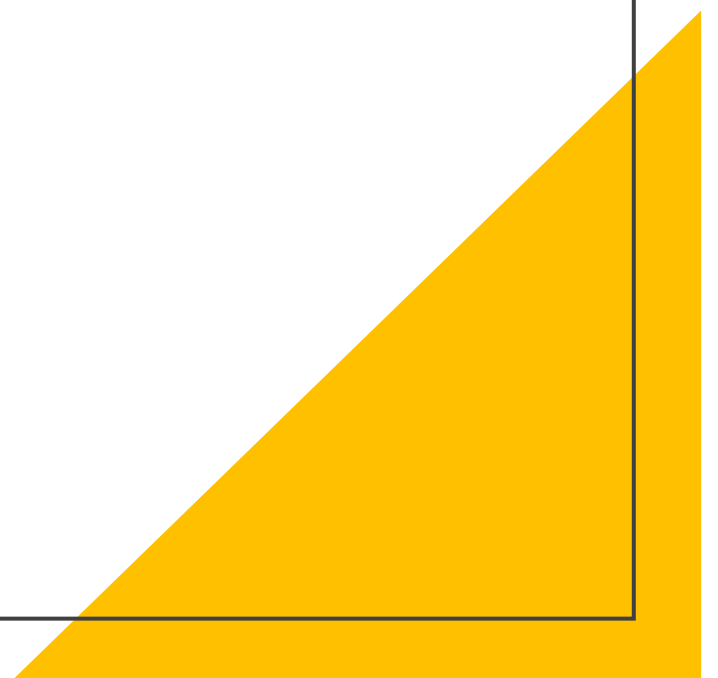


Building Disabled Mutual Aid and Community Care

Pittsburgh Center for Autistic Advocacy

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Access Notes



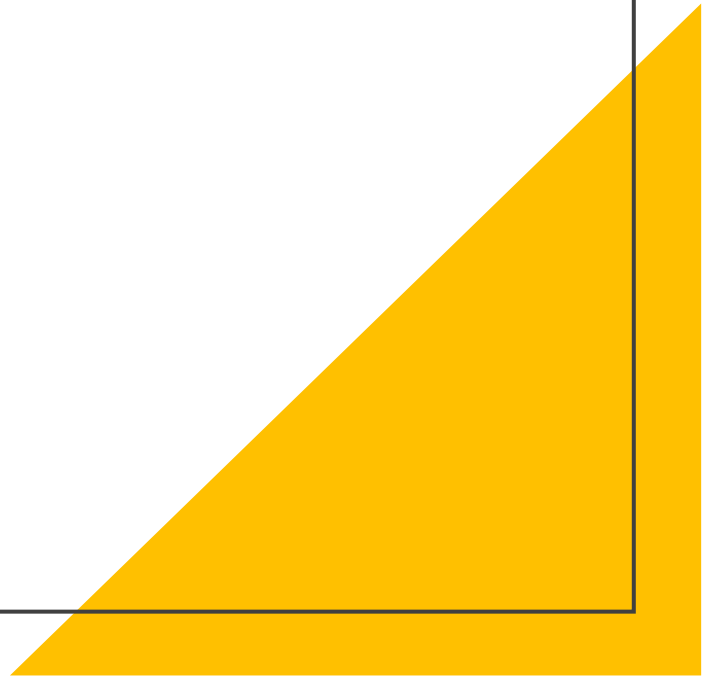
- Use the space how you need to: move, pace, sit on floor
- Ensure there is room for people using wheelchairs to enter/exit/move around
- One person speaks at a time
- Let me know if there are additional access issues
- Raise your hand if you have a question
- **Disclosures of disabilities stay in the room.**

Goals

- Define **community care** and **mutual aid** and learn about how community care webs can create ongoing support in disabled communities.
- Understand the **oppressions** inherent in **provider models** that supplant community support.
- Learn about **mutual aid** and how it can be implemented in **multiply marginalized** disabled communities.
- Consider creating **cross-disability access** and learn to adapt to access needs quickly and without hesitation.

The Basics

Define community care and mutual aid and learn about how community care webs can create ongoing support in disabled communities.



