5 Ways to Promote Disability Inclusion | Bloom Healthcare

Canonical:
https://bloom-healthcare.com.au/blog/5-practical-tips-on-engaging-with-people-with-a-disability-in-2024/

Details:

Most advice on this subject stops at manners. Manners matter, but they are the easy part. What decides whether somebody can take part is more specific: whether they can communicate in the way that works for them, whether the space and the information are accessible, whether anyone asked them what they need instead of guessing, and whether their right to make their own decisions is respected in practice rather than in a policy document.

This page covers those four things. It is written for anyone who works alongside, employs, teaches, treats or supports disabled people, and equally for disabled people and families who want to know what good practice should look like when a service or workplace deals with them.

Address the person

The most common mistake is directing the conversation to the support worker, carer, interpreter or parent instead of the person themselves. It happens constantly in shops, clinics, meetings and classrooms, and it says plainly that the person is not the one being dealt with.

Speak to the person. A support person is there to support, not to be the channel for everything said. If someone needs their supporter to help them respond, they or their supporter will say so, and you still keep addressing the person.

The same applies to attention and eye contact. Keep them with the person you are speaking to, unless they have told you eye contact is uncomfortable, which is true for many Autistic people.

Communication access

Communication access means the person can understand what is being said and can say what they need to say. It is not the same as being polite.

Practical things that help:

Reduce background noise and distraction. This single change makes more difference than anything else for a lot of people.

Give time. Do not finish sentences, do not fill silences, do not rush a response. Somebody composing a message on a device needs longer than you expect, and interrupting them means starting again.

Use open questions where you can. Yes or no questions get you yes or no answers, which is not the same as knowing what someone thinks.

Offer more than one format. Spoken, written, visual. Gestures, diagrams, a written note, a picture. Information in one format only is information some people cannot use.

Check understanding both ways. Ask the person to tell you back what has been agreed, and check that you have understood them, rather than assuming.

If somebody uses AAC

Augmentative and alternative communication covers everything from a picture board or Key Word Sign to a communication app or a speech-generating device. If you are talking with somebody who uses AAC:

learn how their system works and how they access it, which may be direct touch, a switch, eye gaze or partner-assisted scanning

give them the time to build the message, and do not guess ahead or speak over them

treat what they say through the device exactly as you would treat speech

learn repair strategies, which are the ways of sorting out a breakdown in communication rather than moving on and pretending you understood

Communication partner training is a real part of speech pathology support, and it is available to families, support workers and teachers, not only to the person using the system. A device nobody around the person knows how to support tends not to get used.

If somebody has an intellectual disability

use clear, plain language without shifting into a tone you would not use with anybody else

break information into smaller pieces

use concrete examples rather than abstractions

repeat the key points, and check understanding

allow processing time before expecting an answer

Easy Read materials, which combine short simple sentences with images and uncluttered layout, exist for exactly this reason. They are used for rights information, complaints processes, service information, emergency information and supported decision-making. Bloom publishes Easy Read versions of its own service and rights material.

If somebody is Deaf or hard of hearing

Sign language interpreters, captioning for video and meetings, video relay for phone calls, and written alternatives to spoken instructions are the practical supports. Book interpreters ahead of time rather than as an afterthought on the day.

Language: person-first and identity-first both exist

Person-first language puts the person before the disability: "a person with a disability", "a person with autism". It came into wide use to signal that a disability is something someone has rather than the whole of who they are.

Identity-first language puts it the other way: "a disabled person", "an Autistic person", "a Deaf person". Many Autistic people and many members of the Deaf community prefer it, because they do not experience their neurology or their deafness as something separable from themselves. For the Deaf community in particular it reflects a cultural and linguistic identity, not a deficit.

Neither is universally correct, and there is no consensus you can memorise once and apply everywhere. Preferences differ between communities, and within a community, and between individuals with the same diagnosis. So:

Ask, and then use what the person uses. This is the whole rule.

