

WHAT YOU SHOULD KNOW:

# DISABILITY & ALLYSHIP



# ACKNOWLEDGEMENT OF COUNTRY




This booklet was written on the lands of the Wurundjeri and Bunurong peoples of the Kulin Nation. We pay our respects to the Traditional Custodians and their Elders past and present, and acknowledge that sovereignty of this land has never been ceded. We also acknowledge Traditional Owners across the continent and their ongoing connection to land, sea, and community. This always was and always will be Aboriginal Land.

## MONASH RESOURCES


This booklet is from MSA Disabilities and Carers Department, developed with Respectful Communities, with expert advice from Monash Disability Support Services.

**Respectful Communities** leads education and awareness raising activities to create an inclusive and equitable Monash community.

 (03) 9905 9499


 [respectful-communities@monash.edu](mailto:respectful-communities@monash.edu)

**Disability Support Services** are a team of advisers who ensure that students with ongoing disabilities, medical conditions and mental health conditions are supported and have the resources available to enhance their success.

 (03) 9905 5704

 [disabilitysupportservices@monash.edu](mailto:disabilitysupportservices@monash.edu)

**Monash Student Association's Disabilities & Carers Department** advocates for the rights and needs of students with disabilities and carers. They can help you access further support and run events throughout the year.

 MSA D&C Collective

 @msa.disabilities

### **Why do we need this booklet?**

We want students at Monash University to know that it is okay to talk about their own experiences with disability, and that they will be supported and celebrated for exactly who they are. This booklet has information on support services available at Monash and beyond, and additional resources to continue your learning.

### **A word on language**

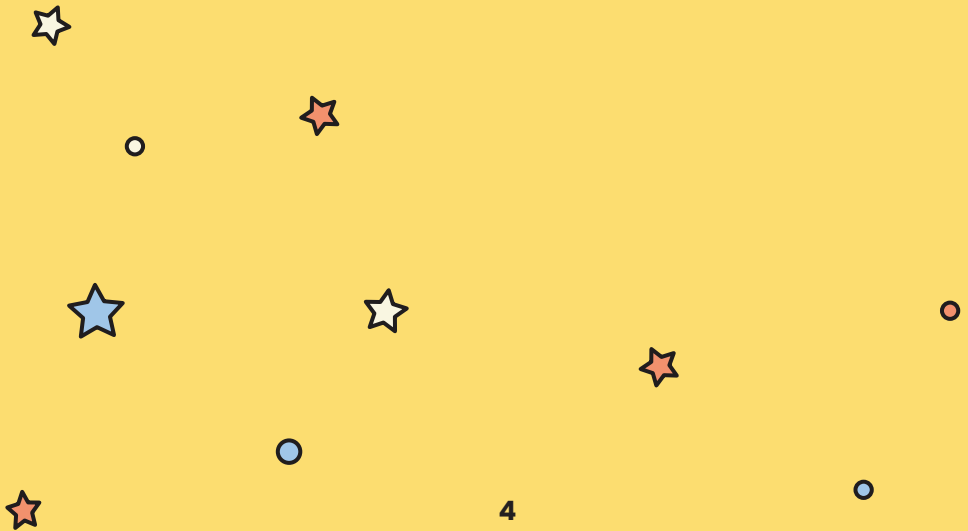
Throughout this booklet we use both person-first (“person with a disability”) and identity-first (“disabled person”) language. This is a deliberate choice to recognise that both terms are used in the disability community. Whilst identity-first language has been historically stigmatised, the community has reclaimed it in recognition that there is nothing wrong with being disabled, and that it is a key part of a person’s identity. Perspectives about language differ across the disabled community. Our advice is to make sure you listen to the individual person that you are speaking to and support their choice of language about themselves. If you make a mistake, apologise, move on and work to change your behaviour. Do not make excuses: disabled people should not feel bad for correcting you in order to make a space safe for themselves.

### **How do we think about disability?**

This booklet embraces the social model of disability, which recognises society as the inhibitor to disabled people. The idea that disability is a problem stems from the medical model of disability, which reinforces ableism. Ableism is the idea that to be a “normal” person you must be non-disabled, and anyone who does not fit that mould has something “wrong” with them. Ableism can exist on individual, community and systemic levels, and is reinforced by a world designed for non-disabled people. It is our hope that this booklet will equip you with the knowledge and skills to address ableism in all its forms, to make our community safe and enjoyable for everyone.