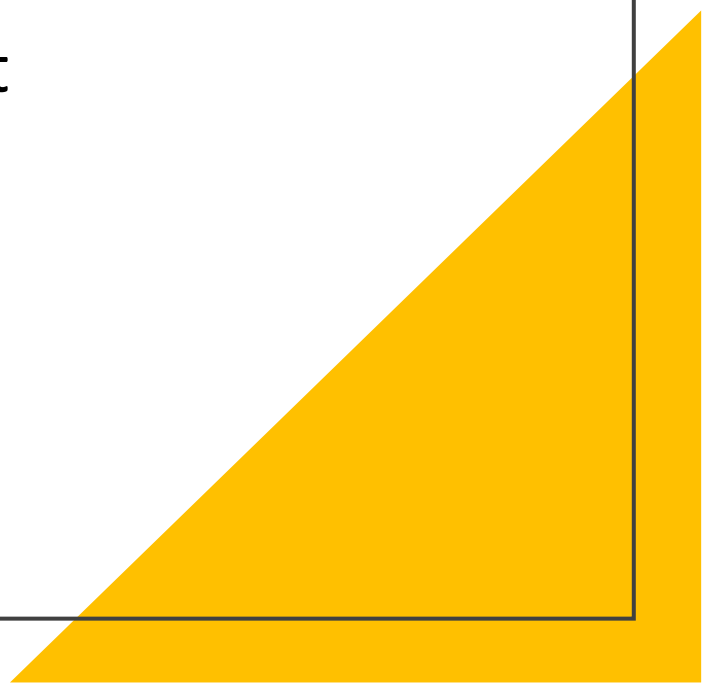
Definitions

- Notes on language
- Community Care
- Mutual Aid

Creating Care Webs

- What is a Care Web?
- Creation must be led by those most impacted.
- Care Webs are about relationship building.
- Intentionality: who is invited, what is the culture
- What signals am I sending about who this space is for?
- Must put aside *all* desire to control, judgement of needs
- What we can do in close relationship vs loosely associated; local vs national; kinds of care.

Role of the Provider as Facilitator

- Facilitation is about providing a safe space and letting go of the desire to control and steer.
 - Defined values must be at the center.
 - This is about the community growing as it is, not how a provider wishes it to be.
 - Providers are outsiders. Treat the culture with respect.
 - Reflect on your biases around other's decisions.
- 
- A large yellow right-angled triangle is positioned in the bottom right corner of the slide, pointing towards the top right.

Accountability in/to Community

- Transformative Justice
- Must be space to redemption, healing, learning and growing, in individual people and the community as a whole.
- All of us, people who are hurt and people who have hurt others, are working hard and doing hard things.
- Healing and trust are omni-directional not mono-directional.

Advantages to Community Support



Cheap



Ongoing



Not dependent on
provider/foundation funding



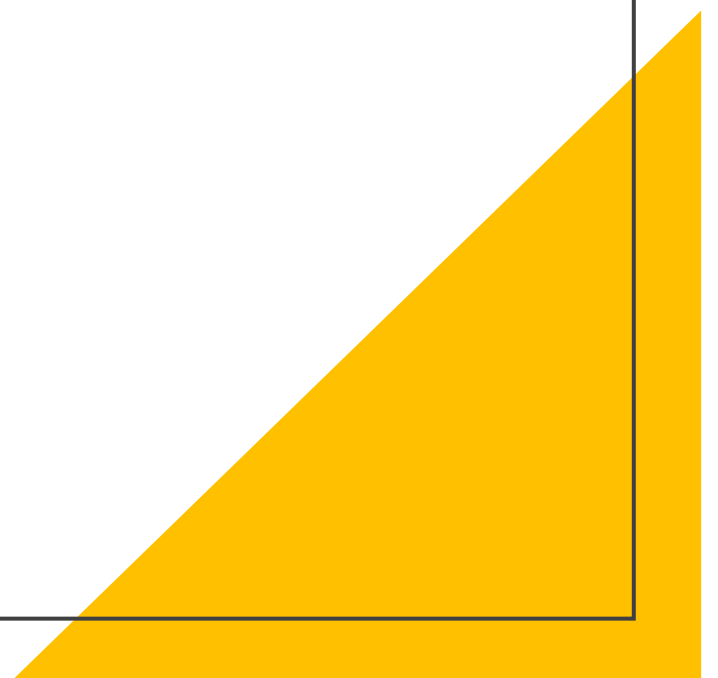
Strong



Versatile

Providers and Oppression

Understand the oppressions inherent in provider models that supplant community support.

