

# Tips for Nurses: Inclusive communication for older people with disability



**What it is:** Some older people live with disabilities or health conditions that affect communication, and benefit from flexible, patient, and individualised approaches to support meaningful interaction.

**Why it matters:** An increasing number of older people with an intellectual or developmental disability also have co-morbid conditions or advanced illnesses that would benefit from palliative care.

Because communication needs vary for people with a disability, it is important to take time, adapt communication, and check understanding.

**What I need to know:** Some people with a disability may move into residential aged care due to changes in their support circumstances, such as:

- ageing carers or the death of a family carer
- changes in care needs that can no longer be met through supported, independent, or community-based services
- limited access to appropriate local services or suitable accommodation.

Older people with intellectual or developmental disability may:

- have a higher rates of some health conditions
- have individual communication needs that affect understanding, expression, or social interaction
- experience age-related changes earlier than the general population for some conditions
- have an increased risk of mental health conditions, and for some groups, cognitive changes such as dementia
- experience changes in hearing, vision, mobility, or stamina
- find that standard aged care services or activity programs may not always meet their needs
- experience barriers to accessing specialised disability supports within aged care settings.

Some people with intellectual or developmental disability, may experience cognitive changes at a younger age that affect memory, attention, hearing, vision, or speech. These changes can influence how information is understood, processed, and expressed, highlighting the importance of clear, flexible, and supportive communication. But with appropriate, individualised support, older people with a disability can continue to participate meaningfully in care, relationships, and daily life.

## Actions

**Always give** the person your full and complete attention and make sure you introduce yourself and let the person know why you are there. Do not talk over the person as though they are not there.

**Look** at the person and not the disability.

**Establish** communication needs and preferences for the person. Ensure a communication assessment has been completed. A speech pathologist may be able to assist.

**Give** clear and simple information. Use language that fits with the person's communication level.

**Use** pictures and diagrams to clarify explanations if this is an appropriate way to communicate with the person. A speech pathologist and disability support worker could help prepare these resources.

## Tools

**Disability Distress Assessment Tool (DisDat)**

**Talking End of Life with people with disability (TEL)** includes education modules and information on person-centred thinking tools to establish a better understanding of the person's needs, likes, relationships and mood signals.

**Name:**

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## My reflections:

How could I adapt my communication, care routines, and environment to meet the needs of a person with a disability in my care?

What could I (our team) do to support this person's dignity, autonomy, and participation in decision-making, and how they communicate choice, comfort, or distress?

## My notes:

See related palliAGED Practice  
Tip Sheets:  
People with specific needs  
Person-centred care  
Talking about dying

For references and the latest version of all the Tip Sheets visit

[www.palliaged.com.au](http://www.palliaged.com.au)