



Reasonable Adjustments

Examples of reasonable adjustments in healthcare settings

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Health professionals have a duty to make reasonable adjustments for people who have Down's syndrome to ensure they have the same access to health care as everyone else.

Examples:

- Hospital passports / communication passports / DSA's Health Book
- Offer appointments at times of day when surgery perhaps less busy – first or last appointments
- Provide longer consultation periods than would normally be offered
- Speak to care giver prior to appointment to find out what works best for person with a learning disability – do's and don'ts
- Offer visit prior to appointment (s) to familiarise person with the environment
- Progressive familiarisation of the environment and the removal of cues that may be associated with earlier negative experiences (e.g. the wearing of white coats)
- If possible, ensure continuity of care with the same GP / Nurse
- Try to minimize waiting periods
- Good signage – colour coding and the use of pictures and symbols may be beneficial
- Where possible, reduce distractions in the physical environment
- Identify self to patient each time you meet them
- Speak directly to the patient, even if they cannot verbally respond, and then the supporter (if present)
- Allow patient to express their problem / experience / perceptions in their own way
- Explain the process of the consultation before you start
"I need to listen to what you say about why you have come to see me" "I may need to look at the part of you that hurts." "I will think about what is the matter with you." "I will tell you what we will do next."
- Allow the patient to hold/touch any equipment before use. People with learning disabilities may be, because of previous experiences, frightened of some of the equipment used in medical examination. Before you do anything to the person with learning disabilities, show them what you are going to do. Tell them why you are going to do it, and why you are using the instrument that you are going to use on them. Tell them if you think it might hurt. Then ask the person with learning disabilities if they understand what you are going to do. This way you can gain consent as you progress with the patient continuing to co-operate with the check.

- Do not assume that the person will understand the connection between the illness and something they have done or something that has happened to them. People with learning disabilities may not make connections between something that has happened and their illness or their body and feeling poorly.
- Be ready to draw explanatory pictures
- Use visual cues to explain procedures and to help explain what is going to happen next – reinforce information by repeating/revisiting it where necessary
- If drawing internal body parts; always show the body part in the context of the outer body
- Provide leaflets with simple clear concise wording – examples to be found at www.easyhealth.org.uk
- Use imitation and role modelling to demonstrate a procedure
- Demonstrate non-invasive procedure on self or caregiver
- If supporter is involved in consultation, observe their interaction with the patient
- Think about tone and total communication (e.g. hand signals, facial expressions)
- Ask if it ok to touch the patient
- Engage the patient in her own health care even if their supporter (if present) has to answer for the person
- Think about time references if you are asking about when the person began to feel unwell. Reference an important event in their lives and/or use pictures of going to bed or sunrise to help them to give you an indication of time
- Provide opportunities for the patient to ask questions – this could be done by pointing to possible questions for the person to select from and/or pictures for example
- Use resources to support the patient to better communicate pain, discomfort, something not being right, feelings etc.
- Praise co-operative behaviour
- Ignore behaviour that may seem out of the ordinary (e.g. self-talk)
- To establish understanding invite the patient to say in their own words what you have told them. 'Do you understand' may elicit a complaint 'yes' even where the person has only partially understood or not understood at all
- Ask open questions with plain language supported by visual information where possible. Change your question or information around in order to gauge the level of understanding that your patient has
- Talk about the administration of medication in relation to routine daily events such as meal times
- Changes in patterns of behaviour should always signal an alert that all is not well
- If referred to other health professionals make sure that they are aware that the patient has a learning disability and that they may need some extra support