



# SHAPING the future with VOLUNTEERING

## A guide to becoming more **Disability Aware and Inclusive**



# Introduction

**This guide was developed in partnership with the disability charity Enhance the UK. It is designed to help individuals and volunteering organisations become more disability aware and inclusive.**

The wider work undertaken by Shaping the Future with Volunteering on disability has also supported its development. This comprehensive resource covers a wide range of topics, including the definition of disability, the prevalence and types of disabilities in the UK, and the differences between the medical and social models of disability.

The guide also highlights the benefits of being accessible and inclusive, outlines legal protections under the Equality Act (2010) and the Disability Discrimination Act in Northern Ireland, and provides practical advice on how to communicate appropriately about disability and access requirements. Additionally, it offers specific tips on reasonable adjustments making environments and services more accessible for people with various types of impairments, including those that are not immediately visible. The guide aims to foster a more inclusive society where disabled people can fully participate and feel valued.

Managers can use it to support staff and volunteers by understanding the legal definitions and protections related to disability, recognising the benefits of an inclusive workplace, and implementing practical strategies to meet impairment related requirements. It provides detailed guidance on how to communicate respectfully about disability and access requirements, ensuring that all volunteers and staff feel respected and valued. Additionally, the document offers specific tips for making physical and digital environments more accessible, which is crucial for managing services.

To navigate the document efficiently, use the hyperlinked index at the beginning. Simply select the section titles to jump directly to the relevant content. This feature allows you to quickly find information on topics such as the Equality Act (2010) and the Disability Discrimination Act in Northern Ireland, Reasonable Adjustments, and how to be more accessible for people with different types of impairments. By utilising this document, managers can create a more inclusive and supportive environment for staff, volunteers and the communities we exist for.

The pages dedicated to various types of impairments can be printed out and used as factsheets that can be shared with staff and volunteers. At the end of the resources, there is a section on other resources such as training and policies that can further support everyone to understand both the organisations and individual responsibilities to ensure disability is considered across all areas of the charity. For those managing services and people, there is a checklist to help regularly assess and discuss accessibility and to keep learning about disability.

We hope you find the content useful.

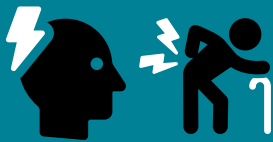
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# 1. What is disability?

The Equality Act (2010, for England, Scotland and Wales) and the Disability Discrimination Act (1995, for Northern Ireland) provides us with a definition of disability.

## Someone is disabled if...



They have a physical or mental health impairment.



The impairment has a substantial effect on their ability to carry out normal day-to-day activities.



Can last 12 months or longer and be recurring.

## Things to remember:

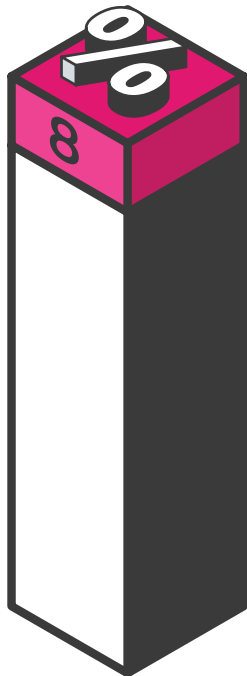
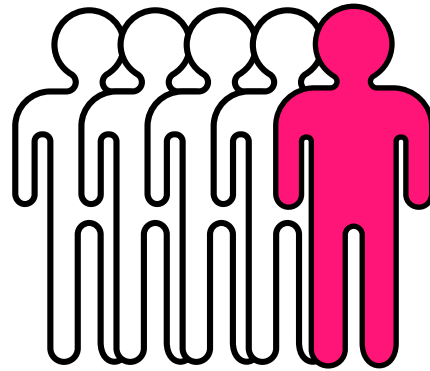
- ❖ People with **HIV** infections, **cancer** or **multiple sclerosis (MS)** are automatically considered disabled from the time they are diagnosed.
- ❖ Many people with **neurodivergent conditions** such as Autism and Dyslexia would legally meet the definition of being disabled.
- ❖ People can have **hidden** or **non-visible** impairments.
- ❖ Not everyone who would legally be considered disabled will **identify** themselves as such. They may not know the definition or prefer not to think of or label themselves in this way.



