



THE POCKET GUIDE TO
Diversity *and*
INCLUSION

ELIZABETH CASSON TRUST 

“And where do you come from?”

“I know someone with that”

“Have you tried yoga for it?”

“This is so, like, awkward”

“It’s health and safety got mad”

“LGBT whatever”

“Am I allowed to say that nowadays?”

This self-awareness guide is a small thing but a **big thing**

Small, because no book can cover the mammoth subject of diversity, so this pocket guide has a much more modest ambition, to take a fresh look at the clumsiness of conversation, during one specific moment in time, when an Occupational Therapist first meets someone new. It's ambition? To help you make that interaction a warm and welcoming experience.

Large, because semantics, preconception and crucially, the belief that we are the default human (and everyone else is different) opens a much bigger landscape that we all need to navigate. The truth is, we are all unique. If you take one thing from this guide, let it be that there is no default human.

Of course, you know all this already. It's common sense. We all enter the profession with a good heart, an open mind, and a willingness to learn. We are privileged to work with every stratum of society. Where others see diversity, we see common ground. We constantly negotiate complex conversations as we strive to improve people's lives. We do not need to be told how to communicate, we do it every day. You could say, why publish this guide at all? Let's just say, it's a reminder of the basics and where's the harm in that.

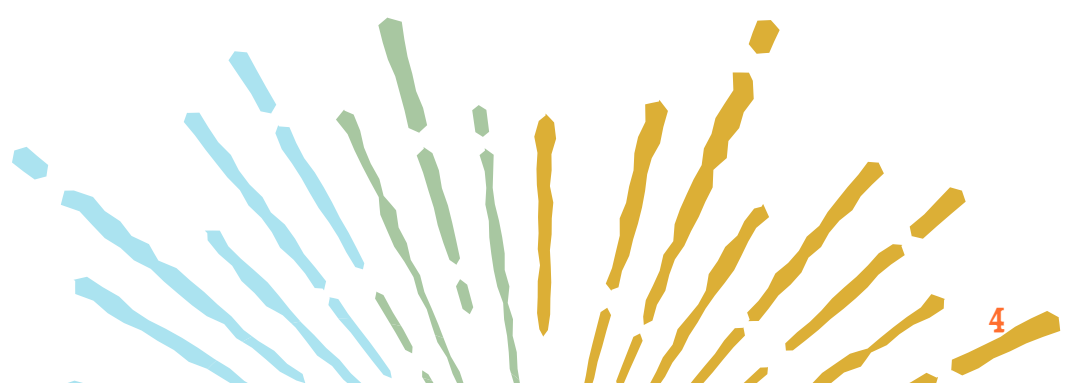
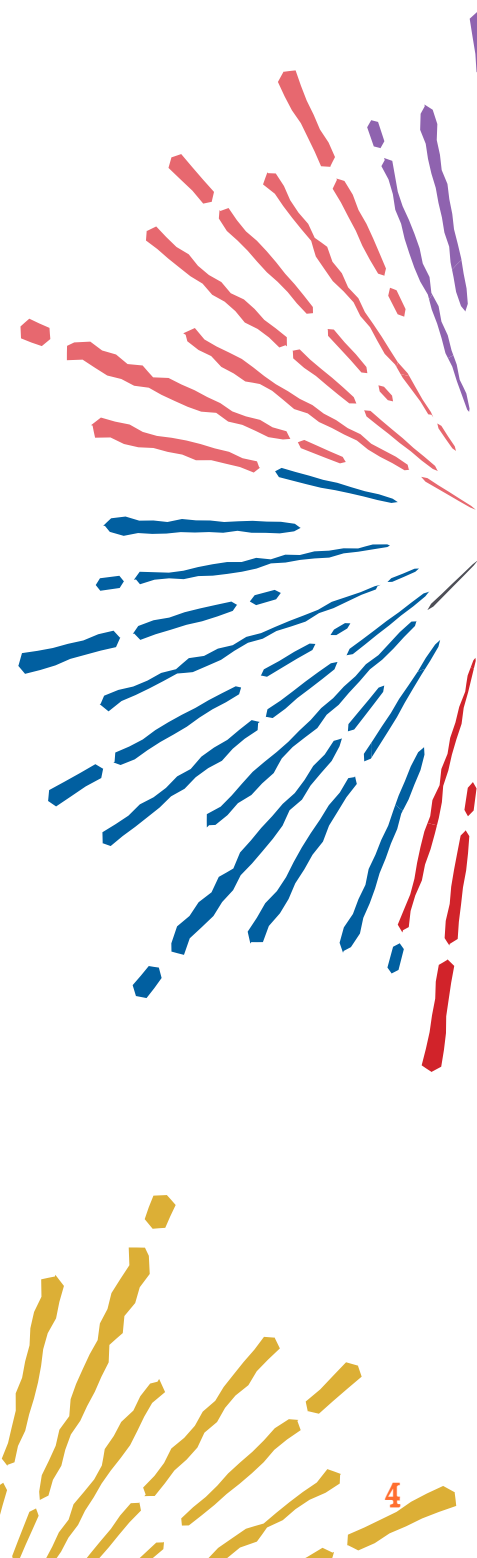
In context

