



Government of **Western Australia**
Department of **Health**

Shared attitudes and behaviours in health care:

A core capabilities resource for disability health

Disability Health Network

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Executive summary

Shared attitudes and behaviours in health care: A core capabilities resource for disability health (the Resource) aims to support the best possible healthcare for individuals with disability by:

- articulating the expected attitudes and behaviours of the health care workforce
- building on the capacity of the current health care workforce
- improving continuity and collaboration across the range of health care settings
- increasing awareness of workforce requirements across the disability and health sectors
- supporting the development of new roles and functions
- providing defined attitudes and behaviours to inform the development of the future health care workforce.

The *Resource* can be applied across the range of health care settings. This includes public, private and community managed/non-government services. Health care settings include tertiary, secondary and primary healthcare across Western Australia.

The *Resource* was developed by the Disability Health Network's Workforce Development Working Group in response to Recommendation 4 from the WA Health [Clinical Senate debate in June 2011 'Clinician – Do you see me?'](#)³. It targets health care workers and disability support workers who work to improve the health and wellbeing of individuals with disability.

The following guiding principles underpin the *Resource* and have been adopted from the *WA Disability Health Framework: Improving the health care of people with disability 2015-25*:

- person-centred
- responsive and flexible
- respect and dignity
- collaboration
- continuous improvement.

The social model of disability was used as the foundation of the development of the *Resource*.

This *Resource* has six sections which represent the overarching domains of activity common to the Western Australian health care workforce. It identifies areas of activity shared by the health care workforce in the delivery of treatment, care and support of individuals with disability. It articulates the underpinning values, knowledge, behaviour and skills that characterise this work when it is performed well. It provides a benchmark that all stakeholders can strive toward: a capable workforce that supports an inclusive Western Australian health system that empowers people with disability to enjoy the highest attainable standard of health and wellbeing throughout their life.

The domains are:

- Domain 1 – Values
 - Respect
 - Advocacy
 - Potential
- Domain 2 – Diversity and whole person focus
 - Diversity
 - Whole person focus

- Domain 3 – Professional, ethical and legal approach
 - Professional behaviours
 - Scope of practice, safety and accountability
 - Communication, including documentation
- Domain 4 – Collaborative and coordinated practice
 - Collaborating with individuals with disability and the person or persons providing support
 - Inter-professional collaboration
 - Coordination across health and disability systems
- Domain 5 – Provision of care
 - Access and engagement
 - Assessment
 - Performing health care activities
 - Supporting processes and standards
- Domain 6 – Life-long learning
 - Maintains and extends workforce competence

Introduction

Background

The WA Health [Clinical Senate debate in June 2011 'Clinician – Do you see me?'](#)³ made nine recommendations aimed at improving the health outcomes of individuals with disability by improving the health service experience. Recommendation 4 provided the basis of the development of the *Resource*.

Recommendation 4

The State Health Executive Forum to direct WA Health to develop a living with disability awareness and training program for all WA Health staff to change the service model to one of partnership with people with disability and their carers. Implementation of the program will:

- result in attitudinal change in staff towards a service partnership model in which people with disability and their carers are credited with knowledge of their own health care requirement, facilitated to identify their strengths and deal with the problems facing them.

In August 2013, the Workforce Development Working Group (see [Appendix 1](#) for a list of working group members) was convened by the Executive Advisory Group (EAG) of the Disability Health Network (DHN) to guide this area of work.

The Working Group decided that the agreed expected attitudes and behaviours of the health care workforce should be described prior to the development of a disability awareness and training program.

Based on extensive consultation the agreed expected attitudes and behaviours of the health care workforce are now described in the *Resource* and can be used to inform the development of future staff training and education.

Context

Workforce capability must be considered within a service or system context. While the overall intention is to contribute to good practice and continuous quality improvement in health services for individuals with disability, the specific nature of the service and the workforce must be considered when using the *Resource*. When capabilities are considered, it is recommended that the broader service context and the level of experience in the workforce are taken into account.