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# STUDYING AT MONASH WITH A DISABILITY

## SHOULD I DISCLOSE MY DISABILITY?

You're not obliged to disclose a disability or medical condition to the University, it all depends on what you feel most comfortable doing. When deciding whether to disclose, keep the following in mind:

- ★ If you do choose to disclose your disability and the impacts it has on your studies, Monash may be able to provide you with support.
- ★ Even if you don't need support services, disclosing your disability when enrolling helps the University develop accurate statistics about students with disabilities at Monash.

Starting university with a disability can be a daunting process, so we've put together this short guide to help you understand what services are available to you.

## WHAT SERVICES ARE AVAILABLE TO ME IF I REGISTER WITH DISABILITY SUPPORT SERVICES (DSS)?

There are lots of different supports available - it depends on what your doctor or health professional recommends. These supports could include:

- ★ Obtaining flexible attendance
- ★ Flexibility with assignment deadlines
- ★ Access to class transcripts
- ★ Access to a motorised scooter to get around campus
- ★ Exam support
- ★ Access to assistive technology rooms and/or resting rooms

# HOW CAN I REGISTER?

**There are a few steps to keep in mind when registering for support.**  
Call Disability Support Services on (03) 9905 5704 if you have any questions.

## Download the registration form, available on the DSS website

To become registered with DSS, you will need a doctor or health professional to sign a form outlining what assistance you need. You can provide this form physically, or online via the DSS website.



## Obtain the relevant evidence If you have a disability:

Talk to your doctor about what you will need. Your doctor needs to outline what your condition is, how it may affect your study and what adjustments you may need. This can include things like breaks during exams, having additional time to complete assignments or having Closed Captioning on lecture videos.

## If you are a carer:

Talk to the qualified health professional that is treating the person you care for, to fill out a Carer Registration form.



## Book an appointment with a DSS Advisor.

You can do this online! Go to the DSS website and book an in-person or virtual 30 minute consultation. An advisor will help you obtain the right accommodations, and explain how you can access them.



## You're now registered, what comes next?

You can now talk to your Unit Coordinator or Tutor about how you can best be supported during class. Your DSS registration will be accessible to the Faculty in Moodle. The Faculty can see the support recommended, not the reason why you are registered. You can direct Unit Coordinators or Tutors to your DSS advisor for any questions or assistance.

# WHAT IS SPECIAL CONSIDERATION?

If you can't complete an assessment due to exceptional circumstances, you can apply for Special Consideration to obtain an extension. Students who request an extension are advised to comply with relevant procedures before the due date of the assessment. If you are registered for support with DSS, in most cases you won't need to provide supporting medical documentation. Students who are not registered with DSS when applying for Special Consideration will need to supply evidence.

You can apply for Special Consideration via the online special consideration form or through a Unit's Special Consideration tab in Moodle.

If you are unsure about your eligibility for Special Consideration, you can contact a DSS advisor via the below details. You have up to two University working days after the due date to apply for Special Consideration.



**(03) 9905 5704**



**disabilitysupportservices@monash.edu**

# CAN MY UNIT COORDINATORS AND TUTORS SEE MY REGISTRATION DETAILS?

To ensure effective communication between teaching and faculty staff and students, DSS can share Alternative Arrangements for Assessment (AAA) or Special Consideration information (not health information) regarding students currently registered with them to the relevant academic & faculty staff members (with the student's permission).



# MONASH COUNSELLING SERVICES

Monash students have access to free counselling at the Monash University Health Services. To book an appointment:

- ★ If you are a student currently in Australia: call (03) 9905 3020
- ★ If you are a student currently outside of Australia: email [counselling-clayton@monash.edu](mailto:counselling-clayton@monash.edu)

If you are living outside Australia, you can also have a **single-session** counselling appointment by phone. This service is available 24/7.

- ★ From Malaysia: 1800 818 356 (toll free)
- ★ From Italy: 800 791 847 (toll free)
- ★ From elsewhere outside Australia: +61 2 8295 2917

If you are living in Australia, you can also talk to your GP about creating a Mental Health Treatment Plan. This is written by your doctor, and outlines how your mental health condition will be managed. If you have Medicare, the Treatment Plan entitles you to 20 subsidised sessions with a psychologist, occupational therapist or social worker. If you have Overseas Student Health Cover (OSHC), depending on the provider, you may be able to claim some of the cost, contact them to find out more.

