

TEAM W: THAT EVERY ABILITY MAY WORSHIP



MINISTRY HANDBOOK

Seventh Roman Catholic Edition

“Whether our disabilities are visible or not, we all have them.”

Henri Nouwen
The Vulnerable Journey*

DEDICATION

This resource is dedicated with gratitude to the late Cardinal Joseph Bernardin and Father Henri Nouwen who inspired the TEAM W Ministry at the Pathways.org That All May Worship Conference on April 22, 1996, to the late Cardinal Francis George, Archbishop of Chicago, for his support and leadership, to Cardinal Blasé Cupich for his desire to renew the legacy of his predecessors by making access, welcome and belonging part of the very fabric of the Roman Catholic Archdiocese of Chicago, to the Pathways.org TEAM W Round Table of Advisors for their guidance and to the pastors and TEAM W Ministers who work to make their parishes accessible and welcoming to parishioners of all abilities.

ACKNOWLEDGEMENTS

We wish to thank Grace Harding, former director of the Department for Persons with Disabilities, Diocese of Pittsburgh, Pennsylvania and the Diocese of Allentown, Pennsylvania for sharing their Parish Advocate Handbooks. Their publications acknowledged the following: Eastern Paralyzed Veterans of America, National Catholic Partnership on Disability, National Pastoral Life Center, Diocese of Wichita, Diocese of Boston, Liberty Resources, Research and Training Center on Independent Living.

ON THE COVER

The Icon of the Holy Trinity by Rublev is based on the story of Abraham’s hospitality to three angelic figures at the Oak of Mamre (Genesis 18:1-8). It is a source of meditation on the Blessed Trinity, on hospitality and on welcoming the stranger.

Father Henri Nouwen describes the Icon of the Trinity as an invitation to know God, not through our intellect, but through our hearts. Nouwen observes that the icon beckons us to enter a house of love that “embraces everyone who wants to dwell there.” The icon extends beyond the Divine Image to the viewer. The icon invites the viewer to join the three figures at the table. We are all welcome to take our place. We all belong at the Table.

Source: *“Behold the Beauty of the Lord: Praying with Icons”* by Henri J.M. Nouwen, Ave Maria Press, Notre Dame, Indiana, 2007.

**View The Vulnerable Journey video online at www.team-w.org.*

TABLE OF CONTENTS

INTRODUCTION	4
OVERVIEW OF TEAM W	5
THEOLOGICAL FOUNDATION OF THE TEAM W MINISTRY	9
GETTING STARTED WITH YOUR TEAM W MINISTRY	27
AFFIRMATION, COMMUNICATION AND ACCESSIBILITY	47
AFFIRMATION	49
COMMUNICATION	51
ACCESSIBILITY	56
TEAM W MINISTRY TOOLS	63
PATHWAYS.ORG TEAM W AWARDS	73
TEAM W MONTH	77
WELCOMING PARISHIONERS OF ALL ABILITIES	87
TIPS FOR WORKING WITH INDIVIDUALS OF VARYING ABILITIES	95
HEARING LOSS	96
INTELLECTUAL DISABILITIES	99
AUTISM AND PERVASIVE DEVELOPMENTAL DISORDER	101
VISION LOSS	102
MENTAL ILLNESS	113
RECOURCES IN THE ARCHDIOCESE OF CHICAGO	117
STATE AND NATIONAL DISABILITY RESOURCES	121
INDEX OF TERMS	123
ABOUT PATHWAYS.ORG TEAM W	124

INTRODUCTION

This comprehensive manual offers practical help to start and maintain a TEAM W Ministry in a parish setting. The history and purpose of the TEAM W Ministry along with theological and scriptural foundations and church documents provide useful background information. TEAM W Ministry recruitment materials, worksheets and surveys in the areas of affirmation, communication and accessibility assist with removing barriers to participation that can prevent parishioners of all abilities from feeling they belong in the faith community. Educational information about specific disabilities and respectful terminology is also provided. Finally, information on the annual TEAM W and Junior TEAM W Awards with grants of up to \$1,000 for access projects and ideas for observing TEAM W Month are included.

FROM INCLUSION TO BELONGING

Current research in neuroscience and psychology shows that the need to belong is a basic human characteristic. Belonging goes beyond providing access and inclusion. Inclusion implies that we are welcoming individuals who happen to have disabilities as outsiders into our elite group. Belonging means that this church is as much your place as it is mine. Belonging means that every parishioner belongs just as they are. As our parishes become places of belonging, individuals with disabilities and their families no longer have to ask for the supports that allow them to participate. Instead parish leaders greet them with, “What can we do to welcome you and your family into our faith community?” With this question we encounter parishioners who happen to have disabilities as Jesus did: being present and responding to individual needs. In doing so, our church communities are forever transformed by these holy encounters.

FORMING A TEAM W MINISTRY FOR YOUR PARISH

Since 1996 TEAM W (formerly Open Hearts, Open Minds, Open Doors and Inclusion In Worship) has provided interfaith educational materials about intentionally welcoming worshippers of all abilities. Worshippers of all abilities feel they belong to the community when the parish and its people extend open arms to individuals of all abilities, choose words that promote dignity and respect, remove physical barriers by using “universal design” to make buildings more accessible for everyone and make worship services and religious education accessible to all. A parish TEAM W Ministry of committed individuals, including worshippers with disabilities, can guide the parish in accomplishing these goals. We hope your parish will take up, with renewed spirit, a TEAM W ministry and move from inclusion to belonging.

OVERVIEW OF TEAM W

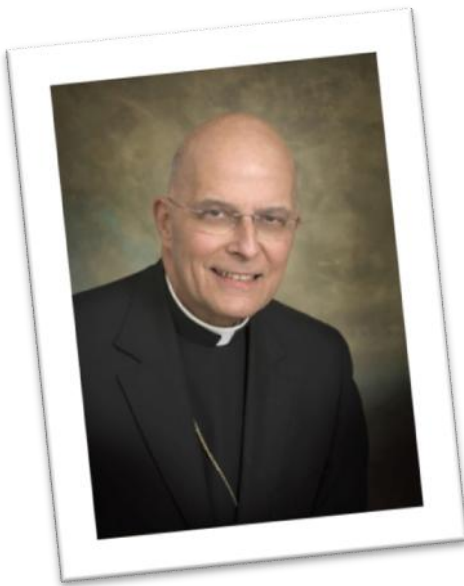
HISTORY OF TEAM W: That Every Ability May Worship

Cardinal Joseph Bernardin and Father Henri Nouwen generously gave their insight and guidance to the Open Hearts, Open Minds, Open Doors movement, which was inaugurated at St. Monica's Catholic Church on April 22, 1996 at the That All May Worship Conference sponsored by Pathways.org in partnership with the Archdiocese of Chicago. Cardinal Bernardin called the conference in response to a youth's unfulfilled desire to serve as an altar server. His parish leaders did not know how to include him because



he used a walker and the altar was not accessible. Parishioners of all abilities, including this young man, inaugurated their liturgical ministries at the Eucharist at the historic conference on inclusion. After the conference, at Cardinal Bernardin's request, Pathways.org created the *Open Hearts, Open Minds, Open Doors* video and Idea Guide. In both publications practical ways congregations can involve worshippers with disabilities are presented. Before his death, Cardinal Bernardin also inaugurated Inclusion Awareness Day, an annual event in parishes to keep inclusion on the forefront of parish life.

Cardinal Francis George gave his blessing to the Open Hearts, Open Minds, Open Doors movement and the annual celebration of parish Inclusion



Awareness Days in 1997. In 1998 the annual Open Hearts Awards cash grants were funded by Pathways.org to support parish access projects. IN 1999 the Different Gifts, But the Same Spirit lesson plans were created to involve students in schools and RE Programs in inclusion efforts. In 2001 Cardinal George called for parish Inclusion Representatives to assist pastors with implementing the newly named Inclusion In Worship Ministry. Pathways.org coordinated the efforts of over 200 Parish Inclusion Representatives. Inclusion Representatives, under the direction of their pastors, reached out to welcome and include parishioners of all abilities, coordinated their

parish's annual Inclusion Awareness Day and submitted nominations for Pathways.org TEAM W Awards.

Cardinal Blase Cupich has renewed Inclusion In Worship as **TEAM W: That Every Ability May Worship with a shift in focus from inclusion to belonging for parishioners of all abilities.** Parish TEAM W Ministries are encouraged and parishes, schools and faith formation programs are encouraged to celebrate the expanded TEAM W Month in August (or another, more convenient month for the parish). Schools and faith formation programs are encouraged to utilize the TEAM W and TEAM W Junior Awards for projects that convey as sense of *belonging* for parishioners of all abilities.



TEAM-W ROUND TABLE OF ADVISORS

The activities of the TEAM W Ministry are guided by an interfaith Round Table of clergy and lay advisors from the Chicago area.

- Reverend Jeremiah Boland, Pastor, Our Lady of Perpetual Help, Glenview, IL
- Very Reverend John Canary, Retired Vicar General, Roman Catholic Archdiocese of Chicago, IL
- Mrs. Kelly Horne, TEAM W minister, Ss. Faith, Hope and Charity, Winnetka, IL
- Reverend Tom Hurley, Pastor, Old St. Patrick's, Chicago, IL
- Reverend David Jones, Pastor, St. Benedict the African, Chicago, IL
- Reverend Martin O'Donovan, Pastor, Ss. Faith, Hope and Charity, Winnetka, IL
- Reverend Donald Senior, President Emeritus, Chancellor and Professor of New Testament Studies, Catholic Theological Union, Chicago, IL
- Reverend Kenneth Simpson, Archdiocese of Chicago Vicar for Professional and Pastoral Development of Priests
- Monsignor Kenneth Velo, Senior Administrator for Catholic Collaboration, DePaul University, Chicago, IL
- Reverend John Wall, President, Catholic Extension Society, Chicago, IL

“The parish is a beacon of faith and an advocate for justice and peace, reaching out in love to all ...”

**Blase Cardinal Cupich
Archbishop of Chicago
Renew My Church
February, 2016**

THEOLOGICAL FOUNDATION OF THE TEAM W MINISTRY

THE VULNERABLE JOURNEY

Father Henri Nouwen laid the spiritual and theological foundation for the TEAM W ministry with his keynote address *The Vulnerable Journey** at the 1996 Pathways.org That All May Worship Conference. In his moving and personal talk, Nouwen explains lessons he learned while living in a L'Arche community in Toronto Canada and caring for Adam, a man with significant disabilities. Adam taught Henri that one's ability to give and receive love is what makes us truly human and that being able to walk or talk or eat by yourself or give lectures is not a criterion for the ability to love. Adam helped Henri to realize that the vulnerable Jesus and the most vulnerable members of our worshipping communities belong at the center of the Eucharist and the center of church life. The gifts of individuals with disabilities, especially those with significant disabilities, can transform our communities of faith. It is in recognizing our mutual vulnerabilities that we form a community of love and draw closer to God. If we fail to recognize the gifts of the most vulnerable in our worshipping communities, the church becomes an organization of power and manipulation. To prevent that, our local churches must stay grounded in the realization that we all have disabilities and we are closest to God when we are willing to be vulnerable.



“You have to rediscover that the church is a fellowship of the weak, that the church is a place where God shows his unconditional love through poverty, the poverty of Jesus and the poverty of the followers of Jesus, and that the most poor and the most weak belong right in the center, right in the heart.”

Henri Nouwen
The Vulnerable Journey*

* View *The Vulnerable Journey* online at www.team-w.org.

SCRIPTURAL FOUNDATION

All Christian Ministry is based on the ministry of Jesus. There are over twenty-five accounts of Jesus reaching out to people with disabilities in the New Testament. In these stories, we see Jesus' special concern for people with disabilities and his desire to restore them to the community. Jesus' caring attitude toward individuals with disabilities affirmed their dignity and worth. As TEAM W Ministers we follow Christ's example of ministry when worshippers of all abilities are offered the same respect and opportunity to participate and accommodations are provided. These actions convey that parishioners of all abilities truly belong to the parish community.

If we examine the gospel narratives where Jesus interacted with people with disabilities we see that:

- Jesus felt comfortable going to places where people with disabilities gather
- Jesus approached people with disabilities when he saw them
- Jesus asked people with disabilities what they wanted rather than making assumptions
- Jesus used healing touch to connect with people with disabilities
- Jesus took people with disabilities aside to interact on a personal basis
- Jesus used prayer as the foundation for his ministry
- Jesus continued to minister to people with disabilities in the face of opposition

SCRIPTURAL ACCOUNTS OF JESUS MINISTERING WITH PEOPLE WITH DISABILITIES

The Scripture translations below reflect the attitudes of the times when they were written.

Jesus visits a place where people with disabilities gather and asks a man who had been ill for 38 years, "Do you want to be well?"

John 5:1-9 1After this, there was a feast* of the Jews, and Jesus went up to Jerusalem.^a2Now there is in Jerusalem at the Sheep [Gate]* a pool called in Hebrew Bethesda, with five porticoes.^b3In these lay a large number of ill, blind, lame, and crippled.^{*} 4^{*}5One man was there who had been ill for thirty-

eight years.⁶When Jesus saw him lying there and knew that he had been ill for a long time, he said to him, “Do you want to be well?”⁷The sick man answered him, “Sir, I have no one to put me into the pool when the water is stirred up; while I am on my way, someone else gets down there before me.”⁸Jesus said to him, “Rise, take up your mat, and walk.”^cImmediately the man became well, took up his mat, and walked.

Jesus calls to a woman with scoliosis and lays his hands on her.

Luke 13:10-17 ¹⁰He was teaching in a synagogue on the sabbath.¹¹And a woman was there who for eighteen years had been crippled by a spirit; she was bent over, completely incapable of standing erect.¹²When Jesus saw her, he called to her and said, “Woman, you are set free of your infirmity.”¹³He laid his hands on her, and she at once stood up straight and glorified God.

Jesus asks a man who is blind, “What do you want me to do for you?”

Luke 18:35-43 (also Mark 10:46-52) ³⁵Now as he approached Jericho a blind man was sitting by the roadside begging,³⁶and hearing a crowd going by, he inquired what was happening.³⁷They told him, “Jesus of Nazareth is passing by.”³⁸^s He shouted, “Jesus, Son of David,* have pity on me!”³⁹The people walking in front rebuked him, telling him to be silent, but he kept calling out all the more, “Son of David, have pity on me!”⁴⁰Then Jesus stopped and ordered that he be brought to him; and when he came near, Jesus asked him,⁴¹“What do you want me to do for you?” He replied, “Lord, please let me see.”^t⁴²Jesus told him, “Have sight; your faith has saved you.”^u⁴³He immediately received his sight and followed him, giving glory to God. When they saw this, all the people gave praise to God.

Jesus asks two men who are blind, “What do you want me to do for you?”

Matthew 20:29-34 (also Matthew 9:27-31) ³⁰As they left Jericho, a great crowd followed him.³⁰^h Two blind men were sitting by the roadside, and when they heard that Jesus was passing by, they cried out, “[Lord,]* Son of David, have pity on us!”³¹The crowd warned them to be silent, but they called out all the more, “Lord, Son of David, have pity on us!”³²Jesus stopped and called them and said, “What do you want me to do for you?”³³They answered him, “Lord, let our eyes be opened.”³⁴Moved with pity, Jesus touched their eyes. Immediately they received their sight, and followed him.

Jesus heals a boy with epilepsy takes his hand and helps him rise to stand.

Mark 9:14-29 (also Luke 9:37-43 and Matthew 17:14-21) 14When they came to the disciples they saw a large crowd around them and scribes arguing with them. 15Immediately on seeing him, the whole crowd was utterly amazed. They ran up to him and greeted him. 16He asked them, "What are you arguing about with them?" 17Someone from the crowd answered him, "Teacher, I have brought to you my son possessed by a mute spirit. 18Wherever it seizes him, it throws him down; he foams at the mouth, grinds his teeth, and becomes rigid. I asked your disciples to drive it out, but they were unable to do so." 19He said to them in reply, "O faithless generation, how long will I be with you? How long will I endure you? Bring him to me." 20They brought the boy to him. And when he saw him, the spirit immediately threw the boy into convulsions. As he fell to the ground, he began to roll around and foam at the mouth. 21Then he questioned his father, "How long has this been happening to him?" He replied, "Since childhood. 22It has often thrown him into fire and into water to kill him. But if you can do anything, have compassion on us and help us." 23Jesus said to him, "'If you can!' Everything is possible to one who has faith." 24Then the boy's father cried out, "I do believe, help my unbelief!" 25Jesus, on seeing a crowd rapidly gathering, rebuked the unclean spirit and said to it, "Mute and deaf spirit, I command you: come out of him and never enter him again!" 26Shouting and throwing the boy into convulsions, it came out. He became like a corpse, which caused many to say, "He is dead!" 27But Jesus took him by the hand, raised him, and he stood up. 28When he entered the house, his disciples asked him in private, "Why could we not drive it out?" 29* He said to them, "This kind can only come out through prayer."

Jesus anoints the eyes of a blind man.

John 9:1- 7 1* As he passed by he saw a man blind from birth. 2* His disciples asked him, "Rabbi, who sinned, this man or his parents, that he was born blind?" 3Jesus answered, "Neither he nor his parents sinned; it is so that the works of God might be made visible through him. 4We have to do the works of the one who sent me while it is day. Night is coming when no one can work. 5While I am in the world, I am the light of the world." 6When he had said this, he spat on the ground and made clay with the saliva, and smeared the clay on his eyes, 7and said to him, "Go wash* in the Pool of Siloam" (which means Sent). So he went and washed, and came back able to see.

Jesus takes aside a man who is deaf and privately anoints him.

Mark 7:32-37 32And they brought to him a man who was deaf and had a speech impediment, and they begged him to lay his hand on him. 33And taking him aside from the crowd privately, he put his fingers into his ears, and after spitting touched his tongue.34 And looking up to heaven, he sighed and said to him, “Ephphatha,” that is, “Be opened.” 35And his ears were opened, his tongue was released, and he spoke plainly. 36And Jesus charged them to tell no one. 37But the more he charged them, the more zealously they proclaimed it.

Jesus takes the hand of a man who is blind and leads him outside the village

Mark 8:22-26 22When they arrived at Bethsaida, they brought to him a blind man and begged him to touch him.23He took the blind man by the hand and led him outside the village. Putting spittle on his eyes he laid his hands on him and asked, “Do you see anything?”⁹24Looking up he replied, “I see people looking like trees and walking.”25Then he laid hands on his eyes a second time and he saw clearly; his sight was restored and he could see everything distinctly.26Then he sent him home and said, “Do not even go into the village.”

Jesus heals a man who could not speak and his heart is moved with compassion for the crowds because they are troubled and abandoned.

