

URJ Presidential Disabilities Inclusion Initiative Inclusive Worship: Tips & Best Practices for Clergy

This primer features examples of new approaches to inclusive worship, which can be adapted to work at any congregation. Because we utilize the principal of Universal Design whenever possible, the suggestions listed below will benefit everyone with a disability or ongoing health conditions, without diminishing anyone's worship experience. These suggestions help make worship better for every member of the community, not just those with disabilities or ongoing health conditions, and they help strengthen our community as a whole.

- **Universal Design** is a philosophy and practice where modifications are offered that make worship and other experiences more accessible to those of us with disabilities and ongoing health conditions, while also improving the experience of everyone else. Examples for general life are automatically opening doors which make it possible for people using wheelchairs or walkers to easily enter and exit a building, but they also help people carrying books and packages, or those pushing a stroller or walking with small children. In worship, an example of Universal Design might be announcing page numbers, and providing a quiet, less-stimulating space outside of the sanctuary where the service can be heard. Page number announcements are very helpful to people with visual, auditory processing, and other disabilities, but they also help anyone not fully familiar with the prayer book or anyone distracted momentarily. A quiet space allowing individuals to leave the sanctuary for part of the service is helpful to some people with autism, with sensory processing disorders or anxiety, and it is also helpful to anyone with a small child, or a need for privacy to collect themselves because of overwhelming grief or any other strong emotion they would rather not experience publicly.
- When we include those of us with ongoing or even intermittent health conditions (arthritis, inflammatory bowel diseases, MS, even pregnancy) it can be up to 40% of people in the room who benefit from practices and phrasing that honors each person's needs and experiences.

- Here are some easy to remember suggestions about preferred language when speaking about disabilities and accommodations:
 - We are increasingly asked by people with disabilities and health conditions to speak of there being those among us who require accommodations, rather than people with “special needs,” since it reduces stigma and sense of difference. People among us who use a wheelchair or who are blind or who have Tourette’s or are Deaf don’t have special needs—we all have the same need to belong, to find spiritual connection, to feel understood and welcomed—but some of us may need special accommodations to have our ordinary needs met.
 - We speak of people using a wheelchair but not as wheelchair-bound; as having a disability, but not suffering from a disability. We avoid words conveying a sense of affliction and address variations rather than conveying a sense that those who don’t move about as many others do, or communicate more typically, for example, are deficient.
 - We speak of intellectual or cognitive disabilities, not retardation. We say non-verbal not mute, or dumb.
 - We avoid using words or phrases (meant with no harm) like, “Oh no, I’m so ADD, I left my papers home” or “I’m/She’s so bipolar,” or OCD, or crazy or Aspy, when we are speaking off-script.
 - We don’t want to become mired in self-consciousness and should know that most blind people don’t mind when we are speaking to them and say we saw something, or ask if they have seen it—they know we mean encountered it—and Deaf people don’t mind if we say we heard something or ask if they heard about it.
 - On the other hand, we try not to say, “Don’t turn a deaf ear to...” or “don’t be blind to...” or use words like crippled or handicapped. We also try not to use, “crazy,” “nuts,” or “mentally ill” when we mean selfish, insensitive, cruel, or something out of what we consider to be the ordinary.

- What can service leaders do to immediately and easily convey welcome and increase participation?
 - Immediately start out using microphones and continue to do so without asking if they are needed, since no matter how loud our voices are, the question inadvertently puts people on the spot who don't want to have to self-identify as hearing impaired.
 - Bring a mic down if you're having participation from the Kahal. "If you feel comfortable standing and facing the group, please do so," but don't shame anybody who does not.
 - Face forward/the Kahal whenever speaking and don't cover your mouth since many may rely on lipreading.
 - Leave the room set up as is, unless changes are requested to increase access. While it is tempting, don't make suggestions to change the room for intimacy's sake—like creating a circle if that isn't already the set up. The reason for this is that we may accidentally make an arrangement that is not accessible, difficult for a wheelchair to get in, not easy for people to see each other's lips, etc.
 - Unless there isn't a moment to do so, suggest that the aisle seats or those near the door be taken only by those who might have need to leave the room quickly and easily—no need to say, "so they can get to a rest room," or, "in case of panic attack," or, "because a family member might have an emergency"—leave it general.
 - Try to make sure there is space for wheelchairs and walkers within the group, rather than relegating people who use them to the back of the room/group.
 - If an individual has a caretaker, interpreter, or other person with them, be sure to address the individual directly, not the caretaker or aide.
 - If someone asks a question and doesn't understand the answer, rephrase your response or rephrase what someone in the Kahal has said, to try and help them better understand.
 - Describe things that are happening or being shown if you are aware of someone present who has visual impairments.
 - Be prepared for the possibility that a child or adult may cry out or make sounds due to Tourette's, Alzheimer's, or other conditions. As much as possible, please continue the service in these instances.

- How might we change instructions or phrasing during the service?
 - The first time you would usually say “we rise,” or “please rise,” try to remember not to say, “if you’re able to rise.” Rather, say something along the lines of “we each convey our attention and respect in ways that are right for us—we need not stand physically to rise spiritually. Please do whatever is right and meaningful for you.”
 - It is helpful to say, “While of course we hope everybody will stay for the whole service, we know there may be a time some of us may need to get up to leave. We understand that, and hope you’ll return.” Try not to take it personally if people do leave, and always be ready to let them back in if they want to return. We don’t know why somebody is leaving, and don’t want to hold it against them.
 - If you’re leading a healing prayer, find a way to speak about praying for strength and patience and resilience and healing (where appropriate), but leave it general. Many people with disabilities don’t want prayers to heal blindness or deafness, and many with mental illnesses and addictions only want general mention like, “Some of us are ourselves, or have family members, living with mental illness or addictions. We pray for strength, courage and wisdom for each of us, and for our caretakers and health professionals.” We don’t want it to be a pity party, but we do want to include everybody in need of healing.
 - Phrase everything in the positive. It’s okay to make mistakes. Somebody might complain, but it’s okay, as long as you are making the effort there is great value in what you are doing, and it is a great thing for the congregation.