Elizabeth Casson was a Pioneer who pushed boundaries and broke new ground, both as a professional and as a woman. Our Trust takes up Elizabeth's torch of innovation and runs with it, which is why we constantly morph and evolve. We want your voice to be part of that journey as a valued member of our family.

Building on the success of our Pocket Guides, we decided to produce one about Inclusivity. In many ways, it is preaching to the converted because as Occupational Therapists, we are well versed in making people feel welcome and seeing the holistic whole. So, we opted for a more intimate style and informal tone.

Every word in this guide is the product of collaboration. Our team includes people of colour, individuals living with and without disability, with faith and without faith, young and old, shy, and bold, clinicians, artists, activists and allies, and individuals who are gay, straight, trans and "I'll get back to you on that one". We all worked together without boundaries, hierarchy, or ego.

We are proud to include the opinions and lived experience of Occupational Therapists who are Trans, Disabled and People of Colour. We are all part of an upward spiral to make things better, for the Trust, for ourselves and ultimately, for our Patients. In its own modest way, this guide is waving their flag.





One of the many wonderful things about being an Occupational Therapist is that we meet people from all walks of life. We actively engage with a truly diverse social dynamic.

Occupational Therapists have a far broader social range than most other professions. Not only do we learn about other's life experience, but we do also so on an extraordinarily intimate level. We are in people's homes, their heads and if we earn it, their hearts. In a world of island cultures, we build bridges, great networks of them. It's not a job, it's a privilege. Let's unpack that...

Why did you want to become an Occupational Therapist?

What did you hope to achieve?

Or, are you one of those people who hate being asked this type of question? If so, that's OK. This is the kind of guide that you can 'dip in and out' of. A perky little provocation, while the kettle bubbles and boils.

A spectrum of spectrums

HERE IS A QUESTION...

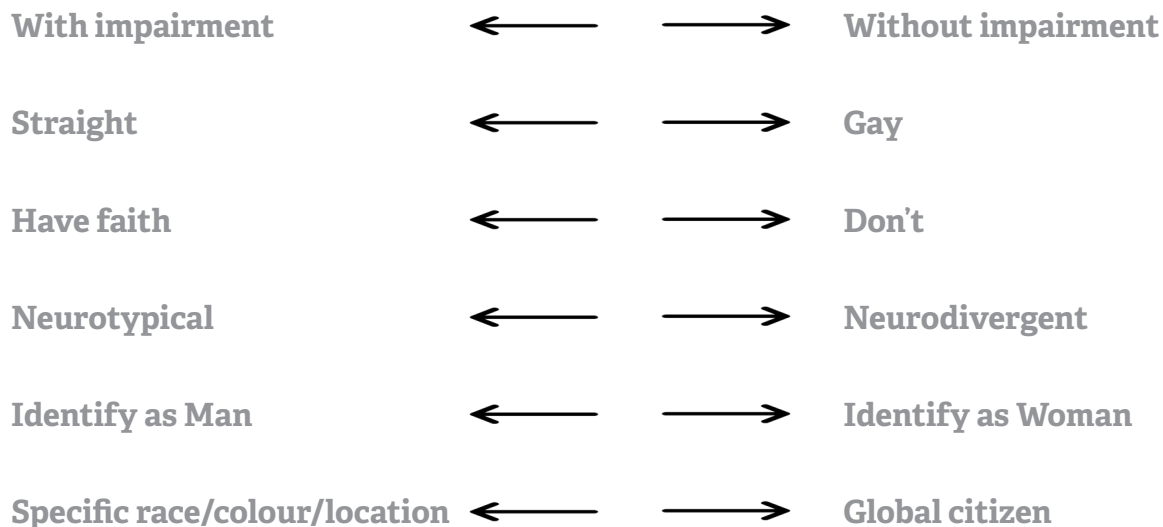
Who are you?