Matthew 9:32 -36 32As they were going out,^{*} a demoniac who could not speak was brought to him, 33and when the demon was driven out the mute person spoke. The crowds were amazed and said, “Nothing like this has ever been seen in Israel.”^m34^{*} But the Pharisees said, “He drives out demons by the prince of demons.”35^{* o} Jesus went around to all the towns and villages, teaching in their synagogues, proclaiming the gospel of the kingdom, and curing every disease and illness.36^p

Jesus continues his healing ministry in the face of opposition.

Matthew 12:22-23 22Then they brought to him a demoniac who was blind and mute. He cured the mute person so that he could speak and see.23^{* i} All the crowd was astounded, and said, “Could this perhaps be the Son of David?”24^{* m} But when the Pharisees heard this, they said, “This man drives out demons only by the power of Beelzebul, the prince of demons.”

Jesus continues his healing ministry in the face of opposition.

Matthew 12:9-14 (also Mark 3:1-6, Luke 6:6-11) 10And behold, there was a man there who had a withered hand. They questioned him, “Is it lawful to cure on the Sabbath?”* so that they might accuse him.11* He said to them, “Which one of you who has a sheep that falls into a pit on the Sabbath will not take hold of it and lift it out?12How much more valuable a person is than a sheep. So it is lawful to do good on the sabbath.”13Then he said to the man, “Stretch out your hand.” He stretched it out, and it was restored as sound as the other.14But the Pharisees* went out and took counsel against him to put him to death.

Access to Jesus is achieved through the intervention of friends.

Mark 2:1-12 (also Matt. 9:1-8, Luke 5:17-26) 1* When Jesus returned to Capernaum after some days, it became known that he was at home.*2Many gathered together so that there was no longer room for them, not even around the door, and he preached the word to them.3They came bringing to him a paralytic carried by four men.4Unable to get near Jesus because of the crowd, they opened up the roof above him. After they had broken through, they let down the mat on which the paralytic was lying.5* When Jesus saw their faith, he said to the paralytic, “Child, your sins are forgiven.”6* Now some of the scribes were sitting there asking themselves, 7“Why does this man speak that way? He is blaspheming. Who but God alone can forgive sins?”*b8Jesus immediately knew in his mind what they were thinking to themselves, so he said, “Why are you thinking such things in your hearts?9Which is easier, to say to the paralytic, ‘Your sins are forgiven,’ or to say, ‘Rise, pick up your mat and walk’?10* But that you may know that the Son of Man has authority to forgive sins on earth”—11he said to the paralytic, “I say to you, rise, pick up your mat, and go home.”12He rose, picked up his mat at once, and went away in the sight of everyone. They were all astounded and glorified God, saying, “We have never seen anything like this.”

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Sources: Janice Weiss Block, *Copious Hosting: A Theology of Access for People with Disabilities* (New York, New York: Continuum, 2002), p. 106.

Pat Carter, ed., *Welcome One, Welcome All* (Dayton, OH: Institute for Pastoral Initiatives, University of Dayton, 1999), pp 1, 2.

“God created you with unimaginable gifts... You only know you have a gift when there is someone to say ‘Thank you’... Affirmation creates community.”

Henri Nouwen
Open Hearts, Open Minds,
Open Doors Video*

**View the Open Hearts, Open Minds, Open Doors video online at www.team-w.org.*

CHURCH DOCUMENTS

The call to include members of all abilities in worship, ministries and fellowship is also proclaimed by the Pastoral Statement of the US Catholic Bishops on People with Disabilities and their Revised Guidelines for the Celebration of Sacraments with People with Disabilities:

PASTORAL STATEMENT OF U.S. CATHOLIC BISHOPS ON PEOPLE WITH DISABILITIES

November 16, 1978

1. The same Jesus who heard the cry for recognition from the people of Judea and Samaria 2,000 years ago calls us, His followers, to embrace our responsibility to our own disabled brothers and sisters in the United States. The Catholic Church pursues its mission by furthering the spiritual, intellectual, moral and physical development of the people it serves. As pastors of the Church in America, we are committed to working for a deeper understanding of both the pain and the potential of our neighbors who are blind, deaf, mentally retarded, emotionally impaired, who have special learning problems, or who suffer from single or multiple physical handicaps—all those whom disability may set apart. We call upon people of good will to reexamine their attitudes toward their brothers and sisters with disabilities and promote their well-being, acting with the sense of justice and the compassion that the Lord so clearly desires. Further, realizing the unique gifts individuals with disabilities have to offer the Church, we wish to address the need for their integration into the Christian community and their fuller participation in its life.

2. Prejudice starts with the simple perception of difference, whether that difference is physical or psychological. Down through the ages, people have tended to interpret these differences in crude moral terms. *Our* group is not just different from *theirs*; it is better in some vague but compelling way. Few of us would admit to being prejudiced against parishioners with disabilities. We bear them no ill will and do not knowingly seek to abrogate their rights. Yet parishioners with disabilities are visibly, sometimes bluntly different from the *norm*, and we react to this difference. Even if we do not look down upon them, we tend all too often to think of them as somehow apart -- not completely *one of us*.

3. What individuals with disabilities need, first of all, is acceptance in this difference that can neither be denied nor overlooked. No acts of charity or justice can be of lasting value unless our actions are informed by a sincere and understanding love that penetrates the wall of strangeness and affirms the common humanity underlying all distinction. Scripture teaches us that "any other commandment there may be [is] all summed up in this: 'You shall love your neighbor as yourself.'" (Rom. 13:9) In His wisdom, Jesus said, "as yourself." We must love others

from the inside out, so to speak, accepting their difference from us in the same way that we accept our difference from them.

The Church's Response to the Person with a Disability

4. Concern for parishioners of all abilities was one of the prominent notes of Jesus' earthly ministry. When asked by John's disciples, "Are you He who is to come or do we look for another?" Jesus responded with words recalling the prophecies of Isaiah "Go back and report to John what you hear and see; the blind recover their sight, the lame walk, the lepers are cleansed, the deaf hear, dead men are raised to life, and the poor have the Gospel preached to them." (Mt. 11:3-5) Persons with disabilities become witnesses for Christ, His healing of their bodies a sign of the spiritual healing He brought to all people. "Which is less trouble to say, 'Your sins are forgiven' or 'Stand up and walk?' " To help you realize that the Son has authority on earth to forgive sins" -- He then said to the paralyzed man -- "Stand up! Roll up your mat and go home" (Mt. 9:5f).

5. The Church that Jesus founded would surely have been derelict had it failed to respond to His example in its attention to parishioners of all abilities. It remains faithful to its mission when its members become more and more a people of the Beatitudes, a people blessed in their meekness, their suffering, their thirst for righteousness. We all struggle with life. We must carry on this struggle in a spirit of mutual love, inspired by Christ's teaching that in serving others we serve the Lord Himself. (cf. Mt. 25:40) In doing so, we build a community of interdependent people and discover the Kingdom of God in our midst.

6. The Church, through the response of its members to the needs of their neighbors and through its parishes, healthcare institutions and social service agencies, has always attempted to show a pastoral concern for individuals with disabilities. However, in a spirit of humble candor, we must acknowledge that at times we have responded to the needs of some of our parishioners of all abilities only after circumstances or public opinion have compelled us to do so. By every means possible, therefore, the Church must continue to expand its healing ministry to these persons, helping them when necessary, working with them and raising its voice with them and with all members of society who are their advocates. Jesus revealed by His actions that service to and with people in need is a privilege and an opportunity as well as a duty. When we extend our healing hands to others, we are healed ourselves.

7. On the most basic level, the Church responds to persons with disabilities by defending their rights. Pope John XXIII's encyclical *Pacem in Terris* stresses the innate dignity of all men and women. "In an ordered and productive community, it is a fundamental principle that every human being is a 'person'. . . . [One] has rights and duties ... flowing directly and spontaneously from [one's] very nature. These rights are therefore universal, inviolable and inalienable." (9)

8. The word *inalienable* reminds us that the principles on which our democracy is founded also guarantee certain rights to all Americans, regardless of their

circumstances. The first of these, of course, is the right to life. We have spoken out on this issue on many occasions. We see defense of the right to life of persons with disabilities as a matter of particular urgency, however, because the presence of handicapping conditions is not infrequently used as a rationale for abortion. Moreover, those babies with severe disabilities who are permitted to be born are sometimes denied ordinary and usual medical procedures.

9. All too often, abortion and postnatal neglect are promoted by arguing that the infant will survive only to suffer a life of pain and deprivation. We find this reasoning appalling. Society's frequent indifference to the plight of citizens with disabilities is a problem that cries aloud for solutions based on justice and conscience, not violence. All people have a clear duty to do what lies in their power to improve living conditions for parishioners of all abilities, rather than ignoring them or attempting to eliminate them as a burden not worth dealing with.

10. Defense of the right to life, then, implies the defense of other rights which enable the individual with a disability to achieve the fullest measure of personal development of which he or she is capable. These include the right to equal opportunity in education, in employment, in housing, as well as the right to free access to public accommodations, facilities and services. Those who must be institutionalized deserve decent, personalized care and human support as well as the pastoral services of the Christian community. Institutionalization will gradually become less necessary for some as the Christian community increases its awareness of disabled persons and builds a stronger and more integrated support system for them.

11. It is not enough merely to affirm the rights of parishioners of all abilities. We must actively work to make them real in the fabric of modern society. Recognizing that individuals with disabilities have a claim to our respect because they are persons, because they share in the one redemption of Christ, and because they contribute to our society by their activity within it, the Church must become an advocate for and with them. It must work to increase the public's sensitivity toward the needs of parishioners of all abilities and support their rightful demand for justice. Moreover, individuals and organizations at every level within the Church should minister to persons with disabilities by serving their personal and social needs. Many can function on their own as well as anyone in society. For others, aid would be welcome. All of us can visit persons unable to leave their homes, offer transportation to those who cannot drive, read to those who cannot read, speak out for those who have difficulty pleading their own case. In touching the lives of men, women and children in this way, we come closest to imitating Jesus' own example, which should be always before our eyes. (cf. Lk. 4:17-19, 21)

Persons with Disabilities and the Ecclesial Community

12. Just as the Church must do all in its power to help ensure parishioners of all abilities a secure place in the human community, so it must reach out to welcome gratefully those who seek to participate in the ecclesial community. The central meaning of Jesus' ministry is bound up with the fact that He sought the company of people who, for one reason or another, were forced to live on the fringe of society.

(cf. Mk. 7:37) These He made the special object of His attention, declaring that the last would be first and that the humble would be exalted in His Father's kingdom. (cf. Mt. 20: 16, 23:12) The Church finds its true identity when it fully integrates itself with these *marginal* people, including those who suffer from physical and psychological disabilities.

13. If parishioners of all abilities are to become equal partners in the Christian community, injustices must be eliminated and ignorance and apathy replaced by increased sensitivity and warm acceptance. The leaders and the general membership of the Church must educate themselves to appreciate fully the contribution parishioners of all abilities can make to the Church's spiritual life. They bring with them a special insight into the meaning of life; for they live, more than the rest of us perhaps, in the shadow of the cross. And out of their experience they forge virtues like courage, patience, perseverance, compassion and sensitivity that should serve as an inspiration to all Christians.

14. In the case of many parishioners with disabilities, integration into the Christian community may require nothing more than issuing an invitation and pursuing it. For some others, however, full participation can only come about if the Church exerts itself to devise innovative programs and techniques. At the very least, we must undertake forms of evangelization that speak to the particular needs of individuals with disabilities, make those liturgical adaptations which promote their active participation and provide helps and services that reflect our loving concern.

15. This concern should be extended also to the families and especially the parents. No family is ever really prepared for the birth of a child with a disability. When such a child does come into the world, families often need strong support from their faith community. That support must remain firm with the passage of years. The path to independence can be difficult. Family members need to know that others stand with them, at least in spirit, as they help their children along this path.

16. The central importance of family members in the lives of all parishioners with disabilities, regardless of age, must never be underestimated. They lovingly foster the spiritual, mental and physical development of the person with a disability and are the primary teachers of religion and morality. Ministers working in the apostolate with persons with disabilities should treat them as a uniquely valuable resource for understanding the various needs of those they serve.

17. Full participation in the Christian community has another important aspect that must not be overlooked. When we think of parishioners with disabilities in relation to ministry, we tend automatically to think of doing something for them. We do not reflect that they can do something for us and with us. As noted above, parishioners of all abilities can, by their example, teach the non-disabled person much about strength and Christian acceptance. Moreover, they have the same duty as all members of the community to do the Lord's work in the world, according to their God-given talents and capacity. Because individuals may not be fully aware of the

contribution they can make, Church leaders should consult with them, offering suggestions on practical ways of serving.

Parish Level

18. For most Catholics the community of believers is embodied in the local parish. The parish is the door to participation for individuals with disabilities, and it is the responsibility of the pastor and lay leaders to make sure that this door is always open. We noted above that the task, on occasion, may not be an easy one; involving some people in parish life may challenge the ingenuity and commitment of the entire congregation. Yet, in order to be loyal to its calling, to be truly pastoral, the parish must make sure that it does not exclude any Catholic who wishes to take part in its activities.

19. If the participation of persons with disabilities and their families is to be real and meaningful, the parish must prepare itself to receive them. This preparation might begin with a census aimed at identifying parishioners and those with no church affiliation who have significant disabilities. Parish leaders could then work with individuals and their families to determine what steps, if any, are needed to facilitate their participation in parish life.

20. It may be necessary at this initial stage to place considerable emphasis upon educating the members of the parish community on the rights and needs of local parishioners of all abilities. All too often one hears that there are too few persons with disabilities in a given parish to warrant ramped entrances, special liturgies or education program. Some say these matters should be handled on the diocesan level. Although many parishes have severely limited resources, we encourage all to make the best effort their circumstances permit. No parishioner should be excluded on the basis of disability alone.

21. The most obvious obstacle to participation in parish activities faced by many parishioners of all abilities is the physical design of parish buildings. Structurally inaccessible buildings are at once a sign and a guarantee of their isolation from the community. Sometimes all that is required to remedy the situation is the installation of outside ramps and railings, increased lighting, minor modification of toilet facilities, and perhaps, the removal of a few pews and kneelers. In other cases, major alterations and redesign of equipment may be called for. Each parish must examine its own situation to determine the feasibility of such alterations. Mere cost must never be the exclusive consideration, however, since the provisions of free access to religious functions for all interested people is a pastoral duty.

22. Whenever parishes contemplate new construction, they should make provision in their plans for the needs of individuals with disabilities. If both new construction and the adaptation of present buildings are out of the question, the parish should devise other ways to reach its members with disabilities. In cooperation with them, parish leaders may locate substitute facilities, for example, or make a concerted effort to serve at home those who cannot come to church.

23. It is essential that all forms of the liturgy be completely accessible to parishioners of all abilities, since these forms are the essence of the spiritual tie that binds the Christian community together. To exclude members of the parish from these celebrations of the life of the Church, even by passive omission, is to deny the reality of that community. Accessibility involves far more than physical alterations to parish buildings. Realistic provision must be made for persons with disabilities to participate fully in the Eucharist and other liturgical celebrations such as the sacraments of Reconciliation, Confirmation and Anointing of the Sick. The experiences and needs of individuals with disabilities vary, as do those of any group of people. For some with significant disabilities, special liturgies may be appropriate. Other will not require such liturgies, but will benefit if certain equipment and services are made available to them. Celebrating liturgies simultaneously in sign language enables the deaf person to enter more deeply into their spirit and meaning. Participation aids such as Mass books and hymnals in large print or Braille serve the same purpose for blind or partially sighted members.

24. People can also play a more active role in the liturgy if provided with proper aids and training. Blind parishioners can serve as lectors, for example, and deaf parishioners as special ministers of the Eucharist. We look forward to the day when more individuals with disabilities are active in the full-time, professional service of the Church, and we applaud recent decisions to accept qualified candidates for ordination or the religious life in spite of their significant disabilities.

25. Evangelization and catechesis for individuals with disabilities must be geared in content and method to their particular situation. Specialized catechists should help them interpret the meaning of their lives and should give witness to Christ's presence in the local community in ways they can understand and appreciate. We hasten to add, however, that great care should be taken to avoid further isolation of people through these programs, which as far as possible, should be integrated with the normal catechetical activities of the parish. We have provided guidelines for the instruction of persons with disabilities and for their participation in the liturgical life of the church in *Sharing the Light of Faith: National Catechetical Directory for Catholics of the United States*.

26. Finally, parishes must be sensitive to the social needs of members with disabilities. We have already touched on some ways in which Christians can express their concern for their brothers and sisters with disabilities. These actions and others like them can help solve some of the individual's practical problems. They also create an opportunity for disabled and non-disabled people to join hands and break down the barriers that separate them. In such an interchange, it is often the person with a disability who gives the gift of most value.

Diocesan Level

27. Efforts to bring parishioners of all abilities into the parish community are more likely to be effective if the parishes are supported by offices operating at the diocesan level. At present, the social service needs of individuals with disabilities

and their families are usually addressed by established diocesan agencies. Where it is found to be inadequate, the program should be strengthened to assure that specialized aid is provided to parishioners of all abilities. In those cases where there is no program at all, we urge that one be established.

28. The clergy, religious and laity engaged in this program should help the parish by developing policy and translating it into practical strategies for working with individuals with disabilities. They should serve as advocates, seeking help from other agencies. Finally, they should monitor public policy and generate multifaceted educational opportunities for those who minister to and with parishioners of all abilities.

29. Many opportunities for action at the diocesan level now exist with regard to public policy. Three pieces of federal legislation that promise significant benefits to individuals with disabilities have been passed during the seventies; each calls for study and possible support. We refer to the Rehabilitation Amendments of 1974, and the Education for All Handicapped Children Act of 1975. Enforcement of the regulations implementing Section 504 of the Rehabilitation Act, which forbids discrimination on the basis of disabling conditions, is a matter of particular interest. In response to the Rehabilitation Amendments, the executive branch of the federal government has also taken recent action, sponsoring a White House Conference on Handicapped Individuals in 1977. This conference was attended by official state

delegations, and there would be value in determining which of its recommendations are being applied in the state or states where a given diocese is located. Diocesan offices will also wish to keep abreast of general public policy and practice in their states.

30. Dioceses might make their most valuable contribution in the area of education. They should encourage and support training for all clergy, religious, seminarians and lay ministers, focusing special attention on those actually serving individuals with disabilities, whether in parishes or some other setting. Religious education personnel could profit from guidance in adapting their curricula to the needs of learners with disabilities, and Catholic elementary and secondary school teachers could be provided in-service training in how best to integrate students with disabilities into programs of regular education. The diocesan office might also offer institutes for diocesan administrators who direct programs with an impact on persons with disabilities.

