



## A Taste of Inclusive Spaces: 4 Strategies for Belonging

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### Table Contents:

- Universal Design vs. Trauma Informed Care
- Engagement
- Representation
- Action + Expression
- Closing and Next Action Steps

### Community Agreements

- This is a confidential space; what's learned here can leave here and what is shared here stays here
- Yours and all voices are equally welcome; please speak from your own experience and refrain from giving advice
- Please only take yourself where feels safest and most accessible for you, your body and practice are your own responsibility within this educational and experiential practice

Strategies for Belonging	Learning Aides
Universal Design vs. Trauma Informed Care	<a href="#">Universal Design vs. Trauma Informed Care PDF</a>
Engagement	<a href="#">Engagement PDF</a>
Representation + Perception	<a href="#">Representation PDF</a>
Action + Expression	<a href="#">Action +Expression PDF</a>
Closing and Next Action Steps	<a href="#">Link to next action steps</a>

## Additional Learning Items

Medical Model - The **medical model of disability** defines an illness or **disability** as the result of a physical condition, which is intrinsic to the individual (it is part of that individual's own body) and which may reduce the individual's quality of life and cause clear disadvantages to the individual. It views disability as something to be fixed in order for the individual to provide a meaningful contribution. Disability can also only be understood by those trained academically in the specific condition.

**Social Model** - The **social model of disability** has three components as identified by the WHO:

- **impairments:** a problem in body function or structure
- **activity limitations:** a difficulty encountered by a person in executing a task or action
- **participation restrictions:** a problem experienced by a person in involvement in life situations.

Thus, WHO separates the idea of disability from the idea of impairment. It identifies systemic barriers, negative attitudes and exclusion by **society** (purposely or inadvertently) as contributory factors in disabling people. This model promotes the notion that while physical, sensory, intellectual, or psychological variations may cause individual functional limitation or impairments, these do not have to lead to disability unless society fails to take account of and include people regardless of their individual differences.

*Table: Models of Disability*

Medical Model	Social Model
A diagnosis A medical “problem”	A social and environmental issue that deals with accessibility, accommodations, and equity
A person is limited and defined by the impairment or condition	Individuals with temporary or permanent impairments require accommodations to live full and independent lives
Fix the individual Correct the deficit within the individual	Remove barriers: physical, intellectual, cultural and educational
Provide medical, vocational, or psychological rehabilitation services	Create access through accommodations, universal design, and inclusive learning environments
Object of intervention Patient Research subject	Community member Participant in ____ Decision maker Customer, patron, etc.

Ask Yourself:

- What is the purpose of my lesson plan or intervention?
- What skills are we addressing?
- Is there a timeline?
- Which skills will require more direction or instruction?
- What skills can be accomplished independently?
- Where are the barriers to accessing the intervention?
- How can I implement universal design access within my plan?

- When might I need to consider individual modifications?
- How might I structure my intervention (large group, small group, pairs or individual)?