

Disability etiquette guide

Nurture talent, support challenges, celebrate differences.

LEADRS
Disability Business Inclusion Group



mentalhealth
taskforce



ReedSmith
Driving progress
through partnership

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Welcome

This guide has been prepared by the members of Reed Smith's Disability Business Inclusion Group, LEADRS, which was established in 2012.

When LEADRS was first established, one of our goals was to make our law firm as accessible as possible for people with disabilities. Although, as you would expect, we had a good knowledge of our legal obligations relating to disabilities at that time, it was when we began to consciously hire more people with disabilities (with the added benefit that people who already worked with us became more comfortable identifying as having a disability) that we really started to learn how to become a workplace that is welcoming to people with disabilities.

The fact is that people with disabilities are employed in every workplace which has a sizeable workforce and always have been. What has been lacking in the past is a recognition of this along with the dialogue which needs to take place to make workplaces as accessible as possible (both physically and culturally) for people with disabilities.

This guide is aimed at increasing awareness of general disability etiquette which, because disability was for a long time at the back of the queue in discussions about diversity, many people still have questions about. As a result, people with disabilities are not always treated as they would prefer to be, and people without disabilities are nervous about doing or saying the wrong thing or of causing offence unintentionally. This can lead to awkwardness, which is often an additional impediment for the person with a disability.

The majority of people with disabilities (approximately 70%), have a non-visible disability so their disability will not be immediately obvious. Many people prefer not to identify/discuss their disability. Some people may move in and/or out of disability as a result of an injury, an illness in remission or difficult life events, etc. Understanding disability etiquette and trying to ensure that workplaces are disability-confident can help individuals with disabilities feel more comfortable and work more productively, which promotes the inclusive and open culture we all aim to continue to foster.

The most important thing we have learned is that every person with a disability is an individual – there is no one size fits all – and the best person to ask about how they would prefer to be treated or about what accommodations they might need is the person with a disability themselves. So if you are unsure in a situation, politely ask the person with whom you are interacting.

This guide is a work in progress - there is always more to learn as the discussions that take place around disability diversity become more sophisticated and focused. Nevertheless, we wanted to share what we have learned so far in the hope that it will help others while recognizing that there is still a long way for all of us to go.

General etiquette

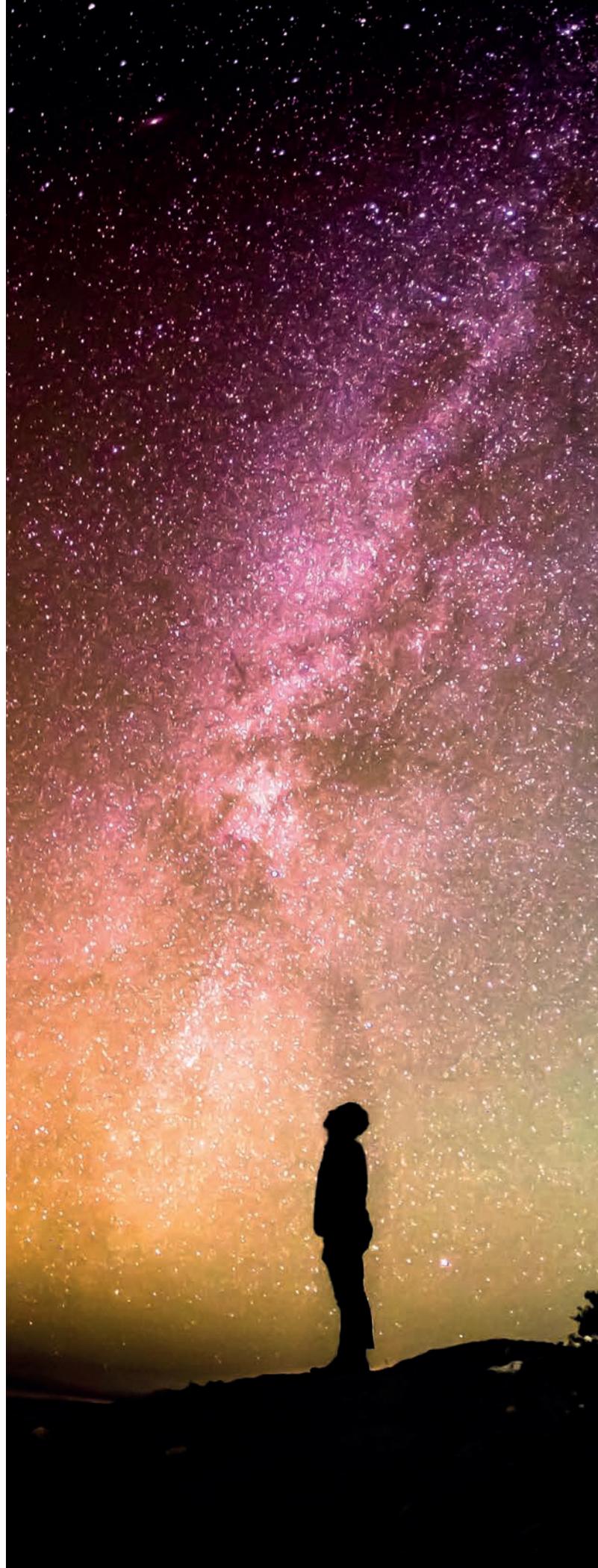
How should I interact with persons with disabilities? I do not want to make a mistake or offend anyone.