You can view the [Equality Act \(2010\)](#) or read government [guidance to the definition of disability](#) to find out more.

## 2. Disability in the UK

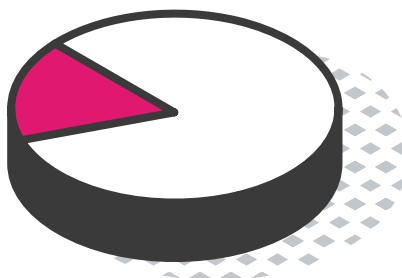
Just over **1 in 5** people in the UK are disabled.



Less than **8%** of disabled people are wheelchair users.

**83%**

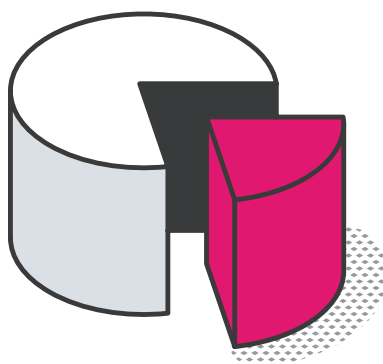
of disabled people acquire their disability during working age.



**80%**

of disabled people have hidden or non-visible impairments.

As we can observe from the infographic, disability is very common in the UK. People often make assumptions that it is mainly older people who are disabled. However, whilst it's true that the older you are, the more likely you are to be disabled, there are in fact 10.21 million people in the UK who are of working age (16 – 64). This is nearly a **quarter of the working age population!**



## The most common types of disabilities for people of working age are:

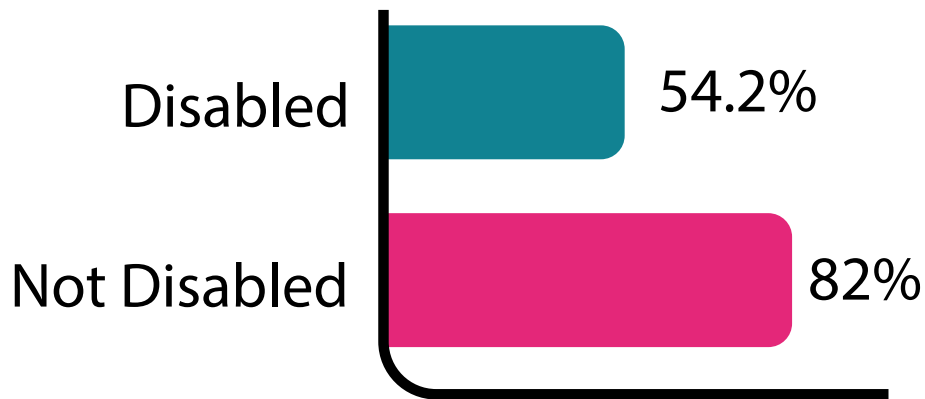
- ❖ Mental health
- ❖ Mobility
- ❖ Stamina/breathing/fatigue
- ❖ Dexterity
- ❖ Memory

It's important that we acknowledge that **disability is fluid** and that most of us at some point in our lives will experience it. Consequently, it's crucial that we regularly check in with our colleagues and service users regarding whether they have any **access requirements**. This is especially helpful for people who have fluctuating conditions where their access requirements may frequently change. We also need to remember that many disabled people will have more than one impairment.

**Access Requirements** are the changes that someone needs to reduce the difficulties they have using a service or at work.