Listen to how people describe themselves , particularly self-advocates, and take that as your default for their community.

Do not correct somebody's description of their own disability. It is theirs.

What to leave out regardless of which convention you are using:

Inspiration framing. Describing someone as inspiring for doing ordinary things reduces them to their disability and is widely disliked.

Assumptions about capability , in either direction. Neither the assumption that someone is helpless nor the assumption that they need nothing is any use.

Pity language and outdated terms that frame disability purely as loss.

Ask rather than assume, and accept the answer

Three specific habits cause most of the friction:

Helping without asking. Offering help is fine. Starting to help before asking is not, because it interrupts a routine the person has worked out, and it can be physically unsafe. Ask first. If they say no, that is the end of it. If they say yes, ask how they want it done and follow their instructions instead of your own idea.

Touching equipment or animals. A wheelchair is part of somebody's personal space, not furniture. An assistance animal is working. Do not touch, lean on, move or pet either without being asked to.

Assuming the support need from the diagnosis. Two people with the same diagnosis often need entirely different things, and the same person needs different things on different days. Disability is a spectrum and support needs are individual. Ask what would be useful.

When you are organising something rather than having a conversation, ask about access needs early, in writing, with the specific options you can actually offer, and leave room for people to name something you did not list. Asking on the day is asking too late.

Physical and sensory access

Access is two things, and most places do only the first.

Physical access. Step-free or ramped entry, handrails, doorways wide enough for a wheelchair, accessible toilets, accessible parking close to the entrance, room to turn and manoeuvre, slip-resistant flooring, seating that suits people with different mobility needs.

Sensory access. This is the part that gets skipped. The barriers are excessive noise, harsh or inadequate lighting, unclear signage and crowded rooms with nowhere to withdraw to. The adjustments are not expensive:

softer or dimmable lighting, or at least an option away from the brightest area

noise management, or a designated quiet zone

a break space where someone can step out and regulate without explaining themselves

clear signage and wayfinding, which helps people with cognitive and visual disability and everybody else as well

visual supports such as a written schedule or a plain-language outline of what will happen and when

Publish what you have. Accessibility information that lives only in a staff member's head is not accessibility information. Put it on the website and in the invitation so people can decide for themselves whether they can attend.

At work

Reasonable adjustments are a management obligation, not a favour. They include flexible working arrangements, changes to the physical environment such as workstation position or lighting, equipment

and technology, schedule changes for appointments or fatigue management, adjusted duties, and for Deaf and hard of hearing employees, interpreters, captioning, video relay and written alternatives to verbal instruction.

Good practice on adjustments: involve the person in deciding what would actually help, write down what was agreed, provide it on request without demanding an exhaustive justification, and review whether it is working rather than setting it once and forgetting it.

Universal design

Universal design means building access in from the start instead of retrofitting it per person. Curb cuts, ramps, captions and accessible websites all began as disability access and are now used by everybody. Designing this way reduces how often anybody has to ask for an individual adjustment at all, which is the point.

Rights, not goodwill

If you are working with NDIS participants, respectful practice has a formal shape under the NDIS Practice Standards and the NDIS Code of Conduct.

Choice and control. Participants choose their providers, decide how funding is used, decide how supports are delivered, and can change providers at any time. Nobody should feel pressured into a support they do not want.

Dignity of risk. People have the right to take reasonable risks in their own lives. Overprotection is not safety, it is a loss of autonomy. The job is to make sure someone has the information and support to make an informed choice, not to remove the choice.

Supported decision-making. Decisions are made with the person, not for them. That means accessible information about the options and their consequences, involving the people the person trusts, and guarding against undue influence. It is more than collecting a signature.

Consent. Informed, voluntary and ongoing. People need clear information before agreeing, cannot be pressured, and can withdraw or change arrangements later. Service agreements should set out what is being provided and on what terms.

Privacy. Personal information is collected, used, stored and disclosed under a privacy policy that complies with privacy law, and people can access and correct their information.