Language

- **Person First/Social Model Language:** Person first language emphasizes the person, not the disability, e.g. person who uses a wheelchair, person who has cerebral palsy, person living with HIV. There are also people, however, who prefer to be referred to as a “disabled person” or an “autistic person”— often because they would prefer to use ‘social model’ language, which states that people have impairments, but are disabled by society not accommodating these, e.g., a wheelchair user’s impairment is not being able to use their legs, but they are disabled by a lack of wheelchair accessibility across buildings. The ‘social model’ language is more common in the UK but if in doubt, the person first language may be the best option. It is good etiquette to ask people their preferred terms and use language they are comfortable with if you can.
- **“Inspiring”:** Some people with disabilities dislike being described as “inspiring” or brave if they are described in that way simply on the basis of their disability. Most people are happy to be described as “inspiring” for their achievements – for example, paralympians may be happy to have inspired other people to become involved in sports, and some people with disabilities are proud to be role models for others. However, it is better not to describe someone as inspiring or brave simply for going about their day-to-day life or doing ordinary everyday activities unless you know that they are happy with that.
- **“Pity” or “Poor him/her/them” language:** Whilst like anyone else, people with disabilities want empathy and understanding, most people with disabilities do not want to be pitied and are simply looking to be given access to the same career opportunities as their non-disabled colleagues. Avoid language which might make an individual feel lesser such as “I feel so sorry for you” or “I don’t know how you manage” or negative words like victim, afflicted by/with, unfortunate or sufferer.
- **Address the Person:** Always speak directly to someone with a disability, not their companion, aide, or sign language interpreter. Carry on a casual conversation as you would with anyone else. Ask questions about how an individual prefers to work or what help they need, but respect people if they say they would rather not discuss it.
- **Offensive Terminology:** Be thoughtful about what you say. Some terminology may be particularly upsetting to those with disabilities. For example, saying that someone acting irrationally is “off his meds” can be hurtful to those with mental health or neurodivergent conditions. Terminology such as crippled, retarded or handicapped is now considered by many to be offensive.

Practical considerations

- **Offering Assistance:** Recognize that having a disability does not mean that people always need help, although they will be happy to receive it if they do. Treat people with disabilities as you would treat anyone else - use common sense and “offer” assistance only if the person appears to need it. Never assume that assistance is required without asking.
- **Do not Assume:** Do not make assumptions about what people with disabilities can and cannot do. Do not exclude people because of a presumption about their limitations. Ask individuals whether they are able to participate or do something if you are not sure and try to see the ability an individual may possess rather than focusing on their disability. Often living with a disability and in some cases having neurodivergent conditions can allow individuals to develop and strengthen problem-solving skills as well demonstrate resilience and determination to tackle difficult situations.
- **Physical Contact:** People with disabilities may have difficulties with balance. Making physical contact with them without asking could throw off their balance causing them to fall or lead to an unintentional injury. Likewise, mobility equipment should be considered part of an individual's personal space. Never lean on a wheelchair, move it without asking or touch or move a person's cane, braces, etc.