Let's answer the question, then question the question itself.

As Occupational therapists, we are quite familiar with reflection and you may be thinking, "Here it comes" or "How can any little exercise possibly analyse something this complex?" And you'd be right! It can't. It's a small, clumsy goodwill gesture to get the party started, a plucky attempt to start an honest conversation, so, "Hey Ho, let's give it a go".

Where are you on the following spectrums?

Place your finger where you exist between each opposite.



How did you do?

Did that sum up who you are? Or are you more than just a tick list?

Let's try again, using less formal spectrums:

Funny ← → **Serious**

Rom-com ← → **Thriller**

Anxious ← → **Calm**

Like hummus ← → **Eww**

The point is, we are all on a spectrum of spectrums. We all live inside a labyrinth that has so many sinuous strands, it looks like...

Spaghetti ← → **Noodles**

Here's another question, where is your home? Is it a specific location or a place in your head? What does home mean to you?

1. The town where you were born?
2. Your childhood memories?
3. Being with your family?
4. With your friends, or your partner?
5. As part of your ethnic group?
6. Doing the thing that you love?
7. Something else?
8. Somewhere else?
9. Or perhaps you haven't found it yet?

There is no right answer, just the right one for you. We are all unique, and so is the place we call home.

So, why attempt to classify it at all? If we are all on a spectrum of spectrums, what's the point? It is impossible to sum up the rich mosaic of a person's life, culture, history, legacy, preferences, belief system and attitude in just one word, just as an individual's physical and mental health is more than one named condition.

Occupational Therapists know this, as our whole approach is holistic, but we often forget that our own viewpoint is compromised in all sorts of ways. It makes sense to check on this.

The author and activist Kimberley Crinshaw has a word for this spectrum of spectrums and the boundaries where they blur. That word is Intersectionality. She warns us not to view diversity as a series of isolated grievances, when the truth is, they are all entwined.

That is why we must resist classifying someone by one criterion alone, such as visual appearance. A black, straight, middle-class wheelchair user (who likes thrillers and hummus) and a working-class, non-disabled, black transitioning male (who loves rom-coms but thinks hummus is weird) don't necessarily have anything in common.

Life is messy. It does not follow a linear narrative; it is an axis point of many narratives and they are all entwined. As the brilliant Crinshaw puts it, "If you're standing in the path of multiple forms of inclusion, you're likely to be hit by both". Genius!

Life is complex. So are we

**Let's get down to the crux of it. How do you judge someone, the first time you meet?
In real, raw, day-to-day life?**

Never	←	Personality?	→	Always
Never	←	Health?	→	Always
Never	←	Clothing?	→	Always
Never	←	Environment?	→	Always
Never	←	Friendliness?	→	Always

How much does our own life experience affect that snap judgement? We cannot deny our own memories or a particular social group, but what bias does that bring? And is it possible to neutralise it?

Let's look at a disability we can see... the physical. If you are thinking a question such as, "Are you Disabled?", are you questioning that question? One could argue that we are all Disabled at some point, usually in old age. So, this is not an 'us and them' situation, it's an 'us', which is why some politically active Disabled people prefer to use the phrase, "Currently able-bodied" or "Temporarily able-bodied".