31. The coordination of educational services within the dioceses should supplement the provision of direct educational aids. It is important to establish liaisons between facilities for parishioners of all abilities operating under Catholic auspices (special, residential and day schools; psychological services and the like) and usual Catholic school programs. Only in this way can the structural basis be laid for the integration, where feasible, of students with disabilities into programs for non-disabled persons. Moreover, in order to ensure the widest possible range of educational opportunities, Catholic facilities should be encouraged to develop working relationships both

among themselves and with private and public agencies serving the same population.

National Level

32. As the most visible expression of our commitment, we the bishops now designate ministry to parishioners of all abilities as a special focus for the National Conference of Catholic Bishops and the U.S. Catholic Conference. This represents a mandate to each office and secretariat, as it develops its plans and programs, to address the concerns of individuals with disabilities. Appropriate offices should also serve as resource and referral centers to both parochial and diocesan bodies in matters relating to the needs of our brothers and sisters with disabilities.

Concluding Remarks

33. Parishioners of all abilities are not looking for pity. They seek to serve the community and to enjoy their full baptismal rights as members of the Church. Our interaction with them can and should be an affirmation of our faith. There can be no separate Church for parishioners of all abilities. We are one flock that serves a single shepherd.

34. Our wholeness as individuals and as the people of God lies in openness, service and love. The bishops of the United States feel a concern for individuals with disabilities that goes beyond their spiritual welfare to encompass their total well-being. This concern should find expression at all levels. Parishes should maintain their own programs of ministry with parishioners of all abilities, and dioceses should make every effort to establish offices that coordinate this ministry and support parish efforts. Finally, the National Conference of Catholic Bishops and the U.S. Catholic Conference will be more vigilant in promoting ministry with persons with disabilities throughout the structure of the Church.

35. We look to the future with what we feel is a realistic optimism. The Church has a tradition of ministry to parishioners of all abilities, and this tradition will fuel the stronger, more broadly based efforts called for by contemporary circumstances. We also have faith that our quest for justice, increasingly enlisted on the side of individuals with disabilities, will work powerfully in their behalf. No one would deny that every man, woman and child has the right to develop his or her potential to the fullest. With God's help and our own determination, the day will come when that right is realized in the lives of all parishioners of all abilities.

Original Title: *Pastoral Statement of U.S. Catholic Bishops on Handicapped People*
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The Pastoral Statement of the US Catholic Bishops on People with Disabilities is reprinted with permission.

“ . . . to be truly pastoral, the parish must make sure that it does not exclude any Catholic who wishes to take part in its activities.”

**U.S. Conference of Catholic Bishops
Pastoral Statement on Persons with Disabilities**

U.S. CONFERENCE OF CATHOLIC BISHOPS GUIDELINES FOR THE CELEBRATION OF THE SACRAMENTS WITH PERSONS WITH DISABILITIES

In 2017 the U.S. Catholic bishops revised and expanded their *Guidelines for the Celebration of the Sacraments with Persons with Disabilities* to help assure that people with disabilities are able to participate in the sacramental life of the Church and share their own gifts as missionary disciples.

For the complete text of [the Revised Guidelines for the Celebration of the Sacraments with Persons with Disabilities](http://www.usccb.org/about/divine-worship/policies/guidelines-sacraments-persons-with-disabilities.cfm) visit the USCCB website at: <http://www.usccb.org/about/divine-worship/policies/guidelines-sacraments-persons-with-disabilities.cfm>

Copies of the [Revised Guidelines](http://www.usccb.org/about/divine-worship/policies/guidelines-sacraments-persons-with-disabilities.cfm) are available for purchase at: store.usccb.org

“It is essential that all forms of the liturgy be completely accessible to persons with disabilities, since these forms are the essence of the spiritual tie that binds the Christian community together.”

**U.S. Conference of Catholic Bishops
Guidelines for the Celebration of the
Sacraments with Persons with
Disabilities**

GETTING STARTED WITH YOUR TEAM W MINISTRY

WHAT DOES A PARISH TEAM W MINISTRY DO?

Every parish community is unique. The work of the TEAM W Ministry, under the guidance of the pastor, will vary with the needs of the parish. Use these suggestions to begin your ministry.

- Form a well-rounded TEAM W Ministry approved by the pastor and parish council to coordinate access and inclusion efforts in your parish.
- Show dignity and respect for parishioners of all abilities by using **people first language** and educate others about how to speak with dignity and respect.
- Coordinate annual **TEAM W Month** activities to showcase how your parish welcomes parishioners of all abilities every day of the year. Kick off for TEAM W Months in parishes is the second weekend in October with parishes selecting dates throughout the fall. Planning materials are available on www.team-w.org.
- Do a walk through survey of your facilities and survey the needs of your parishioners. Use the surveys on page 46 and 52. With parish leaders plan how to improve access and accommodate parishioner needs.
- Nominate your parish for a Pathways.org **TEAM-W Award**. Grants of up to \$1,000 are available for access and inclusion projects. Visit www.team-w.org for applications and guidelines.
- Promote the use of the ***Different Gifts, Same Spirit*** lesson plans in your parish school and religious education program. Available for Loyola Press or download a free version of the plans at www.team-w.org.
- Work with religious educators, parents and children (age 5 -18) to prepare and submit a **Junior TEAM W Awards** nomination. Grants of up to \$1,000 are available for access and inclusion projects. Visit www.team-w.org for applications and guidelines.
- Personally invite parishioners of all abilities to participate in liturgy, parish ministries, organizations and events. Provide accommodations so their participation becomes a reality.
- Be a voice for welcoming and providing accommodations for parishioners of all abilities to convey a sense of belonging for parishioners of all abilities.

ORGANIZING A TEAM W MINISTRY

For any faith community to make long-lasting, appropriate changes, a planning structure will be needed. Enlist a group of committed people, including those with disabilities, and create an on-going ministry focusing on disability issues and connected to the governing council of the faith community.

People you can invite to be a part of the TEAM W Ministry:

- a person with a disability
- a family member of a person with a disability
- a decision maker in your faith community
- a person with skills in contracting or architecture
- a person with experience in grant writing and fund raising.

The TEAM W Ministry could coordinate:

- a walk-through of buildings with decision makers to list access barriers (visit www.InclusionInWorship to download the Facilities Survey).
- a survey of the congregation's needs (visit www.InclusionInWorship to download the Survey of Parishioner Needs).
- an audit of organizations and ministries within the faith community to see if they address the needs of persons with disabilities
- development of short-term and long-range plans to increase accessibility and inclusion
- implementation of short and long-term accessibility plans
- celebrating successes with an annual observance of TEAM W Month.

Remember that making change at one point in time does not necessarily answer the need forever. Devices may break, new ideas or requests may come up, and new members may join your faith community.

TEAM W MINISTRY CHECK LIST

Parish: _____ Date Prepared: _____

TEAM W MINISTRY CHAIR _____

Project	Completion Date	Description/Comments
Visit www.team-w.org and download the TEAM W Ministry Handbook		
Discuss starting a TEAM W Ministry with a core group of parishioners		
Meet with your pastor for his approval		
Ask the Parish Council to approve the TEAM W Ministry under one of the Commissions		
Recruit TEAM W Ministry members including parishioners with disabilities		
Use <i>Reflecting on Belonging</i> to evaluate barriers to belonging		
Train clergy and staff with "Guidelines for Clergy ..." and "People First Language" handouts		
Audit parish ministries to see if they are welcoming		
Do a walkthrough of your campus to evaluate your accessibility		
Plan an annual TEAM W Month celebration for your parish		
Apply for a TEAM-W Award or Invite children to apply for a Junior TEAM-W Award		

TALKING POINTS FOR STARTING A TEAM W MINISTRY

Parish TEAM W Ministers can use the following talking points to speak about the TEAM W Ministry at a parish council meeting when presenting the ministry for approval.

My name is _____. With the approval of our pastor and our parish council we are inaugurating a parish new ministry: TEAM W: That Every Ability May Worship.

Worshippers of All Abilities Feel Welcome When the Congregation:

- Displays a welcoming attitude by extending open arms to individuals of all abilities
- Chooses words that promote dignity and respect for individuals of differing abilities
- Removes physical barriers by using “universal design” to make buildings more accessible for everyone
- Makes worship services and religious education accessible to all
- Keeps welcoming and belonging “alive” by forming a TEAM W Ministry of committed individuals, including worshippers with disabilities to carry out this work.

Some of the activities of the TEAM W Ministry are: (Outline your plans for the ministry. This may include surveying the needs of the parish, providing specific accommodations so that parishioners of all abilities can serve in liturgical ministries, nominating the parish for a TEAM-W Award, celebrating TEAM W Month etc.)

If you are interested in joining this ministry or if you have any needs or concerns, please contact me at (give contact info) or speak to me after Mass.

When we recognize and welcome the gifts of every parishioner, even the most vulnerable among us, our faith communities are strengthened. Please join us as we intentionally welcome parishioners of all abilities so that they know that they truly belong to our worshipping community.

Thank you.

RECRUITING MEMBERS FOR YOUR MINISTRY

TEAM W PARISH MINISTRY RECRUITMENT BROCHURE

The brochure on the following pages can be used to recruit members for your TEAM W Ministry. Brochures may also be used at parish Ministry Fairs, during TEAM W Month and at other parish events to publicize your TEAM W Ministry. Fill in your contact information, print or photocopy double sided, fold and distribute.

“Each of us has a role in promoting and forming an inclusive worship environment ...”

**Blase Cardinal Cupich
Archbishop of Chicago
2016 TEAM W Month Letter to Parishes**

TEAM W: THAT EVERY ABILITY MAY WORSHIP

When we recognize and welcome the gifts of the most vulnerable among us, our faith communities are strengthened. Please join the TEAM W Ministry as we reach out to parishioners of all abilities to ask, “What can we do to welcome you and your family into our faith community?”

PRAYER FOR AWARENESS

God, Creator of all, help us to recognize that each of us has abilities and each of us has limitations. And yet we all have a part to play in bringing about Your Kingdom. You love each of us. In the spirit of gratitude and solidarity we ask you to increase our awareness of both the gifts and the needs of those around us. Open our hearts, minds and doors to the gifts of every person. Help us to become truly welcoming communities where everyone can find a place at Your Table. We ask this in Your name, Amen.

TEAM W is a ministry of Pathways.org, a Chicago based not for profit providing grants, videos and educational materials to help congregations welcome worshipers of all abilities. Visit www.team-w.org for more information.

TEAM W: THAT EVERY ABILITY MAY WORSHIP



*A Ministry to Welcome
Parishioners of All Abilities*

PLEASE JOIN US IN THIS MINISTRY

There are over twenty-five accounts in the Scriptures of Jesus reaching out to people with disabilities. In these stories we see Jesus' special concern for people with different abilities. The TEAM W Ministry follows the example of Christ's ministry as we extend open arms to convey a sense of welcome and belonging to parishioners of all abilities in our worshipping community.

If you are interested in joining this ministry at our parish or if you have any needs or concerns, please contact the parishioner listed below.

:

FOR INFORMATION ON THE TEAM W MINISTRY AT OUR PARISH CONTACT:

TEAM W: That Every Ability May Worship

The TEAM W Ministry, under the guidance of our pastor, intentionally welcomes parishioners of all abilities to convey a sense of belonging. The goals of the TEAM W Ministry are:

Education— educating our staff, ministry leaders and parishioners about people first language and disability etiquette so that everyone plays a role in welcoming all parishioners into our community of faith.

Accessibility—providing an accessible campus and any needed accommodations so parishioners of all abilities can participate in our liturgies, ministries, religious education programs, social events and as parish leaders.

Communication—Using our parish mission statement, print, internet, verbal and nonverbal communications to encourage parishioners of all abilities to participate in all aspects of parish life.

Affirmation—recognizing the gifts of every person and personally inviting parishioners of all abilities to participate in parish activities and providing needed accommodations.

RECRUITING MEMBERS FOR YOUR MINISTRY (cont'd.)

BULLETIN ARTICLE

New TEAM W Ministry: That Every Ability May Worship

Our parish is starting an exciting new ministry that seeks to welcome and include parishioners of all abilities into active participation. We extend a warm and heartfelt invitation to all of our parishioners to join this new ministry. The goals of the ministry are:

- accessibility—surveying the needs of our parish community and providing the necessary accommodations so parishioners of all abilities can participate in worship, ministries, social events and leadership roles
- communication—conveying that all are welcome to participate through our print, internet, verbal and nonverbal communications
- affirmation—personally inviting parishioners with disabilities to participate in parish activities.

If you are interested in joining this ministry or if you have any needs or concerns, please contact (name of TEAM W minister) at (phone number) or (email address). Our first ministry meeting will be on (day and date) at (time) in the (location). All are welcome to attend. For more information about TEAM W, a partnership between the Archdiocese of Chicago and Pathways.org, visit www.team-w.org.

“Inclusion begins in our hearts. It begins with affirmation...When we open our hearts and our community to the gifts each person brings, we are all strengthened.”

Joseph Cardinal Bernardin
Open Heart, Open Minds, Open Doors video

Contributors: TEAM W Ministers from Incarnation Parish, Palos Heights, IL and Prince of Peace Parish, Lake Villa, IL

TEAM W MINISTRY COMMISSIONING CEREMONY

Make long-lasting, appropriate changes by recruiting a group of committed people, including those with disabilities, to form a ministry focusing on disability issues under the governing council. Commission your TEAM W Ministry at a weekend liturgy or during TEAM W Month.

Presider: Gracious God, you sent Jesus to establish your kingdom and invite all people to experience the fullness of your life. Send your Holy Spirit to be with us as we commission these ministers. Give them the grace to be models of hospitality to parishioners of all abilities, like Jesus your Son. We ask this in Your name.

Presider: My brothers and sisters in Christ, God has given you the grace to say “yes” to the invitation to serve as members of the TEAM W: That Every Ability May Worship ministry. You now have the opportunity to serve Christ and our parish in a special way.

Presider: Do you accept the responsibility, together with our pastor and staff, to provide accommodations so that we can welcome members of all abilities into our congregation?

Ministers: Yes, I do.

Presider: Do you accept the responsibility, together with our pastor and parish staff, to educate our members to be a supportive presence so that parishioners of all abilities feel welcome to participate in parish life?

Ministers: Yes, I do.

Presider: Do you accept the responsibility, together with our pastor and parish staff, to foster gospel values and promote the dignity of the human person so that our parish may continue to be transformed by the saving power of Jesus Christ?

Ministers: Yes, I do.

Presider: Glory and praise be to God, who has called each of you by name, and who has brought you to respond now with such generosity and love. →

TEAM W MINISTRY COMMISSIONING CEREMONY (cont'd)

Presider: Bow your heads and pray for God's blessing: Blessed are you, Lord, God of mercy, who through your Son gave us a marvelous example of charity and the great commandment of love for one another. Send down your blessings on these your servants, who will devote themselves to this ministry. When they are called on in times of need, let them faithfully serve You and our parish family. Guide their efforts as they welcome parishioners of all abilities into active participation. We ask this through Christ our Lord.

Ministers: Amen

Contributed by Santa Maria Del Popolo Church, Mundelein, IL.

“... the question finally is not, how can we help people with disabilities, which is a good question, but a much more important question is, how can we allow people with disabilities to give their spiritual gifts to us, and call us to conversion, call us to wholeness, call us to love.”

Henri Nouwen

Open Hearts, Open Minds, Open Doors DVD*

* View the Open Hearts, Open Minds, Open Doors video online at www.team-w.org.

REFLECTING ON BELONGING

Use the form below to detect attitudinal barriers that may be preventing members of all abilities from feeling they belong at your house of faith or religious school.

Are people with disabilities and their families ...	What are we doing well in this area?	What could we do better or differently in this area?
PRESENT		
INVITED		
WELCOMED		
KNOWN		
ACCEPTED		
SUPPORTED		
CARED FOR		
BEFRIENDED		
NEEDED		
LOVED		

What next steps should we take to address these areas well?

1. _____
2. _____
3. _____

Adapted with permission from Erik Carter, Vanderbilt University, www.erikwcarter.com.

GUIDELINES FOR CLERGY, USHERS AND LAY LEADERS

GENERAL INFORMATION

1. What do you say when you meet a person with a disability? How about, "Hello?"
2. A warm smile and friendly conversation are very welcoming.
3. Speak directly to the person with a disability, not only to the family member, companion, interpreter, or canine companion.
4. Use people-first language such as "people with disabilities" or "a parishioner who is blind" NOT "the disabled," NOT "a blind parishioner."
5. Ask the person with the disability HOW you can help. Respect any refusal.
6. Offer accessible seating, large-print bulletins, missalettes, or assistive listening devices. Know where accessible washrooms are.
7. Recognize that each person has gifts and abilities. Ask parishioners with disabilities if they would like to usher, bring up the gifts, proclaim the word, etc.
8. Be sensitive to where a person wishes to receive communion – at their seat or at the altar- and make sure they are accommodated.
9. Feel comfortable using words like see, walk, and listen with persons with disabilities.
10. Use the accessibility logo in print materials and on signage. Include the words "All Are Welcome."



**ALL ARE
WELCOME**

WELCOMING PEOPLE WHO ARE BLIND OR HAVE VISION LOSS

1. Identify yourself when you greet the person. Tell the person when you are about to leave.
2. Talk normally, using your customary voice and typical expressions like "See you later."
3. Offer your arm when assisting; the same way an usher does at a wedding.
4. Give verbal cues such as "We are going through a doorway." Explain the traffic pattern with clear, calm instructions such as "Go up the center aisle." →

GUIDELINES FOR CLERGY, USHERS AND LAY LEADERS (cont'd)

WELCOMING PEOPLE WITH MOBILITY DIFFERENCES

1. Speak directly to the person.
2. Offer assistance, but accept a "No, thank you."
3. Sit down so that you are at eye-level if the conversation will last more than a few minutes.
4. Shake hands or lightly touch a shoulder in the same way you would with others.
5. Keep a person's wheelchair or walker near the person. A person who uses a chair may be able to walk but still needs the chair.

WELCOMING PEOPLE WHO ARE DEAF OR HARD OF HEARING LOSS

1. Face the person. He/she will appreciate seeing your facial expression and may read your lips. Your face, gestures, and body movements help in understanding.
2. Move closer rather than shout.
3. Speak clearly and slowly. Writing may be necessary.

WELCOMING PEOPLE WITH SPEECH DIFFERENCES

1. Be patient. Let a person talk at his/her own pace.
2. Remember a person may have communication means other than speech, such as writing.
3. Ask questions that require short answers or a shake of the head. If you cannot understand, rephrase the question.
4. Repeat or paraphrase what was said in order to confirm that you understand.

WELCOMING PEOPLE WITH COGNITIVE DIFFERENCES

1. Greet the person and interact normally.
2. Keep things simple and uncomplicated.
3. Treat people equally regardless of participation level; give prayer books or hymnals to all; allow everyone a chance to speak.

Please duplicate and share with others.

DO YOU USE PEOPLE FIRST LANGUAGE?