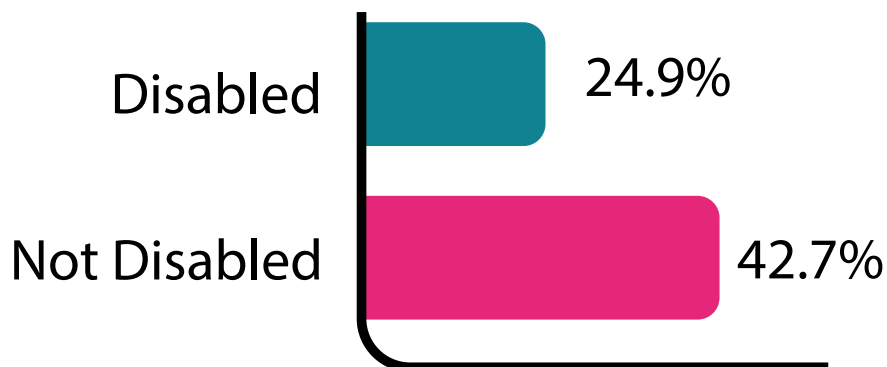
Disabled people also continue to **experience disadvantage** in the UK. The graphs below highlight some of the inequalities.

## Employment

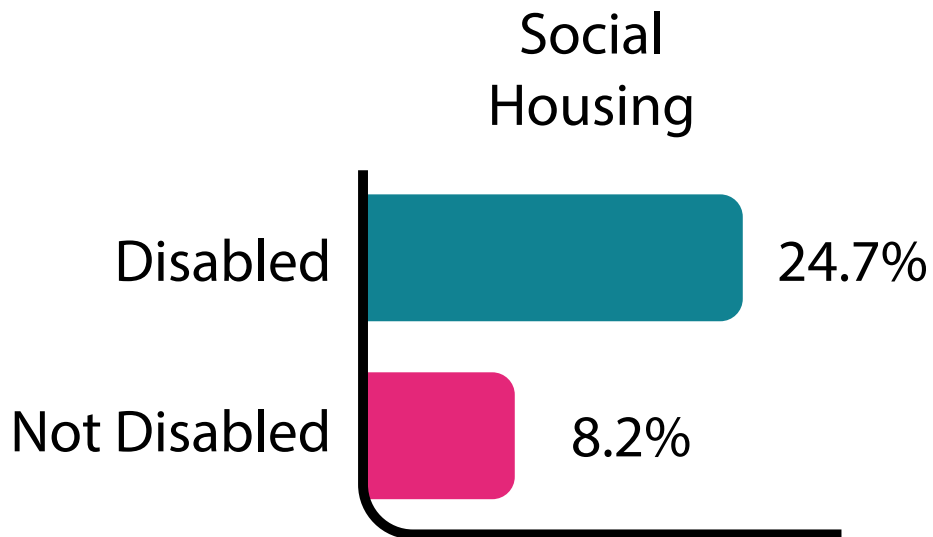


- ❖ In **March 2024** the employment rate of disabled people was 54.2% compared to 82% of those who are not disabled.

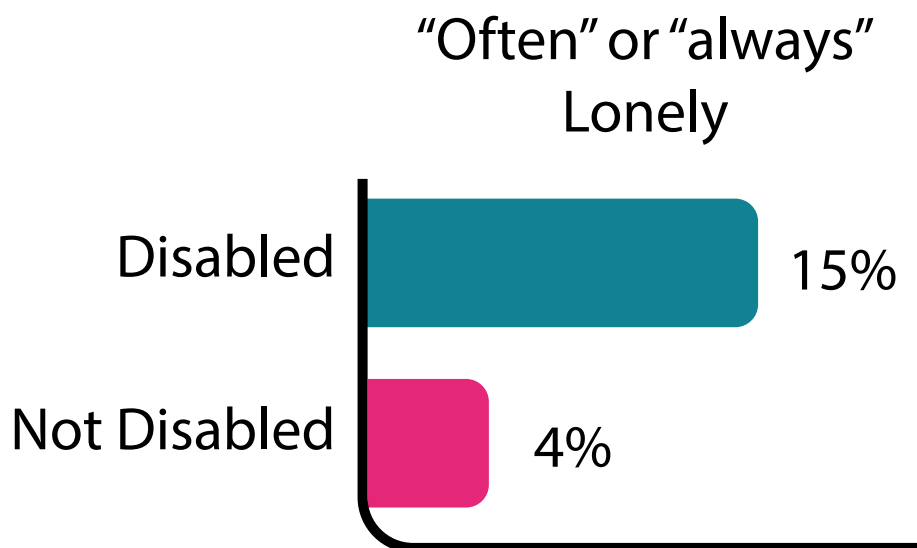
## Degree Level Education



- ❖ Disabled people are less likely to have a degree-level qualification with nearly **one-quarter having a degree** as their highest qualification compared with 42.7% of not disabled people.



