



GLOBAL WELLNESS
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EMPOWERING WELLNESS WORLDWIDE

Awareness Action Kit - DISABILITY -

Global Perspectives on Inclusive Well-Being:
The Role of Health and Wellness Coaching in
Fostering Diversity, Equity, Inclusion, and
Belonging

Empowering Individuals, Leaders, Service
Providers, and Advocates of DEIB Through the
Lens of Health and Wellness Coaching

- 2024 -



WELLNESS COACHING INITIATIVE
GLOBAL WELLNESS INSTITUTE

Welcome!

We are thrilled to introduce you to our **Awareness Action Kit**, designed to kickstart your journey into understanding the invaluable intersection of Health and Wellness with Diversity, Equity, Inclusion, and Belonging.

This kit offers you a practical, actionable, and easily digestible resource to delve into the profound impact that Health and Wellness can have in fostering a culture of Diversity, Equity, Inclusion, And Belonging.

Directly excerpted from our comprehensive 130-page whitepaper, "Global Perspectives on Inclusive Well-Being: The Role of Health and Wellness Coaching in Fostering Diversity, Equity, Inclusion, and Belonging," these resources are a simple gateway to a deeper understanding.

We invite you to download the complete whitepaper along with its accompanying PowerPoint presentation and 11-page infographic, available [HERE](#).

Within the whitepaper, you'll explore 10 distinct areas of diversity, each accompanied by its own Awareness Action Kit:

- 1. Race and Ethnicity**
- 2. Age and Generations**
- 3. Gender**
- 4. Sexual Orientation**
- 5. Religion and Spirituality**
- 6. Disability**
- 7. Socioeconomic Status and Social Determinants of Health**
- 8. Health Status**
- 9. Neurodiversity**
- 10. Weight Bias and Stigma**

Each kit provides insights into the definition of the specific type of diversity, why it's crucial, how Health and Wellness Coaching can play a pivotal role in supporting it, and real-life "Voices from the field" to enrich your understanding.

Additionally, each Awareness Action Kit comes complete with a "**Questions for Discussion Guide**" to prompt thoughtful reflection and dialogue, as well as essential "**Contact Information**" to reach out for further support or inquiries. There is an **(11th)** separate **Glossary of Terms Awareness Action Kit** to enhance your comprehension across all areas covered.

Happy discovering - we're excited you've joined us!
The Global Wellness Institute Wellness Coaching Initiative Team.

XV. Disability



XV. Disability

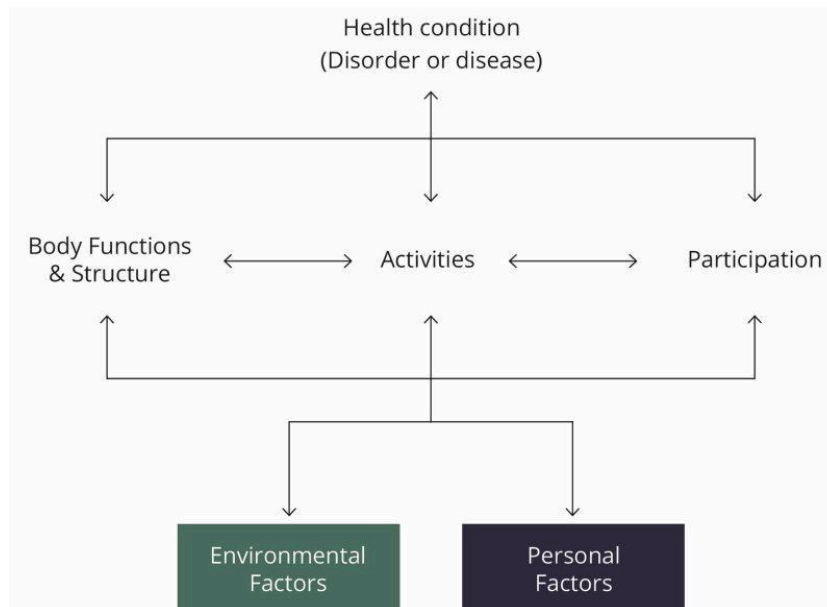
- **What it is**

The WHO sees *disability* as a part of temporarily or permanently 'being human'; an estimated 1.3 billion people (about 16% of the global population) currently experience significant disability and this is increasing because of population aging and the increases in the prevalence of chronic, non-communicable health conditions.

