



Fact sheet

Practice reviews:

Consulting with people with disability during a practice review

About this fact sheet

This fact sheet provides general guidelines for consulting and communicating with participants and other people with disabilities during a practice review.

It is most likely to be useful to organisations and people who do not regularly consult with, or are new to consulting with, people with disability.

This fact sheet is one in a series of resources about practice reviews, and should be read in conjunction with other NDIS Commission fact sheets and publications about practice reviews. As a minimum, it is suggested that you also read the Practice Review Framework for NDIS Providers, and the What is a Practice Review fact sheet.

Key messages

“It is impossible to over-emphasise the immense need people have to be really listened to, to be taken seriously, to be understood. No one can develop freely in this world and find a full life without feeling understood by at least one person”.

Paul Tournier

A practice review is a reflective process that examines a provider’s engagement with a group of participants, and improvements that can be made to their experience of service, often with a focus on a particular practice area, a cluster of services, and/or a particular team of support workers.



Participants should always be involved in a practice review. It is their experiences you are examining.

When conducting a practice review it is essential that an organisation invites the genuine participation of a broad range of stakeholders. In order to support someone's full engagement in a process such as this, significant consideration must be given to the ways in which the convenor of the practice review will consult and communicate with those participating.

In addition to providing for the support needs of any workers contributing to the practice review, the specific support needs of participants (i.e. people with disability) must be considered well ahead of time.

Taking a person-centred approach

A person with a disability is a person, first and foremost. The person-centred approach reminds us that people are not defined by their disability - it is simply one part of a bigger picture that is useful for determining the types of support someone needs in order to lead a full life.

The three core conditions of the person centred approach* (i.e. **unconditional positive regard**, **empathic understanding** (empathy) and **congruence**) are the basis for all of our interactions with human beings and are underpinned by one fundamental value - respect.

Treating someone with a disability with respect means treating them as respectfully as you would any other person. This means:

- Speak to the person as you would speak to anyone else. Use your natural tone of speech and adapt this to an age-appropriate tone when needed (i.e. when speaking to a child your speech would be different to speaking to an adult).
- Remember to treat adults as adults. There is no need to bend down to address someone; this can be viewed as condescending. In the case that someone is using a wheelchair, try to find somewhere to sit so that you are at the same eye level as the person.
- If the person is attending the practice review with a support person, don't forget to acknowledge and address them also. During the process, in the first instance address the person with disability and defer to their support person only when necessary.
- If you believe the support person is taking over from the person with disability (rather than supporting them appropriately), politely but assertively continue to direct your questions and feedback to the person with the disability. If needed, gently remind the support person of their role.
- When referring to a person's disability, put the person first and not their disability - e.g. "David experiences/has Autism" rather than "David is Autistic" or "David is disabled".



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- Try to use person-centred language as much as possible - e.g. “Sarah uses a wheelchair” instead of “Sarah is wheelchair-bound”; or “Accessible venues/toilets” instead of “Disabled toilets”.

The key to speaking like this is actively thinking about the words you use and correcting any long-embedded phrases by ‘flipping them’. The more you practise this, the more natural it will become.

For people with intellectual disabilities

- Short and simple sentences are more likely to be understood by people with an intellectual disability. This type of speech is actually beneficial to all of us!
- Pauses are important. Remember to pause after each sentence to allow people time to process. This is particularly relevant when asking someone a question. Allowing 10-20 seconds before repeating the question is suitable.
- Have simple, inclusive visual prompts on hand to aid the process if needed. Consider whether you need to make material available in an Easy Read format.
- For people who are shy or who have had little experience with taking part in a practice review, the use of encouragement is recommended. Be careful not to lead the person (i.e. to put words in their mouth or sway their opinion). Instead, give neutral feedback such as: “Thank you, what you’re saying is really helpful... I’d like to hear more about that”; “Can you tell me more?”.
- Clarifying (checking) what the person has said may be necessary at times. To do this, use simple language such as “So what you are saying is...”. If this gets confusing for the person, their support person should be able to assist further
- Remember that all contributions, no matter how small or subtle, have value. When listening to someone with an intellectual disability, don’t just listen to their words. Pay attention to their gestures, body language, mood and be guided by the feedback offered to you by their support person.
- With people who only communicate through non-verbal means or have low cognition, remember that their presence alone is significant as it puts a face to the lived experience of the practice that prompted the practice review. With the use of an effective advocate or supporter the person’s experience can also be put into words.
- Small breaks throughout the process may be helpful if a participant is starting to lose concentration or is becoming distracted. Simply invite everyone to stand up for a stretch and encourage them to move around and have a glass of water.