Advocacy and complaints. People must be given accessible information about their rights and about how to complain, must be able to raise concerns without fear of losing their service, must be helped to reach an advocate where they want one, and can escalate to the NDIS Quality and Safeguards Commission.

A service that gets the manners right and these wrong is not doing well.

Common questions about engaging respectfully with disabled people

Should I say "person with a disability" or "disabled person"?

Use what the person uses. Person-first and identity-first language are both current and both preferred by different people. Many Autistic people and Deaf people prefer identity-first. If you are writing for a general audience and cannot ask, following how self-advocates in that community describe themselves is the most reliable default.

Is it rude to ask someone about their disability?

Asking what support would be useful is appropriate and welcome. Asking for someone's diagnosis or medical history out of curiosity is not, and you almost never need it. Ask about needs, not causes.

Someone looks like they are struggling. Should I step in?

Ask first. "Would you like a hand?" is enough. If the answer is no, accept it. Stepping in unasked can be unsafe and undoes a routine the person has worked out for themselves.

Do I talk to the person or to their support worker?

The person. Always start there. If they want their supporter to help with the conversation, they will make that clear, and you keep addressing the person even then.

What do I do if I cannot understand what someone is saying?

Say so honestly and try again. "Sorry, I did not catch that, can you say it another way?" is far better than nodding along. Pretending to understand leads to the wrong outcome and people notice.

How do I make an event accessible without a big budget?

Lighting options, a quiet space, clear signage, reduced noise, seating arrangements, and publishing your access information in advance cost very little. Ask attendees about access needs when they register, and offer to discuss anything you did not list.

What is dignity of risk, in plain terms?

The right to make your own choices even when they carry some risk. Support means making sure someone has the information to decide, not making the decision for them because it feels safer.

Someone I support wants to change providers. Can they?

Yes. Choice and control includes changing providers at any time. A provider cannot make that difficult or discourage it.

Where do I raise a concern about a disability service?

Start with the provider's complaints process, which they must give you in an accessible format. If it is not resolved, or you would rather go outside the provider, the NDIS Quality and Safeguards Commission takes complaints directly. You can also ask an advocate to help.

Where can I get accessible information about a service?

Ask for it in Easy Read. Bloom produces Easy Read versions of service and rights information. If a provider cannot give you information in a format you can use, that is a problem with the provider, not with you.

How do I talk to Bloom about access needs before an appointment?

Call 1300 771 465 or use the contact form and say what you need. Communication preferences, interpreter requirements, sensory needs, appointment setting and who you want in the room can all be arranged beforehand, and it works far better arranged in advance than raised on the day.

What is the first practical tip for engaging with people with disabilities?

The first tip is to start with empathy, which involves active listening and understanding the diverse experiences of people with disabilities. This means asking open-ended questions and making eye contact to demonstrate respect and encourage open communication.

What is person-first language and why does it matter according to the article?

Person-first language places the person before the disability, reflecting consideration for the individual rather than defining them solely by their disability. According to the article, this is not about political correctness but a straightforward way to show respect for the person behind the disability.

What does the article recommend for making physical interactions accessible?

The article recommends considering both physical and sensory barriers when designing accessible environments, including practical accommodations like low-lighting options, noise-cancelling headphones, clear signage, ramps, and accessible restrooms to accommodate people with sensory sensitivities.

How does the article frame the overall approach to engaging with people with disabilities?

The article emphasizes that engaging with people with disabilities is not merely a checkbox for inclusivity but rather 'the journey itself,' framing meaningful community engagement as an ongoing practice rather than a one-time task.

What organization is behind this article, and what is its focus?

The article is published by Bloom Healthcare, a boutique disability and aged care allied health provider that believes all people have the right to access quality healthcare, with a model focused on evidence-based practice, client centricity, and delivery by highly qualified health practitioners across Australia.

What keywords or topics are associated with this article?

The article is tagged with the keywords disability, empathy, NDIS, and tips, and is categorized under the NDIS article section.

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