"Disability results from the interaction between individuals with a health condition, such as cerebral palsy, Down syndrome, and depression, with personal and environmental factors including negative attitudes, inaccessible transportation and public buildings, and limited social support" (WHO, 2020).

However, definitions of disabilities, as well as provisions for people with disabilities, vary widely amongst different countries.

The Australian Institute of Health and Welfare's report *People with Disability in Australia* references the WHO's International Classification of Functioning 2002 and provides a helpful schema, modified from the ICF:



Source: International Classification of Functioning, Disability and Health

"People experience different degrees of impairment, activity limitation and participation restriction. Disability can be related to genetic disorders, illnesses, accidents, ageing, injuries, or a combination of these factors. Importantly, how people experience disability is affected by

environmental factors – including community attitudes and the opportunities, services and assistance they can access – as well as by personal factors.” (People With Disability in Australia, Defining Disability, 2022; International Classification of Functioning, Disability and Health (ICF), n.d.).

According to the Centre for Disease Control and Prevention (CDC) in the U.S. disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions).

Amongst the many types of disabilities are those that affect vision, movement, thinking, remembering, learning, communicating, hearing, mental health, and social relationships among others.

Although the term “people with disabilities” often and incorrectly implies a heterogeneous population, this is a diverse group of people who often present a wide range of needs. Two people with the same type of disability (often hidden or not obvious) can be affected in very different ways (*Disability and Health Overview*, n.d.).

In the UK, the Equality Act 2010 defines disability as a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on one’s ability to do normal daily activities. ‘Substantial’ being more than minor or trivial (for example, taking much longer than it usually would to complete daily tasks like getting dressed). ‘Long-term’ is lasting for 12 months or more (Office for Disability Issues, 2011). Thus, people with progressive medical conditions can be classed as disabled.

The Equality Act includes people with all cancers or those who have had cancer in the past, people with an HIV infection and with multiple sclerosis, from the day of diagnosis for these conditions (Equality Act, 2010).

A mental health condition is considered a disability if it has a long-term effect on an individual’s normal day-to-day activity, lasting, or is likely to last, for a period of 12 months. A wide variety of mental health conditions can lead to a disability including dementia, depression, bipolar disorder, obsessive compulsive disorder, schizophrenia (Equality Act, 2010).

Singapore’s ‘*Enabling Masterplan 2030*’ people with disabilities are those whose “prospects of securing, retaining places and advancing in education and training institutions, employment and recreation as equal members of the community are substantially reduced as a result of physical, sensory and intellectual disabilities as well as autism.” Notably, autism is considered a developmental disability, currently with no known causes or

cures (*Information on Disability in Singapore | SG Enable, n.d.; Enabling Masterplans, n.d.*).

"People with disabilities may be the largest underserved subpopulation demonstrating health status disparities that stem from preventable secondary conditions." (Krahn & Fox, 2014)

Andrew Parsons, Ph.D., a UK-based Certified Wellness Practitioner and Master Coach, offers a different and valuable perspective on use of language around disability, preferring to use the term 'different' ability, on the basis that people with health conditions may achieve the same goals as those who do not have the same condition, but in different ways is an environmental and social construct. Dr. Parsons believes that to create equality and equity, different barriers to full function need to be considered and adjustments made accordingly (Parsons, 2023).

Physical disability

Rutgers University Center for Disability Sports, Health & Wellness gives examples of physical disability as: cerebral palsy, spinal cord injuries, amputation, spina bifida, musculoskeletal injuries.

"Physical disability indicates any physical limitations or disabilities that inhibit the physical function of one or more limbs of a certain person. It can be temporary or permanent. The causes of this kind of disease are various. Any person can acquire it through accident, injury, illness post-surgery effects and heredity" (Konczal, 2020).

Mental disability

Under the UK Equality Act (2010), people with conditions, such as depression, schizophrenia, bipolar disorder and many other types of mental health conditions have protection if they can show that their mental health problem is a disability (*What Is the Equality Act?, n.d.*).

In its 2022 article "Is mental illness a disability in Australia?", the APM, a global human services company, states that the Australian Equal Opportunity Act (2010) recognizes mental illness as disability and protects against discrimination in places like school, work, shops, and sporting organizations. ere, a disability that arises from a mental health condition is called a psychosocial disability and is considered a disability when a person's condition presents barriers to equality, considering that disability describes the limitations faced by a person, not the person him/herself (*Is Mental Illness a Disability in Australia?, n.d.*).