- ❖ Nearly a quarter of disabled people **rent social housing** in comparison to less than 1 in 10 of not disabled people. Disabled people are also much less likely to own their own homes.



- ❖ The proportion of disabled people who say they feel lonely **"often" or "always"** is nearly 4 times that of not disabled people.

# 3. The Medical and Social Models of Disability

The medical and the social models are two very different ways of thinking about disability. The medical model was the traditional approach. In the 1960s and 1970s many disabled people were **excluded from society** and started to question their experiences. Disability rights groups were founded and the social model of disability was developed.

## Medical Model

**I am the problem  
and need to be fixed.**

I can't attend the event because I can't go upstairs.

I can't attend the meeting because I am deaf and can't follow what is said.

I can't read the handbook because I am blind.

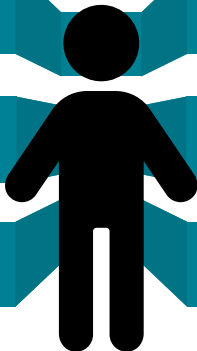
## Social Model

**The problem are the  
barriers in society.**

The building doesn't have a lift or a ramp.

The organiser hasn't provided captions or an interpreter.

They haven't provided the handbook in an alternative format suitable for me.



**The individual needs to change.**

**The focus is on the impairment.**

**Disabled people are the victim and are disempowered.**

**Disability is a negative word.**

**The barriers need to be removed.**

**The focus is on access requirements.**

**Disabled people have independence, control and choice.**

**Disability is a neutral word that doesn't have negative or positive connotations.**

# The barriers disabled people face

The social model of disability provides us with **4 main types of barriers**.

## Organisational

### The way you do things – your policies, practices and procedures

Organisational barriers occur when the way that you do things as an organisation disadvantage disabled people. Usually, this is not intentional. It's important that when you recognise an organisational barrier, you are **flexible and open** to different ways of doing things. Some examples are:

- ❖ A strict uniform policy which causes a staff member with a stoma or catheter having to wear clothing which is **uncomfortable** for them.
- ❖ Having a **strict sickness absence policy** which causes a person with a long-term health condition automatically receiving a warning when their time off was because of their impairment.
- ❖ Refusing to provide information to a service user over the phone because they are using [Relay UK services](#) and it is against your policy to speak to someone via a 3rd party.
- ❖ Recruitment policies that **don't encourage applications** from disabled people.

**A Stoma** is a small opening in the abdomen which is used to remove urine and faeces into a collection bag.

**A catheter** is a thin flexible tube that is inserted into part of the body. A common type is urinary catheters. They are used to empty the bladder and collect urine in a drainage bag.

## Communication

### How information is communicated internally and externally.

These are barriers linked to the way you communicate and provide information. This could, for example, be staff members and volunteers not having the confidence to or feeling awkward about communicating with disabled people about their **access requirements**. It could also be not knowing how to communicate well with people with speech impairments.



Other barriers may be due to a lack of provision, for example, not providing:

- ❖ British Sign Language.
- ❖ Captions on videos.
- ❖ Information in different accessible formats such as easy read, plain English and large font.
- ❖ Websites, apps and documents which are fully accessible to people who use assistive technology such as screen readers.
- ❖ Audio description.
- ❖ Alt text / captions.

## Physical

### The physical and built environment

This is when the physical space, equipment or things that your organisation occupies or uses are inaccessible. Examples of physical barriers include:

- ❖ Not having accessible toilets or using them as storage spaces.
- ❖ Having inaccessible or inadequate signs.
- ❖ Not having visual fire alarms.
- ❖ No quiet spaces.

## Attitudinal

### Stigma, assumptions, misconceptions and stereotypes

The attitudes that people have towards disabled people, either consciously or subconsciously, can create harmful barriers. For example, assuming someone cannot do a job because of their impairment.