Others remind you that the word 'disabled' is a description and not a group of people. They may refer to a specific social model of disability that cites societal barriers as 'disabling', placing the blame upon a society for creating barriers and not the person's impairment.

Some people prefer the term 'Disabled people' or 'people with health conditions or impairments'. By putting the word people first, we avoid labelling individuals by their condition alone. It makes the person the priority, not the disorder. As with all viewpoints, this is not universal. There are some Disabled people who resist person-first language, just as some people like hummus and some people don't. There is no generic 'correct'.

So, what does all this subjective definition mean in practice? Let's unpack that.

Perhaps you're thinking, "I know all this already, just tell me what to say, so I can get on with my busy day without offending anyone". Ah, if only life were that simple. There is no one-size-fits-all when it comes to diversity, due to the fact that... wait for it... drumroll please...

We Are Diverse!

“

Isn't it amazing that we are all made in God's image, and yet there is so much diversity among his people? ”

Desmond Tutu

The important thing is, it's not about keeping up with the latest terminology, it's about showing respect. We talk to a Disabled person just the same as everyone else.

It's basically "polite" to use the language style that they prefer, not our own, especially when talking about how their disability affects them. You don't need us to tell you that it's rude to patronise, interrupt, talk loudly or attempt to finish their sentence. It's common sense. And of course, we don't just talk, we listen.

Some people, especially if they have cognitive impairments, may need extra time. If you're not sure, ask and consider access requirements. Don't assume what someone might need, which brings us onto...



Mental health issues

Rob, NHS Communicator.

“My favourite story about mental health is about the fraught Mum who had been bounced around every department, to no avail. Her issue? A simple one that had baffled the Trust’s finest minds: her daughter would not sit still. In every lesson, the little girl writhed and wriggled, fuffed, and fussed. No one could work out what was “wrong” with her. There appeared to be no cure.

In desperation, the Mum visited a wise old psychiatrist. “Come with me”, he said, leaving the girl in his consultation room. Together, they looked back through the glass door, as the girl squirmed on her chair. After a few moments, the old man revealed that he had diagnosed her condition. “How?” whispered the Mum, “You haven’t even examined her?” “I don’t need to”, he smiled, “That girl is... a dancer”.

And it was true! She went on to have a glittering career in dance and choreography.

There was nothing “wrong” at all.”

As practitioners, we know this already. We know that:

- **The name of a disorder is a very broad term.**
- **Every patient is unique.**
- **That just because two patients share the same impairment, that does not mean there is one correct way to address them both, in terms of generic best practice.**
- **That one person’s patient is another’s Van Gogh.**

Time and again, it comes back to the mantra that we are all unique. Hence, no guide, especially one this small, can hope to cover the myriad of bespoke communication challenges that we face every day. Even the phrase ‘mental health issues’ is such a catch-all term, it pays to question its worth, cultural significance and crucially, subjectivity.

One patient told us that she had been diagnosed with three different disorders (Bipolar, Manic Depression and Melancholia) yet to her, they were all the same. She found it confusing. If nothing else, it is a timely reminder that the patient’s voice is central and we must work around it.

The myth is, that talking to or working with someone with a mental health disorder can be challenging, when the truth is, it’s not. Let’s unpack that...

We are all familiar with the phrase, “I’m not sure what to say?” as the (self-styled) innocent person stumbles into the stigma minefield, with no sense of personal responsibility. They ask questions like,

“What if I upset them?”

“What if I say something wrong?”

“What if I put my foot in it?”

These questions are all rooted in valid anxiety and the heartfelt wish to do well, but they are also ultimately selfish. Why? Because they place “us” as the priority. This is exactly the kind of situation that this guide seeks to address, in small, practical ways.

Take Autism for instance (remembering that it is the name of a medical condition, not a group of humans) and even then, there is no “group”, just a series of individuals. Apart from the fact that each one has some wonderful qualities, they may have nothing in common. It’s not even “unique” that they have a unique way of seeing the world, because we do too. We all do. While it makes sense to use their name (so they know who you are talking to) and make sure you have their attention before asking a question, these are not hard-and-fast rules, they are guidelines. There is no template, just people worthy of love.