## ACCESSIBLE ENTRANCES, LIFTS AND TOILETS



Accessible car parking, lifts and toilets can be found using **Mazemap**, a platform supported by the University. There is no sign-in required, anyone can install them and use them to find accessible features on our campuses.



**Mazemap**  
website



# OTHER ACCESSIBLE FEATURES

## **Accessible library facilities**

<https://www.monash.edu/library/help/disability>



## **Accessible parking**

<https://www.monash.edu/about/our-locations/transport-parking/parking/accessible-parking>

## **Hearing augmentation**

<https://www.monash.edu/disability/services-for-students/hearing-augmentation>



## **Accessible accommodation**

<https://www.monash.edu/accommodation/accommodation/accessible-accommodation>

## **Resting Rooms**

[https://www.monash.edu/students/support/disability/services-for-students#tabs\\_\\_1335666-02](https://www.monash.edu/students/support/disability/services-for-students#tabs__1335666-02)



# NEURODIVERGENCE

## WHAT IS THE DIFFERENCE BETWEEN BEING NEURODIVERSE AND NEURODIVERGENT?

Neurodiversity refers to the idea that brain differences are a normal part of human diversity. It contributes to explaining the ways in which learning ability, sociability, mood, attention, and other mental functions are different for each person.

Being neurodivergent, on the other hand, is a term often used to describe people whose brain function may be considered different to what is considered typical or standard. It was a term first developed to symbolise group identity and a growing movement of inclusivity for neurodiverse people. Neurodivergence includes a range of experiences and conditions. You may have heard of the following conditions which are part of the neurodivergence umbrella:

- ★ Autism
- ★ Attention Deficit Hyperactivity Disorder (ADHD)
- ★ Dyslexia
- ★ Obsessive Compulsive Disorder (OCD)
- ★ Tourette's Syndrome

## WHAT DOES IT MEAN TO BE NEURODIVERGENT?

There is no single experience. People who are neurodivergent may have different and intersecting experiences, and it's important not to confine anyone to a definition.

For some neurodivergent people it may be difficult to self-regulate emotions or executive function, whilst others may find social situations challenging

or take longer to process verbal information. The best way to learn about the neurodivergent experience is to listen to and read about different experiences and challenge your own biases.

Part of the experience of being neurodivergent can involve facing stigma from society attached to the particular condition. The severity of this stigma will vary in different parts of the world, and conditions may be classified differently. At Monash, we are aware of this diversity of experience, and we want students to feel comfortable in sharing who they are and to know that they will be supported and included in our community.

## **I'VE HEARD THE TERM 'NEUROTYPICAL' A LOT. WHO DOES THIS TERM REFER TO?**

Basically, it's what is considered the "normal" experience. Whilst it's important not to assume everybody functions in the same way, being neurotypical pretty much means you do not have the traits of a neurodivergent condition.

Neurotypical individuals can sometimes think that their experience of the world is the only one, but it's important to consider that some people will view and interact with the world differently, and you should be accepting of these differences.

## **MY FRIEND HAS RECENTLY TOLD ME THAT THEY ARE AUTISTIC. IS THERE SOMETHING I SHOULD BE DOING TO SUPPORT THEM?**

First things first, it's always important to consider the way we approach providing support to our disabled friends. As an ally, it is not your place to give support unless your friend has asked for it, or you have offered and they have said yes.

Secondly, if you want to be a good friend to your autistic pal – consider doing your research beforehand, keeping in mind that every autistic person is different. Ask them if there is anything you can do within your friendship to make them feel comfortable, but don't make assumptions about your friend's capabilities.

# **IF AUTISM IS A SPECTRUM, THAT MEANS EVERYONE IS A LITTLE BIT AUTISTIC RIGHT?**

Nope! Autism is a condition that affects how a person can think, feel and interact with others and the world around them. It is a lifelong disability. The autism spectrum is not a linear scale of “not very autistic” to “very autistic”. The autism spectrum refers to the diversity of traits of autistic people. By saying everybody is a little bit autistic, we actually diminish the lived experience of autistic people.

