

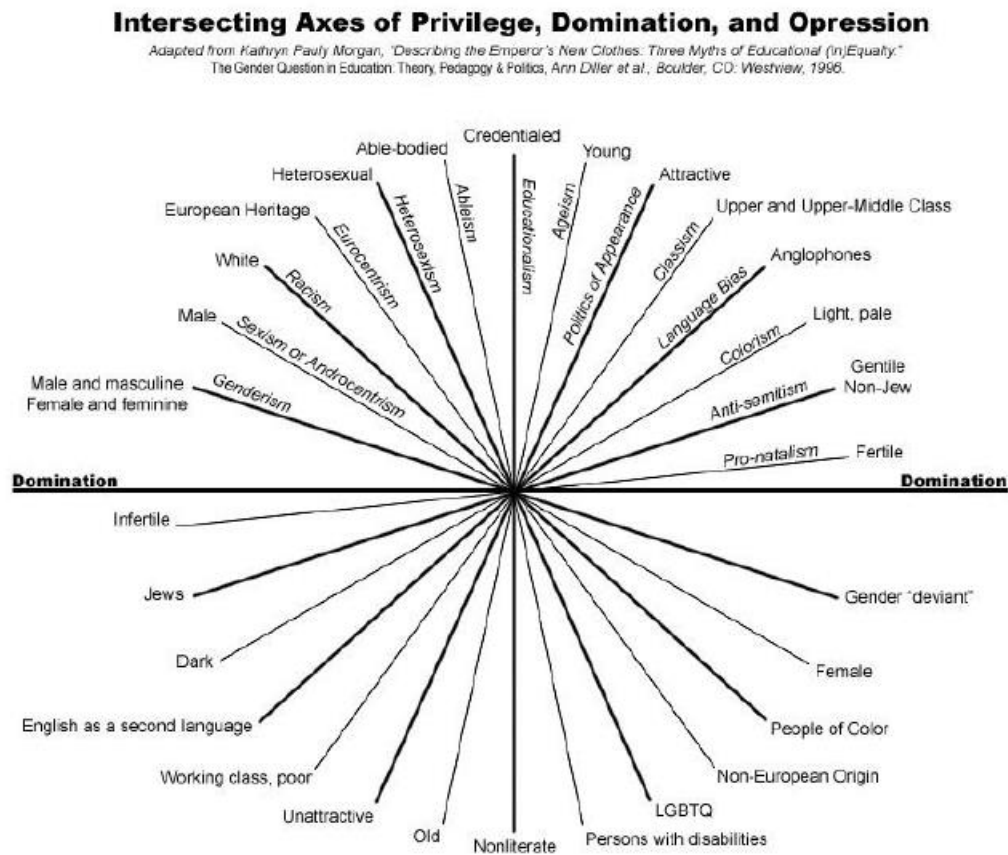
HOW TO BE INCLUSIVE ON THE DAY

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	WHY	Template/Examples
Acknowledgement of Country	<p>First Nations solidarity should be a priority within all our work.</p> <p>Even though we might not share the same physical space, we are all working and living on stolen land in so called 'Australia'.</p> <p>More information: https://www.indigenous.gov.au/contact-us/welcome_acknowledgement-country https://www.aboriginalvictoria.vic.gov.au/acknowledgement-traditional-owners</p>	<p>"Before I begin, I would like to acknowledge that even though we are meeting virtually, I am meeting from the lands of the Wurundjeri people of the Kulin Nation*. I pay my respects to elder's past, present and emerging and any First nation's folks watching today, acknowledging that settler colonialism is an ongoing structure, and that sovereignty was never ceded. That there is no justice without First Nations justice. I would like to encourage everyone watching to pop in the chat what lands they are meeting from. * change depending on who the Traditional Owners are for the area where your event is taking place</p>
Pronouns/ Gendered Language	<p>Using gendered words/phrases like "guys" or "ladies and gentlemen" may make non-binary and trans folks feel excluded or unsafe in the space.</p> <p>If you are comfortable, share your pronouns when you introduce yourself. Pronouns indicate how you would like to be referred, especially when someone else mentions or is speaking about you.</p> <p>Emotional labour is often put on gender-diverse folks to share their pronouns when they might not know that the space is safe for them to do so - if cis allies can share their pronouns it can help foster an environment where they feel safe to do so too.</p>	<p>Non-gendered language can include: - "Hey folks!" - "Hey everyone..." One way to share your pronouns could be: "Hey everyone! I am [insert your name] and I use she/her pronouns"</p> <p>*if you are unsure of what pronouns someone uses it is best to use they/them or their name when referring to them.</p> <p>*if you are a session host, you might like to ask folks to introduce themselves and their pronouns if they feel comfortable:</p> <p>"Before we get started, I might get all the folks on this panel to introduce themselves, what work they're doing and their pronouns"</p>
Trigger/Content Warning	<p>Lived experiences are important to highlight but we want to ensure that they are not re-triggering for folks watching to the best of our ability. We also do not want to assume the lived experiences of any of the people watching or on the session, as trauma is multifaceted and</p>	<p>"Before I start, I offer a content warning because we will be talking about police brutality, so if anyone feels uncomfortable at any time that's all good, feel free to pop me on mute, or step away from the screen, whatever makes you feel more comfortable.</p>

