

# DISABILITY ETIQUETTE WITHIN HEALTH SERVICES



People who have never interacted with a person who has a disability may think of the exchange as intimidating or nerve-wracking. They might worry about how to appropriately and effectively communicate with people with disabilities. These concerns are understandable, but it's important to realize people with disabilities should be treated the same as everyone else.

Disability includes persons with impairments and the environmental and attitudinal barriers that limit their full and successful participation in society and equally with others. This is why it's important that medical and health-related personnel communicate appropriately and effectively with everyone and that additional information and services such as Sign Language interpreters and large print documents are available to ensure the proper and full inclusion of everyone within health services.

We have, therefore, gathered some useful hints and tips to improve communication when working with people with disabilities. All medical and health-related staff need to be fully aware and make use of these etiquette guidelines. These will ensure that the Rights of people with disabilities as patients and clients of health and clinical services are adhered to.



# GENERAL DO'S AND DON'TS

There are numerous "do's" and "don'ts" you should remember when interacting/communicating with people who have a disability.

## DO

- Treat people with a disability as you would treat any other person.
- Always talk directly to the person and, if they have someone with them, don't ignore them by talking to the other person instead.
- Relax, speak normally and stand in front to allow eye contact to be made, in the same way you would when talking to anyone else.
- Some terms you use may be offensive to people with disabilities. If you do use the wrong word, apologise to the person and ask them what term they prefer.
- You will rarely need to know the details of someone's impairment, but you do need to know what their access and communication needs are, for example, large print, a hearing loop system, or Blue Badge parking.
- Bright and dark places can be a barrier to clear communication for people with various disabilities e.g. hearing and visual impairment. Good lighting is important, but keep in mind the glare factor and don't stand in front of a bright window.

## DON'T

- Don't make assumptions about what an individual can or can't do, make sure you ask if you need to know.
- Don't assume that an offer of assistance will automatically be welcome. Wait until your offer is accepted and ask how you can best help.
- Don't get too 'stuck' on what language you use but be aware that some terms may give offence.
- Don't refer to people with disabilities as a homogenous group e.g. "the disabled". Instead use the term "person with a disability" which gives offence to very few people and is the most neutral expression to use.
- Don't use complex words and phrases.

# TIPS AND HINTS TO KNOW FOR

## WHEELCHAIR USERS

- When talking with a wheelchair user, either get a chair and sit down or ask if they prefer you to stand or crouch. If you do stand, don't tower over them – looking up can result in a stiff neck. Stand a little way away so that you can have a conversation eye to eye, on an equal level.
- A wheelchair is part of the 'body space' of the person using it. Don't lean on it unless you would usually lean on the person themselves.



## HEARING IMPAIRMENT

- If you are going to have a meeting with a person who is deaf and a Sign Language user, organise a qualified and registered interpreter.
- The usual etiquette for getting a person with a hearing impairment's attention is to tap them lightly on the arm.
- When talking to a person with a hearing impairment, don't cover your face and mouth.
- If you aren't understood, rephrase what you're saying by using different words with the same meaning.
- Don't shout! It's uncomfortable for a hearing aid user and it looks aggressive.
- Make sure that background noise is kept to a minimum.
- If a person is lip-reading, speak clearly and slowly but do not exaggerate your speech. Be aware that lip-reading has its limitations, as many words look the same on the lips, and even the best lip-reader would only be able to lip read 50-60% of what is said.

## VISUAL IMPAIRMENT

- Identify yourself and then introduce anyone else who is present and where they are placed in the room, e.g. to your left.
- When offering to shake the hand of a person with a visual impairment, say something to show that you wish to shake hands.
- At the end of a conversation, don't just walk away - say when you wish to end a conversation, or when you are moving away.
- Always say what you want, as gestures are useless communication tools to most visually impaired people.



## LEARNING DISABILITY

- Keep your hands away from your face and never shout.
- Don't talk too fast and use simple words and sentences.
- Take time to listen and understand and don't be afraid to ask people to repeat themselves, if you didn't understand then tell them.
- Always check that information has been understood and reinforce a message by providing regular reminders.
- Don't assume that people will be able to find another point of advice. You might need to give some extra support.
- Use a variety of information support tools, such as pictures. For example, draw a clock with the time when arranging a meeting.

## MENTAL HEALTH

- Ask people what is the best way to work with them.
- Don't hold events or meetings in the early morning.
- Ask people if they require a reminder about a meeting.



## AT FACILITIES

Make sure people with disabilities are:

- Seated in a safe place, out of the sun, rain and walkways.
- Have priority access and are helped first.
- Assisted with the filling in of documents and that they or their carers understand their medication and treatment.
- Given clear directions when referred.