Disability diversity

Disabilities come in many different forms and affect people in different ways. How a neurodivergent condition affects someone will vary greatly from person to person. This also holds true for physical disabilities as the impact of a physical disability can vary greatly. In many cases, these impacts may not be clearly visible. People are individuals and so two people with the same condition are likely to have very different experiences. Generalizations should, therefore, be avoided – as the saying goes, ‘once you’ve met one person with autism, you’ve met one person with autism’.

1. Do people who use wheelchairs always need assistance?

People who use wheelchairs have varying physical impairments. Some can walk with aid or for short distances. It is appropriate to offer to shake hands with a person with a physical disability even if they have limited use of their hands or an artificial limb. Do not lean on a person’s wheelchair, or ‘help’ them, unless they have said that they would like you to assist. It is fine to ask, but if a person declines an offer of help, recognize and respect this. Do not lean over someone who uses a wheelchair to shake another person’s hand or ask a wheelchair user to hold items. If you are talking to a person in a wheelchair for more than a few minutes, grab a chair and sit and talk to them at eye level.

2. How should I greet and interact with someone who is blind or visually impaired?

When interacting with a person who is blind or has low vision, do not presume the person cannot see anything. Gently tap their shoulder or wave to get their attention. Be sure to identify yourself before you make contact and introduce them to others in the group. Avoid touching a blind or visually impaired person’s guide dog or cane. The dog is working, and the cane is considered part of the individual’s personal space. If it is in the way, let them know. If you place items down for a person who is blind, make sure the items are within their grasp. Offer to note where the items are according to a clock orientation (12:00 furthest from them, 6:00 is nearest). In meeting rooms, reserve a seat that is easy for the person to find and designate the same seat for subsequent meetings if you are able to do so. If you offer help and they accept it, you should offer your arm just above the elbow and guide rather than lead the person, or try to take their arm without asking. It is appropriate to guide a blind person’s hand to the back of a chair and they will then be able to seat themselves. Always walk on the opposite side of a guide dog. Describe any obstacles as you are walking and use specific directions (e.g., this is a step up/down, there is a mailbox protruding from your right, etc.). Before you leave a person who is blind, make sure they know you are leaving and ask if they need anything before you go.



3. How do I know how to communicate with someone who is deaf or hard of hearing?

When meeting someone who is deaf or hard of hearing for the first time, relax and take your cue from the individual as to how best to communicate with them. An individual may communicate by several different methods or a combination of methods. Some use American Sign Language while others use British Sign Language. These are not only different from spoken languages but also from each other. Some individuals use lip reading to communicate while others may have difficulty lip reading if their first language is sign language. Lip reading is an acquired skill that is about 80% guesswork—do not expect people to always lip read a conversation with complete accuracy. People who are hard of hearing may use a combination of some hearing and lip reading and/or amplification to communicate. Follow the person's cues to find out if they prefer sign language, gesturing, writing, or speaking. Receiving messages is as important as sending them. If you have trouble understanding the speech of a person who is deaf, let them know. If a person has an interpreter, remember to address your conversation to the individual, as though the interpreter is not there, and maintain eye contact with the individual. Avoid speaking overly loudly. Speak clearly and avoid chewing gum, obscuring your mouth with your hand and turning your face away from the individual.

4. What should I do if I cannot understand someone's speech or they take longer than others to complete a sentence?

A person with a speech disability can be difficult to understand. Be patient and listen. Do not complete words or sentences for the individual. Do not be afraid to say you do not understand if you cannot understand them. Ask short-answer questions. If necessary, offer alternative communication methods such as writing or texting if that seems appropriate. If the person uses an electronic communication aid, then stand in front of them and refrain from reading over their shoulder as they type.

5. What can I do if someone has a seizure?

Some people with epilepsy or a seizure disorder may convulse during an episode, while others may simply appear to stare or have no noticeable symptoms. The person may talk, walk around or make other movements during an episode. There is nothing you can do to stop a seizure. If the person has fallen, make sure their head is protected and remove obstacles in the immediate area, then wait for the seizure to end. Following a seizure, the person may feel disoriented or extremely tired, and may need time to readjust. Ask what you can do to help and offer to call someone for them. Call for medical assistance if you believe it is the person's first seizure, the seizure lasts for more than five minutes, the person is injured or otherwise appears to need medical attention.