For people with physical disabilities

- Remember that a person's physical space includes their wheelchair, walker, or similar aids. Touching a person's mobility aid is akin to touching their person. Do not touch someone's mobility aid without checking with them first.
- When speaking to someone using a wheelchair or similar aid, find somewhere to sit that is at the same eye level as the person.

For people with vision impairment

- Upon meeting someone with a vision impairment, introduce yourself by name and role. Ensure all other attendees at the practice review do the same.
- Each time you speak during the practice review it may be suitable to state your name before making a comment - e.g. "It's John... Peter I'd like to ask you about...".
- Remember to tell the person before you leave a room or as you re-enter.
- If there are visuals used during the practice review, such as a slideshow, describe what is on the slide if it is a picture or read out the text. Consider whether you need to make materials available in an accessible format for those using an e-reader.
- As people with vision impairment may not be able to see the gestures or visual cues of others, make sure you verbalise (say aloud) any thoughts or feelings. Speaking in your usual voice is also suitable.
- If a harnessed Guide Dog accompanies the person, remember this is a working dog and support for the person. It is not suitable to touch, feed, talk to or distract a Guide Dog.

For people who are deaf or hard of hearing

- Remember to use gestures for all basic communications. A smile is a good start to welcome someone to the practice review! Additionally, head nods and shakes are useful for inviting 'yes/no' responses, as is a wave to get someone's attention or using an outstretched palm to invite comment or refer to a particular person or resource.
- Facing the person directly and maintaining eye contact is also important. Make sure your mouth is clearly visible when you are speaking and go at an even pace, as many people who are deaf or hard of hearing will lip-read.
- There is no need to exaggerate your mouth as you speak and remember to use a loud and clear voice with short sentences.
- If the person has an interpreter/s with them, be sure to address the person who is deaf or hard of hearing in the first instance, but don't forget to acknowledge the interpreter also. When an interpreter is present, remember to speak at a slow to even pace and pause at times to give them a break. Check in with the interpreter through the process to check the pace of speech.
- Consider whether you need to make materials available in an accessible visual format. Use large font in any handouts or slideshows used.



Additional Supports

For people with vision impairment

Services to support the preparation of accessible documents: The Adobe Accessibility Resource Centre, Blind Citizens Australia, Vision Australia, Consultation and Facilitation Strategies for engaging and supporting people with disabilities in a Practice review.

For people who are deaf or hard of hearing

Services providing hearing support: Better Hearing Australia, Word of Mouth Technology. Interpreters and notetakers: Auslan Services, Deafblind Australia, National Auslan Interpreter Booking Service (NABS).

References

- Core values of the person centred approach defined (Rogers, C. 1951. Client-centered therapy: Its current practice, implications, and theory. London: Constable.)
 - Unconditional positive regard: holding someone in the highest possible regard without judgement. Components include respect, acceptance, valuing, caring and compassion.
 - Empathic understanding (empathy): we can never truly know what it is like to experience life as another person, but by attempting to stand in their shoes (imagining what it is like) we can attempt to genuinely understand them and hear where they are coming from.
 - Congruence: feeling, experiencing, and behaving in a way that is consistent with our self-image. That is, having rapport with oneself or internal and external consistent



Related resources

Refer to the Practice Review Framework for NDIS Providers for a complete list of documents related to this series.



Practice Review
Framework for
NDIS Providers



Questions and prompts
in a practice review
with people with a
disability

Contact Us

Call: 1800 035 544 (free call from landlines).

Our contact centre is open 9.00am to 5.00pm (9.00am to 4.30pm in the NT), Monday to Friday, excluding public holidays.

Email: contactcentre@ndiscommission.gov.au

Website: www.ndiscommission.gov.au