It is easy to put the burden of your education onto the other person, but this negates the fact that they already have other things to deal with.

Communication is more than just speech. Some people prefer visuals, a list or just... nuance, such as stressing a word that’s important or finding another word for “No”. While “No” may sound harmless to us, for others it may indicate danger. Remember, it is not their job to inform us of this, it is our job to find out. Once the boundaries of behaviour have been established, a happier relationship can begin.

It’s a gargantuan subject, but you can sum it up in seven syllables...

IT’S ALL ABOUT THE WELCOME

For example, if we want to talk to a shy, introverted person with Schizophrenia, that is our desire, not theirs. It is a demand, but we can make it seem kind by softening our approach. You may choose to tell the patient that you are concerned about their wellbeing. You could open with a statement informing them that you appreciate their struggle. Some patients do not know what kind of help they need. If direct questions don’t work, try showing an interest in their hobby. As with all of life, it’s a case of trial and error.

The answers are often simple. All we can hope to cover in a guide this small is remind you of some basic common sense.

- **Speech patterns, tone and speed are not indicators of intellect, as Stephen Hawking would testify.**
- **It is easy to mimic the style of communication of the patient’s family, but it is also healthy to assess it from the other person’s point-of-view.**
- **In general, it is best to avoid generalisations (see what we did there?)**

It’s all about the welcome.

It’s about them, not us.

Let's talk about sex

In the olden days, teachers were so embarrassed by sex, they taught it using metaphor, "It's time we had a chat", they would blush, "about the birds and the bees". Sweet, but woefully inadequate.

These days, sex pervades every aspect of our lives, from law to language, culture to politics. Society has finally woken up to the fact that the birds and bees come in different species and other animals exist. They too have equal worth. There is a huge amount to celebrate here and while there is still much work to be done, important progress has been made.

As an occupational therapist, you must be able to navigate the complex landscape of gender. Why? For two reasons:

1. *To make the person feel welcome*
2. *Because it is the law*

Strong women, sensitive men, transgender health professionals - there are an infinite number of variants on the gender and sexuality spectrums. No one is asking you to learn every single point of

reference on that scale, because to do that would miss the Big Picture: that this is not about sex, it's about respect. To use the animal analogy, if you are lucky enough to meet a Queen bee or bird of paradise, treat them with the kindness they deserve.

Diversity terminology can be confusing. The English language is constantly evolving and many words that once were insults, have been since reclaimed as badges of honour. The guidance here is, if you don't know ask – but – with one important caveat:

Do not dump the responsibility of your education onto the individual.

You are there to help them. They are not there to help you with semantics. Some patients find this entire subject area embarrassing, and private, so please, if there is a gap in your knowledge, there are other, more appropriate places to learn (such as the Internet).

““ Do not ghettoize [restrict or isolate] society by putting people into legal categories of gender, race, ethnicity, language, or other such characteristics. ””

Preston Manning

“Someone once asked me if I was gay. I said, ‘Do you think a three-letter word can define the complexity of my humanity?’ I avoid the trap of easy definition.”

Cecil Taylor

To start off with, all you need to know are the basics. What do these letters stand for? And what do they mean?

L. G. B. T. Q. I. A. +
□ □ □ □ □ □ □ □

Here are some vastly oversimplified definitions:

Lesbian

A woman who is romantically and sexually attracted to other women.

Gay

A male-to-male attraction, though this is also used as a generic term for anyone who is homosexual.

Bisexual

A person who is attracted to both sexes.

Transgender

An umbrella term loosely referring to someone who does not identify with the gender they were born with.

Queer or Questioning

Another umbrella term for everything on the spectrum of human sexuality that is not straight or the (perceived) norm.

Intersex

When a baby is born, the doctor looks between their legs and assigns their biological sex, but approximately 1.7 percent of the population fall outside this binary classification, about the same percentage as those with red hair. Intersex is a catch-all phrase to define this (substantial) minority.