6. Long-term health conditions

Long-term health conditions are defined as chronic health conditions lasting six months or more such as asthma, arthritis, cancer, diabetes, chronic pain or heart disease.

- Avoid perfume, air fresheners, strong fumes from cleaning products, etc. around people who you know have asthma and other respiratory disabilities or chemical sensitivities.
- When appropriate, refer individuals to services, which the workplace may offer to support them, such as the HR or Benefits Departments, Affinity Group, etc.
- Make sure bonds formed in the workplace are maintained even when the individual might be absent due to treatment or therapy.
- Recognize that long-term health conditions may fluctuate, and people may have 'good days' and 'bad days' (this is also applicable to mental health conditions).



7. How do I recognize and respond to colleagues with mental health conditions?

The wide range of behaviors associated with mental health conditions vary from no discernible change in behaviour at all, to passivity, or in extreme cases, disruptiveness. More widely, mental health difficulties can be expressed through people:

- Finding it difficult to concentrate or having 'confused' thinking;
- Expressing fear, worries, or guilt at significant and extreme levels;
- Withdrawing from socializing and activities, and/or having mood swings;
- Displaying debilitating stress and anxiety;
- Experiencing low energy or difficulties sleeping; and
- Having associated issues, such as alcohol or drug use or eating disorders, among many others.

Mental health conditions can include conditions such as clinical anxiety and depression, post-traumatic stress disorder (PTSD), bipolar, or obsessive-compulsive disorder (OCD).

Some examples of good etiquette when working with people with known mental health conditions may include:

- Make sure people take note of their work-life balance and that work is not resulting in their mental health detriment.
- Treat each person as an individual. Recognize that people will have different challenges. Some may have trouble picking up on social cues; others may be supersensitive. One person may be very high energy, while another may appear sluggish. Find out what will make them most comfortable and respect their needs to the extent possible.

- Ensure that an individual has a support network around them.
- Take the time to listen to the individual without judging them.
- Refer people to services that they can use anonymously to get support, such as Employee Assistance Programs, Law Care or other industry support programs, community resources, etc.
- Support people in developing coping strategies that work for them – such as starting a 'to-do list' of activities.
- Remember that anyone can develop mental health difficulties. Thus, supporting a culture of wider wellbeing that prevents individuals from developing conditions is as important as helping those with diagnosed conditions.
- Stay calm and be supportive. In a crisis, treat the person as you would treat anyone else. Ask how you can help and where appropriate, look for support.
- Remember that people with certain mental health conditions may not react in a way you consider to be 'rational'. Even if they understand on an intellectual level that a response to a situation does not make logical sense, this does not mean they can simply train themselves not to respond in this way. Think of it as being similar to forms of stress experienced by most people - knowing you can't do anything about a stressful issue doesn't make you any less stressed.
- If someone is off work due to their mental health difficulties, invite them out when social events are taking place. They might decline but will still appreciate being asked.

8. What should I know about neurodivergent conditions or differences to support a positive working relationship?

Neurodivergent conditions include conditions such as autism spectrum conditions (including Asperger Syndrome), dyslexia, dyspraxia and ADHD. They result from different neurological wiring in the brain, and are not ‘illnesses’ – rather, individuals’ brains are simply formed differently. These can bring challenges – e.g., with spelling for dyslexia, coordination for dyspraxia, and adaptability and sensory processing for autism – but can also bring certain advantages – e.g., organisation, pattern recognition, attention to detail, problem solving, creative thinking, etc. Each individual will have very different experiences of these conditions.



Note that many people with neurodivergent conditions prefer not to use the term ‘disabled’, and many, particularly in the autism community, prefer to be called an ‘autistic person’ rather than a ‘person with autism’ because they see their different way of thinking as an integral part of their identity. It is best to ask individuals for their preference in this regard.