When writing or speaking about people who happen to have disabilities, words should be chosen with care. Use "People First Language" to promote dignity and respect:

- Refer to the person first. Say “a man who uses a wheelchair” NOT “a wheelchair bound man.”
- If the disability isn’t critical to the story or conversation, don’t mention it.
- Describe a person, not a condition. For example, say “a person with epilepsy” NOT “an epileptic.”
- Never use the term “mentally retarded.” The acceptable terms are “intellectual disability” or “cognitive disability.”
- Never use the word “handicapped” as it connotes begging as the only occupation for people with disabilities. For example, say “accessible parking” NOT “handicapped parking.”
- Don’t portray people with disabilities who are successful as “heroes” or raise expectations that all people with disabilities should reach this level.
- Don’t sensationalize disabilities by using terms such as “afflicted with,” “victim of” or “suffers from.”
- Don’t use generic labels such as “the disabled” for groups of people with disabilities.
- Emphasize abilities, not limitations. For example, say “walks with crutches,” NOT “crippled,” and “uses a wheelchair,” NOT “wheelchair bound.”
- Don’t refer to people with disabilities as patients. A disability is not a disease.
- Don’t use condescending euphemisms such as “handy-capable” or “physically inconvenienced.”
- Speak of people with disabilities as the active participants in society that they are.

ACCESSIBILITY AUDIT FOR MINISTRIES

Our congregation is striving to intentionally welcome worshippers of all abilities. Please complete information below and return. Use handouts from www.team-w.org to help with any “NO” areas.

Name of Ministry: _____

Name of Ministry Chair: _____

Ministry Chair phone: _____

Ministry Chair email: _____

ACCESSIBILITY OF MINISTRY MEETINGS	YES	NO
Our ministry meetings are held in an accessible meeting space.		
Our meeting site has access to public transportation, nearby accessible parking and nearby accessible washrooms.		
We consistently publicize the accessibility of our meetings in meeting announcements with the words “All are welcome. Please call (insert phone number) so that we can provide accommodations for your participation.”		
ACCESSIBILITY OF MINISTRY EVENTS		
When planning our ministry events we think through and plan for accessibility.		
We publicize the accessibility of our events in print materials, posters and announcements by using access symbols and the words “All are welcome. Please call (insert phone number) so that we can provide accommodations for your participation.” →		

REFLECTING DIGNITY AND RESPECT	YES	NO
All of our ministry members are trained in using respectful language using the <i>People First Language</i> handout from TEAM W.		
All of our ministry members are trained in disability etiquette using the <i>Guidelines for Clergy, Ushers and Lay Leaders</i> handout from TEAM W.		
We personally invite members of all abilities to join our ministry and we provide any necessary accommodations for their participation.		
All of our ministry members have welcoming attitudes and are open to honoring requests for accommodations.		

Please note plans for addressing any areas where "NO" was checked:

Area: _____

Action Steps:

1. _____

2. _____

3. _____

Area: _____

Action Steps:

1. _____

2. _____

3. _____

Thank you for opening hearts, minds and doors to individuals of all abilities.

“The great mystery of our faith is that we get closest to God when we are willing to be vulnerable, when we are willing to say, “I need somebody else.” This is so important, because whether our disabilities are visible or not, we all have them.”

Henri Nouwen
The Vulnerable Journey*

**View The Vulnerable Journey video online at www.team-w.org*

ACCESSIBILITY PLAN WORKSHEET

CONGREGATION: _____ DATE: _____

Project	Completion Date	Description/Comments
Start a TEAM W: That Every Ability May Worship Ministry		
Plan activities and observe TEAM W Month to involve the entire community in welcoming worshippers of all abilities		1. _____ 2. _____ 3. _____
Conduct a <i>Facilities Survey</i> of your campus		
Conduct a <i>Survey of Congregant Needs</i>		
Tabulate survey results		
Prioritize access projects to meet needs:		
1.		
2.		
3.		
4.		
Apply for a TEAM W Award		
Facilitate children applying for a Junior TEAM W Award →		

Complete the form below for each prioritized project. Some projects will require only a few action steps, others more.

Prioritized Project Name	Estimated Cost	Project Team/ Vendors/Contractors
		1. _____ 2. _____ 3. _____
Is a Funding Source Needed?	Length of Time to Complete Project	Contractor/ Vendor
<input type="checkbox"/> No cost or costs are within the existing budget <input type="checkbox"/> Small amount of fundraising needed <input type="checkbox"/> Requires fundraising campaign, grants, major donors	<input type="checkbox"/> Can be completed in 1-2 months <input type="checkbox"/> Can be completed in 3-6 months <input type="checkbox"/> Requires 6 months to a year to complete	<input type="checkbox"/> Completed in-house <input type="checkbox"/> Completed by parishioner <input type="checkbox"/> Outside professionals needed
Local, State or Federal Accessibility Requirements (if needed)		
1. _____ 2. _____ 3. _____		
Action Steps		
1. _____ 2. _____ 3. _____ 4. _____		
Start Date:		Completion Date:

AFFIRMATION, COMMUNICATION AND ACCESSIBILITY

USING AFFIRMATION, COMMUNICATION AND ACCESSIBILITY TO CREATE A WELCOMING CONGREGATION

One in four Americans has a disability, but you'd be surprised how many houses of worship are not equipped to welcome everyone. TEAM W: That Every Ability May Worship is dedicated to raising awareness about barriers to participation that exist in many faith communities for persons with physical, mental, emotional, or sensory differences.

We welcome individuals of all abilities into our congregations with **affirmation, communication and accessibility**. Please duplicate, share and discuss these handouts at your TEAM W Ministry meetings.

Develop a plan to implement the tips from each area to create a caring, inclusive congregation where worshippers of all abilities can participate.

Thank you for opening hearts, minds and doors to parishioners of all abilities so that all may worship and participate together.

**“Inclusion begins in our hearts. It begins with affirmation...
When we open our hearts and our community to the gifts each
person brings, we are all strengthened.”**

Joseph Cardinal Bernardin

Open Minds, Open Doors Video*

**View The Open Heats, Open Minds, Open Doors video online at www.team-w.org*

AFFIRMATION

Some good ideas used by congregations to welcome parishioners of all abilities and their families in the area of affirmation:

- The faith community recognizes talents and/or gifts of individuals. Rarely are people described by their disabilities, instead they are recognized for their gifts. For example a woman who is blind proclaims the Scripture using Braille, and a man who is a guitar player and who uses a wheelchair performs with the music ministry.
- An access survey is used to determine the individual needs of the congregation and to help prioritize improvements such as accessible parking, large-print materials, improved sound system and lighting, wheelchair access, inclusive religious education classes, etc.
- Adults and children with disabilities are given opportunities to serve others within the worship service and in the outreach programs of the faith community.
- Worshippers with invisible disabilities are active members in the faith community (Invisible disabilities include learning disabilities, mental conditions, seizures, the many forms of cancer, arthritis, lupus, heart disease, stroke, etc.).
- Children of all abilities are included in religious education classes with appropriate supports.
- A religious or lay leader who has acquired a serious disability continues to serve in worship services and church leadership if he/she desires.
- A “Care Committee” has been created to connect the congregation to families affected by disability by means of weekly social visits, shopping assistance, caregiver break time, or babysitting. Committee members are trained to communicate appropriately and to extend open-arms to the new baby with difficulties or to the person with a new injury/condition so that all families can feel the warmth of God’s love.

TEN EASY WAYS TO WELCOME PARISHIONERS OF ALL ABILITIES IN THE AREA OF AFFIRMATION

1. Include children, youth and adults with disabilities in worship as cantors, ushers, musicians, altar servers, gift bearers, lectors, etc.
2. Make a well-rounded committee on inclusion part of your congregation's governing council to increase meaningful participation for worshippers of all abilities.
3. Educate the entire congregation about disability issues by periodically running pieces in your bulletin about hospitality and welcome. See "How You Can Make a Difference" in this toolkit.
4. Train ushers and lay leaders as role models to include and welcome worshippers of all abilities and their families.
5. Reinterpret disability narratives in the scriptures as "healing" not "curing" stories or reference biblical leaders who had disabilities in homilies and sermons.
6. Place an "inclusion box" in the worship space with paper and pencils for suggestions for better inclusion.
7. Observe an annual TEAM W Month to celebrate how your congregation welcomes worshippers of all abilities. Visit www.team-w.org for ideas.
8. Consult a person who uses a wheelchair, walker or crutches when planning renovations or additions.
9. Understand that previous negative experiences may cause individuals with disabilities to initially decline your invitation to participate. Don't hesitate to extend additional invitations.
10. List accessible features and supports available in a permanent "For your comfort and convenience..." section of the bulletin or worship aide.

INTERACTING WITH PEOPLE WITH DISABILITIES

Fear of doing the wrong thing can affect interactions between people with and without disabilities. Review the TEAM W handouts, *Guidelines for Clergy, Ushers and Lay Leaders* on pages 39 and 40 of this handbook and *How You Can Make a Difference* on page 81, to familiarize yourself with basic disability etiquette. Then use the suggestions below to help overcome fears and raise comfort levels when interacting with people of different abilities.

The 4D Approach to Reacting To Disability Differences

- **Detecting**: noticing a disability difference and recognizing your internal feelings and thoughts in order to circumvent anxiety or the urge to freeze or escape when encountering a disability difference.
- **Deciding**: deciding the nature of the disability, how relevant the disability is to the current situation, what your action options are and choosing the most useful actions for the situation.
- **Doing**: Behaving according to your plan.
- **Debriefing**: Reflecting on what worked and what didn't and how to act next time.

Using the above steps takes only seconds. When you feel unsure of yourself, the 4 D approach will help lower your anxiety level and will help you interact more comfortably with people who happen to have disabilities. Soon you will serve as a role model for others who may feel uncomfortable relating to people who appear different than they do.

**“What do you say when you meet a person with a disability?
How about, ‘Hello?’ ”**

TEAM W Handout

Guidelines for Clergy Ushers and Lay Leaders

Source: Nancy B. Miller and Catherine C. Sammons, Everybody's Different: Understanding and Changing Our Reactions to Disabilities. Paul H. Brookes Publishing Company, 1999.

COMMUNICATION

Some good ideas used by congregations to welcome parishioners of all abilities and their families in the area of communication:

- Worship services are presented verbally and visually, dramatically and musically **for different learning styles**.
- Sermons or entire worship services are recorded on **audiotape** or **are available in large print**.
- Amplifying **sound system** is in good order. **Assistive listening devices** are available for those with hearing difficulties.
- **Lighting** is surveyed to ensure that the wattage is high enough and that the placement of fixtures ensures maximum visibility.
- Parish staff and receptionists know that persons with disabilities are **intentionally included** in all parish programs and communicate that information to callers, connecting them to the appropriate person to meet their needs.
- A comfortable way to offer **suggestions for inclusion** is created for parishioners of all abilities and their families so they are not made to feel like “complainers”.
- **Sign language interpreter** is available for worship service on a regular basis.
- The words “**Stand or sit as you are able**” and “**Kneel or sit as you are able**” are used in worship aides to direct the congregation.
- The faith community **consistently publicizes** that persons with disabilities are **intentionally included** in worship, ministry, fellowship and study.
- **Transportation** is personally **offered** to people in need and provided on a consistent basis. This availability is also communicated in bulletins and event announcements.

TEN EASY WAYS TO WELCOME PARISHIONERS OF ALL ABILITIES IN THE AREA OF COMMUNICATION

1. State the desire to be intentionally inclusive in the faith community's mission statement.
2. Use "people first" language in homilies, sermons, and bulletin articles.
3. Use access symbols in newspaper advertisements, event announcements and signage to publicize accessible features already in place. See access symbols in this folder.
4. Include the words "*All are welcome. Please call (insert phone number) so that we can provide accommodations for your participation*" in all event announcements.
5. Personally invite congregants with disabilities to participate in ministries, clubs, religious education programs, and events and arrange any accommodations to make participation possible.
6. Make large print prayer books, missals, Bibles, bulletins and hymnals (such as this 14 point bold type) available.
7. Provide homilies on audiotape or in large-print and promote their availability in the bulletin.
8. Keep individuals with visual impairments informed by announcing information from the bulletin at the end of the worship service.
9. When new members join your congregation, ask, in a sensitive and dignified way, if any accommodations would enhance their participation in the faith community.
10. Invite congregants who cannot regularly attend services or events to contribute to the faith community through a "ministry of prayer".

COMMUNICATION RESOURCES

LARGE PRINT LITURGY AIDES

Sunday Missal Service
Pray Together Large Print
1012 Vermont Street
Quincy, IL 62301
(800) 635-0622
Headings: 16 point font
Body: 14 point font

J.S. Paluch Co., Inc.
3825 North Willow Road
P.O. Box 2703
Schiller Park, IL 60176
(800) 621-5197
(847) 678-9300
Larger Print Missalette
Celebrant: 12 point font
Responses: 14 point font

American Catholic Press
16565 South State Street
South Holland, IL 60473
708-331-5485
www.leafletmissal.com
No Large Print Missalette
Regular Missalette is “easy
to read.” See sample on
website.

Pathways.org has also been advised that some congregations create their own liturgy aides and provide enlarged photocopies at the entrances to the Church.

BRaille AND AUDIOTAPE RESOURCES

Xavier Society for the Blind
248 West 35th Street
Suite 1502
New York, NY 10001
(800) 637-9193
212-473-7800
Digital Talking Books,
Downloadable
Large Print 22 font Sunday Mass
Propers and Braille Materials
www.xaviersocietyfortheblind.org →

ASSISTIVE LISTENING DEVICES OR AUDIO LOOPS

Assistive listening devices pick up sound, amplify the sound and deliver the amplified sound to the user's ear. An audio loop (sometimes called an audio induction loop) is a special type of sound system that requires the installation of a wire around the perimeter of the church to conduct sound to people using hearing aids set at a T coil setting. Contact your current sound system manager for more information on the types of assistive listening devices and loop systems and how to install them.

SIGN LANGUAGE INTERPRETER RESOURCES

Chicago Hearing Society
1444 W. Willow Street
2nd Floor
Chicago, IL 60642
(773) 248-9121
Call for current rates.

Chicago Area Interpreters Service
(CAIRS)
4801 Southwick
Matteson, IL 60443
(312) 895-4300
Call for current rates.

Archdiocese of Chicago
Office of the Deaf
Father Joseph Mulcrone, Director
312-534-7899
jmulcrone@archchicago.org
www.deafchurchchicago.org
Call for rates and availability.

UNIVERSAL ACCESS SIGNS



ACCESSIBILITY

Some good ideas used by congregations to welcome parishioners of all abilities and their families in the area of accessibility:

- It is possible to get **from a parked car to worship services** without going up or down a step.
- A **bathroom** with wheelchair-accessible facilities is available on the worship floor.
- A **button** can open at least one heavy entrance door.
- Marked, **accessible parking spaces** for cars and vans are close to accessible entrances.
- **Front pew kneeler** has been removed for persons using wheelchairs, canes, crutches, or walking frame and their families.
- **Sanctuary area is accessible. Podium and/or microphone** are adjustable for person's height or a lapel microphone is available.
- **Architecture committee** consults with persons who use wheelchairs, walkers, crutches or canes in every phase of evaluation and planning for modification or addition to all church buildings.
- Sidewalks have **curb cuts** and entrances have **ramps**.
- A whole **fundraising strategy** is created to raise money for long-term architectural modifications. Fundraising can include bake sales, car washes and memorial contributions.
- **Choir** area allows persons using wheelchairs to participate.
- **Doors** are 36 inches wide and are level with the **doorsill** of each entrance.

TEN EASY WAYS TO WELCOME PARISHIONERS OF ALL ABILITIES IN THE AREA OF ACCESSIBILITY

1. Use universal design concepts to plan buildings, programs, ministries and events so that all can participate. See the following page for more information on universal design.
2. Move Sunday school classes, fellowship activities and meetings to accessible areas.
3. Encourage church members to designate memorial gifts for accessibility projects.
4. Install long-handled door hardware. It is easier for everyone to use, not only those with impaired hand function.
5. Place pews 32 inches apart to allow space for people who use walkers, crutches and canes.
6. Provide padded seating or have chair pads available. Provide chairs with arms for those who have difficulty rising.
7. Open the ends of several existing pews so that people using wheelchairs may be seated with their families and friends rather than in specially designated segregated sections.
8. Think about converting two side-by-side bathrooms into one accessible, unisex bathroom so caregivers can assist.
9. Consult with persons who use wheelchairs, walkers, crutches, or canes in every phase of planning new construction, building modifications or additions to buildings.
10. Explore ways of including members of your congregation who have disabilities in the education, fellowship, ministry, and worship of the faith community. Often simple accommodations can make participation possible.

MAKING MEETINGS AND EVENTS ACCESSIBLE

Ensure that worshippers of all abilities can participate in meetings and events by following the suggestions below:

MEETING LOCATION

1. Is there a barrier-free pathway to the meeting space? A barrier-free pathway means that a person with a mobility impairment can make it from the street into the meeting room without encountering stairs, any sudden change in floor height over 1 inch, slippery or unstable ground, doorways less than 32" wide, or any objects obstructing walkways. Any elevators should be large enough to comfortably fit a wheelchair.
2. Are accessible restrooms nearby? An accessible restroom is one that has a stall with a doorway at 32" wide, grab bars installed by the toilet seat, and enough space for a wheelchair to maneuver (at least 36" x 69"). Also, at least one sink should have adequate space open beneath it so that a person using a wheelchair can sit with their legs underneath the basin as they wash their hands.
3. Are nearby accessible parking places available and clearly marked?
4. Is it easy to reach the meeting space from public transportation? Many people with disabilities rely on public transportation.
5. Someone standing by the main entrance to direct people to the meeting room and help those needing assistance is a courtesy that everyone will appreciate.



ACCOMMODATIONS IN THE MEETING ROOM

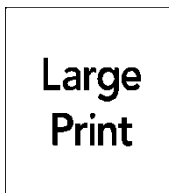
1. If you know there will be an individual with low vision attending your meeting ask if printed materials in 16-point font would be helpful. For people who are blind, ask if copies of written materials on disk in a generic word processing format would be helpful.
2. Make sure the meeting site is free of background noise for people who are hard of hearing or use hearing aids. →

MAKING MEETINGS AND EVENTS ACCESSIBLE (cont'd)

3. Make sure there is a good quality sound system and check audio equipment for loudness and clarity. Are assistive listening devices available?
4. Position presenters so everyone can easily see them, but not in front of windows. If presenters use wheelchairs, place all speakers at a table in front of the room, passing a table microphone from speaker to speaker.
5. State in your advertisements that "sign language interpreters are available upon request" and then provide, if requested. Ask participants who are deaf and the interpreter what locations in the room would be best to facilitate signing.