Asexual or Androgynous

Some people do not experience any sexual attraction. Others are not romantic. Some prefer not to define themselves at all. These people are just as valid as everyone else.

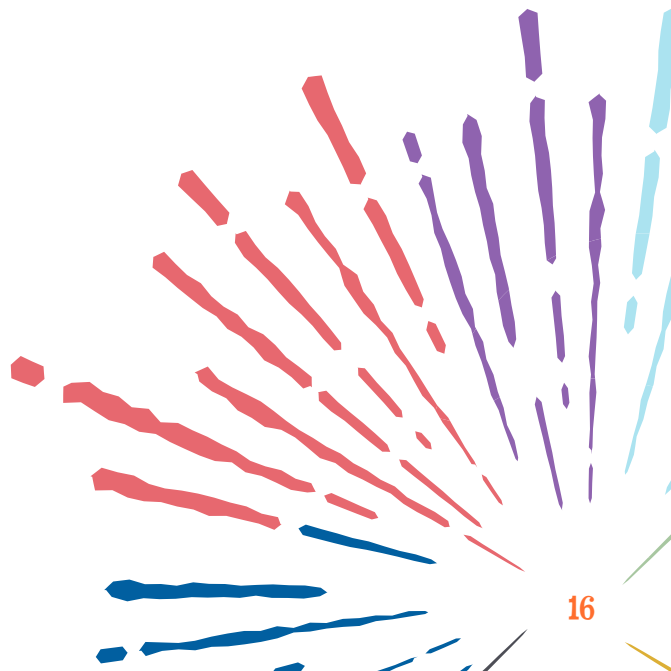
The letter A also stands for Androgyny, which is a gender issue (i.e. the possession of both masculine and feminine characteristics). Again, these people are equally worthy of our respect.



This stands for 'everything else'. Our understanding of sex and gender are constantly evolving, so this is a short way of saying, 'The story continues...!'

The Plus symbol is also shorthand for the full abbreviation LGBTQQIP2SAA, which includes Pansexual (spanning all genders) and Two-Spirit (derived from a Native American term, which in the LGBT context means a male and female identity inhabiting the same body), though this does raise issues of cultural appropriation.

Remember, nobody is expecting you to know every detail, just to make people feel valued for the fabulous human that they are.



Even if you ask those question with all the goodwill in the world, you are personally responsible for a myriad of wrongs.

- **You are raising the concept of 'other' which does make them feel welcome**
- **You are highlighting what differs not what bonds**
- **You are claiming higher status, which by default, makes them lower**
- **You are asking them to reveal intimate details, without prelude or permission**
- **You have not explained why you want their personal information**
- **You have not offered any personal information of your own, so it is not technically a conversation, it's a demand**
- **You are creating an embarrassing vacuum that they must now struggle to fill**
- **You are dumping the burden of educating you onto them, and...**
- **You are reminding them, that the only thing that matters to you is their physical appearance, which diminishes the worth of the fascinating human who lives within their skin.**



When we talk about Occupational Therapists and Disabled people, it is as if there is a gap between them, when the truth is, we are all patients. If we are not Disabled now, then we will be one day.

R. DISABLED OT

“While a student 4 years ago I experienced an interaction with a patient that I think enabled me to better tackle similar conflicts between my own and professional views. The patient, through a wall of tears, expressed “I don’t want to be a *ing cripple”.**

In that moment, I was taken back to the times I’d been called a cripple with intent to cause me emotional harm or to belittle me. I hadn’t realised it until I heard the patient say what they did, but by this time I found myself relating personally to this word that I hate.

Hearing it in this context made me more upset, for the patient to not embrace the changes and challenges that face them as I try to do myself.

In my flurry of emotions, my professional hat had blown away and I walked off, I’d like to think, in an effort to find it. I hadn’t thought about the context, the patients potentially life changing diagnosis and their natural reaction to that.

I was self-centred in jumping to my own history and the meanings that I have attached to the word before thinking of the patient. It caught me off guard and in this instance my emotions won the tug of war with my professionalism.

