

CS2.2 Communicating with Participants

Purpose

1. To provide guidance to SAVVY workers to communicate effectively with participants throughout the consultation, intake, delivery and transition phases of service delivery.

Alignment with Practice Standards

1. Module 1: Rights and Responsibilities

Legislative Alignment

1. Disability Discrimination Act 1992
2. National Disability Insurance Scheme Act 2013

Key Responsible Executive

Chief Executive Officer

For More Support

Your People Manager

Policy Statement

1. SAVVY is committed to a person-centred approach that is based on participants being enabled to exercise choice and control.
2. SAVVY will communicate and provide information in the most appropriate format to enable each participant to be an empowered and informed decision maker.
3. Resources to support effective communication will include the provision of:
 - a. Interpreting services
 - b. Auslan supported services
 - c. National Relay Service
 - d. Accessible website content
 - e. Easy read materials
4. All employees will be provided with training and resources to support them in communicating effectively with participants and their stakeholders

Recommendations

1. General Recommendations for Communicating with All Persons with Disabilities:
 - a. Talk to persons with disabilities in the same way and with a normal tone of voice (not shouting) as you would talk to anyone else.
 - b. Avoid being self-conscious about your use of wording such as “Do you see what I mean?” when talking to someone with vision impairment.
 - c. Talk to people with disabilities as adults and talk to them directly rather than to an accompanying person.
 - d. Ask the person with a disability if assistance is needed; do not assume that help is needed until you ask.
 - e. Use “people-first language”: refer to “a person with a disability” rather than “the disabled person” or “the disabled”.
 - f. When communicating with a person with a disability, it is important to take steps to ensure that effective communication strategies are used. This includes sitting or standing at eye level with the patient and making appropriate eye contact.
2. Recommendations for Communicating with Patients with Mobility Limitations
 - a. Keep in mind that the personal space of a person with a disability includes the person’s wheelchair, scooter, crutches, walker, cane, guide dog or other mobility aid.
 - b. Do not push or move a person’s wheelchair or grab a person’s arm to provide assistance without asking first.
 - c. When speaking to a person seated in a wheelchair or scooter, sit so that you and the person are at the same eye level.
 - d. When giving directions to people with mobility limitations, consider distance, weather conditions, and physical obstacles such as stairs, curbs, and steep hills.
 - e. Shake hands when introduced to a person with a disability. People who have limited hand use or who wear an artificial limb do shake hands.
3. Recommendations for Communicating with Patients with Vision Loss
 - a. Identify yourself when you approach a person who has low vision or blindness. Introduce anyone with you to the person with vision loss.
 - b. If the person uses glasses, ensure that they are readily available to the person and that he or she uses them.
 - c. Touch the person's arm lightly when you speak so that he or she knows to whom you are speaking before you begin.
 - d. Face the person and speak directly to him or her. Use a normal tone of voice (avoid shouting).
 - e. Explain when you are leaving the environment.
 - f. When offering directions, be as specific, i.e., “Left about 10 feet” or “Right two yards.” Use clock cues, if the person is accustomed to using this approach: “The door is at 10 o'clock.”
 - g. When you offer to assist someone with vision loss, allow the person to take your arm. When assisting the person to a chair, place the person’s hand on the back or arm of the seat
 - h. Never pet or otherwise distract a canine companion or service animal unless the owner has given you permission to do so.
4. Recommendations for Communicating with Patients with Hearing Loss
 - a. Ask the person who is hard of hearing, deaf, or deaf-blind how he or she prefers to communicate and eliminate or minimise background noise and distractions.
 - b. If the person uses an assistive hearing device (hearing aid), ensure that it is readily available to the person and in working order and that he or she uses it.

- c. If you are speaking through a sign language interpreter, pause occasionally to allow the interpreter time to translate completely and accurately.
 - d. Talk directly to the person who is assisted by a sign interpreter, not to the interpreter, even if the person is looking at the interpreter and does not make eye contact with you.
 - e. Before you start to speak, get the attention of the person you are addressing. Visual (wave) or tactile signals (light touch) can be used to get the person's attention.
 - f. Speak without exaggerating your words. Do not raise your voice, unless you are specifically requested to do so. Speak in a normal tone without shouting.
 - g. If the person lip reads (speech reads), face the person and keep your hands and other objects away from your mouth. Maintain eye contact. Do not turn away or walk around while talking.
 - h. Consider that written English may not be the primary language for some people with disabilities and make appropriate accommodations in communicating with them.
 - i. Anticipate that only 30% of lip reading (speech reading) will be understood because of its level of difficulty; be prepared to repeat information or questions.
 - j. Ask the person for feedback or to repeat what you have said to assess understanding.
 - k. If you do not understand something that is said, ask the person to repeat it or to write it down. Do not pretend to understand if you do not.
5. Recommendations for Communicating with Patients with Speech Disabilities or Speech Difficulties
- a. Talk to people with speech disabilities as you would talk to anyone else; use your regular tone of voice without shouting.
 - b. Be patient because it may take the person extra time to communicate. Do not speak for the person or complete the person's sentences.
 - c. Give the person your undivided attention and eliminate background noise and distractions.
 - d. If the person uses a communication device, such as a manual or electronic communication board, ask the person the best way to use it.
 - e. Do not pretend to understand if you do not. Tell the person you do not understand what he or she has said and ask the person to repeat the message, spell it, tell it in a different way, or write it down. Use hand gestures and notes.
 - f. Repeat what you understand and note the person's reactions, which can indicate if you have understood correctly.
 - g. Develop a specific communication strategy that is consistent with the person's abilities: nod of the head or blink to indicate agreement or disagreement with what you have asked or said.
 - h. To obtain information quickly, ask short questions that require brief answers or a head nod. Avoid insulting the person's intelligence with oversimplification.
6. Recommendations for Communicating with Patients with Intellectual, Cognitive or Developmental Disabilities
- a. Treat adults with intellectual, cognitive or developmental disabilities as adults.
 - b. Adjust your method of communication as necessary depending on the individual's responses to you. Use simple, direct sentences or supplementary visual forms of communication, such as gestures, diagrams, or demonstrations, if indicated.
 - c. Use concrete, specific language. Avoid abstract language and simplistic wording. When possible, use words that relate to things you both can see. Avoid using directional terms such as right, left, east, or west.
 - d. Be prepared to repeat the same information more than once in different ways.
 - e. When asking questions, phrase them without suggesting desired or preferred responses as some people with intellectual, cognitive or developmental disabilities may tell you what they think you want to hear.
 - f. Give exact instructions. For example, "You will see the nurse at 10:30," rather than "Come back to see the nurse in 15 minutes."
 - g. Avoid giving too many directions at one time, which may be confusing. Eliminate distractions and minimise background noise if possible.