Individuals with disability and the person or persons providing support receive health services in a wide range of settings. Services are delivered in the public, private and non-government sectors to individuals varying in age from infants to older people. Health services are delivered in a wide range of rural, regional and metropolitan locations. Delivery of health services to individuals with disability of different age groups and cultures in rural and remote areas may pose particular challenges, including service access across distances, workforce shortages and higher levels of socio-economic disadvantage.

The *Resource* can be applied in a wide range of workplace settings and to workers with varying levels of experience, training and skills. It can be used to identify an individual's present capabilities, and to identify areas for professional development.

The *Resource* can also be used to identify areas for further development of the capability at an individual, team, service or system. In addition it may be used as a guide in health service and program design.

The legal and policy context is outlined in [Appendix 2](#).

About the *Resource*

Purpose and scope

The *Resource* aims to encourage better utilisation of the current health care workforce, support development of new roles and functions, improve continuity and collaboration across the range of health settings and increase awareness of workforce requirements across sectors, and funding and policy areas.

The *Resource* articulates functions across the continuum of health care settings. This scope includes public, private and community managed/non-government services. Health care settings include tertiary, secondary and primary and community sector across Western Australia.

The scope is consistent with the objectives in the [World Health Organisation Global Disability Action Plan 2014-2021](#)⁴ and the [2010-2020 National Disability Strategy](#)⁵.

The *Resource* targets health care and disability support workers who aim to improve the health and wellbeing of individuals with disability. Although it is recognised that areas like housing, employment, education, family and social support contribute to an individual's overall health wellbeing, this *Resource* is not specifically targeting workers in those sectors, however, it could be utilised.

Benefits

The key benefits of the *Resource* are to support:

- Workers to:
 - identify the behaviours required to work effectively with individuals with disability and the person or persons providing support, to inform their professional development.
- Teams in services to:
 - develop a shared understanding of the values, knowledge and behaviours required in the workforce
 - promote the development of good practice in providing health services to individuals with disability across disciplines
 - identify recruitment gaps, training and development needs
 - support clarification of roles
 - provide a professional development guide.
- Education providers, training providers and services to:
 - know what is expected regarding the values, knowledge and behaviours of workers in the sector.
- People using health services, and the person or persons providing support to:
 - know what to expect regarding the values, knowledge and behaviours of workers in the sector.

- Managers, planners and funders to:
 - identify and plan future service delivery based on capability
 - explore opportunities to optimise the available skills and capabilities of the existing workforce
 - identify areas of activity where skills can be safely shared and workforce reform activity can be planned.
- Other sectors to:
 - respond to the needs of individuals with disability and the person or persons providing support, through having a shared understanding of appropriate values, knowledge and behaviours.

Development methodology

The Workforce Development Working Group was tasked by the DHN EAG to develop the *Resource*. The Working Group met regularly to scope and progress the *Resource* and conducted further research and development out of session.

The [Health Workforce Australia's National Common Health Capability Resource: shared activities and behaviours in the Australian health workforce](#)¹ and the [National Mental Health Core Capabilities](#)² were used to guide the structure of the *Resource* and develop the domains. Current and relevant international, national and interstate policies and frameworks were reviewed and informed the development of the *Resource*.

The draft *Resource* was approved by the DHN EAG and the Director, Health Networks before being released for broad consultation in September 2015.

The consultation process included an online survey component as well as face to face sessions with key stakeholders. Communication during the consultation process was guided by the [Disability Health Network Commitment to Inclusive Engagement](#)⁶ in order to ensure it was inclusive of individuals with disability.

The feedback from the consultation was collated and incorporated into the final version of the *Resource*. The final *Resource* was submitted to the DHN EAG and the Assistant Director General of the WA Department of Health for approval before its release.

Language and terminology

It is recommended that users of the *Resource* read the glossary prior to reading the remainder of the *Resource* to ensure a clear understanding of key terms.