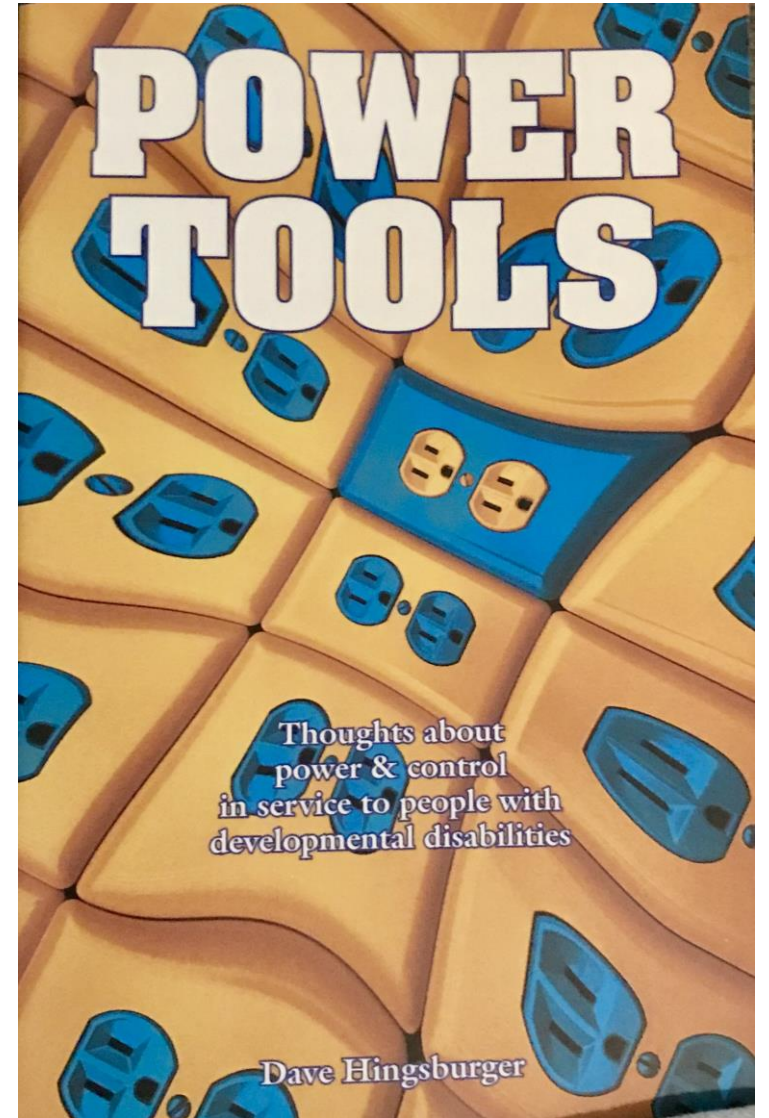


- Community/cultural space and a segregated space.
- Power, authority, disability history, and shared community trauma.
 - The desire to please to stay safe.
- Do you feel like you have the right to tell someone “no”?
- Can you hear “no”? Is consent part of your practice?
- How do you feel like you can step out and make space for community?

Providers as Barriers to Community

Discerning Our Own Power

- Must become automatic.
- Have accountability partners— peers and PWD.
- It is uncomfortable. It is an examining of privilege.
- Having power should not be comfortable. It should be work.
- If you feel defensive, you have work to do.
 - Power Tools by Dave Hingsburger



Provider Power Interrupts Community

- Disabled people must have their needs met to practice mutual aid.
 - Providers must listen to disabled people about what our needs are.
- Independence vs Interdependence
- Autonomy
- Oppressive expectations (capitalism, paternalism)
- Disabled people have to work hard to unlearn the things providers have taught us.
- Causes/further trauma.



Trauma Responses

- Being disabled in an ableist world is inherently traumatizing.
- Every disabled person carries trauma. Yes, even us. Yes, even you.
- Learned Helplessness: What it really means.