Learning disability

A learning disability is a lifelong condition; it is not an illness and cannot be cured. Many people with a learning disability have greater health

needs than the general population, are more likely to experience mental health issues, and are more prone to chronic health problems such as epilepsy, physical and sensory disabilities.

In the UK, the term **learning disability** is used in relation to people who have the following characteristics:

- A significantly reduced ability to understand complex information or learn new skills ('impaired intelligence'),
- A reduced ability to cope independently ('impaired social functioning'), and
- A condition which started before adulthood and has a lasting effect.

NHS England states that the term learning disability should not be confused with a '**learning difficulty**' which is used to refer to specific problems in processing information that substantially affects a person's ability to learn rather than the characteristics outlined in the above definition of learning disability (*People With a Learning Disability, Autism or Both*, NHS, 2021).

In the U.S. the National Institute of Neurological Disorders and Stroke (NINDS) state that learning disabilities are disorders that occur in very young children and are usually life-long conditions, affecting their ability to:

- Understand or use spoken or written language.
- Do mathematical calculations.
- Coordinate movements.
- Direct attention (*Learning Disabilities*, n.d.).

Specific Learning Disability (SLD)

The U.S. National Centre for Learning Disabilities (NCLD) describes a specific learning disability as "a *brain-based disorder that affects an individual's ability to read, write, and do math (e.g., dyslexia, dysgraphia, and dyscalculia)*).

According to the Diagnostic and Statistical Manual 5 (DSM-5, 2023), the prevalence of learning disabilities is between 5 and 15 percent, with school-age children across different cultures affected by a learning disorder limiting them in reading, writing, or mathematics. Despite progress, individuals with learning disabilities continue to face stigma due to a lack of awareness and understanding regarding their capabilities in various settings, including the classroom, workplace, and communities (*Learning Disability*, 2022).

Students identified with SLD receive special education services under the Individuals with Disabilities Education Act (IDEA), a law that provides free and appropriate public education to children with disabilities. The NCLD

set out Federal State Snapshots of Learning Disabilities, serving as a snapshot of federal data, terms, and definitions.

Learning disability and mental health

In the UK, the key national charity MIND raises awareness and understanding of mental health and campaigns on behalf of anyone experiencing a mental health problem; they highlight that learning disability is not a mental health problem in itself, even though people with learning disabilities may also experience mental health problems from experiencing negative attitudes and abuse (*Learning Disability Support*, 2021).

- **Why it matters**

As the WHO states:

“A person’s environment has a huge effect on the experience and extent of their disability. Inaccessible environments create barriers that often hinder the full and effective participation of persons with disabilities in society on an equal basis with others” (WHO, 2023).

Historically, there has been a lack of data on disability and its collection is crucial in assessing how effective services are in their care and ensuring health and social care is inclusive of disabled people. Available research has shown that people with physical disabilities report barriers when accessing health services which in turn impact their health and wellbeing outcomes (*Strengthening the Collection of Data on Disability*, n.d.).

Listening to the perspectives of disabled people and developing an understanding of their experiences at a local level, is absolutely critical to ensure that the barriers to their inclusion are well understood and addressed and for appropriate adjustments to be made to enable them to receive good quality care and equity of opportunities.

A key principle underpinning this understanding is direct consultation with people to gain an accurate reflection of their lived experience. For children and young people, this can be self-empowering and increase their confidence for self-advocacy and interaction with decision makers (Bond, 2022).

Without this understanding, society and services risk contributing further to the isolation and stigmatization surrounding people with disabilities and in turn, would render any disability-inclusive strategies ineffective (*Assessing a Patient With a Disability*, n.d.).

MIND point out that people with a learning disability may struggle to get a mental health problem recognized and diagnosed (*Learning Disability Support*, 2021).

- **How Health and Wellness Coaching can support this diversity**

Health and Wellness Coaches are equipped to work with the person, not their health condition, and to recognize 'intersectionality' — that people may fall into two or more categories of disability. From the perspective of 'goal setting', Health and Wellness Coaches can support clients in expressing a wider sense of agency and making an impact on their own environment, for example, to find or develop appropriate 'adjustments' to their work and/or personal life (Parsons, 2023).

Health and Wellness Coaches possess a comprehensive understanding of the Stages of Change model and adeptly apply motivational interviewing techniques. This enables them to employ precise language tailored to the client's acceptance level, especially when working with individuals facing physical disabilities.