- Someone who is neurodiverse in some ways may also be neurotypical in other areas.
- Neurodivergent people know their strengths and their challenges, so do not make assumptions about them.
- Ensure tasks are clear. Provide clear deadlines and avoid the use of metaphors / figures of speech.
- Consider the environment. Certain office lighting may be an issue for some and colored paper may help others with reading. Some individuals may be good at making conversation, but get sensory overload in crowds or large meetings.
- Ensure mental health wellbeing support is neurodivergent-inclusive, as there can be overlap between neurodivergency and mental health difficulties.
- Do not insist on eye contact and understand that communication can occur in many different ways – from spoken to typing to gestures and sounds.
- Learning disabilities can interfere with a person’s ability to receive, express, or process information. Some people do better with verbal explanations and extra time for reading. Someone with an auditory processing disorder may need information demonstrated or in writing. Other people who are neurodivergent may have trouble grasping subtleties.
- If you need to correct someone’s spelling or grammar, be sensitive to the possibility that errors may be as a result of neurodivergency.
- Always ask the individual what help they need.



9. How can I support people with developmental and cognitive disabilities?

- People with developmental or cognitive disabilities may have difficulties with learning, communication, daily living tasks, information processing, social skills, and problem solving. A person can be born with a disability (e.g., Down syndrome), or acquire it later (e.g., a traumatic brain injury, dementia).
- Address the person directly and speak distinctly using uncomplicated language and sentences, rephrase information if it is not understood, and ask short questions to gather information.
- Some individuals may learn in small steps or through repetition, or have a hard time applying what they have learned from one situation to another and may need additional direction. Avoid abstract concepts. Break tasks into smaller parts.
- Remember the person is an adult and can make his or her own decisions.
- Explain any changes in work or routine in advance, when possible. Recognize that a change in environment or routine may require a period of adjustment.
- Encourage natural social relationships among co-workers.

10. What are hidden disabilities?

A person may make a request or act in a way that seems unusual to you. Please be aware that any form of disability can be hidden – even physical disabilities, where the effect is in relation to a non-obvious or non-visible part of the body.

Do not make assumptions. You may give simple verbal directions, but the person may prefer them to be written down. A person may ask to sit, rather than stand. People may require special parking or seating. These requests may be a result of a hidden disability. A person may be fatigued from a condition such as cancer or the effects of medication, they may have a learning disability, or asthma, or a heart condition, or any number of hidden disabilities. Even though these disabilities are hidden, they are real.

Respect the person's needs and requests whenever possible.



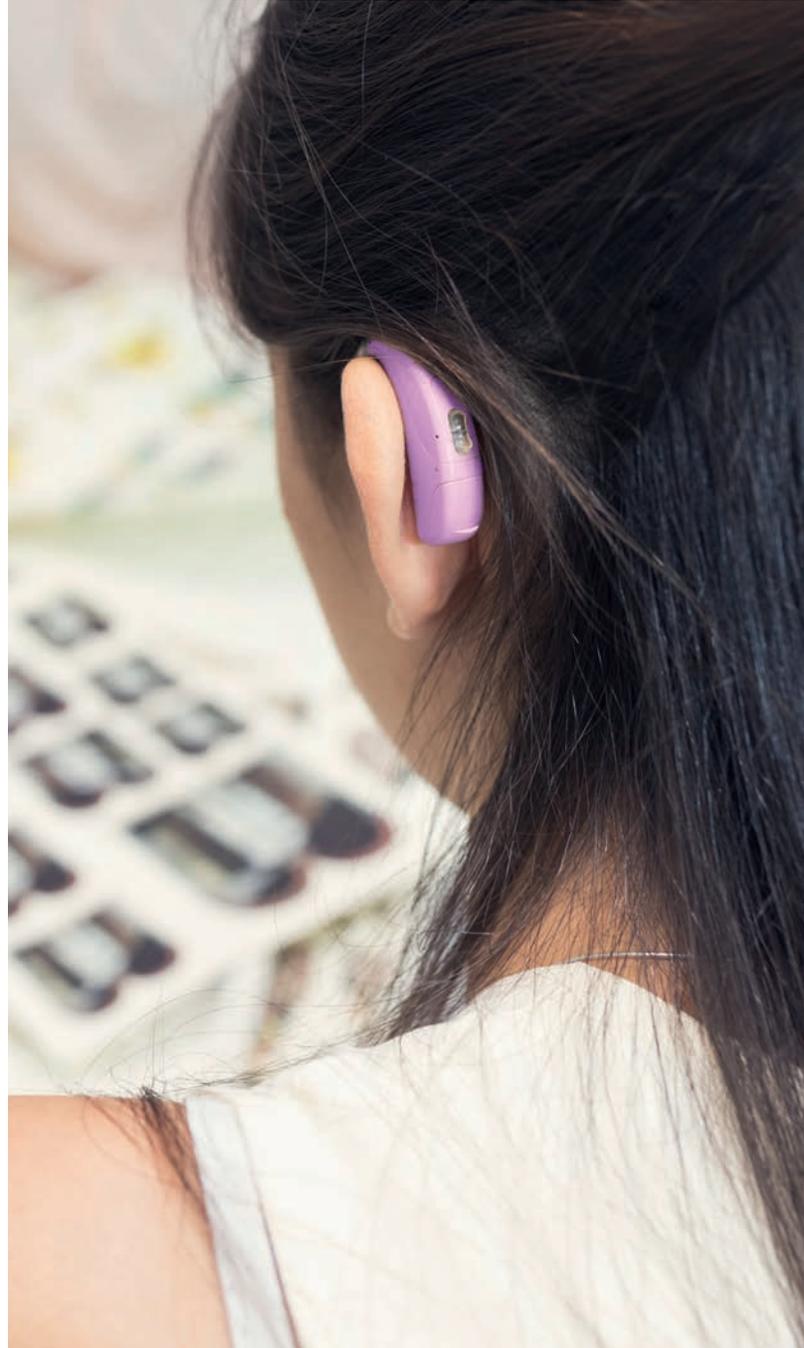
11. What should I do or say when I meet someone with a facial or other physical difference or disfigurement?