There is a time and a place for a win on either side, recognising this was a key part of my development as a healthcare professional”.

It is important not to assume any minority operates outside society. They are part of society so should not be thought of as other.

On culture

It does not take long to familiarise yourself with the basic manners of a culture other than your own. For example, eye contact, humour and perceptions of pride all have different meanings when viewed through the eyes of a person with faith. What might seem like a witty icebreaker to you may be culturally inappropriate. And if you do 'innocently' make a mistake, how will it reveal itself? When they wince, blush or retreat? Ouch! Triple-ouch! It is far better to swot up what not to say, than apologise afterwards. Remember, it is not their job to educate you, it is yours.

🗨️ **Don't tell me what I need. Start looking at the people in front of you, appreciate the diversity in the community, respect it. Don't debate it.** 🗨️

Dominique Jackson.

Many people think that they can skip the research, and 'busk' it by mirroring, a well-meaning attempt to show empathy by echoing the characteristics of the person you are talking to. We all do it, we can't help it and at its root, it's a noble gesture – but it is also a minefield. Think tick, tick, Boom!

Think about it, if you blunder in with the phrase, "I love Stormzy, me", you may be making an incorrect assumption, that just because the person is young and black, they like Stormzy, when the truth is, they may prefer Vivaldi.



Let's look at some real-life examples. What is wrong with these phrases?

1. "Our Tracey had that, but worse"
2. "This is so, like, awkward"
3. "It's health and safety got mad"
4. "LGBT whatever"
5. "Am I allowed to say that nowadays?"
6. "My best friend is black, so I know what you're on about"

What does each question reveal about the speaker?

That they are...

- 1) Competitive?
- 2) Dumping?
- 3) Insensitive?
- 4) Disinterested?
- 5) Belittling?
- 6) Misguided?

What do they assume about the listener?

How could each phrase be re-written to show more empathy?

Where are they on the following scale?

Lazy ← ————— → **Insulting**



Remember, no issue exists in isolation. Every human is a cocktail of race, class, genetics, education, and personal choice, viewed through the eyes of a subjective viewpoint and all the baggage that brings. This all takes place in a landscape full of entrenched stereotypes and poor social planning, within an unjust system, so what we are left with is... what? An opinion? A human? A view?

So, how do we celebrate any culture without being exclusive? By building bridges and inviting people to cross. You may not agree with everything said but the important thing is that you listen, learn and appreciate their point of view.

66 Diversity: the art of thinking independently together 66

Malcolm Forbes

On Skin Colour

Skin colour may be the first thing we notice, but it may also be the least relevant. Why? Because it may not be the person's priority when defining their identity. Or maybe it is? That is their choice, not ours.

For example, we all know the phrase BAME community, but what does it actually mean? And is it a community? Do Black, Asian and Minority Ethnic groups share the same issues? Of course not. They may share parallel issues of exclusion, but a Syrian grandmother from Cardiff is, arguably, not part of the same social group as an Indian baby in Bradford. In this respect, the word community is misleading, when it is, in fact, a fascinating labyrinth of micro-communities, some as small as one.

How would you define the BAME community? Some people think it's a unified group while others say, it's a disparate landscape of billions of individuals. Both viewpoints are worthy of respect and it is not our place to judge.

I'M CONFUSED NOW, JUST TELL ME WHAT TO SAY

Then let's go back to basics. You're just a well-meaning individual, who doesn't know what offends. Does that sound about right? The answer is no because laziness or innocence are not an excuse. They are something that you need to work on.

There are three rules about conversations about race, as defined by the author Ijeoma Olou:

- 1) It is about inequality if someone of colour thinks it's about inequality
- 2) It is about inequality if it affects someone of colour
- 3) It is about inequality if it affects a situation that impacts someone of colour

You can't get clearer than that.

If the person you are talking to thinks that something is wrong, it is.

It is our responsibility to make everyone we serve feel safe, welcome, and valued.