Types of Trauma Responses

Fight

- Noncompliance
- Aggression
- Meltdown
- Peer abuse/punching down
- Controlling

Flight

- PDA
- Elopement
- OCD
- Workaholism

Freeze

- Shutdown
- Decision paralysis
- Dissociation
- Numb/indifferent

Fawn

- Compliance
- People pleasing
- No/poor boundaries

Mutual Aid

Learn about mutual aid and how it can be implemented in multiply marginalized disabled communities.

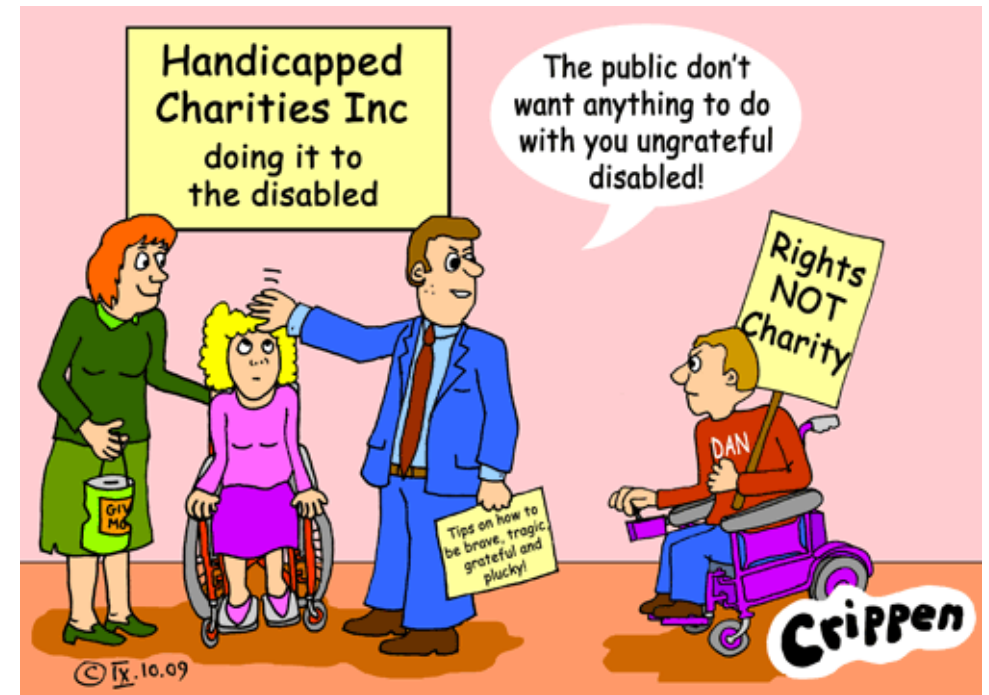
Mutual Aid Definition

- **Mutual aid** is a term to describe people giving each other **needed material support**, trying to **resist the control dynamics, hierarchies and system-affirming, oppressive arrangements of charity and social services**. Mutual aid projects are a form of **political participation** in which people take responsibility for **caring for one another** and **changing political conditions**, not just through symbolic acts or putting pressure on their representatives in government, but by actually **building new social relations that are more survivable**. - Big Door Brigade



The Charity Model

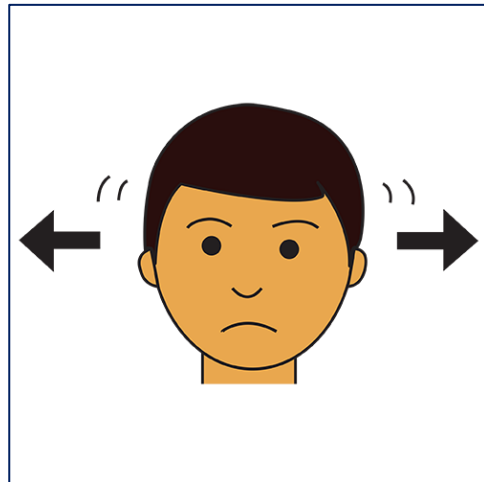
- Charity opposes justice.
- Who runs the charity? **It's not us.**
- Charity distributes limited resources rather than distributing resources AND power.
- Marginalized communities need power to thrive.
- Charity is hierarchical and does not move community forward, rather exerts control over community. Even unintentionally.
- Charity does not address the systemic issues. (Nonprofit Industrial Complex)
- Strings attached.