The specific knowledge and awareness of Medical Coaches regarding the Medical System's lack of awareness, equipment, and accessible facilities suited to meet the unique medical needs of people with disabilities needing medical treatments and procedures allow them to assist their client in improving their communication with health care practitioners and create effective coping strategies.

Health and Wellness Coaches are equipped with the tools, techniques, communication skills, and mindful presence to support people with disabilities in assessing their values and using their strengths to work towards their health goals. Coaches are also trained in the use of positive psychology, reflecting on previous successes, reaffirming competences, and recognizing and addressing emotional barriers. This helps to build a positive and supportive relationship so that disabled individuals can realize their goals and potential (Horizons & Horizons, 2020).

"Assessment of people with disabilities must be individualized and free of bias and stereotyping of people with disabilities in general and with those with specific types of disabilities. Sensitivity in approaching and interacting with people with disabilities is essential to be able to communicate effectively.... [and] also address the presence of a disability and its effect on the patient's ability to perform activities of daily living, participate in health promotion activities, and obtain health care."
(Assessing a Patient with a Disability, 2022).

The National League of Nursing describes the communication and interpersonal skills essential to building a relationship with a person with physical disability which holds true for Health and Wellness Coaches: "... this includes making eye contact with the interviewee and being at the

patient's eye level. For a patient with a disability, this often requires sitting down to ensure that you are at the patient's eye level, so that the patient is not required to look up to communicate with you. If he or she is in a wheelchair or sitting in a chair or on a motorized scooter, this is especially important." (Nair & Adetayo, 2019).

- **Voices from the field**

Physical disability: occupational therapy

The following testimonials were provided by H el ene Th eriacult, an occupational therapist and certified coach. H el ene has extensive experience and trains healthcare professionals and Health and Wellness Coaches to use a coach approach for people with disabilities (Function First Coaching Inc., 2023).

"I enlisted a Health Coach to address my poor sleep, stemming from chronic low back pain. Surprisingly, my sleep quality surged from a 1 to an 8 after just three brief sessions. The coach guided me to rediscover effective sleep strategies I had forgotten, drawing from successful past experiences. With shared insights from similar cases, I crafted a personalized 'recipe.' Six months later, I still follow that formula, maintaining a consistent 8 out of 10 sleep quality."

— Function First Coaching Patient

"After being out of work for two years due to chronic pain, I found myself struggling with everyday tasks like housecleaning and grocery shopping.

My life lacked meaningful activities, and my social life was almost nonexistent. Living in constant pain took a toll on my mental health, leading to a state of depression and a low quality of life. That's when I decided to work with a Health and Wellness Coach.

Together, we identified goals that were important to me, some of which I genuinely wanted to pursue, such as rekindling a social life. Other goals were necessary for my well-being, like maintaining a clean apartment to have people over. Through six months and ten sessions, I gradually began to regain control of my life. I learned to accept that I am not the same person I used to be, and that's okay.

Now, three years later, the positive impact of those coaching sessions is still evident in my life. I work up to 10 hours a week, engage in gentle yoga, and have cultivated new, more meaningful friendships. My outlook on life has become more positive, thanks to the strategies and mindset I developed with my coach. These sessions have truly turned things around for me, and I continue to incorporate the valuable lessons into my daily life."

— Function First Coaching Patient

Physical disability: physical therapy

The following testimonials were provided by Nath Fernandes, a qualified coach with cerebral palsy, who has worked within the disability sector for more than 10 years.

"After Nath conducted an initial consultation with RJ, it was identified that one of his goals was to improve his health and wellbeing. Using Nath's prior knowledge of adaptive yoga, he was able to contact a local yoga teacher offering this service and arrange a taster session.

As a result of RJ's complex needs, Nath worked alongside his multi-disciplinary team (comprising of a physiotherapist) and himself to seek out products such as wedges enabling him to feel the full benefit of the session.

After the session, he felt positive and relaxed and plans to do weekly sessions in the near future" (Horizons & Horizons, 2020).

Low back pain is the highest contributor to disability worldwide. A 2019 pilot randomized controlled trial conducted by Amorim et al., investigated the feasibility and preliminary efficacy of a patient-centered physical activity intervention, supported by health coaching and mobile health, to reduce care-seeking, pain, and disability in patients with chronic low back pain after treatment discharge. The trial revealed that 88% of participants reported that coaching sessions helped encourage them to be physically active. At 6-month follow-up, participants had a 38% reduced rate of care-seeking, self-reported more walking, and a higher proportion of this group attained their physical activity goals (Amorim et al., 2019).