**Captions** were designed for people who are deaf or hard of hearing. They are a text version of the speech and other audio information needed to understand the content. They are synchronised with the audio and usually shown in a media player.

**Easy Read** is a way of making written information easier to understand.

**Assistive technology** is a piece of equipment or a tool that supports a disabled person to do things that might otherwise be difficult or impossible.

These biases are a form of **ableism**. Ableism is discrimination and prejudice against disabled people. It includes the idea that people are characterised by their impairment and are inferior to not disabled people.

Microaggressions also fall under this type of barrier. These are subtle everyday slights which can be verbal, behavioural or environmental towards an historically marginalised group. They are often unintentional and many people who commit microaggressions are unaware of them.

## **‘Impairment’ versus ‘disability’**

Under the social model, impairment and disability do not mean the same thing.

**Impairment** – A person’s physical, sensory or cognitive difference or difficulty.

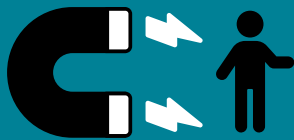
**Disability** – The experience of not being able to fully participate and be included because of the barriers in place.

## 4. The Benefits of Being Accessible and Inclusive

We all know that being accessible and inclusive is the right thing to do. As a society we still have a long way to go before disabled people can equally participate in opportunities in employment, volunteering and are able to access vital services. The 2023 [NCVO Time Well Spent report](#) highlighted that disabled volunteers are less satisfied than not disabled volunteers.

Having more disabled staff members and volunteers who are happy in their roles can only benefit us as organisations.

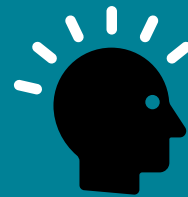
Some of the benefits include:



**Increases retention**



**Bigger talent pool**



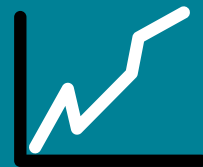
**Boosts innovation and creativity**



**Improves collaboration and team work**



**Meeting legal requirements**



**Strong results and financial performance**

## Increases retention

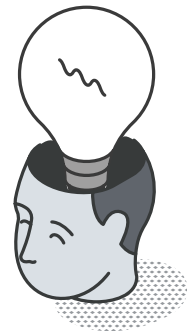
When people feel welcome and valued as their true selves, they are much more likely to stay working and volunteering with you for a long time. They are also more likely to enjoy their time with you. An inclusive environment not only increases retention rates but also **reduces absence** and improves engagement.

## Bigger talent pool

It makes sense that if you are more inclusive in your staff and volunteer recruitment practices, you will have a larger group of potential candidates. This also **increases your chances** of finding the best people to fill your positions.

## Boosts innovation and creativity

Diverse teams bring **more viewpoints and solutions** to every issue and broadens perspectives. They can also better identify services that fit the needs of your customers and people who access your offerings.



## Improves collaboration and teamwork

An increase in feelings of inclusion has been found to:

- ❖ Increase the quality of decision-making by 20%
- ❖ Increase team performance by 17%
- ❖ Boost collaboration by 29%

## Meeting legal requirements

The **Equality Act (2010)** and the **Disability Discrimination Act (1995)** sets out the legal requirements that we have to meet as an organisation. One of these is not discriminating against disabled people.

**Discrimination** – treating a particular person or group of people unfairly because of a their race, gender, disability etc.