Doing Mutual Aid

- Leadership of the most impacted.
- Transparent to one another– radical vulnerability.
- An understanding that it is the system, not the people suffering under it, that creates poverty, crisis, and vulnerability.
- Every person's inherent worth is seen, and their contribution is valued and necessary.
- Does not enforce shame or humility on someone who has an unmet need in order to fulfill it.
- Trusts and believe that people understand their own needs.
- Must include people with resources. Can be financial, community, knowledge, things they can leverage. You are a person with resources.

Mutual Aid and Developmental Disabilities



- Is this what this person's needs and wants or are they trying to please me or navigate trauma?
- Expect and **invite** their no, noncompliance, pushback.
- People with ID/DD are allowed to make decisions we believe are wrong or bad. We have the right to make mistakes.
- Informed consent. Helping people understand the harm without making the choice for the person.
- It is hard. Mistakes will be made. Be accountable. **To the person with ID/DD**, to ourselves, to the community.

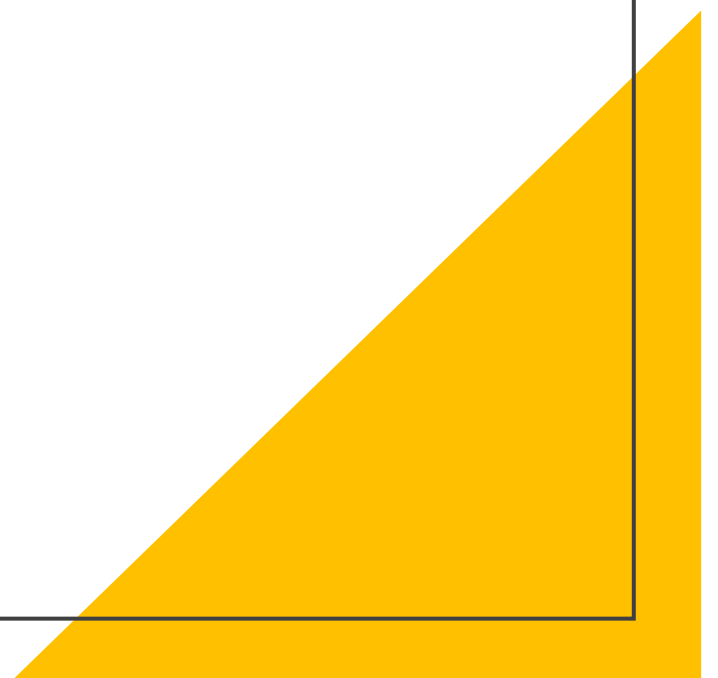
In Practice

- Money. Funding transportation, copays, home repairs, childcare, animal care, cigarettes.
- Knowledge. Navigating the system. Information sharing.
 - Taking sides. Not all providers are created equal.
- Working together, transportation, physical labor.
- Harm reduction. Narcan training, helping people choose the least worst option.
- Seek guidance. Not just from people with power.



Creating Access

Consider creating cross-disability access and learn to adapt to access needs quickly and without hesitation.