A specific group of people who face challenges include people who look different, such as:

- people with facial or physical differences like a cleft palate, cranio-facial disfigurement, burns on their face or body, missing limbs, or a skin condition;
- people who are above or below average height or weight; or
- people who may display visible effects of medication.

They may not be physically limited in their life activities, but may be treated by others as if they have a disability because of their appearance – for example, they may experience people staring, looking away, or treating them as if they are invisible.

- When you meet someone with a facial or other physical difference or disfigurement, try to avoid long stares and never point at them. Greet them in the same way as you would anyone else. If you're unsure of what to do or say, smile or make a friendly gesture.
- Try not to ask 'what happened to you?', or to ask other imposing questions about someone's appearance. Remember, that just like anyone else, people with differences or disfigurements don't owe you their story or an explanation of why they might look different and in some cases, their story may be traumatic for them to tell. It is up to them whether they wish to share it, so take their lead and do not pry.
- Telling someone that you don't see their differences, their scars or their condition when they are obvious should be avoided. Pretending that you don't see an aspect of someone's identity indicates to them that you think this characteristic is negative.



Adjustments and accommodations

Accommodations are, essentially, variations to ways of working which assist people with disabilities to carry out their day-to-day roles to the best of their ability.

They are not about providing advantages to individuals with disabilities, but about removing disadvantages to allow them to work on a level playing field with everyone else. For this reason, and others, you should not assume a 'one size fits all' approach – e.g., giving extra time to complete tasks to every individual who is neurodivergent because people may feel pressured to take adjustments that they do not need.

The starting point should be to encourage the individual to feel comfortable to request the accommodations they need.

Hard Adjustments.

Accommodations that usually come to mind are large, physical changes such as ramps and ensuring buildings are wheelchair-accessible. These are the most commonly thought of hard adjustments. There may be external organisations or government support available in some circumstances that can help put these in place.

Procedural Adjustments.

These are inexpensive and more procedural in nature. For example, someone with autism might need very clear instructions as to what tasks to carry out, in what order, what to focus on – and a clear deadline for tasks. Studies show that procedural accommodations are not just helpful for individuals with disabilities but can benefit everyone.

Soft Adjustments.

A soft adjustment might also simply be staff being made aware of a particular disability (though this should never be done without the individual's consent), or a department choosing to run disability awareness sessions to educate themselves on the barriers people might face, which may not be obvious. These can also be beneficial for staff learning, particularly as they are likely to deal with clients with disabilities.

In Summary

“People with disabilities are individuals with families, jobs, hobbies, likes and dislikes, problems and joys. While the disability is a part of who they are, it alone does not define them. Do not make them into heroes or victims. Treat people as individuals.”

The United Spinal Association



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