## Stronger results and financial performance

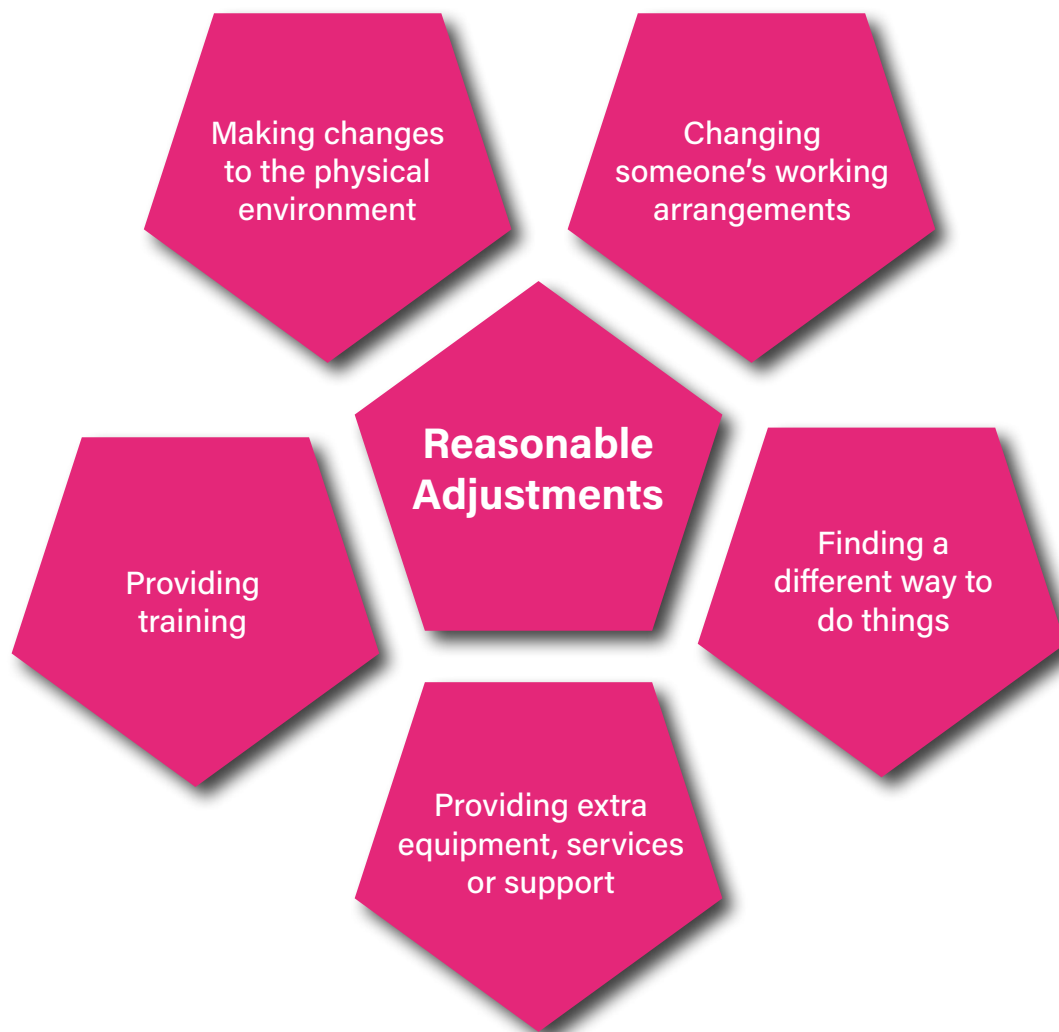
Lots of research clearly shows organisations that are more inclusive have better outcomes and stronger financial performances. It makes sense, as they can likely better engage with disabled customers and service users. The spending power of disabled people is known as the purple pound. This is estimated to be worth about **£274 billion per year** to the UK economy.



The good news is that with more awareness and inclusive practices, we can change things for the better.

# 5. Reasonable adjustments

Under the **Equality Act (2010)** and the **Disability Discrimination Act 1995 in Northern Ireland** organisations must make reasonable adjustments to remove or reduce disadvantages someone may experience at work or accessing services relating to their disability. There are different types of reasonable adjustments. These can include:



As a service provider we have an **anticipatory duty** to provide reasonable adjustments. This means that we must think about in advance what adjustments people with different types of impairments might need to volunteer or access our services. The disabled person should have access as close as **reasonably possible** as that enjoyed by not disabled people.

Our duty as an employer is **reactive**. This means that we only have to provide reasonable adjustments for individuals when we **realise there is a need** for them.

It's crucial that we **ask people** about whether they have any access requirements or need any reasonable adjustments. Once we have identified there is a need, if necessary, we can seek advice and support from specialists. Often this won't be necessary because most reasonable adjustments are simple things that we can easily put in place. In reality we make adjustments on a day-to-day basis, for example by tailoring our communication to people's preference.

