

APPENDIX 2

Congregational survey on disability and accessibility

The purpose of this survey is to identify and accommodate the unique needs of our members. Statistics show that 1 in 5 Australians live with some kind of disability and that 1 in 9 Australians provide unpaid care to a family member with disability.

We would like as many people in our church as possible to answer this survey so we can:

- Learn more about the needs of people with disability and their caregivers in our parish;
- Make sure we are doing all we can to serve and support people with disability and their caregivers in our parish; and
- Make sure people with disability and their caregivers can enjoy full participation in the life of our church.

There are many different kinds of disability, which might include:

- A physical disability, for example, someone who might use a wheelchair or walking frame;
- An intellectual or cognitive disability or learning difficulty, for example, someone with Down Syndrome or someone on the Autism Spectrum;
- A sensory disability, for example, someone who is Deaf or has limited hearing or vision;
- A mental health condition which limits a person’s ability to participate in church, for example, anxiety or depression.

1. Your Name (optional): _____

2. Do you consider our church to be welcoming and inclusive of people with different kinds of disability?

Yes No Unsure

3. In what ways do you consider our church to be **welcoming** and **inclusive** of people with various disabilities?

4. In what areas do you think our church needs to **improve** in the way we welcome and include people with various disabilities?

5. Do you or an immediate family member have a disability?

- Yes No Unsure Rather not say

6. If yes, is that person:

- Yourself A family member You'd rather not say

7. If yes, what kind of disability does the person experience (tick all that apply):

- A physical disability
 An intellectual/cognitive disability or learning difficulty
 A sensory disability
 A mental health condition
 Autism Spectrum Disorder
 Other
 Unsure
 Rather not say

8. Is there anything else you would like to tell us about you or your family member's disability?

9. What areas or ministries of the church are the **easiest** for you or your family member to access?

Physical spaces

- Main church building;
- Hall/Kitchen/Other church spaces;
- Bathrooms;
- Car park;
- Other: _____

Ministries

- Sunday services;
- Children's/Youth ministries;
- Bible Study Group;
- Church meetings;
- Ability to serve (e.g., as a welcomer, as a youth leader; in music ministry etc);
- Other: _____

10. What areas or ministries of the church are the **hardest** for you or your family member to access?

Physical spaces

- Main church building;
- Hall/Kitchen/Other church spaces;
- Bathrooms;
- Car park;
- Other: _____

Ministries

- Sunday services;
- Children's/Youth ministries;
- Bible Study Group;
- Church meetings;
- Ability to serve (e.g., as a welcomer, as a youth leader; in music ministry etc);
- Other: _____

11. Is there anything further you would like to tell us about you or your family member's ability to participate in church?

12. What would enhance your/their ability to participate fully in the church? (tick all that apply)

- Improved physical access inside/outside the church (eg. more ramps);
- Large print documents such as bulletins, song sheets, Bibles etc;
- The installation of a hearing loop for people who use hearing aids;
- Seating with spaces for people in wheelchairs and who other mobility devices;
- Seating with armrests;
- Better lighting to read people's lips when they are speaking;
- Captioning on videos used in church and online;
- Communion being brought to people with mobility difficulties;
- Welcomers who could assist you with seating in the church;
- A more accessible children's/youth ministry program;

More access to mid-week church groups such as Bible study;

Separate quiet room from which to view the service;

Other (please list below):

13. Are there any areas of church you or your family member would like to be more involved in or would like to serve in (for example, youth ministry, Bible reading, welcoming team, etc)?

Yes No

14. If yes, which ministry would you or your family member like to be involved in and in what capacity?

Leader/Server Participant

15. Are there any other ways you feel the church could help serve or support you or your family member better?

If you would like to discuss any of this survey, please contact your minister or the person overseeing the survey [Insert contact information below]:

Name of Contact Person: _____

Phone number/s: _____

Email address: _____