	<p>trigger/content warnings offer a chance for folks to opt-out if they feel uncomfortable at any time.</p> <p>Trigger warnings should always be put at the start of a discussion, however if a topic comes up that you or folks on the session may be talking about you can offer a trigger warning before or at the start of talking about that topic.</p>	<p>Examples can include topics related to:</p> <ul style="list-style-type: none"> -police brutality -seeking asylum -sexual assault/harrassment/violence -r*pe culture, femicide -domestic violence -colonisation, stolen generations -transphobia, homophobia <p>^ this is not an all expansive list, if there is something that you think may be re-triggering for folks it is best to offer a trigger warning before touching on that topic</p>
<p>Allyship 101</p>	<p>Decentering yourself and your uncomfortable feelings is the best thing you can do as an ally and the best way to show up for folks without your intersection of privilege.</p> <p>Often panels have people speak for communities they do not share a lived experience or have had proper consultation with. It is important to understand your own positionality and privilege, despite being under oppressive systems and how best you can elevate other people's voices or "hand over the mic" (rather than speak for them).</p> <p>Although elevating is very important, sometimes people do not listen to marginalised folks or will only take information on board when someone of the same intersection of privilege speaks on the same issue. Thus, another way to show up for folks is to be able to highlight their voices and experiences even if they are not in the room.</p>	<p>Decentering can look like:</p> <ul style="list-style-type: none"> - "As someone who is White/cis/able-bodied/straight/a settler, I do not think it is my place to comment on this issue" <p>Elevating/" Handing the over the mic"</p> <ul style="list-style-type: none"> - " I think x brought up a really important point before and I would really like to hear their perspective/more if they are comfortable sharing." <p>"As someone who is a domestic student, even though COVID has affected us greatly - international students are also disproportionately affected by the pandemic and when receiving government support".</p>

Here is a more multifaceted way of understanding privilege and its various intersections:



*Although it is useful, the diagram can be limited - for example it does not acknowledge settler privilege or the nuances of anti-blackness within POC communities among other ways that power and privilege are multidimensional within intersections of (structural) oppression.

Disability Terminology

Person-first VS disability-first. The Australian norm for disability inclusive language is person-first language, where the person is put before their disability (IE person with a disability, person with paraplegia, person with ADHD). However, many disabled people, find it unsuitable, and prefer disability-first language (IE disabled person, paraplegic person, ADHD person) as it centres the fact that the person has been *disabled* by society, or makes more sense grammatically.

Ask individuals what their preference is, and acknowledge the deep history behind many of these terms. For instance, the Autistic community uses many different terms. The Australian norm is 'Autistic person', however it is best to ask the individual what terms they prefer, as 'Autist', 'person with Autism', 'Aspie' are just some of many terms.

Models of disability

The **social model** explains lack of accessibility/disability as *society's* problem, not the fault of people with disabilities. That is not to say the model ignores impairments that affect the lives of people with disabilities – it instead shifts the blame onto the true issues. It is the widely accepted and contemporary model of the disabled community and exists to support people with disabilities. It seeks to increase access and support from the wider community through education. The social model says that it is not a wheelchair users' inability to use the stairs that prevents access, it is the stairs themselves that prevent access. When people refuse to add a ramp, it is discrimination.

The **medical model**, in contrast, explains lack of accessibility/disability as the fault of people with disabilities. It looks to “cure” disability. Access is overlooked in favour of a cure, leading to pressure and stigma around having a disability. For example, rather than having sign language translators, the medical model seeks to cure deafness altogether, with a cochlear implant or other surgeries. This prevents access to the deaf community. The majority of the disabled community have rejected the model in favour of the social model.

Differences between the medical model and medical sector

The medical model is separate from the medical sector, though there is broad overlap. The medical sector seeks to support people with disabilities, whereas the medical model seeks to cure and remove disability, and its features.

Common Terms

- **Disabled** – a person with a disability, which can be any number of things.
- **Non-disabled** - a person without a disability, physical, intellectual, or mental.
- **Abled/abled-bodied** – a person without a physical disability
- **Neurodiverse** – a person with a mental difference/disorder, such as ADHD, Autism, BPD, DID. Depression and Anxiety are not included under this banner.
- **Neurotypical** – a person without a mental difference/disorder, a ‘typical’ person. People with mental illness who do not have ADHD/Autism/BPD/etc are under this banner still (though this issue is contentious due to a rising status of mental illness as a disability)
- **Wheel-chair user** – a person who uses a wheelchair.

Some common mistakes abled-bodies and neurotypical people make -

Calling wheelchair users ‘Wheel-chair bound’ – wheelchair users are not ‘bound’ to their wheelchair, in fact, it increases their mobility and ability to get around in the world.

Including neurotypical mentally ill people under the neurodiverse banner – neurodiverse people are not ill. They have a mental difference, but that difference does not make them mentally *ill*. Newly mentally ill people who were not neurodiverse before they became mentally ill are generally still neurotypical (though mental illness does give rise to mental disorders).

Calling a disabled person ‘inspirational’ just for having a disability – it dampens our actual accomplishments, and generally makes people with disability feel uncomfortable.

In general, before speaking, consider whether this would be something you would say to an abled-bodied or neurotypical person. If it is not, it is likely condescending.