often used for those with learning disabilities.*

SANE,

1st Floor Cityside House,

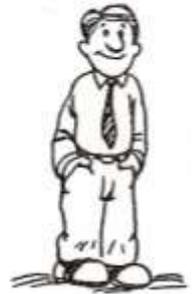
40 Adler Street London E1 1EE

Tel: 020 7375 1002

Web: www.sane.org.uk

Email: info@sane.org.uk

Charity established to improve the quality of life for people affected by mental illness



www.thesite.org/healthandwellbeing/mentalhealth/selfharm

- This site is a key information resource for young people who self-harm, their friends and families, and professionals working with them.

www.anorexiabulimiare.co.uk - *ABC is a national Christian charity working to support all those who suffer because of eating disorders and their associated problems.*

Epilepsy Action,

New Anstey House

Gate Way Drive

Yeadon

LEEDS

LS19 7XY

Tel: 0113 210 8800

Web: www.epilepsy.org.uk

Email: epilepsy@epilepsy.org.uk



Diabetes.Co.uk

The Diabetes Portal

Sitefinders Net Ltd

Dotcom House

Broomfield Place

Earlsdon

Coventry CV5 6GY

Tel: 012476 712712

Web: www.diabetes.co.uk and www.diabetes.org.uk

Email: diabetes@sitefinders.co.uk



The National Autistic Society
393 City Road
London
EC1V 1NG
Tel: 020 7833 2299
Web: www.nas.org.uk
Email: nas@nas.org.uk



18. Good Books



- **'Special Children Special Needs** – Integrating Children with disabilities and special needs into your church'
By Simon Bass, (2003) London: Church House Publishing
- **'A Healing Homiletic** – Preaching and Disability'
By Kathy Black (1996) Nashville: Abingdon Press
- **'Beauty & Brokenness** – Compassion and the Kingdom of God'
By Martin Lloyd Williams, (2007) London: SPCK
- **'Making a World of Difference** – Christian Reflections on Disability'
By Roy McCloughry and Wayne Morris, (2002) London: SPCK
- **'Adam – God's Beloved'**
By Henri J M Nouwen, (1997) London: Darton Longman Todd
- **'Widening the eye of the needle** – Access to church Buildings for people with disabilities'
By John Penton, (2nd Ed. 2001) London: Church House Publishing

Consider:-

How accessible are all the buildings used by the church – including the Minister's house?