Learning disability:

Shaun Webster participated in the development of the NHS Core Capabilities Framework for Supporting People with a Learning Disability. His experience serves to highlight the positive outcomes of a collaborative, co-creative process, which underpins a health coaching approach.

"I am not just a person with a learning disability. I am a geek, a father, a grandfather, and a married man. My job is Volunteer coordinator at CHANGE, a human rights organization that employs people with learning disabilities like me to co-lead our work. I have an MBE!

I am proud that I was included in the planning for the original learning disability framework.... I felt that my ideas mattered and that my experiences were valued.

The content of the framework shows what needs to be done to create lasting change and empowerment for people with a learning disability.

When people always do things for you, it is hard to become independent. I have been encouraged to find out what becoming independent means, such as gaining a job, respect, equal pay, and just being included in life. I have helped others to do things for themselves.

When professionals understand and listen to us, this improves our services and our lives. It gives people like me with a learning disability more power and breaks down the barriers between us. This supports people with a learning disability to be a real voice for change. I hope that people with a learning disability will have the same human rights as anyone else.

This framework will help create a future where people with a learning disability have a direct influence on human rights policies, law, health, and social care. I want you to take notice and understand people like me, support us to feel valued and take our power back. We can work with and support you to improve your work with us. Together we can create real change (Core Capabilities Framework for Supporting People with a Learning Disability, 2019)."

"Other" disability:

The following testimonial is from Andrew Parsons, a Master well-being coach, and workplace wellness catalyst using a variety of approaches to support clients to function optimally, take part, and live well as individuals, teams, organizations, and cross-cultural collaborations.

"As a coach working with clients living with and beyond cancer, I have been humbled by feedback showing how the coaching process can positively transform their lives.

Coaching is not therapy; however, the outcomes can be therapeutic. Health and Wellness Coaching supports clients to navigate stresses and disruptions. Clients become empowered through the process of developing their resources and strategies for optimal functioning.

For those with health conditions or disabilities, supporting individuals to make sustainable lifestyle changes provides huge benefits. This is often in terms of improved nutrition, increased physical activity, and better quality of life. Combined with better sleep patterns and improved resilience, these factors are important to an integrative approach to medicine, that can benefit outcomes. I know from personal experience the importance of physical activity, nutrition, and sleep in cancer.

Coaches with a wellness orientation with clients with disabilities can also support them in identifying their strengths and resources, developing new perspectives, and integrating change. For example, in a cancer setting

Health and Wellness Coaching with appropriate awareness, training, and knowledge has been shown to support cancer survivors in integrating the new normal in their lives.”

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Want to contribute?

Health and Wellness Coaching Connection Blog Space.

It is our mission to empower individuals and businesses around the world to confidently partner with wellness coaches, optimizing health and well-being and clarifying wellness coach specialties and global guidelines through education and community resources. The GWI WCI Blog is one of these resources intended to advance the global Health & Wellness Coaching Community by providing accessible, evidence-based articles related to the field of Health & Wellness Coaching. Blogs will be posted on our area of the [GWI website](#) and cross-posted on LinkedIn.

Learn more here :

[Wellness Coaching Connection Contributor Guidelines](#)
[Blog-Newsletter Submission Form](#)

Please email us (gwiwci2023@gmail.com) if anything is unclear or if you have questions. We look forward to receiving your submissions!

Questions for Discussion Guide

Complementing our research, this Questions for Discussion Guide serves as an organized tool to facilitate ongoing discussion and contemplation on the pivotal role of Health and Wellness Coaching within the realms of Diversity, Equity, and Inclusion. Intended for educators, students, and readers, this guide provides a structured framework for further exploration, encouraging thoughtful analysis and collaborative dialogue to advance inclusive practices in the field.

- What does a diverse, equitable, and inclusive workplace/ world/ community where everyone belongs look like/feel like?
- What are the gaps in your organization around this type of diversity?
- How might you champion greater inclusion in your day to day?
- How can you champion more inclusion and awareness around this diversity?
- What might be a personal obstacle to embracing this type of diversity?
- What unconscious bias might you have in this type of diversity?
 - o How might you explore your unconscious bias?
- What is the greatest challenge for you concerning this type of diversity and why?
- Who might support you to better understand this type of diversity?
- In what context might you find this type of diversity most relevant (i.e. Workplace? Schools? Community?)
- Where (country, location, venue) might this type of diversity NOT be a challenge and why?
- What has been your personal experience with this type of diversity - from the outside or inside?