OTHER POINTS

1. When advertising meetings, use access symbols and give contact information to request accommodations.



2. A welcoming attitude is an important component of an accessible meeting. Remain open to requests for accommodations and remember that people with disabilities — like all people — should be treated with dignity and respect.
3. Thinking through and planning for accessibility ahead of time allows people with disabilities to participate more effectively in your meeting.

Source: <http://www.nationalserviceresources.org/practices/17468>

**“Unable to get near Jesus because of the crowd,
they opened up the roof above him.”**

Mark 2:4

UNIVERSAL DESIGN/DESIGN FOR ALL

Changes in access to our buildings benefit all of us . . . a child in a stroller, persons with a temporary cast, crutches, cane or wheelchair and persons needing accessibility more permanently.

Universal design is design that works beautifully and seamlessly for as many people as possible regardless of disability or age. Universal design creates access that is beneficial to all rather than focusing on differing requirements for different people.

CONSTRUCTING A NEW RAMP

Ramps are the most common method of creating an accessible route of travel when bridging a height difference up to several feet. A straight ramp is the easiest to use since it requires no turns by the user.

Ramps should include:

- curbs or railings on both sides of the ramp
- 36-inch minimum width between the handrails
- a slip-resistant surface
- a slope as close to 1/2 inch of rise for every 12 inches of run is ideal—check with a person using a wheelchair or a walker.

CREATING AN ACCESSIBLE PASSENGER DROP-OFF

A safe, accessible drop-off creates an area where all users can get out of or into their cars or vans and get directly onto an accessible route. A facility that requires automobile access but doesn't have an accessible passenger drop-off can force a user with a disability to not use the facility at all.

An accessible drop-off area includes:

- a level surface and a 5' x 20' access aisle adjacent to the vehicle space
- curb cuts, if necessary, to provide access from the vehicle space to the sidewalk
- clearly posted signs with the accessibility logo
- location as close as possible to accessible entrances —→

INSTALLING ACCESSIBLE PARKING SPACES

Parking spaces are often the first part of an accessible route of travel for people with disabilities. Proper design and location can create the difference between an accessible and an inaccessible church facility and can ensure the safety of the people using them. One in twenty-five spaces should be accessible.

Accessible parking spaces for cars and vans should be:

- clearly marked with signs showing the accessibility symbol
- 8' wide with a 5' access aisle (two spaces can share one aisle)
- 8' wide with an 8' access aisle for vans with side-mounted lifts or ramps. Van accessible spaces should be clearly marked with signs indicating the larger access aisle. One in every eight accessible spaces should be designed for lift equipped vans.
- designed so that a curb cut is located within the access aisle boundaries, not the parking space boundaries.

As TEAM W ministers we follow Christ's example of ministry as we reach out to welcome individuals of all abilities into our faith communities and let them know they belong.

“Pastoral ministers should not presume to know the needs of persons with disabilities, but should rather—before all else—consult with them or their advocates before making determinations about the accessibility of a parish’s facilities and the availability of its programs, policies, and ministries. Full accessibility should be the goal for every parish, and these adaptations are to be an ordinary part of the liturgical life of the parish.”

**United States Catholic
Conference of Bishops
Guidelines for the Celebration
of the Sacraments with
Persons with Disabilities**

TEAM W MINISTRY TOOLS

FACILITIES SURVEY

Use the following survey to evaluate the accessibility of your campus. At least one person who uses a wheelchair should be part of the survey team. "no" answers indicate areas which need to be addressed. To save time, you may want to divide your committee into groups, assign each group different areas to survey and then have groups report back on findings. Make copies of the survey for team members and place on clipboards. Use a tape measure for accurate measurements.

Parking		
YES	NO	
		Are 10% of all parking spaces designated accessible spaces? If no, actual number:
		Are car spaces at least 8' wide in the accessible spaces? If no, actual width:
		Is there an adjacent access aisle at least 5' wide, minimum? Two spaces can share access aisles.
		Are the reserved spaces and access aisles paved, even if the rest of the parking lot is not paved?
		Is there at least one van-accessible space? One van accessible space for every six accessible spaces is recommended.
		Is the van-accessible space 8' wide, minimum with an 8' wide access aisle?
		Are reserved spaces clearly marked with access symbol signage, 60" to bottom of sign, minimum? If no, actual height of signage:
		Is the van-accessible space clearly marked "Van Accessible"?
		Are reserved spaces on a level surface?
		Is there a 3' wide curb cut between the parking lot and sidewalk, with a slope of 1":12"? Actual width of curb cut: Actual slope of curb cut:
		Are reserved spaces close to an accessible entrance and on an accessible route with walkways at least 54 inches wide?

YES	NO	
		Are wheel stops installed 18' from the curb to prevent car overhang onto sidewalk leading to the accessible entrance?
Walkways		
YES	NO	
		Do walkways have non-slip, paved surfaces?
		Are walkways the recommended 36" wide with 60" x 60" passing spots every 200' to allow for passing? If no, actual width:
		Is the slope of the walkway a maximum of 1" rise in 20"?
		Are walkways of a continuing common surface, and not interrupted by steps?
		Are there any protruding objects, such as shrubs, in the walkway? List and create a plan for removal:
Ramps		
YES	NO	
		Has a sloped walkway rather than an exterior ramp been considered?
		Do ramps have a slope no greater than 1" rise in 12"?
		Do ramps have a width of no less than 36" between handrails?
		Do ramps have continuous side rails on both sides?
		Are side rails 34" to 38" above the surface of the ramp?
		Do side rails extend 1' beyond the top and bottom of the ramp?
		Do ramps have a non-slip surface?
		Do ramps have level 5' platforms at 30' intervals and whenever they turn (for purposes of rest and safety)?

YES	NO	
		Are exterior ramps covered with a canopy for weather protection to keep ramps free of snow, ice and rain?
		If exterior ramps are not covered is a 4" bottom rail in place rather than a curb to allow rain to drain off and snow to be pushed off?
		Are ramped entrances clearly designated with signage?
Entrance		
YES	NO	
		Is at least one primary entrance to the building usable by people who use wheelchairs and walkers?
		Do doors have a clear opening of 32" or more? If no, actual width:
		If doors have a closer, is there a time-delay device?
		When closed, are doors that are in a series separated by at least 4' plus the width of any door swinging into the space? If no, actual distance:
		Are all thresholds level (less than ¼ inch), or beveled, up to ½ inch high?
		Are door handles 48" high or less?
		Are door handles operable with a closed fist?
Wheelchair Lift		
YES	NO	
		Is platform 42" x 48"? If no, actual dimension:
		Can lift be operated by persons with disabilities without assistance?
		Is lift secured to prevent accidents or misuse?
		Is there an accessible route on and off the lift, top and bottom?

Access to Worship		
YES	NO	
		Are there one or two pews 32" apart for people who use crutches or walkers?
		Have the ends of several pews been removed to allow people in wheelchairs to sit with family?
		Are there chairs with padded seats, some padded pews, or seat pads to distribute?
		Are there areas of adequate lighting to enable participation in worship?
Access to Worship (continued)		
YES	NO	
		Is there adequate lighting on speakers and interpreters, with no shadows on either?
		Are worship aides and hymnals available for people with vision loss in large print?
		Are worship aides and hymnals available for people with vision loss in Braille?
		Is there an amplification system for persons who are hard of hearing? If yes, what type?
		Are there sign language interpreters for people who are deaf and hard of hearing?
		In lieu of interpreters, is there real-time captioning available?
		Is the sanctuary accessible so that people who use wheelchairs and walkers can serve as worship ministers?
		Have ushers been trained to offer appropriate assistance?
Stairs		
YES	NO	
		Do stairs have a non-slip surface?
		Are stairs well-lit?
		Is there a continuous and stable handrail along both sides of the stairs? If no, is there a handrail on one side:

YES	NO	
		Is there textural or color change at the top and bottom of steps to alert persons with vision loss?
Restrooms		
YES	NO	
		Is there at least one accessible restroom provided on each floor?
		Do entranceways, doors, and vision screens allow 32" clearance?
Restrooms (continued)		
YES	NO	
		Has an out-swinging door that has a 32" clear opening?
		Has grab bars 36" long on each side or on one side and rear wall, 33" to 36" above floor, fastened securely to the wall at the ends and center?
		Has a commode with seat 17" to 19" from floor?
		Has paper holder 7"- 9" in front of toilet, 14"- 19" from floor?
		Are sinks wall-mounted with rim no higher than 34" from floor?
		Do sinks have faucets operable with closed fist? (Single-lever type handles not requiring hand grip are preferred.)
		Are exposed drain pipes and hot water pipes covered or insulated?
		Are some mirrors and shelves at a height with the bottom no higher than 40" above floor (or slanted to allow vision at that level)?
		Are some towel racks, and other dispensers and disposal units mounted no higher than 40" from the floor?
		Do restrooms for men have wall-mounted urinals with opening of the basin no higher than 17" from the floor, or have floor-mounted urinals that are level with the main floor?

Elevators		
YES	NO	
		If building is multi-story, is there an elevator?
		Are the hall call buttons centered at 42" maximum from floor?
		Are all of the interior controls 48" or less from the floor? If no, actual height:
		Are the buttons labeled with raised or Braille letters beside them?
		Do cab dimensions range from 51"x 80" to 60"x 60"? If no, actual dimension:
		Is there a handrail provided on at least one side, 32" from the floor?
Elevators (continued)		
YES	NO	
		Is the door slow-closing, with a sensing device?
		Is there an audible signal at each floor?

*Measurements and specific requirements may vary by state.

Adapted from: Opening Doors, National Catholic Office for Persons with Disabilities, Washington, D.C.

Jesus asked him, "What do you want me to do for you?"

Luke 8:40-41

SURVEY OF CONGREGANT'S NEEDS

Statistics show that one out of five Americans has a disability. We would like to learn more about the needs of our congregation and the barriers that may prevent full participation at our house of worship. Please take a few minutes to complete the following survey. Thank you.

1. The person who could participate more fully if accommodations were provided is (Circle all that apply):

Self

Family

Acquaintance

Don't know

Member

(Please continue)

2. What would allow full participation in worship at our house of faith?

- ☐ Invitation to participate
- ☐ Disability awareness training for staff and congregation
- ☐ Drop off area
- ☐ Accessible parking spaces
- ☐ Curb cuts
- ☐ Ramps
- ☐ Automatic doors
- ☐ Doors 36 inches in width
- ☐ Greeters who could assist
- ☐ Clearly marked accessible bathrooms
- ☐ Accessible pulpit/bimah
- ☐ Assistive listening devices for persons with hearing needs
- ☐ Sign language interpreter
- ☐ Braille materials
- ☐ Large print liturgy guides/hymnals
- ☐ Pew cuts or accessible spaces throughout the worship space
- ☐ Pew without kneelers
- ☐ Padded seating with arm rests
- ☐ Pews 32 inches apart to allow for use of walkers, canes, crutches
- ☐ Other _____

3. What other area(s) limit or prevent full participation?

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Meeting rooms | <input type="checkbox"/> Lighting | <input type="checkbox"/> Carpet/floor coverings | <input type="checkbox"/> Sound system |
| <input type="checkbox"/> Gym | <input type="checkbox"/> School building | <input type="checkbox"/> Social hall | <input type="checkbox"/> Office/rectory |
| <input type="checkbox"/> Sanctuary | <input type="checkbox"/> Attitudes | <input type="checkbox"/> Other(s): _____ | |

4. Please check ministries in our faith community that are not accessible:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Altar server | <input type="checkbox"/> Choir member | <input type="checkbox"/> Lector | <input type="checkbox"/> Usher |
| <input type="checkbox"/> Catechist | <input type="checkbox"/> Religious education student | <input type="checkbox"/> Day school student | <input type="checkbox"/> Liturgical minister |
| <input type="checkbox"/> Parish council | <input type="checkbox"/> Teen group | <input type="checkbox"/> Women's guild | <input type="checkbox"/> Other: _____ |

Additional Comments:

Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____ Phone: _____

- ☐ Yes, I would like to serve on an inclusion committee to help make our faith community more accessible and welcoming. I have completed the above information so that you may contact me.

“One of the great gifts of people with visible disabilities is that they help those of who have invisible disabilities to get in touch with them. And to realize that I am impatient, that I am full of anxieties and fears, that I have my addictions, that I have my broken relationship, that I am poor.”

**Henri Nouwen
The Vulnerable Journey***

**View The Vulnerable Journey video online at www.team-w.org*

PATHWAYS.ORG TEAM W AWARDS

TEAM W AWARDS

Since 1997, grants of up to \$1,000 have been awarded to houses of worship and religious schools nationwide to help fund access and inclusion projects. Annual deadline is October 1st.

As parish TEAM W Minister you are encouraged to nominate your parish for an TEAM-W Award with the approval of your pastor. Complete the application form available at www.team-w.org, make a video or take digital photos of your access and inclusion efforts and describe the specific planned project you are seeking funding for. Once the application is complete, submit it to your pastor for his signature and then email the completed form, video or essay with photos to friends@pathways.org.

Or facilitate the nomination of a Junior TEAM-W Award by the children of the parish in the religious education program or school. Use the *Different Gifts, Same Spirit* lesson plans at www.team-w.org to teach RE or school children about the giftedness of all people. The plans are also available from Loyola Press. Then have the children make a video, write essays with electronic photos or original artwork of what inclusion means to them with a description of the project they seek funding for. Submit the best work with a completed application to friends@pathways.org.

Or advertise the Junior TEAM W Awards in your parish bulletin (see below) or personally invite a family or child from your parish to create a video, write an essay with electronic photos, or draw a picture of access at your parish. Submit along with a description of the planned project and a completed nomination form available at www.team-w.org to friends@pathways.org.

CALLING ALL YOUTH AGES 5 TO 18!

Wouldn't you feel proud if you **won \$1,000** for our parish? It's easy! Just enter the **TEAM W Junior Awards** sponsored by Pathways.org! Write an essay with photos or original artwork or create a video that tells how our parish welcomes worshippers of all abilities. Submit your entry to our pastor for his signature. Send your entry along with a completed TEAM W Junior Awards application and information about the access project you seek funding for to Pathways.org, 355 E. Erie Street, 10th Floor, Chicago, IL, 60611 or scan and email to friends@pathways.org. Nominations must be postmarked by **October 1st** or earlier. Download the TEAM-W Junior Award Application at www.team-w.org or call 1-800-364-1337.



Annual TEAM W Awards

\$1,000 Grants for Access Projects in Houses of Faith or Religious Schools/Faith Formation Programs

TEAM W Awards and Junior Team W Awards

The Pathways.org TEAM W and Junior TEAM W Awards help congregations and religious schools across the U.S. fund projects that welcome individuals of all abilities.

How Can I Use a TEAM W Award?

Grants of up to \$1,000 have been used for exterior access signage, pew cutouts, automatic door openers, ramps, assistive listening devices, sign language interpreters and adaptive religious education materials.



Apply for a TEAM W Award

Adults create a video or an essay with photos that describes how the faith community or religious school/faith formation program welcomes individuals of all abilities and how the planned project expands those efforts.

Apply for a JUNIOR TEAM W Award

Children and youth ages 5-18 create a video, essay with photos or original artwork showing how the faith community or religious school/faith formation program welcomes individuals of all abilities. Parents and teachers may facilitate completing the application form.



Annual deadline for application packets is October 1st.
More information is available at www.team-w.org or call 1-800-364-1337.

“The TEAM W Award supports our efforts to preserve and honor the dignity of all by creating a fully accessible worship space through renovation and expansion.”

**Reverend Matthew Foley
Pastor, St. James Catholic Church
Arlington Heights, IL
2018 TEAM W Award Winning parish**

TEAM W MONTH

TEAM W MONTH: THAT EVERY ABILITY MAY WORSHIP

WHY SHOULD WE CELEBRATE TEAM W MONTH?

Disabilities cross all cultural, ethnic and racial lines. Yet many people who live with disabilities are missing when we gather to worship. We are called to love our neighbors as ourselves, but cannot fulfill that responsibility when many are missing from our midst, including those who move through the world in ways different from our own; those who need to understand the Word of God by means we fail to consider; or those who would proclaim their faith by means we are too impatient to attend. TEAM W Month is a time for us to open our hearts, minds and doors so that meaningful participation in faith communities is available to all parishioners every day of the year.

(Adapted from *Jubilee Days*, National Catholic Partnership on Disabilities)

TEAM W MONTH ACTIVITIES

Congregations can welcome parishioners of all abilities in three areas: affirmation, communication and accessibility. Listed below are ideas for your TEAM W Month events or you may develop ideas of your own. The TEAM W Month Workbooks of planning materials are available at www.team-w.org to assist you further.

AFFIRMATION

- Use the TEAM W Month Workbooks of planning materials at www.team-w.org to plan your TEAM W Month events.
- Publicize your faith community's accessible features. Use access symbols in bulletins, ads, and on signage.
- Use Guidelines for Clergy, Ushers and Lay Leaders at www.team-w.org to train staff and congregants about interacting with parishioners of all abilities.

COMMUNICATION

- Place information in your bulletin about welcoming parishioners of all abilities during TEAM W Month and throughout the year. Use the bulletin materials provided in this booklet or at www.team-w.org.
- Send a family discussion guide home for parents and children to discuss ways to be more aware of welcoming parishioners of all

abilities. A family guide is available in the *Different Gifts, Same Spirit* lesson plans at www.team-w.org.

- Educate staff, volunteers and ministry leaders about using “People First Language” in homilies, announcements and print materials.
- Ask celebrants to speak about the gifts received when everyone feels they belong to the parish community because they can participate in liturgy, ministries, education and social events.
- Send a press release to local papers to showcase your efforts to welcome congregants of all abilities.

ACCESSIBILITY

- Do a walk-through of your facilities before TEAM W Month. Note inaccessible areas and announce plans to remove those barriers at your congregation’s TEAM W Month celebration. The Facilities Survey is available in this TEAM W Ministry Handbook or at www.team-w.org.
- Use TEAM W Month to solicit volunteers for a TEAM W Ministry to keep access and belonging a priority.
- Survey your congregation and develop an access plan to meet the needs of the faithful. Visit www.team-w.org for a Survey of Parishioner Needs that can be duplicated, distributed to parishioners at Mass, collected and tabulated to meet needs.

Visit www.team-w.org for TEAM W Month Workbooks, Prayer Cards, posters, bulletin items and more activities and ideas for your parish’s TEAM W Month.


“The celebration of TEAM W Month will help others witness their faith in a valued and supported faith community. Know of my gratitude and my prayers for all that you do.”

**Blase Cardinal Cupich
Archbishop of Chicago**

2016 TEAM W Month Letter to Parishes

TEAM W MONTH BULLETIN ARTICLES


Visit www.team-w.org for the series of educational bulletin items for downloading. See samples below. Run the series in your bulletin, on your website or in newsletters during TEAM W Month. Place *How You Can Make a Difference* in your bulletin (see the following page). Find prayers and more ideas for bulletin articles in the TEAM W Month Workbook at www.team-w.org.