## **ARE LABELS HELPFUL OR HARMFUL?**

You know yourself best, and you can decide how you would like to talk about your own experiences. Whilst the language used for certain conditions may differ based on geographical, social, cultural or economic contexts, we think it is best that you use the terminology that feels right for you. You can choose if, and when, you use a label or term for your own experience, and it is important to respect the language others use to describe themselves and their experiences.

As an example, you may have heard of functioning labels- where someone with autism is labelled as high-functioning or low-functioning. Whilst this may seem helpful for people who lack an understanding of autism, it can reduce people’s nuanced and varying experiences into an over-simplified and ableist binary. Rather than thinking about autism as a spectrum of low functioning to high functioning it is better to think of it as a colour wheel of support needs, with every autistic person having unique support needs such as sensory needs or verbal communication.

## **I'VE HEARD LOTS OF PEOPLE ARE GETTING ADHD DIAGNOSES, IS THIS JUST A NEW TIK TOK TREND?**

Not exactly. ADHD is a disorder that has previously had lower rates of diagnosis—especially in young women.<sup>1</sup> Tik tok has raised awareness for a number of neurodevelopmental disorders, resulting in greater numbers of individuals seeking diagnosis. It is encouraged that individuals seek professional advice to prevent misdiagnosis, as the advice provided on social media isn't always correct.

The experience of ADHD is very diverse but can look like: difficulty concentrating, excessive talking and interrupting during conversations, difficulty regulating emotions or thought patterns, and executive dysfunction.

## **SOMETIMES I SAY I'M 'A LITTLE BIT OCD' WHEN IT COMES TO ORGANISATION BUT SOMEBODY TOLD ME THAT THIS IS HARMFUL. IS THIS TRUE?**

Yes! We often talk about Obsessive Compulsive Disorder (OCD) as colour-coding the clothes in your wardrobe, or lining up the pencils on your desk. Whilst it can be this, OCD is more diverse than many people realise and can be far more consuming and debilitating than the stereotypes suggest. OCD often involves undertaking obsessive checking behaviours.<sup>2</sup>

It can also involve having intrusive thoughts, which can be distressful to the person who is experiencing them. These might be thoughts such as obsessively worrying that your partner will be in a fatal car crash today, so you suffer extreme anxiety until the moment they arrive home. Having these intrusive thoughts can cause great impairment to a person's capacity to be productive or experience joy. When someone says they are "being a little OCD", it can feel as though the experiences of a person with clinical OCD are being minimised to something trivial, rather than something that has a huge impact on their everyday life.

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<sup>1</sup> Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD). *Women and Girls*, <https://chadd.org/for-adults/women-and-girls/>.  
<sup>2</sup> Beyond Blue, *Obsessive Compulsive Disorder*, <https://www.beyondblue.org.au/the-facts/anxiety/types-of-anxiety/ocd>.

# WHAT DOES IT MEAN TO “MASK” YOUR NEURODIVERGENCE?

Sometimes a person may feel like they need to hide their neurodivergent behaviours. This is called masking (or hiding). It is a social survival strategy that a neurodivergent person may use to try to appear neurotypical. A person may feel like they need to mask for friendship or safety reasons.

Masking can be a very tiring process, and be taxing on mental and physical health. A neurodivergent person may begin the process of ‘unmasking’ and begin to display behaviours that were once hidden. It is important to support a neurodivergent person in this process and not label any behaviours such as stimming as weird or undesirable. This is why understanding neurodivergence is integral to destigmatising these experiences.

# WHERE CAN I FIND NEURODIVERGENCE DEPICTED IN POPULAR CULTURE?

Neurodiversity is often depicted in popular culture and there are many TV shows and movies such as *Forrest Gump*, *Atypical* and *The Good Doctor* that depict autistic and neurodiverse characters. However, these characters are played by neurotypical and non-autistic actors, and quite often only depict the white, male experience of autism through a neurotypical lens. Representation of neurodivergent characters played by neurodivergent actors is limited, and highlights why neurodiversity should be more than a plot point.

TV shows with greater representation include *Everything’s Gonna Be Okay*, which include autistic character Matilda, played by autistic actor Kayla Cromer. This TV show navigates autism, sexuality, parenthood and adolescence, and was written by Josh Thomas, who was later diagnosed with autism himself. Alongside this, comedian Hannah Gadsby’s latest comedy special, *Douglas*, discusses her autism diagnosis and explores a neurodiverse way of thinking when performing comedy. Representation of other forms of neurodivergence, such as OCD and ADHD, are fairly limited in popular culture. *ADHD: Not Just For Kids Anymore*, is a great documentary, and a modern explainer for ADHD in adults.