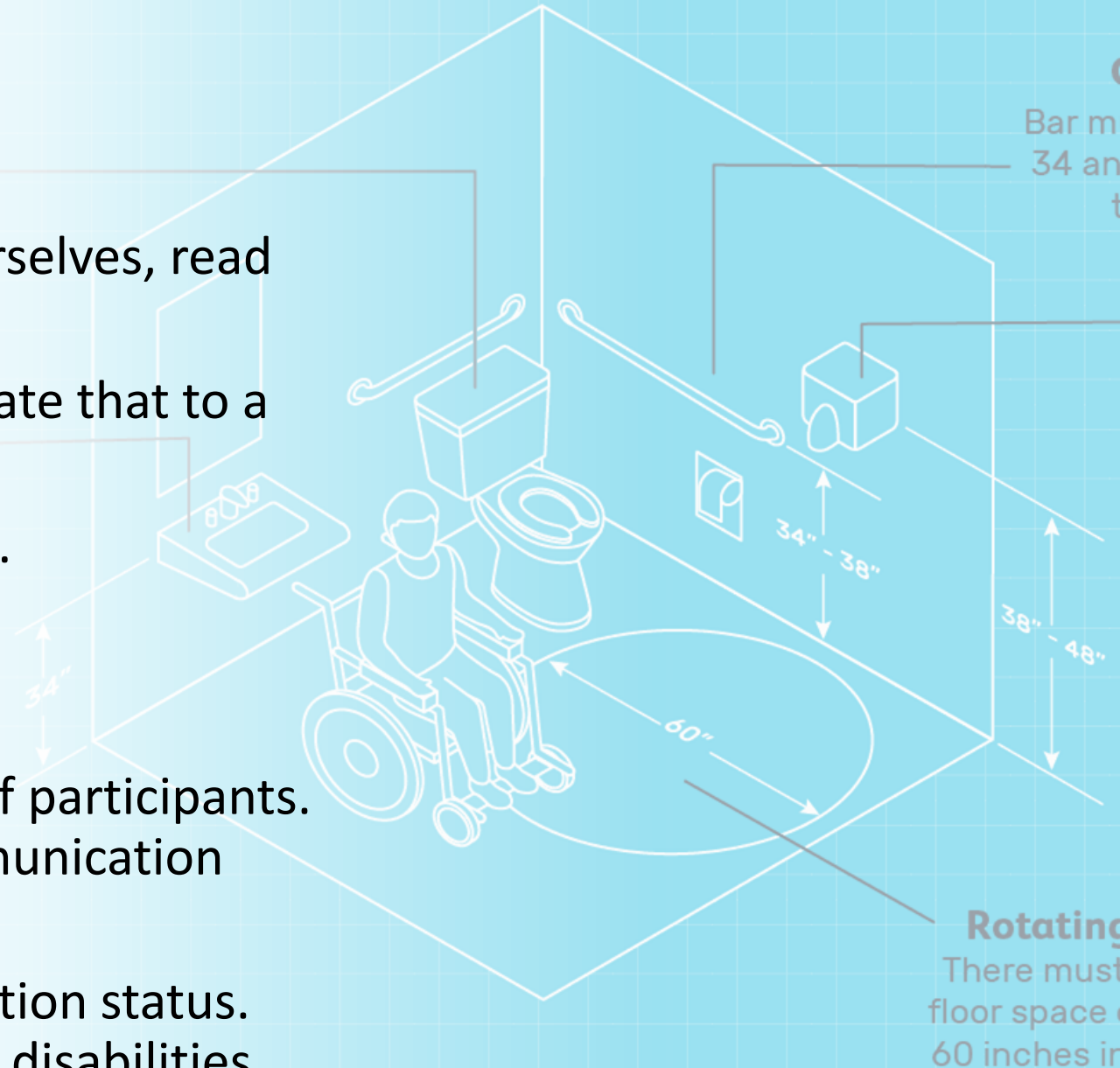
Access

- Imagine what kinds of needs there might be in a space.
 - How might those needs conflict?
 - Who aren't you imagining?
 - Disabled people won't show up unless you create spaces that we can fully access and that are created with us in mind.
- Ask the community directly: what do you think would meet your needs?
 - Some people may not be able to answer. Give options or examples.
- Sometimes, we must ask people to be flexible. This does not mean meeting the need is optional or flexible.
- We shouldn't have to ask for basic access.



Basics

- Provide notes or slides ahead of time.
- Have ASL, captions, or both. Find the funding.
- Include image descriptions, descriptions of ourselves, read text aloud.
- What are we signaling? How do we communicate that to a person who doesn't have access to that.
- Say who you are every time you start speaking.
- Descriptive audio when possible in videos.
- ADA compliant spaces in person. No excuses.
- Make someone responsible for access needs of participants. A specific person whose role it is to field communication from disabled people and ensure access.
- Pandemic: require masks regardless of vaccination status. Immune compromise is common among many disabilities.