**TEAM W**


How YOU Can Make a Difference

Welcome Parishioners Who Are Deaf

- Face the person. Your facial expressions, gestures, and body movements help in understanding. The person may also read your lips.
- Speak clearly and slowly.
- Move closer rather than shout
- Writing can also be used to communicate.




Need more ideas?
Visit: www.team-w.org

**TEAM W**

How YOU Can Make a Difference

Welcome Parishioners Who Are Blind

- Identify yourself when you greet a person who is blind.
- Talk in a normal tone of voice.
- Offer your arm when assisting.
- Give verbal cues such as, "we are going through a doorway."



Need more ideas?
Visit: www.team-w.org

TEAM W MONTH BULLETIN ARTICLES

HOW YOU CAN MAKE A DIFFERENCE

There are many things that you, as an individual, can do to help parishioners of all abilities feel welcome in your house of faith.

1. I will treat ALL people as PEOPLE FIRST – as I would like to be treated.
2. I will SPEAK DIRECTLY to the person with a disability, not only to the nearby family member, companion, interpreter, or the canine companion.
3. I will offer to SHAKE HANDS when introduced to a person with a disability. (Persons with limited hand use or who wear an artificial limb may shake hands. Shaking the left hand is okay, too.)
4. I will place myself at EYE LEVEL, in front, for easy conversation with a person in a wheelchair, with crutches, or with a walking frame.
5. I will OFFER ASSISTANCE AND WAIT until the offer is accepted. I will wait and then ask for instructions.
6. I will be PATIENT AND WAIT for the person with difficulty speaking, rather than speaking for the person. I may help by asking short questions that require short answers, a nod, or a shake of the head.
7. I will see the WHOLENESS OF SPIRIT beneath the surface of someone with a disability and overcome the tendency to turn away or ignore the person.
8. I will TREAT ADULTS with developmental disabilities AS ADULTS, not as children. I will use first names only when using the same familiarity for all persons.
9. I will get the attention of someone who is hearing-impaired by LIGHTLY TAPPING their elbow or shoulder, or by WAVING MY HAND. I will look directly at the person and speak clearly, slowly, and expressively to establish if the person can read my lips.
10. I will guide a person with visual impairments by GIVING VERBAL CLUES to steps, curbs, escalators or doors.

PRAYERS FOR TEAM W MONTH

PRAYER FOR AWARENESS

God, Creator of all, help us to recognize that each of us has abilities and each of us has limitations. And yet we all have a part to play in bringing about Your Kingdom. You love each of us profoundly. In the spirit of gratitude and solidarity, we ask you to increase our awareness of both the gifts and the needs of those around us. Open our hearts, minds and doors to the gifts of every person. Help us to become truly welcoming communities where everyone can find their place at Your Table. We ask this in Your name, Amen.

PRAYER FOR OPEN HEARTS

God, our beloved creator, you fashioned us in your image. We are precious in your eyes. Instill in us the awareness and courage we need to see your face in the face of our neighbors and care for the least of our brothers and sisters. Help us to break down barriers in our hearts and remove obstacles in our communities that prevent all of your faithful from fully participating in the life of your church. We ask this through Christ, our Lord. Amen.

CLOSING PRAYER

O Lord, thank you for the blessings of the gifts and talents of each of our parishioners. Teach us to meet the challenges of developing an understanding and appreciation for who we are and how you intend for us to use our strengths in our Church and community. Help us to value one another's differences. Amen.

TEAM W MONTH AS AN ANNUAL MINISTRY BENCHMARK

Parish TEAM W Ministers should use the annual celebration of TEAM W Month to take stock of their ministry and to make plans for future initiatives. Use TEAM W Month to keep track of your parish's progress on becoming an accessible and welcoming community of faith where parishioners of all abilities can participate, know they *belong* and share their gifts at the altar.

“The creation of a fully accessible parish reaches beyond mere physical accommodations to encompass the attitudes of all parishioners toward persons with disabilities. Pastoral ministers are encouraged to develop specific programs aimed at forming a community of believers known for its joyful inclusion of all of God's people around the table of the Lord.”

**United States Catholic Conference of Bishops
Guidelines for the Celebration of Sacraments
with Persons with Disabilities**

BLESSING A NEW ACCESS FEATURE

Efforts to create access through accommodations such as ramps, elevators, assistive listening devices etc. should be acknowledged and celebrated. The ritual below can be adapted to bless any new accommodation and can be used as a standalone service or for inclusion within a regular weekly worship service. In addition, access symbols should be posted on the building and used in bulletins, flyers, or other advertisements so that people will know of the availability of accommodations.

*Presider: Welcome the assembly and explain the history of the new accommodation that the worshipping community has provided.
Begin the blessing ceremony with the following prayer:*

Opening Prayer

Presider: Let us pray. Living and true God, You created all that is good and holy. Be close to your servants who gather here today. Be their constant help and protection. Enable us to reach out to all Your children to show understanding and awareness, comfort and consolation, justice and equality. We ask this through Jesus Christ Your Son, our Lord, who lives and reigns with you and the Holy Spirit, one God, forever and ever.

All: Amen

Blessing

Presider: Creator God, you give us all good things. You know our needs and fulfill our desires. You protect all of us when we are fragile and give all of us courage when we are weak. Bless this new [name the new access feature] and those who will use it. May it open up a world of new possibilities for our community. May it bring worshipers to our assembly, students to Your saving Word and seekers to Your divine love.

All: Amen

Presider sprinkles the new access feature with holy water.

Intercessions

Presider: Confident that we are all God's children, let us approach Him with our petitions.

Minister: For creativity and sensitivity in breaking down barriers in attitude and in architecture we pray...

All: Lord, make us one.

Minister: That our worshipping community may continue Jesus' mission of love for all people, offering appropriate support and services, we pray...

BLESSING A NEW ACCESS FEATURE (cont'd)

All: Lord, make us one.

Minister: That members with disabilities may respond with trust to our efforts to involve them more fully in the life of the Church, we pray...

All: Lord, make us one.

Minister: That we may be grateful for the gifts and abilities of every member of the Body of Christ, we pray...

All: Lord, make us one.

Minister: That the Lord will give each of us the strength to understand and accept our own disabilities, especially those that hinder our growth in God's love, we pray...

All: Lord, make us one.

Presider: God of love, our refuge and our strength, hear the prayers of Your church, which we offer in faith. We ask this through Christ our Lord. Amen.

The Lord's Prayer

Presider: Gathering our prayer and praise into one, let us offer the prayer that Christ himself taught us to pray...

All: Our Father ...

Sign of Peace

Presider: Let us offer one another a sign of Christ's peace.

Conclusion

Presider: Let us offer our final Prayer for Awareness.

All: God, Creator of all, help us to recognize that each of us has abilities and each of us has limitations. And yet we all have a part to play in bringing about Your Kingdom. You love each of us profoundly. In the spirit of gratitude and solidarity, we ask you to increase our awareness of both the gifts and the needs of those around us. Open our hearts, minds and doors to the gifts of every person. Help us to become truly welcoming communities where everyone can find their place at Your table. We ask this in Your name, Amen.

“One man was there who had been ill for thirty-eight years. When Jesus saw him lying there and knew that he had been ill for a long time, he said to him, “Do you want to be well?” The sick man answered him, “Sir, I have no one to put me into the pool when the water is stirred ...”

John 5:4-7

WELCOMING PARISHIONERS OF ALL ABILITIES

POINTS TO REMEMBER

Remember that we all have disabilities.

Remember that a person who has a disability is a PERSON—like anyone else.

Speak directly to a person with a disability. Don't consider a companion to be a conversational go-between.

Converse with a person with a disability as you would with anyone else. Explore your mutual interests in a friendly way.

Offer assistance if asked or if the need seems obvious, in which case ask simply, "Do you need help? How should I help you?" Respect the person's right to indicate the kind of help needed.

Talk about the disability if it comes up naturally, without prying.

Don't be embarrassed over common expressions that call attention to a disability—like asking a person who is deaf if he/she has heard some news. You are most likely to be sensitive to the expression than the person to whom you are talking.

Appreciate what the person CAN do. Remember that difficulties the person may be facing may stem more from society's attitudes and barriers than from the disability.

Do not shout at people with vision loss. They have lost their vision, not their hearing. Use graphic language when directing someone who is blind. Indicate distances and obstacles that might be in the way.

Don't provide words for someone who stutters or speaks with difficulty. Be patient and listen. If you do not understand, be honest and ask the speaker to repeat. When necessary, ask questions that require short answers or a shake of the head.

Always face a person with a hearing loss. Be sure the person can see your lips. Speak clearly without exaggerating lip movements. Use gestures to aid communication. When full understanding is doubtful, write notes.

Don't move a wheelchair or crutches out of reach of the person who uses them.

Never start to push a wheelchair without first asking the occupant if you may do so.

APPROPRIATE TERMINOLOGY

People with disabilities want to be treated respectfully as individuals, they are not looking for sympathy or pity, they are not “afflicted” or “suffering” from their disability. Understanding and using appropriate terminology when speaking about people of diverse abilities is respectful.

Age-related Macular Degeneration (AMD) — Age related macular degeneration (AMD) is an eye disease that is present to at least a mild degree in millions of older Americans. It is a leading cause of visual loss in this country. AMD affects the macula, a small portion of the retina. The retina is the light-sensing nerve tissue that lines the inside of the eye. All parts of the retina contribute to sight, but only the macula can provide the sharp, straight-ahead vision that is needed for driving and reading small print. As a person ages, changes may occur in this small but important area of the retina, causing difficulties in reading and other tasks that require good central vision.

Amyotrophic Lateral Sclerosis — also known as Lou Gherig’s Disease is one of nine forms of muscular dystrophy is a disease of the motor neurons, muscle-controlling nerve cells in the brain and spinal cord that control voluntary muscle movement.

Arthritis — Inflammation of one or more joints. Of the two forms of arthritis, osteoarthritis and rheumatoid arthritis, the latter is more likely to be disabling. Rheumatoid arthritis is a chronic, progressive, systemic disorder that can result in joint destruction, pain and lack of mobility.

Attention deficit hyperactivity disorder — a developmental disability estimated to affect between 3-5% of all children. It is characterized by inattentiveness, impulsive behavior and in many cases, but not all, restlessness or hyperactivity.

Autism — A developmental disability significantly affecting verbal and non-verbal communication and social interaction, generally evident before age three that adversely affects educational performance.

Blindness— Refers to total loss of vision and should not be used when referring to partial vision loss.

Cataracts—Occurs when the lens becomes opaque, resulting in severely distorted vision or total blindness. Surgical treatment for cataracts (such as lens implants) has advanced rapidly in recent years returning to the individual most of the vision that was lost.

Cerebral Palsy—(C.P.) Cerebral palsy is a term used to describe a group of conditions affecting body movement and muscle coordination. It is caused by damage to one or more specific areas of the brain, usually occurring during fetal development; before, during, or shortly after birth; or during infancy. "Cerebral" refers to the brain and "palsy" to muscle weakness/poor control. Cerebral palsy is not communicable. *It is not a disease and should not be referred to as such.* Training and physical therapy help improve function. (United Cerebral Palsy)

Cerebral Vascular Accident (Stroke) — Cerebral Vascular Accident (CVA) occurs when normal circulation of blood through the brain is interrupted by an obstruction of a blood vessel by a clot or abnormal mass, or by hemorrhage. Deprived of oxygen-filled blood, brain cells are destroyed and cease to control body activities normally under their direction. CVA may result in hemiplegia (numbness and paralysis on one side), and speech and language difficulties.

Child Find — a service directed by each state's Department of Education or lead agency for identifying and diagnosing underserved children with disabilities. While Child Find looks for all underserved children, it makes a special effort to identify children from birth to six years old.

Cognitive Disability — a particular state of functioning that begins in childhood (before the age of 18) and is characterized by limitations in both intelligence and adaptive skills. Within an individual, limitations often coexist with strengths. With the appropriate supports over a sustained period of time, the life functioning of the person with a cognitive disability generally will improve. The term mental retardation is considered demeaning by many people and should be avoided.

Congenital Disability — a condition that exists at birth. The term "birth defect" is not appropriate because "defect" is not a synonym for disability.

Deaf — Total loss of hearing. Most people who are deaf cannot speak or cannot speak clearly because their hearing is impaired. Deaf-mute and deaf and dumb are inaccurate descriptions and should never be used.

Disability — The National Catholic Partnership on Disability defines disability as the normal and anticipated outcome of the risks, strains, and stresses of the living process itself from birth to advanced age. Disabilities are to be expected within any community. Use disability rather than handicap. E.g., "There are approximately 43 million individuals with disabilities in this country."

Down Syndrome — A genetic condition that causes delays in physical and intellectual development. It occurs in approximately one in 800 births. Individuals with Down Syndrome have 47 chromosomes instead of the usual 46. (National Association on Down Syndrome) When referring to someone with Down Syndrome do not use demeaning and outdated terms such as mongoloid or mongoloidism.

Early Intervention Services — Services for infants and toddlers that are designed to identify and treat developmental delays as early as possible. Early intervention services are provided after an assessment and evaluation determines the need for services. Services can be provided in the home, clinic, daycare center, hospital or local health department. (NICHCY)

Epilepsy — Epilepsy is a neurological condition that makes people susceptible to seizures. A seizure is a change in sensation, awareness, or behavior brought about by a brief electrical disturbance in the brain. Seizures vary from a momentary disruption of the senses, to short periods of unconsciousness or staring spells, to convulsions. (Epilepsy Foundation)

Hard of Hearing — Hearing loss that limits functional communication.

IDEA — Also known as PL94-142. Federal law that requires all states to provide public school education to children with disabilities age 3-21 no matter how severe the disabilities.

IFSP — Individualized Family Service Plan that describes a plan for early intervention services needed. It lists outcomes expected, the services the child will receive, when and where services will be received and a transition plan into the next intervention program.

Inclusion — Offering respect and the opportunity to participate to all people.

Learning Disability — A disorder affecting the understanding or use of spoken and/or written language.

LRE — Least Restrictive Environment- an educational setting that provides a student with disabilities with the chance to work and learn with as much contact as possible with children without disabilities, while meeting all of the child's learning needs and physical requirements.

Mental Illness/ Mental Disorder — Physical brain disorders that profoundly disrupt a person's ability to think, feel, and relate to others and their environment. (Commission on Mental Illness, Archdiocese of Chicago) Demeaning terms such as mentally deranged, deviant, neurotic, psychopathic, schizophrenic and crazy are not appropriate.

Multiple Sclerosis (MS) — MS is thought to be an auto-immune disease that affects the central nervous system (CNS). The CNS consists of the brain, spinal cord, and the optic nerves. Surrounding and protecting the nerve fibers of the CNS is a fatty tissue called myelin, which helps nerve fibers conduct electrical impulses. In MS, myelin is lost in multiple areas, leaving scar tissue called sclerosis. When myelin or the nerve fiber is destroyed or damaged, the ability of the nerves to conduct electrical impulses to and from the brain is disrupted, and this produces the

various symptoms of MS. MS can be characterized by periods of remission and persistently recurring exacerbations. (National Multiple Sclerosis Society)

Muscular Dystrophy (MD) — There are nine types of muscular dystrophy, a group of genetic, degenerative diseases primarily affecting voluntary muscles. Heart muscle may also be affected, resulting in symptoms of heart failure. Duchene type muscular dystrophy (DMD) is the most severe form.

Occupational therapy — A therapy or treatment provided by an occupational therapist that helps individual developmental or physical skills that will aid in daily living; it focuses on sensory integration, on coordination of movement, and on fine motor and self-help skills, such as dressing, eating with a fork and spoon, etc.

Paraplegia — Total or partial paralysis of both lower limbs. Paraplegia is caused by spinal cord injury or disease.

People First Language — When writing or speaking about parishioners of all abilities, words should be chosen with care in order to promote dignity and a positive image. People first language focuses on the person first rather than a disability. You identify the person first, by saying a person with a disability or a person who is deaf rather than using disabled person or deaf person.

Physical therapy — Treatment of movement differences by a trained physical therapist (under doctor's orders) that includes the use of massage, exercise, etc. to help improve the use of bones, muscles, joints, and nerves.

Poliomyelitis polio) — Acute poliomyelitis is a viral infection of the anterior horn cells within the spinal cord causing varying degrees of muscle paralysis while sensation remains intact. Poliomyelitis destroys some of the muscle fibers and thus the remaining musculature has to function at a higher demand than normal. Individuals improve their function through substitution of other muscles or using passive tendon tension by alternate posturing. Substitution is exquisitely effective. It also introduces the potential for overuse of remaining muscles.

Post-polio syndrome — Post-polio syndrome (PPS) is a condition that affects people who had polio anywhere from 10 to 40 years after recovery from an initial paralytic attack of the poliomyelitis virus. It is characterized by loss of strength, increased fatigue, and muscle or joint pain.

Quadriplegia — Paralysis of all four limbs caused by traumatic injury to or disease of the spinal cord in the neck. Extent of the paralysis often depends on the location of the injury on the spinal cord. Some limited use of upper limbs may be maintained.

Retinal Detachment — Occurs when the retina separates from the choroid and the sclera. This detachment may result from glaucoma, retinal degeneration, or extreme myopia. It can also be caused by trauma to the eye.

Retinitis Pigmentosa — The most common heredity condition associated with loss of vision appears initially as night blindness and can result in total blindness.

Short Stature — Describes people who are under 4'10". There are more than 80 distinct types of short stature. Most types are hereditary. Do not use the terms dwarf or midget. Say a person of "short stature".

Speech Impairment — Limited or difficult speech patterns

Spina Bifida — Spina bifida is the failure of the fetus's spine to close properly during the first month of pregnancy. Surgery to close the newborn's spinal opening is generally performed within 24 hours after birth to minimize the risk of infection and to preserve existing function in the spinal cord. The effects of spina bifida vary. (National Institute of Spinal Disorders)

Spinal cord injury (SCI) — Spinal cord injury occurs when the spinal cord is traumatized or severed. Trauma can result through a fall, an automobile accident, or a sports injury. The overall impact of injury on an individual depends on the site and nature of the insult. If the injury occurs in the neck or upper back, the resulting paralysis affects all four extremities (quadriplegia). If the injury occurs in the lower back, paralysis is confined to the lower extremities (paraplegia).

Wheelchair — When referring to someone who uses a wheelchair say he or she uses a wheelchair rather than wheelchair bound or confined to a wheelchair. People are not confined or bound to their wheelchairs, they use them for mobility.

“Liturgy, if you really want to understand it, is the place where people in their brokenness and weakness meet and discover that right where they come together in mutual vulnerability, there Jesus himself is.”

Henri Nouwen

The Vulnerable Journey*

**View The Vulnerable Journey video online at www.team-w.org*

TIPS FOR WORKING WITH INDIVIDUALS OF VARYING ABILITIES

HEARING LOSS

10% of the population experiences some degree of hearing loss.