- h. Avoid sensory overload by providing information gradually and clearly.
 - i. Provide information in written or verbal form if that is the person's preference.
 - j. Recognize that the person may need to have directions repeated and may take notes to help remember directions or the sequence of tasks. He or she may also benefit from watching a task demonstrated.
 - k. Do not pretend to understand if you do not. Ask the person to repeat what was said. Be patient, flexible, and supportive.
 - l. Do not assume that the person will be able to read well; some may not read at all.
7. Recommendations for Communicating with Patients with Psychiatric/Mental Health Disabilities
- a. Approach the person as you would anyone else; speak directly to the person, using clear, simple communication.
 - b. Treat persons who are adults as adults. Do not patronise, condescend, or threaten when communicating with the person.
 - c. Do not make decisions for the person or assume that you know the person's preferences.
 - d. Offer to shake hands when introduced. Use the same good manners in interacting with a person who has a psychiatric/mental health disability that you would with anyone else.
 - e. Make eye contact, and be aware of your own body language. Like others, people with psychiatric/mental health disabilities will sense your discomfort.
 - f. Listen attentively, and wait for the person to finish speaking. If needed, clarify what the person has said.
 - g. Do not pretend to understand if you do not. Ask the person to repeat what was said. Be patient, flexible, and supportive.
 - h. Recognize that a person with psychiatric/mental health disabilities often has the same wants, needs, dreams, and desires as anyone else.

Procedures

1. For all critical communications, including, but not limited to the below, SAVVY will ensure qualified employees or specialist services are utilised to ensure the client is supported to exercise their choice and control to their fullest potential;
 - a. Onboarding and assessment meeting(s)
 - b. Annual review
 - c. Making and participating in a formal complaint process
 - d. In accessing support after a reportable incident
 - e. In the development of a behaviour support plan
2. Specialist communication services and resources which SAVVY utilise
 - a. Translation and Interpreting Services (TIS)
 - b. National Relay Service
 - c. Allied Health Practitioners
 - d. Electronic devices (such as ipads and iphones)
 - e. Communication boards and books
3. Standard communication tools
 - a. SAVVY will utilise a range of mainstream communication tools to best communicate with participants and their support network. These will include, but are not limited to:
 - i. Email
 - ii. Phone
 - iii. SMS
 - iv. Social Media
 - v. Video calls
 - vi. Applications and Devices

- b. During consultation with participants, communication preferences will be noted and taken into consideration when seeking formal approval and consent for example when accepting the Service Agreement or lodging a complaint.
- 4. Employee resources
 - a. All employees are provided with resources to hand to participants relating to specialist communication services including;
 - i. how to identify the language spoken
 - ii. instructions on how to access TIS
 - iii. instructions on how to use the National Relay Service
 - b. Key SAVVY documents will be available for employees to share with participants in easy read format, including client documents such as the Service Agreement.
 - c. All employees are also provided with instructions on how to access, gain approval or use specialist services to support participants.
- 5. Communication aids
 - a. SAVVY will advocate for, and support participants to acquire communication aids where this would improve their ability to express their preferences, and make informed decisions.
- 6. Workforce communication skills
 - a. During each client's intake and assessment, their communication needs will be captured.
 - b. Where there is a barrier to communication, this will be noted so that appropriate resources can be allocated to the client and taken into consideration when assigning support workers.
 - c. Workforce communication skills and experience will be maintained on the skills register and assessed bi-annually in line with organisational learning and development plans. These skills will include;
 - i. Languages other than English
 - ii. Recognised hearing or speech loss / disability communication skills (e.g. Auslan)
 - iii. Experience working with participants who have Intellectual, cognitive or developmental disabilities that affect their capacity to communicate.

References to other SAVVY policies and external sources

- 1. CS1.1 Human Rights
- 2. CS1.2 Access and Equity
- 3. CS1.3 Decision Making and Choice
- 4. CS2.1 Person Centred Practices
- 5. [Recommendations based on advice from National League for Nursing](#)

Summary of attachments

- 1. Nil

Version Control

- 1. 1 April 2023 - New Policy Creation