Factors we can look at to decide if an adjustment is reasonable or not are:

- ❖ How practical the adjustments are.
- ❖ Whether the adjustment will reduce the disadvantage
- ❖ What adjustments have already been made
- ❖ How much the adjustment costs
- ❖ The organisation's resources and size
- ❖ Whether the adjustment will harm the health and safety of others.



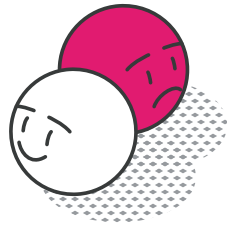
**A person's access needs may change over time so make sure you review if the adjustments are helpful and if any others are needed.**

# 6. How to appropriately speak about disability and access requirements

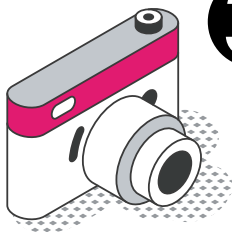
Inclusive language seeks to treat all people with respect, dignity, and impartiality. It is constructed to bring everyone into the group and exclude no one. It's important to acknowledge that using inclusive language is an essential part of creating an inclusive culture.

## Six tips for talking about disability

**1** Positive not negative

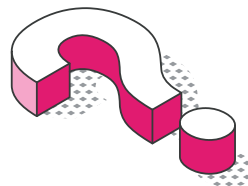


**2** Avoid labels



**3** Focus on access needs not impairments

**4** Ask appropriate questions



**5** Use every day phrases



**6** Avoid collective nouns



## Positive not negative

Avoid using language which suggests that being disabled is a negative thing and encourages pity such as 'suffers from' and 'is a victim of'.

This **perpetuates harmful stereotypes**. The key is to avoid language that infers a value judgement.

## Avoid labels

No one likes to be **defined by their impairment**. Where possible, avoid medical labels. Often you will not need to refer to someone's impairment. If you do, ask them how they would prefer you to refer to it.

## Focus on access needs and not impairments

Asking someone to 'disclose' or 'declare' their impairment can be unhelpful as there may be several reasons why they do not wish to share this information. A **better approach** is to ask about any access requirements that someone may have as it is less intrusive whilst still giving you the information you need. This is especially true if you are in a customer service role, supporting volunteers or with a colleague you are not line managing.

## Ask appropriate questions

If someone discloses that they have a disability/impairment, there is no expectation for you to be experts and understand what their access needs are, as everyone is different. It is perfectly acceptable to ask **someone sensitively** how their impairment may impact them in their volunteer role, attending an event/meeting or accessing any services. Just make it clear that you are asking to ensure they have appropriate assistance and support.

## Avoid collective nouns

Collective nouns such as 'the disabled' should be avoided. The word disabled is a description and not a group of people. It is better to **use disabled people** or people with disabilities instead.

# Use everyday phrases

Do not worry about saying everyday phrases such as 'let's go for a walk' to a wheelchair user or 'see you later' to a visually impaired person. Most people do not mind at all and the worst thing you can do is overthink and become so aware of everything you say that communication **stops being natural**.

## Words to use and avoid

AVOID	USE
Cripple, invalid, handicapped	A disabled person
Mental patient, insane, mad, lunatic etc.	A person with a mental health condition
Mentally handicapped, retard	With a learning disability (singular) with learning disabilities (plural)
Wheelchair bound, confined to a wheelchair, a wheelchair (when referring to a wheelchair user)	Wheelchair user
Deaf mute, deaf and dumb	A Deaf British Sign Language user, a deaf person, a hard of hearing person
Spastic	A person with Cerebral Palsy
Midget, Dwarf (unless someone has told you that is their preference)	A person with restricted growth, a person of short stature
Fits, spells, attacks	Seizures
Able bodied	Non-disabled

When thinking about language, it's really important to **be open to education**. Remember that people have their own preferences. If you do say something someone dislikes, resist temptation to get defensive, and instead listen to the correction for use in the future.