Across and within health and disability sectors, as well as across practice settings, language and terminology can be different, or certain words or terms may have a different connotation and meaning. This was a specific challenge for the Working Group in developing the *Resource*.

Agreeing on the language and terminology used was necessary to achieve consistency and clarity within the *Resource*. In making decisions regarding the use of certain words and terms, the Working Group sought to ensure clarity while being respectful.

The [glossary](#) specifies the terminology used within this *Resource* and their intended meaning within this context. The glossary was developed to assist in developing a shared understanding. It is important to note that in specifying particular words and terms, and defining those words and terms, the Working Group is not making any comment generally on the language used in the disability or health sectors.

For example, the *Resource* uses the descriptor 'individuals with disability', rather than terms such as consumers or service users. Many people find significant personal meaning in the terms consumer or service user, and others may find fault with the descriptor 'individuals with disability'.

It is acknowledged that some of the words and terms will not be the preferred language of all.

Defining disability

This *Resource* draws on the social model of disability⁷ in which the central idea is that disability is socially constructed. This model contrasts with the medical model of disability where disability is a health condition dealt with by medical professionals and individuals with disability are thought to be different from 'what is normal'.

The social model of disability is now the internationally recognised way to view and address disability. The [United Nations Convention on the Rights of Persons with Disabilities](#)⁸ marks the paradigm shift in attitudes towards individuals with disability and approaches to disability concerns.

In this context:

- **Impairment** is a medical condition that leads to disability; while
- **Disability** is the result of the interaction between people living with impairments and barriers in the physical, attitudinal, communication and social environment.

The [United Nations Convention on the Rights of Persons with Disabilities](#)⁸ recognises that disability arises from the combination of **impairments** and **barriers** that "hinder...full and effective participation in society on an equal basis with others". The impairments can include long-term physical, mental, intellectual or sensory impairments whilst the barriers can be attitudinal or environmental.⁹

Defining diversity

This *Resource* recognises that people do not fit pre-determined stereotypes and that delivering person-centred care requires consideration of the diversity of individuals. Within an individual there exists a complex interplay of influences on actions, health outcomes and health delivery.¹⁰

Diversity is a broad concept. It includes, but is not restricted to, disability, age, experience, race, ethnicity, under-resourced populations, socioeconomic background, education, sexual orientation and gender identification, marginalisation, religion and spirituality. Diversity is about understanding, respect and acceptance.

Regardless of diversity, individuals with disability have the right to access quality health care.

Guiding principles

In developing the *Resource*, the Working Group sought to ensure that it was adaptable, easy to understand and relevant to a range of sectors.

The following guiding principles underpin the *Resource* and have been adopted from the *WA Disability Health Framework: Improving the health care of people with disability 2015-25*¹¹.

Examples of how these principles can be applied in terms of workforce development are provided under each broad principle.

Person-centred

“The person with disability, their family and carers are empowered to make informed decisions about, and to successfully manage, their own health and care. They are empowered to choose when to invite others to act on their behalf.”

- An individual’s needs change over their life course; this starts with child and family centred practice and continues through to palliative care and end of life approaches. This may require partnerships to deliver care responsive to individual abilities, preferences, lifestyles and goals.
- Individuals with disability and the person or persons providing support are empowered to be involved in decisions relating to their own health and wellbeing, and their right to freedom of expression and self-determination are recognised.
- People who support the individual with disability should be involved as appropriate.
- Individuals with disability and the person or persons providing support, are empowered to be involved in decisions relating to their own health and wellbeing, and their right to freedom of expression and self-determination are recognised.
- Health care that promotes individual outcomes through collaborative provision of services and supports which are assessed, planned, delivered and reviewed to build on individual strengths and enable individuals with disability to reach their goals.
- For those individuals with disability who are unable to make autonomous decisions, then the appropriate mechanisms are in place to support them.
- All health care workers support and uphold the principles of participation and inclusion articulated in the [National Standards for Disability Services 2013](#)¹².