# INVISIBLE DISABILITIES AND MENTAL HEALTH CONDITIONS

Our society has a very narrow perception of what it means to be disabled, and the stereotypical image of a disabled person is someone with an acute physical disability. However the experience of disability is much more diverse and common. In fact, 1 in 6 people in Australia right now have a disability,<sup>3</sup> and 90% of these people have what is called an invisible disability.<sup>4</sup>

Invisible disabilities is an umbrella term that denotes any physical, mental, or emotional condition that cannot necessarily be seen, and so are generally not noticed by wider community members. Examples of invisible disabilities include Cystic Fibrosis, Endometriosis, Borderline Personality Disorder (BPD), Attention-Deficit/Hyperactivity Disorder (ADHD), Post Traumatic Stress Disorder (PTSD), chronic fatigue and chronic pain.

## HOW DO MENTAL HEALTH CONDITIONS RELATE TO UNDERSTANDINGS OF DISABILITY?

Technically, mental health conditions fall under the definition of disability under the Disability Discrimination Act. However, whether a person with a mental health condition identifies as having a disability is completely their choice. Some people with mental health conditions recognise themselves as being a part of the disability community, and some identify as being outside of, but closely connected to, the disabled community. At Monash, DSS will support anyone with a disability, medical or mental health condition.

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<sup>3</sup> Australian Institute of Health and Welfare, *People with Disability in Australia* (2020), <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/people-with-disability/prevalence-of-disability>

<sup>4</sup> Aruma, *5 things about invisible disabilities you need to know*, <https://www.aruma.com.au/about-us/blog/5-things-about-invisible-disabilities-you-news-to-know/>.

# IF YOU HAVE AN INVISIBLE DISABILITY OR MENTAL HEALTH CONDITION, ARE YOU REQUIRED TO DISCLOSE THIS TO AN EMPLOYER?

There is no legal requirement to disclose your disability to an employer. Whether you disclose your mental health condition or invisible disability to your employer depends on what you feel comfortable with, and whether you feel it is necessary. For example, you may wish to disclose your condition to your employer if you require any reasonable adjustments, like flexible working hours to take rest breaks, or a height-adjustable workstation to allow you to alternate between sitting and standing at your desk.<sup>5</sup>

## THE PARTICULAR EXPERIENCE OF HAVING AN INVISIBLE DISABILITY

Compared to having a visible disability, having an invisible disability can come with both advantages and disadvantages in our ableist society. A person with an invisible disability is able to pass as a non-disabled person, and so has the privilege of not immediately being stigmatised by an ableist society. However, this also means that often people with invisible disabilities and mental health conditions have to prove their conditions to an ableist society. This lack of visibility comes with its own challenges.

**When my depression mushrooms, I shun invisibility; I walk so close to buildings that my shoulder becomes dirty. Because my intermittent disability is invisible, in the thick of it I have often felt compelled to make myself invisible. I neither anticipate nor receive public compassion.**

Andrew Solomon

<sup>5</sup> For more information, visit the Victorian Equal Opportunity & Human Rights Commission, *Disability and the Workplace*, <https://www.humanrights.vic.gov.au/for-individuals/disability-and-the-workplace/>.

# COMMUNICATING ABOUT A MENTAL HEALTH CONDITION WITH YOUR FAMILY, FRIENDS AND COMMUNITY

Our level of mental health literacy and ability to talk comfortably about mental health conditions can vary based on our own background and life experiences. It can feel really hard to talk openly about your experiences with the people that you care about. You can choose who you disclose to and when you disclose. When you register with Disability Support Services, they will not disclose your disability to others (such as your family or friends), and it is not recorded on your academic record. Mental health professionals, including the counsellors here at the Monash University Counselling Services, are required to keep information disclosed to them confidential, unless it poses a significant risk to you or someone else. If you have any concerns about this you can speak to your individual counsellor. Your counsellor can also help you to develop strategies to talk to your family, friends and community about your mental health condition, if you would like to do so. If you are an international student, you may also wish to identify who can be of assistance to you when you are not in Australia. If you take medications, it may also be helpful to speak to a GP about what options are available and accessible outside of Australia.