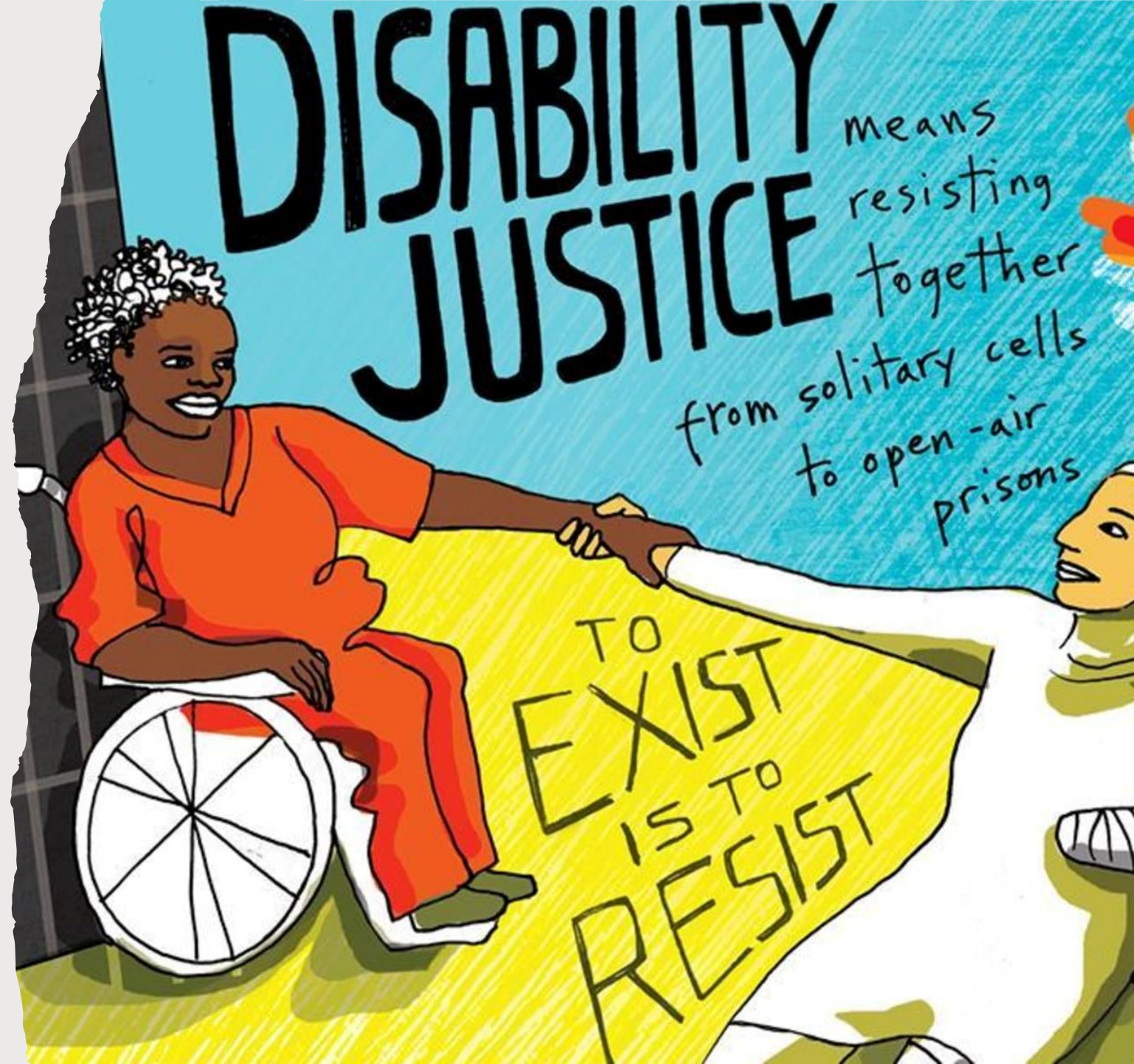
Competing Access Needs

- Compare how “big” the access needs are.
- Are there compromises or alternative ways to meet the access need?
- Can we provide some items in different formats or environments to meet a variety of needs?



Wrap Up

- Questions?



Contact Us

- www.autisticpgh.org
- cori@autsiticpgh.org
- opal@autisticpgh.org
- **Email us feedback.** What did you learn? How do you intend to use this? What was uncomfortable? What did we leave out? What would you like different? Do you feel there was a point of failure.