The degree of hearing loss and the onset of hearing loss play an important part in the language development of a person with a hearing loss.

Hearing loss can be:

Mild—This may pass unnoticed with slight difficulty hearing distant speech or background noises. Psychologically, however, it is the impaired awareness and the environmental detachment, which are of most importance. The extent of the difficulty experienced will be dependent on how great the loss is, distance from the sound source and the quality of the sound.

Moderate—Generally understands conversational speech within a range of three to five feet. Socialization is definitely affected. The use of amplification makes conversation possible, but it is limited to one person or a small group. The person experiences much detachment and seeks social relationships with others having similar degrees of deafness.

Severe—Sounds must be loud and distance small for conversation to be heard with the help of technology. Person will have considerable difficulty unless conversation is directed exclusively to him or her.

Profound—Unable to hear sound even with the help of technology.

“And they brought to him a man who was deaf and had a speech impediment, and they begged him to lay his hand on him. And taking him aside from the crowd privately, he put his fingers into his ears, and after spitting touched his tongue.”

Mark 7:32-33

HELPFUL POINTS: HEARING LOSS

WHEN SPEAKING WITH A PERSON WHO IS DEAF:

- Talk naturally, neither too fast nor too slow.
- Use a phrase or a sentence, not single words. Establish the topic first.
- Avoid repeating the same thing in the same way. Change it.
- Discourage the analysis of every word.
- Face the person in such a way to permit him to lip-read without strain.
- Avoid glare from behind. It makes it difficult to read the lips. The light, daylight or artificial, should be on the speaker's face.
- Avoid shouting. This may impair the satisfactory relationship between speaker and lip reader so essential to successful communication, especially when the person is hard of hearing.
- Be natural. Speak distinctly and do not slow down the tempo too suddenly.
- Enunciate clearly. Beware of overemphasizing speech or exaggerated movements.
- If a person who is deaf is with hearing persons, an effort should be made to make him/her feel a part of the group. Speak to him/her. If speech doesn't suffice then use a pad and pencil, gestures and signs.
- The voice should not be raised to an unusual pitch, but a moderate increase in intensity may be necessary.
- If what is said is not understood, rephrase the statement immediately. When the key words are not understood, there is no comprehension. The key word may not show on the lips. There are many words such as uncle, cousin, sister, dinner, which have no lip movements. Words like father, mother, brother, beautiful and love are "outside" words, and are readily seen on the lips.

WHAT ARE ASSISTIVE LISTENING DEVICES (ALDS)?

Assisted listening devices help hard of hearing people to hear better and understand more in large areas that are subject to interference such as background noise, reverberation and distance between the speaker and listener. Used with microphones placed appropriately, or coupled to an existing public address system, ALDs deliver sound (signal) directly to the listener's ear at a consistent volume, despite interference (noise).

Audio Induction Loop System: A microphone or sound source is connected to an amplifier's audio input. This signal is then fed into a coil of wire that is placed around the perimeter of the seating arrangement. A listener within the loop encircled area picks up the signal inductively through a hearing aid equipped with a telecoil (denoted by a "T" position on the aid's on/off switch); or, if without hearing aids, by using a receiver/device with built in telecoil, volume control and ear-piece. Subject to signal "spillover" into areas above, below and adjacent to the looped area.

FM system: A wireless system. Uses a designated FM radio frequency to carry a signal (transmits good sound fidelity) to receivers/ devices used by listeners seated anywhere within limited range. It will broadcast through walls.

AM system (also called wireless) - Uses a selected AM radio frequency to broadcast a signal (subject to interference) to receivers/devices and personal AM radios tuned to that exact frequency. It will broadcast through walls and has a limited range.

Infrared System: A panel(s) of emitters floods the seating area with invisible, harmless infrared light rays, transmitting signal (sound). Listeners use receivers/ devices that pick up the signal, converting it into sound. Receivers must be worn in the panel's direct line of sight. The Signal is contained within the walls of the covered area.

Hardwired System: Each listener is directly connected to the sound source, i.e., a unit/device with volume control and earpiece, permanently mounted at the designated seat(s).

INTELLECTUAL DISABILITIES

Intellectual or Developmental Disability is a particular state of functioning that begins in childhood and is characterized by limitations in both **intelligence** and **adaptive skills**.

Intelligence refers to a general mental capability. It involves the ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly, and learn from experience.

Adaptive skills are the collection of conceptual, social, and practical skills that people have learned so they can function in their everyday lives. Significant limitations in adaptive behavior impact a person's daily life and affect the ability to respond to a particular situation or to the environment.

Specific examples of adaptive behaviors are:

Conceptual Skills

Receptive and expressive language
Reading and writing
Money concepts
Time concepts
Multiple instructions
Self-direction

Social Skills

Interpersonal
Responsibility
Self-esteem
Gullibility (likelihood of being tricked or manipulated)
Naiveté
Follows rules
Obeys laws
Avoids victimization

Practical Skills

Personal activities of daily living such as eating, dressing, mobility and toileting.
Instrumental activities of daily living such as preparing meals, taking medication, using the telephone, managing money, using transportation and doing housekeeping activities.

Occupational Skills

Maintaining a safe environment

Offering supports to individuals with intellectual disabilities can promote their inclusion. (Adapted from the American Association on Intellectual and Developmental Disabilities website www.aarm.org)

Definition of Intellectual Disability

The American Association on Intellectual and Developmental Disabilities (AAIDD) Definition of Intellectual Disability:

Intellectual disability is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills.

This disability originates before age 18.

Five Assumptions Essential to the Application of the Definition

1. Limitations in present functioning must be considered within the context of community environments typical of the individual's age peers and culture.
2. Valid assessment considers cultural and linguistic diversity as well as differences in communication, sensory, motor, and behavioral factors.
3. Within an individual, limitations often coexist with strengths.
4. An important purpose of describing limitations is to develop a profile of needed supports.
5. With appropriate personalized supports over a sustained period, the life functioning of the person with an intellectual disability generally will improve.

AUTISM AND PERVASIVE DEVELOPMENTAL DISORDER

The IDEA defines autism as “a developmental disability significantly affecting verbal and non-verbal communication and social interaction, generally evident before age three, that adversely affects educational performance.” Autism and pervasive developmental disorder are developmental disabilities that share many of the same characteristics. Usually evident by age three, autism and pervasive developmental disorder are neurological disorders that affect a child’s ability to communicate, understand language, play and relate to others.

A diagnosis of autism is based on identification of a number of symptoms relating to social interaction, communication, and restricted repertoire of activities and interests. When fewer symptoms are identified, the child is diagnosed as having pervasive developmental disorder. Due to the similarity of behaviors associated with autism and pervasive developmental disorder, use of the term “pervasive developmental disorder’ has caused some confusion among parents and professionals. However, the treatment and educational needs are the same for both diagnoses.

Some or all of the following characteristics may be observed in children with the diagnosis of autism:

- Communication problems (e.g., using and understanding language).
- Difficulty relating to people, objects and events.
- Unusual play with toys and other objects
- Difficulty with changes in routine or familiar surroundings.
- Repetitive body movements or behavior patterns.

Children with autism or pervasive developmental disorder vary widely in abilities, intelligence, and behaviors. Some children do not speak; others have limited language that often includes repeated phrases or conversations. Persons with more advanced language skills tend to use a small range of topics and have difficulty with abstract concepts. Repetitive play skills, a limited range of interests, and impaired social skills are generally evident as well. Unusual responses to sensory information, for example, loud noises, lights, certain textures of food or fabrics, are also common.

VISION LOSS

Definitions

The term vision loss describes a condition experienced by people with a wide range of educational, social and medical needs directly related to a partial or complete loss of sight. This definition encompasses people who *have never had any visual function, those who had normal vision for some years before becoming gradually or suddenly partially or totally blind, those with [disabilities] in addition to the visual loss, those with selective impairments of parts of the visual field, and those with a general degradation of acuity across the visual field.* (Warren, 1989, p.155)

A variety of terms are used to describe levels of vision loss, a diversity that has created some confusion among professionals in various fields of study. The rationale for the development of various definitions is directly related to their intended use. For example, eligibility for income-tax exemptions or special assistance from the American Printing House for the Blind requires that individuals with vision loss qualify under one of two general subcategories: blind or partially sighted (low vision).

Blindness

The word *blindness* has many meanings. In fact, there are over 150 citations for blind in an unabridged dictionary.

Legal Blindness as defined by the Social Security Administration, is a visual acuity of 20/200 or worse in the best eye with best correction, as measured on the **Snellen test**, or a visual field of 20% or less. The definition of legal blindness includes a wide range of visual ability that involves both acuity and field of vision (Corn & Koenig, 1966.)

Visual Acuity is determined by the use of an index that refers to the distance from which an object can be recognized. The person with normal eyesight is defined as having 20/20 vision. However, if an individual is able to read at 20 feet what a person with normal vision can read at 200 feet then his or her visual acuity would be described at 20/200. Most people consider those who are legally blind to have some light perception; only about 20% are totally without sight.

A person is also considered blind if his or her field of vision is limited at its widest angle to 20 degrees or less. A restricted field of vision is also referred to as **tunnel vision**, pinhole vision or tubular vision. A restricted field of vision severely limits a person's ability to participate in athletics, read, or drive a car.

Blindness can also be characterized as an educational disability. Educational definitions of blindness focus primarily on students' ability to use vision as an avenue for learning. Children who are unable to use their sight and rely on other senses, such as hearing and touch, are described as educationally blind.

Educational Blindness

in its simplest form, may be defined by whether vision is used as a primary channel of learning. Regardless of the definition used, the purpose of labeling a child as educationally blind is to ensure that he or she receives an appropriate instructional program. This program must assist the student who is blind in utilizing other senses as a means to succeed in a classroom setting and in the future as an independent productive adult.

Partial Sight (Low Vision)

People with partial sight or low vision have a visual acuity greater than 20/200 but not greater than 20/70 in the best eye after correction. The field of education also distinguishes between being blind and partially sighted when determining the level and extent of additional support services required by a student. The term **partially sighted** describes people who are able to use vision as a primary source of learning.

A vision specialist often works with students with vision loss to make the best possible use of remaining sight. This includes the elimination of unnecessary glare in the work area, removal of obstacles that could impede mobility, use of large-print books, and use of special lighting to enhance visual opportunities. Although many children with low vision do use printed materials and special lighting in learning activities, some use **Braille** because they can see only shadows and limited movement. These children require tactile or other sensory channels to gain maximum benefit from learning opportunities (Barraga & Erin, 1992).

Two very distinct positions have been formed regarding individuals who are partially sighted and their use of residual vision. The first suggests that such individuals should make maximal use of their functional residual vision through the use of magnification, illumination and specialized teaching aids (e.g., large-print books and posters), as well as any exercises that will increase the efficiency of remaining vision. This position is contrary to the more traditional philosophy of sight conservation or sight saving, which advocates restricted use of the eye. It was once believed that students with vision loss could keep what sight they had much longer if it was used sparingly. However extended reliance on residual vision in conjunction with visual stimulation training now appears to actually improve a person's ability to use sight as an avenue for learning.

Muscle Disorders

Muscular defects of the visual system occur when one or more of the major muscles within the eye are weakened in function, resulting in a loss of control and an inability to maintain tension. People with muscle disorders cannot maintain their focus on a given object for even short periods of time. The three types of muscle disorders are nystagmus (uncontrolled rapid eye movement), strabismus (crossed eyes), and amblyopia (an eye that appears normal but does not function properly).

Nystagmus	Is continuous, involuntary, rapid movement of the eyeballs in either a circular or side-to-side pattern.
Strabismus	Occurs when the muscles of the eye are unable to pull equally, thus preventing the eyes from focusing together on the same object. Internal strabismus (esotropia) occurs when the eyes are pulled inward toward the nose; external strabismus (exotropia) occurs when the eyes are pulled out toward the ears. The eyes may also shift on a vertical plan (up and down), but this condition is rare. Strabismus can be corrected through surgical intervention. Persons with strabismus often experience a phenomenon known as double vision, since the deviating eye causes two very different pictures coming to the brain. To correct the double vision and reduce visual confusion, the brain attempts to suppress the image in one eye. As a result, the unused eye loses its ability to see. This condition, known as;
Amblyopia	Can also be corrected by surgery or by forcing the use of the affected eye via patching.

Receptive Eye Problems

Disorders associated with the receptive eye occur when there is a degeneration of or damage to the retina and the optic nerve. These disorders include optic atrophy, retinitis pigmentosa, retinal detachment, retrolental fibroplasia and glaucoma.

Optic atrophy	Is a degenerative disease that results from the deterioration of nerve fibers connecting the retina to the brain.
Retinitis Pigmentosa	The most common hereditary condition associated with loss of vision, appears initially as night blindness and gradually degenerates the retina. Eventually it results in total blindness.
Retinal Detachment	Occurs when the retina separates from the choroid and the sclera. This detachment may result from disorders such as glaucoma, retinal degeneration, or extreme myopia. It can also

be caused by trauma to the eye, such as boxer's receiving a hard right hook to the face.

Retinopathy of Prematurity (ROP) Formerly known as retrolental fibroplasia, is one of the most devastating eye disorders in young children. It occurs when too much oxygen is administered to premature infants, resulting in the formation of scar tissue behind the lens of the eye, which prevents light rays from reaching the retina. ROP gained attention in the early 1940's, with the advent of improved incubators for premature infants. These incubators substantially improved the concentration of oxygen available to the infant but resulted in a drastic increase in the number of children with vision loss. The disorder has also been associated with neurological, speech and behavior problems in children and adolescents. Now that a relationship has been established between increased oxygen levels and blindness, premature infants can be protected by careful control of the amount of oxygen received in the early months of life.

CLASSIFICATION OF VISION LOSS

Vision loss may be classified according to the anatomical site of the problem. Anatomical disorders include impairment of the refractive structures of the eye, muscle anomalies in the visual system and problems of the receptive structures of the eye.

Refractive Problems Are the most common type of vision loss and occur when the refractive structures of the eye (cornea or lens) fail to focus light rays properly on the retina. The four types of refractive problems are hyperopia, or farsightedness; myopia or nearsightedness; astigmatism, or blurred vision and cataracts.

Hyperopia Occurs when the eyeball is excessively short from front to back (has a flat corneal structure), forcing light rays to focus behind the retina. The person with hyperopia can clearly visualize objects at a distance but cannot see them at close range.

Myopia Occurs when the eyeball is excessively long (has increased curvature of the corneal surface), forcing light rays to focus in front of the retina. The person with myopia can view objects at close range clearly but cannot see them from a distance (e.g., 100 feet). This individual requires eyeglasses to assist in focusing on distant objects. Figure 14.3 illustrates the myopic and hyperopic eyeballs and compares them to the normal human eye.

Astigmatism	Occurs when the curvature of surface of the cornea is uneven, preventing light rays from converging at one point. The rays of light are refracted in different directions, and the visual images are unclear and distorted. Astigmatism may occur independently of or in conjunction with myopia or hyperopia.
Cataracts	Occur when the lens becomes opaque resulting in severely distorted vision or total blindness. Surgical treatment for cataracts (such as lens implants) has advanced rapidly in recent years, returning to the individual most of the vision that was lost.

AGE RELATED MACULAR DEGENERATION

Age related macular degeneration (AMD) is an eye disease that is present to at least a mild degree in millions of older Americans. It is a leading cause of visual loss in this country.

AMD affects the macula, a small portion of the retina. The retina is the light-sensing nerve tissue that lines the inside of the eye. All parts of the retina contribute to sight, but only the macula can provide the sharp, straight-ahead vision that is needed for driving and reading small print.

As a person ages, harmful changes may occur in this small but important area of the retina, causing difficulties in reading and other tasks that require good central vision. Scientists do not know why these macular changes occur. But aging evidently plays a major role in the process. That is why it is known as age-related, or senile, macular degeneration.

Although AMD is a leading cause of visual loss, it is important to know that the majority of people with AMD continue to have almost normal vision throughout their lives. Even those who are severely affected do not lose all their sight, but retain enough to move about independently and make use of helpful devices called low vision aids. For a limited number of people who develop a rapidly worsening form of AMD that seriously endangers vision, there is a sight-saving treatment developed through research.

Usually AMD does not develop until a person is 65 or older. But a few people are affected by the disease while still in their forties and fifties. A person's chances of developing AMD are greater than average if he or she has a near relative with the disease. Scientists are now trying to learn what other factors might place a person at risk for AMD.

Signs and Symptoms

Most people with AMD have a form of the disease that develops very slowly. It is called the “dry” form. In it, tiny yellowish deposits called drusen develop beneath the macula. Also, the layer of light-sensitive cells in the macula becomes thinner as some cells break down. These changes typically cause a dimming or distortion of vision that people find most noticeable when they try to read.

Generally if one eye has dry AMD, the other eye will also have some signs of the condition. Thus the person with dry AMD may eventually have vision problems in both eyes. However the dry form of AMD rarely causes total loss of reading vision. A much greater threat of visual loss arises when the dry form of AMD gives way to the “wet” or neovascular form of the disease. This condition arises in a small percentage of AMD patients. In it, new blood vessels grow beneath the macula. These abnormal vessels leak fluid and blood, causing the light-sensitive cells near them to sicken and die. This process generally produces a marked disturbance of vision in the affected eye: Straight lines look wavy, and later there may be blank spots in the field of vision.

If the leakage and bleeding from new vessels continues, much of the nerve tissue in the macula may be killed or injured within a period of a few weeks or months. Such damage cannot be repaired, because the nerve cells of the macula do not grow back once they have been destroyed.

Although only a small percentage of people with AMD develop the neovascular form, they make up the vast majority of those who experience serious visual loss from AMD.

“He took the blind man by the hand and led him outside the village. Putting spittle on his eyes he laid his hands on him...”

Mark 8:23

THE VOLUNTEER WHO WORKS WITH PEOPLE WITH VISION LOSS

Volunteers should be chosen for their ability to work with people who are blind and their willingness to learn. They need a genuine care and compassion for others that is free of pity or false feelings about blindness. Their primary role is to “supply eyes” for the person who is blind. They must be able to do this without dominating or fostering dependency or becoming involved with the inner problems of the blind person. They should encourage independence without trying to supply intelligence or make decisions for the blind person.

People with vision impairments have a variety of needs because of the loss of sight. It is important for the volunteer to respond to the actual expressed needs of the person and not to their own need to be helpful. While the relationship may be mutually beneficial, volunteering cannot be a way of solving one’s own problems at the expense of another.

Some of the most frequent needs of people with vision impairments are assistance with reading, guide service and transportation. In each of these situations, the function of the volunteer is to supply eyes.