# INTRODUCING ALLYSHIP

Allyship is when people from a non-marginalised group provide support to people of a marginalised group. Allies have a level of privilege. When we talk about privilege here, we mean certain advantages or immunities available to allies, on the basis of their non-disabled identity in an ableist society. Allies can leverage this privilege to create change and address the marginalisation of others. The concept of allyship is often used in conversations about gender equality, racial justice, LGBTIQ+ rights and it is also used in the disability space. In this section, we want to talk about what being a genuine and effective ally means and how we can take action to tackle ableism in our Monash community.

## WHAT DO WE MEAN WHEN WE TALK ABOUT BEING AN ALLY?

**I'd like to hear people owning their privilege and considering it "everyone's work" to tackle ableism. I'd like to hear discussion about what it takes for us to value and recognise disabled people as humans worth valuing, as citizens- our peers, family, lovers, colleagues, friends.**

Ellen Fraser-Barbour

# ALLYSHIP STRATEGIES

1

## Reflect on your why

It's time to ask the important question: why are you an ally?

Reflecting on your reasons is really important. We would love for you to be an ally to the disabled community, but we want to ensure that disabled voices aren't being lost in the process. As disability advocate Andrew Pulrang says, "it's far too easy for well-meaning non-disabled people to stray into the role of rescuer".<sup>6</sup>

So remember, people with a disability are in control of their own lives and choices, and your role is not to speak for them, but create spaces to uplift their own narrative.

2

## Centre the experience of the disabled person

This strategy speaks to the fact that disabled people are the authors of their own stories. So, let's make sure your actions are reflective of this.

In practice, this can look like:

- ★ Supporting and promoting the voices and work of disabled students. At Monash, this can mean amplifying the voices of the MSA Disability and Carers Department.
- ★ Prioritising and recognising the ideas and perspectives of people with a disability, even if as an ally you don't always understand or agree with them.
- ★ When you are talking to a disabled person, speak to them. Don't speak to their friend, family member or carer about them. Disabled people have autonomy over their lives, and conversations about their lives.

<sup>6</sup> Andrew Pulrang for Forbes, *3 Ways Disability Allyship Can Go Off Track*, <https://www.forbes.com/sites/andrewpulrang/2021/04/14/3-ways-disability-allyship-can-go-off-track/?sh=103bfb257a81>.

### 3

## Recognise the diversity of lived experience of disability

**Understand that my experiences as a disabled woman are just that, mine.**

Hannah Diviney <sup>7</sup>

Although we use the term disability as an umbrella term, each disabled person has their own unique experience of disability. Even in making this booklet, we are not claiming to be experts on all things related to disability. Within the disabled community there will be diverse and contradictory feelings, understandings and opinions- just as there is in any community setting.

### 4

## Be prepared to be corrected, and create space in the conversation

As a non-disabled person, you have a level of privilege that disabled people don't have, because of systemic ableism. What should you do with this privilege?

- ★ Create space for disabled people to lead conversations about disability
- ★ Consider and improve the accessibility of the physical and virtual spaces you are in
- ★ Be conscious of using appropriate language, and encourage others to do the same

<sup>7</sup> Hannah Diviney for ABC Everyday, *Being an Ally to People with Disabilities* (2020), <https://www.abc.net.au/everyday/being-an-ally-to-people-with-disabilities/12684064>.

## 5

### **Avoid sensationalising or dramatising the experience of disabled people**

Approximately 1 in 6 of us in Australia identify as disabled.<sup>8</sup> So let's talk about disability as the common experience that it is. Whilst we celebrate the achievements of people with a disability, we should focus on what exactly is being celebrated: the achievement. Focusing on the disability implies that disabled people are less capable, and so it is a 'surprise' when disabled people excel. Disabled people are brilliant, capable and resilient human beings. But this brilliance should just be recognised as a part of everyday life.

## 6

### **Be an Active Bystander: Call out ableism**

**Name it when you see it. Call it out.**

**Question it.**

**Recognise ableism as a human rights issue.**

Ellen Fraser-Barbou

As an ally, you can address ableism in our community through being an active bystander. An active bystander is a person who takes action when they see or hear something inappropriate. The Respectful Communities team promotes four key active bystander strategies that you can implement: Direct, Distract, Delegate and Debrief. The strategy that you use depends on what you feel comfortable with and the risk of violence to you if you intervene. Make sure to never put yourself in harm's way. All that matters is that you are doing something to address the issue.