# LANGUAGE, TERMINOLOGY AND BEHAVIOUR

The words we use about people influence our attitudes and the attitudes of others towards those people. This is certainly the case in the disability field, which has plenty of labels that stem from ignorance and suspicion.

Words change, both in meaning and use. For example, the term cripple was once in common and respectable use. Today its use for a person with a disability is unacceptable. Stereotypes such as victim, sufferer, and confined to a wheelchair – each having a negative association – also are unacceptable. Language is a major vehicle for expressing prejudice or discrimination. Some of the main forms of discriminatory language that should be avoided are:

## STEREOTYPING

A stereotype is a generalised and relatively fixed image of a person or persons belonging to a particular group. This image is formed by isolating or exaggerating certain features (physical, intellectual, cultural, occupational etc.) that seem to characterise the group. Stereotypes are discriminatory in that they take away a person's individuality. Portraying people with disabilities as helpless, mindless, suffering beings deserving the sympathy and attention of those without a disability is one of many powerful stereotypes that leads to the discriminatory treatment of people with disabilities.

## IMPOSED LABELLING

A characteristic often shared by minority groups is a lack of power to define themselves – the names and labels by which they are known, whether derogatory or not, have been imposed on them. Imposed labelling may be inaccurate and may also be alienating for the groups it supposedly describes. Be aware of the development of new forms of expression that seek to describe our diverse society in non-discriminatory ways.

Your language should reflect a positive, straightforward and sensitive approach to people with disabilities. The use of derogatory words that focus only on one aspect of a person can be rude and offensive. For instance, the term 'disabled people', which is still often used, defines people as 'disabled' first and 'people' second. The preferred term 'a person with a disability' recognises that the disability is only one characteristic of the person and avoids objectification.

The following terms have also fallen into disuse and should be avoided:

- Handicapped
- Retarded
- Able-bodied
- Physically challenged
- Differently abled
- Victim
- Sufferer
- Wheelchair-bound

## DEPERSONALISING OR IMPERSONAL BEHAVIOUR

Often people with disabilities are referred to collectively as the disabled, the handicapped, the mentally retarded, the blind, the deaf, or the paraplegics, spastics, epileptics etc. These terms depersonalise people by equating them with their disability. Such impersonal references to people with disabilities should be avoided.

## DEROGATORY LABELLING

The discriminatory nature of derogatory labels used to describe members of minority groups is often obvious. However, in the case of people with disabilities, labels such as 'cripple', 'deaf and dumb', or 'retarded' are still commonly used and should be avoided.

## REMEMBER: PERSON FIRST, DISABILITY SECOND.

Along with appropriate language is the issue of appropriate behaviour. Everyone wants to feel welcome and important and receive good service and respect. There are some obvious behaviours and actions that can easily be identified as inappropriate, but sometimes even with the best intentions, our behaviour can be perceived as patronising, stereotypical, or offensive. Take note of the following inappropriate and appropriate behaviours:

### INAPPROPRIATE BEHAVIOUR

- Talking down; assuming people are stupid or ignoring them altogether
- Assuming people want or need charity
- Using emphasised or loud speech
- Making little eye contact or staring
- Allowing too little or too much personal space
- Doing everything for people, treating them as children or victims
- Assuming you know what people need without asking
- Not allowing enough time for communication

### APPROPRIATE BEHAVIOUR

- Acknowledging people as equal human beings
- Respecting people: assume they are in control of their lives and can make decisions and don't need pity
- Speak normally: same lip movements, pitch and volume; a little slower for people with a hearing impairment
- Allowing the same, not greater or less, personal space – wheelchairs should be considered part of the person
- Being perceptive about problems but not making assumptions and not taking charge
- Asking first "Is there any way I can help?"
- Allowing enough time for communication

# GENERAL COMMUNICATION STRATEGIES

GENERAL COMMUNICATION STRATEGIES ONE CAN USE WHEN COMMUNICATING WITH PEOPLE WHO HAVE A DISABILITY INCLUDE:

- Being friendly, smiling and making eye contact with people with disabilities.
- Speaking directly to the person with a disability rather than talking to them through their companion, especially with people who have a hearing impairment.
- Ask if any assistance is required; people with disabilities have quite different capabilities and like to be as independent as possible.
- Provide up-to-date and accurate information when asked about accessible facilities such as parking, telephones and toilets.
- Encourage better communication between staff and consumers by making sure all areas specifically designed for customer information and complaints are accessible to people with disabilities.
- Be flexible; if the system does not fit the requirements of a person with a disability, adapt the system to meet individual needs.
- Kneeling or sitting when talking to a person in a wheelchair.