To be able to create an inclusive culture and make reasonable adjustments, it's essential that we ask about and discuss access requirements appropriately. For many, especially those with hidden impairments, an element of trust is required to feel comfortable disclosing access requirements. This could be, for example because they have been discriminated against before. The way we respond can also have a long-lasting impact on how comfortable people are within our organisations and can discourage people from wanting to engage in these conversations again.

It's important that you:

- ❖ Ask everyone if they have any access requirements when you are recruiting, onboarding and organising events or meetings, even if you know everyone or have asked the question previously.
- ❖ Give examples of some of the adjustments you can make as not everyone will know what an access requirement is.
- ❖ Ask informally about access requirements too. This could be just a small sentence at the start of a meeting, such as "if there's anything I can do to make today's meeting easier for you, please let me know".
- ❖ Create space for people to share their access requirements during any 1:1 meetings. Ask someone how they are and listen to their response. If they tell you of any difficulties they are having (which could be linked to a health condition, disability or caring responsibilities) ask if there is anything you can put in place to support them.
- ❖ Are mindful of your body language and tone of voice. Remember that some people feel very uncomfortable asking for any adjustments and your response (verbally and non-verbally) can have a lasting impact on them.
- ❖ Acknowledge the challenge/difficulty someone has and the impact on that person.
- ❖ Listen attentively and if needed ask questions to find out exactly what adjustments someone needs.
- ❖ Don't feel that you need to give an answer about whether you can provide an adjustment straight away. If you're unsure about an adjustment, it's okay to say you need time to find out more. Just make sure you let them know that you will get back to them quickly and arrange another time to talk if necessary.

It's important that we acknowledge that sometimes we will not be able to meet someone's access needs. This could be because something is out of our control, for example, working in a building which isn't accessible and we do not own. This can at times be a difficult conversation. Make sure you:

- ❖ Don't put it off. The longer someone has to wait for a response, the more likely they are to be anxious and/or upset.
- ❖ Consider how you let someone know. Where feasible, it's always better to have this type of conversation face to face or virtually when you can see someone. It reduces room for inaccurate interpretation of intent and allows you better to convey sincerity.
- ❖ Be empathetic. It's important that you listen to someone to find out how they are feeling and acknowledge this.
- ❖ Be transparent and explain your reasoning. This allows someone to see that you have tried your best to facilitate their access needs and understand practically why you cannot meet them.
- ❖ Avoid being defensive and manage your own emotions. If you start to feel a certain way, for example frustrated or angry, acknowledge this internally but control your reactions.
- ❖ Be open to considering alternative solutions. It may be that you are unable to fully meet someone's access needs and hadn't thought of an alternative, but the disabled person themselves has a viable alternative which could be helpful.

# 7. Not all impairments are visible

**Hidden** or **non-visible** impairments or conditions are those that aren't immediately obvious. Some people prefer the term hidden impairment, other people think that this implies it's deliberately hidden and prefer non-visible. It's a **personal preference**.

People with hidden or non-visible impairments often find it a challenge to have their access needs met. They can regularly experience disbelief.

Remember the following:

- ❖ If someone asks for assistance and tells you they are disabled, **believe** this and ask how you can assist.
- ❖ You won't always realise that someone is disabled, so **don't assume** that someone isn't disabled when speaking to them. It's important to treat everyone with empathy and respect.
- ❖ Look out for someone wearing a **sunflower lanyard** – the international symbol of hidden impairment.
- ❖ People may not disclose all their impairments. Lots of people who have impairments you can see, will also have others. Always ask about access requirements.
- ❖ Conditions **affect everyone differently**. It's important to not make assumptions and listen to what the person tells you.
- ❖ Remember there are many **fluctuating conditions**, so it's likely that people's access requirements will change.
- ❖ Try to avoid phrases such as 'you don't look ill'. This can make someone think that you don't believe them.
- ❖ Most (83%) people with hidden or non-visible impairments regularly experience a lack of understanding or **negative attitudes** when in public. This often **affects their mental health**.



**A fluctuating condition** is always present but may vary in severity, in frequency of flare-ups and in some conditions in symptoms.