<sup>8</sup> Australian Institute of Health and Welfare, *People with Disability in Australia* (2020), <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/people-with-disability/prevalence-of-disability>.

## **Direct**

Being direct involves talking to the people involved about what has happened, and directly calling out the inappropriate behaviour. The next time you hear an ableist comment like “that’s a bit OCD of you”, you can question why the person has said that, or state that they shouldn’t joke about a medical condition and help them reconsider their comment. We acknowledge that this is a very brave strategy to implement, and we understand that you might not always feel comfortable in doing so—especially if there is a power imbalance involved. In this circumstance you can still use the other strategies to be an ally!

## **Distract**

The distract strategy involves causing a distraction, so that the attention is moved away from the person experiencing the problematic behaviour, and the active bystander can make sure that they are okay. This method is often used prior to using an additional strategy, for example delegate or debrief, depending on what the person who experienced the behaviour would like to do next.

## **Delegate**

The delegate strategy can be used when as an active bystander you do not feel equipped or knowledgeable enough to intervene, or intervening would put you at risk. In these situations, you can escalate the situation to appropriate and professional support, for example, to Monash Security or the Safer Community Unit.

## **Debrief**

Debriefing involves creating a safe and comfortable environment for the person who experienced the problematic behaviour, to talk about their experience. During Debrief, you can also refer to support services, such as

# ACCESSIBILITY

**This isn't just a space where everyone is welcome, this is a space where you were thought of**

- ★ Universal design is a concept that aims to foster environments that can be used by all people, to the largest extent possible, without any adaptation or specialised accommodations. Creating accessible environments and running accessible events means that disabled people know they are seen and heard, and that the disabled community has been actively thought of in the planning process.
- ★ Making events accessible is part of creating an inclusive and welcoming space that actively tackles ableism, global inaccessibility and environmental barriers that prevent people with a disability from actively participating in society.
- ★ Accessibility is a **process and not a project**: it is an ongoing process of inclusion. Organisations/event planning should be continually reviewed and evaluated for best practice.

# ACCESSIBLE EVENTS CHECKLIST

## General Considerations

Embed accessibility from the beginning, rather than trying to add in inclusive initiatives later on:

- Are you making a conscious effort to speak clearly, and avoid the use of slang and colloquial language?
- Do you need to provide an Auslan interpreter?
- Are you aware of any accessibility requirements of your attendees, and has this information been identified in the registration process?
- Can everyone participate equitably in the event (for example, in interactive activities)?
- Does everyone have the technology they need to participate?

## In-Person Events

### Physical Space

- Are participants able to enter the venue in an accessible manner (for example, are there appropriate entrances, lifts, ramps, corridor widths and automatic doors)?
- Are there bathroom facilities nearby that are accessible from the venue?
- Is the venue easily accessible via public transport?
- Is management of the venue understanding of Australian laws regarding service animals?
- Are there accessible, quiet and private spaces nearby for participants to take a break if they need to?
- Are your table heights suitable for wheelchair users and people of short stature?

## Sound

- Would any acoustics of the venue or surrounding noise potentially interfere with the event?
- Do you have adjustable height microphones?
- Is a hearing loop available?

## Catering

- Are the meals easy to eat, and not requiring a high level of fine motor skills?
- Are the meals clearly labelled?
- Are you catering for all dietary requirements?

## Virtual Events

- Have you made clear that participants are able to turn their camera off, and/or take a short break if they need to rest?
- Have live captioning services been provided?

You can check with DSS or your faculty about the best options. These may include:

- Ai-Media.
- Microsoft Teams
- Zoom, with additional licencing. Staff members of Monash University are able to have captioning added to their Zoom account if they email E-Solutions.

## Accessible communications

- Is the information provided via multiple means of representation, for example through a variety of formats (electronic, verbal, through diagrams)?
- Are multiple means of engagement available, to cater to different learning formats?
- Do the communications use plain language?
- Have images been described and transcripts provided for videos?
- Have colour contrasts been used?
- Is the font size appropriate and readable?
- Do the communications cater to keyboard or speech only use?

### **Need further advice on ensuring your event or activity is accessible?**

You can contact DSS, MSA Disabilities and Carers or Respectful Communities.

**Keen to keep learning? Check out our Resources List**



