TOWARDS INCLUSIVE COMMUNICATION

'Inclusion' has been seen by many as a process of social change, rather than a particular state (Oliver 1996) and this can be seen to apply equally to communication and relationships. Oliver and Barnes state that:

> …*without a vision of how things should and ought to be, it is easy to lose your way and give up in the face of adversity and opposition … we all need a world where impairment is valued and celebrated and all disabling barriers are eradicated. Such a world would be inclusionary for all.*
>
> (Oliver and Barnes 1998: 102)

To develop this conceptualisation, this vision of an inclusive communication environment, we shall conclude this chapter by tentatively offering some general principles based on our discussion.

PARTICIPATION

Priority needs to be given to the participation of disabled people in the planning and evaluation of changing policy, provision and practice in developing inclusive communication. The onus is on service providers to face the challenges of enabling true participation of disabled people in decision-making processes, recognising that disabled people wish to participate in different ways. These include the democratic representation of the views of organisations of disabled people. Participation also includes as wide a consultation process as possible. Disabled people often continue to be treated as passively dependent on the expertise of others yet control seems to have become increasingly central to social change for disabled people.

ACCESSIBLE COMMUNICATION

Much is known about the accessibility of information based on the views expressed by disabled people. Clark (2002) offers wide ranging recommendations which cover such areas as alternative formats, for example, large print, large print with pictures and symbols, Braille, video and audiotape. Suggestions are also made for plain written language; typeface and font size; signage; layout; and websites.

For some people, particularly those with communication disabilities, the issue of time can be crucial to an inclusive communication environment. For people with communication disabilities a slower tempo can be the only accessible pace to ensure understanding. A research participant of McKnight *et al.* explains:

> *I prefer to speak for myself and I would rather repeat myself several times than have someone say they understood me when they did not.*
>
> (Knight *et al.* 2002: 17)

Along similar lines, Pound and Hewitt (forthcoming) emphasise that access in meetings will require attention to their length and timing.

Ford emphasises the need for people with speech impairments to have the communication equipment they require and hopes that Article 10 of the Human Rights Act (1998) (freedom of expression) will cover this requirement. He states:

> *Speech-impaired people have a right to communicate in the same way as non-disabled people. If we want a society in which disabled people are as valued as non-disabled people, society must ensure that disabled people have the appropriate equipment to be able to communicate.*
>
> (Ford 2000)

Ensuring accessibility of information to disabled people is complex and must fully involve disabled people at every stage of the process. This philosophy was central to the research by Parr *et al.* where an accessible book *The Aphasia Handbook* (undated) was produced.

DIVERSITY AND FLEXIBILITY

A disabled client (in French, forthcoming) provides the foundation for this by questioning the focus on 'normality', rather than being flexible and taking the client's perspective into account.

> *What concerns me most of all is this focus on trying to make me 'normal' … I get a lot of referrals of 'this may help' and 'that may help'. They had a massive case conference before the adaptations – it was a case of 'how normal can we make her first? Are the adaptations necessary'?*
>
> (French)

The lists of recommendations for communication access, as produced by Clark (2002) and others, clearly challenge the imperatives of normality and emphasise the diversity of communication styles and formats. Nevertheless, there are diverse needs even within specific groups of people with impairments, which again puts the emphasis on listening to disabled people and allowing them to take control. People with visual impairments, for example, are frequently presented with large print even though the depth, font and colour contrast may be more important. There is also the danger of assuming a disabled person prefers the use of technical adaptations rather than human assistance. As a visually impaired physiotherapist explains:

> I'm lucky that the helpers, and all the staff generally, help with all the extra bits of paper that are around. The truth of the matter is, that as a blind person, you could get involved in form filling by putting it on the computer, but what the hell's the point because it's going to take an awful lot of time.
>
> (French 2001: 128)

There are, of course, many broad social factors to consider in any discussion of the diverse needs of disabled people. As Dominelli argues, for instance, 'translation services should be publicly funded and provide interpreters matched to clients' ethnic grouping, language, religion, class and gender' (Dominelli 1997: 107). Issues concerning funding are also emphasised by Ford:

> Speech impaired people are being denied their fundamental human right to communicate for want of an efficient and properly resourced service. Despite having been professionally assessed as needing equipment, disabled people are not getting the devices they need from statutory organisations. Education says, 'It is a health responsibility', health says, 'Ask a charity' ... New investment for equipment and training is required as a matter of urgency.
>
> (Ford 2000: 6)

This begs the questions, however, of the need for professional involvement in the allocation of such equipment and whether professionals need disabled people more than disabled people need them. As Davis states:

> ...those of us who are familiar with some of the history of the disabled people's movement will recognise that today's 'disability

professionals' are on a career path that has been carefully and painstakingly carved out by generations of their predecessors. Our movement's long campaign to redefine disability has left little room for doubt that society has been constructed by able-bodied people in ways which serve and perpetuate their own interests. Yet these people have used our consequential marginalisation and dependence not as a starting-point for developing with us a struggle for social change and equal opportunities, but as a handy and convenient way to justify the development of all the inappropriate disability services with which we are now so familiar.

(Davis 1993: 198–199)

HUMAN RELATIONS

Communication is constructed and embedded in relationships between people. The notion of personal relationships can be seen as irrevocably intertwined with communication. Communication is a means of expressing a relationship; it is the medium and substance through which the relationship is defined and given meaning. A disabled client offered advice to therapists on the basis of her experience. She said:

Forget you're a therapist – just be yourself. I don't mean forget all your training – but be yourself. Don't be afraid of showing the real you because that's what makes people respond, when they're ill they respond more easily if the therapist is being real.

(French, forthcoming)

USE OF INCLUSIVE LANGUAGE

In part inclusion reflects the idea that language controls or constructs thinking. Sexism, ageism, homophobia, racism and disablism are framed within the very language we use. This has been characterised and degraded by some people as 'political correctness' (PC), often with reference to examples seen as trivial or fatuous (e.g. being criticised for offering black or white coffee). Use of language, however, is not simply about the legitimacy of words or phrases. As Thompson (1998) explains, language is a powerful vehicle within interactions between health and social care professionals and clients. He identifies a number of key issues:

- Jargon – the use of specialised language, creating barriers and mystification and reinforcing power differences.
- Stereotypes – terms used to categorise people that reinforce erroneous presumptions, e.g. disabled people as 'sufferers' or as having 'special' needs.
- Stigma – terms that are derogatory and insulting, e.g. 'mentally handicapped' and 'short sighted' (meaning lack of insight).
- Exclusion – terms that exclude, overlook or marginalise certain groups, e.g. the term 'Christian name'.
- Depersonalisation – terms that are reductionist and dehumanising, e.g. 'the elderly', 'the disabled' and even 'CPs' (to denote people with cerebral palsy).

In this light, questions of the use of language go well beyond listing acceptable and unacceptable words to examining ways of thinking that rationalise, legitimise and underline unequal therapist-client power relations.

CONCLUSION

It is clear from this chapter that disabled people have had much to say about the ways in which health and professional care workers communicate with them. We will conclude this chapter with two quotations (French, forthcoming) from Sue and Harry, disabled people who have valued their contact with health care workers:

> She said 'Come in when you like and use all the equipment'. I was particularly lucky with my physio because she had the foresight that that was what I needed for my recovery – to be in control … She treated me like a person, she spoke to me like a person and not a patient. I felt in control and that gave me more confidence in myself … and she understood that.
>
> (Sue)

> I liked my speech therapist … and I remember thinking, 'What a fantastic woman, what a fantastic job' … she showed kindness, kindness is something that is not acknowledged enough. She was gentle and empathetic, I felt as if she was joining in with my struggle.
>
> (Harry)

The development of inclusive communication is a complex process that includes, though goes well beyond, active listening. However, as Pound and Hewitt (forthcoming) state:

> *It will support people with and without language impairment to enrich communication practice, share power and celebrate the creativity and challenge of communication difference.*
>
> (Pound and Hewitt, forthcoming)

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