



Just Include Me Practical Guides Series

Communication Essentials

Supporting equitable care and improved health outcomes for people with intellectual disability.



This guide will help you identify and apply communication adjustments to better meet the needs of people with intellectual disability in health care.

Essential communication needs


Clear communication helps people understand information, express themselves, and participate in their healthcare. Using accessible communication is a core part of inclusive and person-centred care. Everyone has the right to participate in their health care; this includes people with intellectual disability.

Putting inclusive communication into practice

Where to start

Good communication starts with making the person feel heard, respected and included. Always acknowledge the person first, even if they don't use verbal communication.

Establish rapport to build connection and understanding before asking clinical questions



“What helps you communicate during appointments?”

1. Ask if the person would like support from someone they know and trust
2. Ask the person how they communicate. People with complex communication needs may communicate through body language, vocalisation, eye gaze, facial expressions, or movement.

Four steps to good communication

Use the below communication flow throughout your interaction with the person.

1. Listen and receive

Ask open questions.

Guide the conversation.

Listen attentively.

One concept at a time.

Give people time to think before they speak or make decisions.

"Can you tell me what has been happening?"

2. Check you understand

Restate the person's message in your own words.

Try visual aids if you are having trouble understanding verbally.

"Ok, so you have been feeling a bit dizzy. Is that right?"

3. Speak and express

Keep your body language open.

Use pictures to explain hard words.

Provide Easy Read information.

Repeat the information in a few different ways.

Write instructions down in order and be explicit.

"I am going to check your blood sugar levels. I will prick your finger to do this. Is that ok?"

4. Check they understand

Do not assume that the person has understood you.

Use the teach-back method to check understanding.

"Can you tell me what I am going to do to check your blood sugar levels?"



Check – Is my approach working?

1. Am I talking for too long?

Look for signs of fading concentration and build in mini breaks.

2. Am I talking too fast?

Slow down and allow time to process information between talking points.

3. Am I confusing the person?

Break up what you need to say into single concepts and let the person know when you are changing between topics in the conversation.

4. Am I using hard words?

Speak in plain English. If you need to use medical terms, explain them.

5. How can I help the person remember this later?

Repeat, write down any important information, and give explicit directions.

Inclusive practice tips



Do be aware of pleasing behaviour.

As a person with authority, be aware that people with intellectual disability may agree to things to please you. Provide the person with their options and let them know that they do not have to agree with you.



Don't ask "Do you understand?".

Do check understanding using teach-back.

People with intellectual disability often say 'Yes' to this question when they do not actually understand what you have said. The person may be telling you what they think you want to hear.



Do be mindful of suggestive language.

Avoid using words or gestures that may lead the person towards a certain response. For example, instead of asking "Do your teeth hurt when you drink a cold drink?", ask "Can you tell me how your teeth feel when you drink something cold?"



Don't expect people to let you know when they do not understand.

Silence does not mean comprehension. If a person can speak but remains quiet, they may be taking in all, some, or none of what is being said. It can be hard or embarrassing for people to stop you and let you know that they don't understand. Do look for signs of confusion or disengagement and rephrase information if needed.



Do record what you have discussed.

Record what you have discussed with the person, what they said back to you, how understanding was checked and any communication adjustments that supported the interaction in patient records or notes.



Don't assume that agreement means consent or understanding.

Body language like nodding and smiling does not indicate comprehension. It might be a learned social behaviour or simply part of the person's accommodating and friendly nature.

★ Reflect and improve practice

What did you learn that you didn't already know?

- What helped support inclusive communication during this interaction?

- What helped the person feel understood and included?

- What communication challenges came up?

- What would you do differently next time?

- Is there anything important that should be recorded or shared to support future care?

★ Learn more

Scan the QR code below to learn more.



Common Communication Barriers video.

 www.cid.org.au/resource/communication-essentials

Council for Intellectual Disability made this guide. CID for short. You need to ask CID if you want to use pictures from this document. You can contact CID at health@cid.org.au

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