The volunteer can help with reading the parish bulletin, newspapers, mail and answering letters. Other materials will need to be read such as the parish bulletin or the Pittsburgh Catholic. Many books are already available in Braille, large print or cassette tapes. It is not necessary to duplicate services that are provided by various public organizations. See the Xavier Society on the following page.

Volunteers who are providing transportation and guide service need to be familiar with the sighted guide technique that is described in another section of this booklet.

Where blindness is accompanied by some other disability, there may be additional needs related to daily living.

Volunteer work should be done for a set and limited time each week. The volunteer needs to designate limits both in time and in the activities that he or she does. Otherwise, it is possible for a volunteer to begin with much enthusiasm and activity than is required only to stop because the job has become too much.

It is not the role of the individual volunteer to provide financial assistance or other gifts. However, there may be times that the parish or Saint Vincent de Paul Society may be called on to do this.

HELPFUL HINTS FOR WORKING WITH PEOPLE WITH VISION LOSS

Treat people with vision loss naturally as you would any other persons. Feel free to use words such as see and look. They understand them and probably use them.

Address people who are blind directly, not through a third party. Most have normal intelligence and are able to speak for themselves. Face them and look at them. They may have some residual vision.

Use names so the person knows to whom you are speaking. Identify yourself by name so the person who is blind doesn't have to guess who you are.

Speak in normal tone of voice. They have vision problems, not necessarily a hearing problem.

Offer assistance, but let the person with vision impairment describe what kind of help is needed. Do not insist on helping when help is not desired.

When guiding a person who is blind, ask if he or she would like a description of what you're seeing. Orient the person to new surroundings. Let the person know when you enter or leave a room.

Be patient. People with vision loss are quite capable of doing many things. Often they just need more time.

Plan activities with the person who has a vision loss, not for him/her.

Don't fuss over his/her accomplishments as "remarkable" or "wonderful". Vision loss implies neither abnormality nor special gifts.

Speak with expression. It helps to make up for the lack of visual clues. People who are blind often miss information from the faces of speakers and their body language. Their own facial expressions may not accurately indicate what they are feeling or thinking.

Never pet a guide dog in harness. Even when a dog is out of harness, ask permission before touching it.

SIGHTED GUIDE PROCEDURES

The sighted guide is a person who works as part of a team to enable a person who is blind to travel safely and efficiently in different environments and under varying conditions. He must react in time to any obstacles in the person's path such as curb, stairs or to any dangerous situation he may encounter. In addition, he provides information about the environment through verbal explanations or specific body movements.

TO INITIATE CONTACT

1. Always ask the person if he/she would like to take your arm. **Never grab from behind.**
2. Place the back of your hand on the arm or hand of the person who is blind so they know where you are. If the person who is blind is untrained in the proper sighted guide technique, it is helpful to physically place his/her hand on your arm just above the elbow.

THE GRIP AND POSITION

1. The grip should be taken above the elbow with thumb on the outside and fingers on the inside of the arm. Either arm can be used (left-hand grips right arm or right hand grips left arm.)
2. The grip should be firm but not tight.
3. The forearm of the person who is blind is horizontal to the floor.
4. The guide is one-half step in front of the traveler who is blind.
5. The outside shoulder of the guide is directly in front of the outside shoulder of the traveler.

MOVEMENT

1. Walk at a normal speed (one that is comfortable to both parties in terms of speed and length of stride).
2. The guide should avoid obstacles, allowing enough room for the combined width of the guide and follower.

NARROW PASSAGEWAYS

If the walking area is judged too narrow for the combined width of two people, the guide places his arm behind his back so that the follower can move in closer to the guide. Return to original position after passing through the narrow space.

DOORWAYS

1. Inform the person who is blind that you are approaching stairs, their approximate number, and direction (up/down).
2. Approach stairs squarely whenever possible. ┐ not ∟ .
3. Pause slightly. Assist person in locating handrail if necessary. Allow time for the person to find the first step.

NOTE: For an escalator: the guide steps on first and the person who is blind follows, remaining on the step behind the guide and holding firmly onto railing. The guide steps off first and the person who is blind follows, maintaining position one-half step behind.

SEATING

Put the follower in contact with the chair (hand on the back edge of the chair or knees/shins in contact with the front edge of the seat).

Do not leave a person who is blind standing in an open space. If you are leaving him/her, place him/her in contact with a wall, a piece of furniture, etc.

“God reveals His love in vulnerability...”

Henri Nouwen
The Vulnerable Journey*

XAVIER SOCIETY FOR THE BLIND

The Xavier Society for the Blind provides free Braille, audio books and large print materials for qualified individuals.

Xavier Society for the Blind
248 West 35th Street
Suite 1502
New York, NY 10001
(800) 637-9193
212-473-7800

For more information

Visit: www.xaviersocietyfortheblind.org

Email: info@xaviersocietyfortheblind.org

If you have a parishioner who could use the services of the Xavier Society for the Blind, the parishioner registers as a patron of the Xavier Society using the application form on the Xavier Society website. For complete instructions on registering as a patron go to www.xaviersocietyfortheblind.org.

“Parishioners with disabilities are not looking for pity. They seek to serve the community and to enjoy their full baptismal rights as members of the church ... There can be no separate Church for parishioners with disabilities. We are one flock that serves a single shepherd.”

**United States Catholic Conference of Bishops
Pastoral Statement on Persons with Disabilities**

MENTAL ILLNESS

SUPPORTING FAMILIES WITH SERIOUS MENTAL ILLNESS

By Claire Griffin-Francell

When mental illness strikes a family it may appear slowly in the personality changes of a beloved child who starts to exhibit behaviors that are different than before.

Because the schizophrenias, the major affective disorders, and manic-depressive illnesses appear often during the teenage years, many families have difficulty separating out normal teenage behaviors from the signs of a major mental illness. Furthermore, medical help is often delayed because, unlike the warning signs of cancer, few people recognize the warning signs of these illnesses.

If mental illness strikes suddenly, it can turn lives upside down. I remember when my son left home to attend a well-known Catholic college in the mid-west; everyone was so happy that he was realizing a childhood ambition of being a member of this famous university's band. Looking back, I think it was like Palm Sunday. We all rejoiced and celebrated his entrance into what looked like paradise. It had been that earlier for his older brother and sister.

Within a few weeks everything came apart. In words of the poet, "the center cannot hold." He was plunged suddenly into enormous mental pain and suffering. His anxiety rose to panic proportions as his mood disorder swept him into the hell of prolonged intense depression.

While he struggled to regain his sanity with medications on the psychiatric unit of a local hospital, the world kept on turning for others. No one in the college community seemed to notice or care that he had gone to the hospital. What a strange contrast to the situation of students who are physically ill or have trauma from accidents. Their rooms are filled with well wishers, flowers, and get well cards.

No one sent a get well card, no one phoned, no one visited. I felt that we were abandoned. Perhaps the stigma prevents persons from reaching out in a caring manner to the psychiatrically wounded. Their pain is as acute as any other. When the chemistry within the brain changes, security is swept away. Perception of auditory and visual events may change dramatically, and the horror of not being able to count on your own mind trashes your self-esteem.

What does a family need from the religious community, especially from its leaders at that time?

In four words: awareness, engagement, presence, and compassion.

Awareness involves the realization that mental illness is a major public health problem. Adult education programs, prayers of the people, memorial services for those who have died as a result of mental illness will bring the unspeakable out of the darkness and allow the latest scientific-based knowledge to replace ignorance. It will also provide a climate in the parish for grieving families to come out of the closet and accept the comforting that a church community can give.

Engagement means that parishioners will reach out to all members to welcome them in church services, in social life, and in neighborhoods. Clergy and lay persons will visit persons with mental illness in acute care settings like hospitals or in community residences.

Families now in most places, feel shunned and abandoned. Wherever I travel in this country, I meet families who have left the Church because they say that in their hour of greatest need, their Church has left them.

Presence involves being there with the family and the person with mental illness when they need a friend. No one expects the clergy or other Catholics to work a cure or remove their illness. What they do want is the miracle of companions through the grief process.

Presence can be healing as one attempts to ease the unearned guilt and helplessness.

Lastly what the Church can offer to persons with major mental illness and their families is **compassion**. To be compassionate is to enter into another's suffering. It is to experience the other's pain in some small way.

It isn't easy to remain a Catholic in these troubled times. Unless families meet awareness, engagement, presence, and compassion during their Good Fridays they may leave the Church community in bitterness. Then we will all be subject to God's judgment for our hardness of heart and poverty of spirit.

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NCPD National Update, National Catholic Partnership on Disability, Washington, D.C., Special Edition 1991.

PASTORAL CARE AND MENTAL ILLNESS

Ministry has many components, one of which is pastoral care. Pastoral care brings together theology and psychology. The modern concept of pastoral care was introduced by Anton Boisen, a pastor who experienced mental illness. He was hospitalized a number of times and struggled to understand, both theologically and psychologically, his own experiences. In attempting to explain his experience and those of others, he developed a construct in which every person is viewed as a “living human document.” Boisen saw people not as case studies or people to be diagnosed, but rather as people whose stories revealed their humanity. Other theories have been created based on his work. However, what is important for a pastor, taking into account his understanding of theology and psychology, is creating a personal style of pastoral care.

Ministry, as expressed in pastoral care, is *presence*. This allows the minister to walk with a person without attempting to diagnose or treat. Diagnosis is the responsibility of the mental health professional. The minister’s responsibility is to be present with a person at a particular moment. A minister is present in the way he or she listens to and responds to the person’s story, witnessing to the chaos and confusion, the terror and the suffering, that mental illness can cause. The minister is called to be God’s ear in this situation, to listen, and make each story sacred.

National Catholic Partnership on Disability, Opening Doors, Chapter three, Sect E.3.g.

“The parish is the door to participation for persons with disabilities, and it is the responsibility of the pastor and lay leaders to make sure this door is always open.”

**United States Catholic Conference of Bishops
Pastoral Statement on Persons with Disabilities**

HELPING PEOPLE WITH SERIOUS PSYCHIATRIC DISORDERS: SUGGESTIONS FOR CARING CONGREGATIONS

Each Person is Unique

Many of us feel uncomfortable about psychiatric disorders or don't know much about them. Often we focus on the ways people with psychiatric illnesses are different from us. Common stereotypes characterize persons with serious mental illnesses as lacking will power, or as homeless, jobless, or needing to be institutionalized. These ideas are often reinforced by the media.

Each person with a psychiatric disorder is a unique individual with unique accomplishments, needs, gifts, and challenges. Knowing people as individuals can help us break down barriers of fear and misunderstanding that keep us apart.

Partners in the Faith Community

While many people with psychiatric disorders and their families participate in our faith communities, many others have been turned away or are segregated at the margins. The time has come for people of faith to embrace those persons with special mental and emotional needs, welcoming them as worthy partners in our daily life within the parish. As a faith community, we must take a more active part in the network of people who care about those with psychiatric disorders.

Important Reminders for Each of Us

- Express your care by being emotionally and spiritually present. Be yourself and give the other person the same freedom.
- Cultivate your ability to listen. One's spirit can come alive simply by being heard.
- Be sensitive to the way a person describes his or her emotional problem. Ask about whether the person would like the situation shared with others in the congregation and, if so, how.

National Catholic Partnership on Disability, Opening Doors, Chapter three, Sect. E.3.i.

RECOURCES IN THE ARCHDIOCESE OF CHICAGO

ARCHDIOCESE OF CHICAGO OFFICE WITH PERSONS WITH DISABILITIES

The archdiocesan Office with Persons with Disabilities brings together the various ministries of the Archdiocese of Chicago that provide for the participation of individuals with disabilities and their families in all aspects of parish life:

COMMISSION ON MENTAL ILLNESS

The purpose of the Commission on Mental Illness is to educate and resource parishes on the spiritual and supportive needs of persons with serious mental illnesses such as bi-polar disease, major depressive illnesses, schizophrenia, and personality disorders, among others. Since mental illness not only affects the individual with the disease but also family members, the needs of the entire family are addressed. In carrying out its mission of making the Church a more loving, inclusive, and supportive place for people with mental illness and their families, the Commission networks and collaborates with parishes, other diocesan agencies, the National Catholic Partnership on Disabilities/Council on Mental Illness, and a variety of public organizations.

FAITH AND FELLOWSHIP

The mission of Faith and Fellowship is to provide opportunities for prayer and faith sharing in a format tailored to the unique needs of people living with a mental illness. Recognizing the isolation they may often experience, Faith and Fellowship strives to offer a welcoming sense of belonging through the formation of communities of faith, and by fostering inclusion in the life and activities of the parish community. Faith and Fellowship groups consist of 10 to 15 adults including approximately equal numbers of members with a mental illness and volunteers from local churches. They meet semi-weekly as partners in prayer and socialization.

MISERICORDIA HOME

The mission of Misericordia Home is to support individuals with developmental disabilities in maximizing their level of independence and self-determination within an environment that fosters spirituality, dignity, respect and enhancement of quality of life.

OFFICE OF THE DEAF

The Catholic Office of the Deaf is under the archdiocese's Department for Human Services. The office is responsible for the pastoral care of deaf and hard-of-hearing persons, as well as their families in the Archdiocese of Chicago. This pastoral care of the deaf involves: Sacramental ministry of the Church; Religious education of children; Advocacy; Information & referral;

Spiritual guidance; Formation & training in ministerial leadership; Youth activities; Guarantee of communication access to worship and all other activities of the Catholic Church.

SPRED (SPECIAL RELIGIOUS DEVELOPMENT)

Spred forms small communities of faith in parishes to welcome persons with intellectual and developmental disabilities, in order to foster participation in parish assemblies of worship.

PATHWAYS.ORG TEAM W: THAT EVERY ABILITY MAY WORSHIP

TEAM W assists parishes to intentionally welcome parishioners of all abilities and their families. Educational materials at www.TEAM-W.org, annual TEAM W Awards with grants of up to \$1,000 for access projects, an August TEAM W Month and resources for parish TEAM W ministries are provided to help parishes accommodate disability differences so that parishioners of all abilities and their families feel a sense of welcome and belonging. Visit www.team-w.org for more information and grant applications.

CONTACTS

Office with Persons with Disabilities

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agrosklaus@catholiccharities.net
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Commission on Mental Illness

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Faith & Fellowship

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Misericordia

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Office of the Deaf

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Spred

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Pathways.org TEAM W: That Every Ability May Worship

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Program Manager
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“We need to take a look at how the architecture of our church buildings affects who can participate in worship and other activities.”

Joseph Cardinal Bernardin

Open Hearts *Open Minds, Open Doors* Video*

**View the Open Heats, Open Minds, Open Doors video online at www.team-w.org*

STATE AND NATIONAL DISABILITY RESOURCES

STATE AND NATIONAL DISABILITY RESOURCES

CATHOLIC NATIONAL RESOURCES

The National Catholic Partnership on Disability, Washington D.C.,
www.NCPD.org

TEAM W: That Every Ability May Worship, www.team-w.org

WEBSITES FOR INFORMATION AND SERVICES AVAILABLE IN ILLINOIS

Pathways.org 1-800-955-2445
www.pathways.org

Shirley Ryan Ability Lab Life Center
www.lifecenter.ric.org

Illinois Assistive Technology Program 1-800-852-5110
www.iltech.org

Illinois Life Span Project 1-800-588-7002
www.illinoislifespan.org

El Valor 312-666-4511 Serves the Latino community.
www.elvalor.org

WEBSITES FOR INFORMATION AND SERVICES AVAILABLE NATIONWIDE

Quality Mall
www.qualitymall.org

Institute for Human Centered
Design
humancentereddesign.org

Center for Parent Information and
Resources
www.parentcenterhub.org

INDEX OF TOPICS AND TERMS

- Accessibility Audit For Ministries, 42
- Accessible Parking Spaces, 61
- Age Related Macular Degeneration, 106
- Amblyopia, 104
- Amyotrophic Lateral Sclerosis, 89
- Archdiocese Of Chicago Office
With Persons With Disabilities, 118
- Assistive Listening Devices (Alds, 98
- Attention Deficit Hyperactivity Disorder, 89
- Blessing, 84
- Blindness, 102
- Cerebral Palsy, 90
- Child Find, 90
- Commissioning Ceremony, 36
- Deaf, 90
- Disability Etiquette, 51
- Down Syndrome, 90
- Educational Bulletin Items, 80
- Epilepsy, 91
- Facilities Survey, 64
- Gospel Narratives, 11
- Guidelines For Clergy, Ushers And Lay Leaders, 39
- Guidelines For The Celebration Of The Sacraments*, 26
- Hearing Loss, 96
- Hints For Working With People With Vision Loss, 109
- How You Can Make A Difference, 81
- Intellectual Disabilities, 99
- Interacting With People With Disabilities, 51
- Large Print Liturgy Aides, 54
- Learning Disability, 91
- Legal Blindness, 102
- Making Meetings And Events Accessible, 58
- Mental Illness, 113
- Mental Illness/ Mental Disorder, 91
- Multiple Sclerosis (Ms), 91
- Muscular Dystrophy (Md), 92
- Nystagmus, 104
- Organizing A Team W Ministry, 29
- Paraplegia, 92
- Passenger Drop-Off, 60
- Pastoral Statement, 17
- People First Language, 41
- Points To Remember, 88
- Post-Polio Syndrome, 92
- Prayers, 82
- Ramps, 60
- Recruiting Members For Your Ministry, 32
- Reflecting On Belonging, 38
- Sighted Guide Procedures, 110
- Spina Bifida, 93
- Spinal Cord Injury, 93
- Strabismus, 104
- Survey of Congregant's Needs, 70
- Team W Ministry Check List, 30
- Team W Month, 78
- The Vulnerable Journey*, 10
- Universal Access Signs, 55
- Universal Design, 60
- What Does A Parish Team W Ministry Do?, 28
- Xavier Society For The Blind, 112

ABOUT PATHWAYS.ORG TEAM W

TEAM W: That Every Ability May Worship is a national, interreligious program of Pathways.org that provides interfaith educational materials, events, and cash grants to assist congregations to welcome members of all abilities as active participants. When our houses of faith celebrate the unique gifts of members of all abilities, we create stronger communities of faith where worshippers of all abilities know they belong.

FREE ONLINE RESOURCES AT www.team-w.org:

- Step by step instructions to move the faith community from inclusion to belonging
- Resources to start a TEAM W Ministry
- TEAM W handouts in the areas of affirmation, communication and accessibility
- Application packets for TEAM W Awards grants
- *Different Gifts, Same Spirit* Lesson Plans
- *Open Hearts, Open Minds, Open Doors* video
- *The Vulnerable Journey* by Henri Nouwen video
- TEAM W Month Workbooks for Roman Catholic parishes
- TEAM W Month Workbook for Eastern Orthodox parishes
- Inclusion Shabbat Workbook for Jewish congregations
- TEAM W Month Workbook for Episcopal parishes
- TEAM W Month Workbook for Protestant congregations

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