🗨️ When people talk about diversity and inclusion, sometimes there's a bit of eye-rolling mentality or ticking boxes. But I feel like that's kind of necessary at times because the playing fields are not level in the first place.👉👉

Ncuti Gatwa

Clumping

LGBT, BAME and Disabled people are sometimes disparagingly referred to as 'people with issues' as if they're in the same gang, when they are clearly worlds apart. Ijeoma Olou questions the nature of clumping, by stating, "You cannot cure breast cancer by talking about colon cancer".

HIS STORY

There is an old phrase, that history is not fact, it's the viewpoint of the victor. So it makes sense to question it. If there is a boundary, you should question that boundary. Ask who made it and why.

In her wonderful book, *Invisible women*, Caroline Creado Perez reminds us that, all too often, the male is considered norm, while everyone else is dismissed as niche. Despite the fact that half the world is female, even the world's largest minority and still considered the exception. This sense of women being the other runs through every stratum of society and is, fundamentally, wrong.

So much of our received wisdom has a male bias, yet we accept it without question. It is often stated that, "Ancient Greece was the birthplace of Democracy"; yet women could not vote. "The Age of Enlightenment" is hailed as a wonderful thing, yet women's oppression increased. Wherever you look, from suffrage to slavery, women have been treated like second-class citizens.

If half the world's population are treated in this way, then what hope is there for smaller minorities, like the 14.6 million disabled people living in the UK (according to the charity Scope). The answer is... we're working on it, and every tiny improvement we make is a positive step. The first step starts with you.

Every small improvement, makes the world a better place. There will all be bigots, but most people have little day-to-day contact with those. The hurt comes from "the death of a thousand cuts". Those sharp micro-aggressions that remind the victim (and they are a victim), you are niche.

- The well-meaning shop assistant who talks loudly to the Deaf person.
- The woman who clutches her bag when a black youth walks by.
- The man who calls the Thai waitress 'exotic'.
- The protestor angered by a shy Transgender person who will not respond to a patronising wolf whistle?
- The recruitment manager who chooses not to hire the man whose name sounds 'foreign'.
- The bus driver who sighs heavily when he has to lower the ramp.

Those are the small acts of cruelty that must not go under the radar. As Occupational Therapists, we visit fragile people who live within this world. It is our personal responsibility to make that world a better place, on small step at a time.



Top tips

Here are some tips to consider when starting a conversation, with someone who is not you:

- Ask yourself what you hope to gain from this interaction and what is the best way to achieve it?
- Does the person know what your goal is? If not, inform them.
- Are the questions you intend to ask inappropriate in their culture? If you don't know, find this out before entering the room.
- Before asking a question, consider, "Is this the right person to ask?"
- Avoid referring to "I" or "Me". The interaction is about them, not you.
- Don't assume that the person wants to discuss an issue, just because you do.
- If you feel awkward, that's your problem, not theirs, so don't dump your embarrassment on them.
- Intimate information is a precious gift, so if you want it, earn it.
- Don't assume that you're the norm.
- Do not try to bond by guessing what they like.
- If you make a mistake, apologise, learn and move on.

Work out who you are, what baggage that brings and how those opinions shape your world view. If it affects your work in a negative way, become conscious of this and make plans to neutralize it.

View people holistically, don't prioritize one feature, such as skin colour or condition. Remember, skin colour is not just a colour, it speaks of a place in history, a lived experience, a proud culture, a spiritual identity. Just as beauty is not skin deep, nor is race.

Do not assume. All gay people do not like disco. A pansexual is not promiscuous, a woman is not a minority, and a wheelchair user may be able to travel without your help.

At the end of the day, it is all about respect.

6 Diversity is what makes life interesting

Khoudia Diop

So, what small steps will you make to increase your understanding of diversity?

Write down 5 things that you will do to make the world a more welcoming place:

1)
2)
3)
4)
5)

Let us end this guide by asking you some personal questions:

Who are you?

Where do you come from?

Where is your true home?

What baggage do you bring?

What do you want?

And how could someone make you feel welcome?
And safe?

Thank you to everyone who contributed to this guide for their honesty and generosity, in creating something modest, but positive in spirit. We hope it made you think.

Best of luck in making people feel welcome.