- Concern for the welfare of others guides the work of health care workers. They strive to uphold the human rights of individuals with disability and the person or persons providing support, including full and effective participation and inclusion in society.

Responsive and flexible

“Services and strategies are flexible and responsive to the needs of people with disability, recognising all forms of diversity including those from all cultural and linguistic backgrounds residing in communities across WA, including rural and remote locations.”

- Services may need to be flexible and treat people differently in order to achieve equity of care.
- Services and strategies should be forward thinking and evidence based, acknowledging that meeting growing and changing demands from consumers can only be achieved by being flexible and open-minded.
- It must be possible to broaden or refine the *Resource* so that it continues to reflect the changing needs and demands of individuals with disability accessing health services.

Respect and dignity

“Individuals with disability have the same rights as everyone else – to be respected, to make their own decisions, to feel safe and have opportunities to live a meaningful life.”

- Individuals with disability have the right to an inclusive support system that enables them to enjoy the highest attainable standard of health and wellbeing.
- If it is necessary to share information, the sharing of information is done in a manner that respects the privacy and dignity of the individual with disability.
- Health care workers should respect diversity among individuals with disability and the person or persons providing support and be compassionate, empathic and culturally aware of their needs.

Collaborative

“Through working together, sharing an understanding of roles and responsibilities, and building partnerships with stakeholders, including people with disability, their families and carers, health outcomes can be improved.”

- Effective collaboration is a fundamental aspect of quality health care.
- The care of, and for, individuals with disability is improved when there is mutual respect and clear communication, as well as an understanding of the responsibilities, capacities and constraints of each member of the team.
- The unique expertise of the individuals with disability and the person or persons providing support will be recognised, valued and encouraged by the health care worker.
- Health care workers have a responsibility to provide appropriate information and support to enable an individual with disability to receive the best possible care.
- Agreed and shared language is required to enhance communication capability.

- Quality service provision is enhanced and underpinned by effective working relationships within the service, with partner agencies and communities.

Continuous improvement

“Programs and services are involved in continuous improvement processes to achieve best-practice. Stakeholders, including people with disability, their families and carers contribute to the ongoing monitoring, measurement and evaluation of programs and services.”

- Services delivered meet standards of practice based on evidence and best practice care.
- The *Resource* is the foundation for continuous improvement in workforce development.
- Health care workers promote regular feedback to inform individual and organisation-wide service reviews and improvement.
- Health care workers promote effective and accountable service management and leadership to maximise outcomes for individuals with disability.
- Health care workers are committed to excellence in service delivery, and also to personal development and learning. This is supported through reflective practice, ongoing professional development and life-long learning.

Domains

Structure and use

This *Resource* has six overarching domains of activity common to the Western Australian health care workforce. Within each domain, the expected values and attitudes, knowledge and behaviours are described. The *Resource* also provides lists of useful resources within each domain.

The *Resource* has been structured to identify areas of activity shared by the health care workforce in the delivery of treatment, care and support of individuals with disability. It articulates the behaviour and skills that characterise this work when this is performed well. It provides a benchmark to strive towards, that will support the improvement of the quality and responsiveness of services for all Western Australians. It requires individuals with disability and the person or persons providing support, education and training providers, and the community as a whole to work together to achieve this change.

By using the *Resource*, organisations, educators and trainers, and the health workforce may find gaps in current values, knowledge and practice behaviour when compared to what is described here. Where gaps exist, organisations, educators and trainers, and the health workforce should strive to meet these capabilities in order to enhance their ability to better deliver services that support individuals with disability.

Similar or related activities are grouped together to form a domain. The capabilities then specify observable or measurable behaviours expected of the workforce when performing each activity, within the respective domain.

Figure 1. Domains



Integration with related documents

The *Resource* should be used in conjunction with other information sources to ensure completeness when designing and implementing change.

Professional competency and capability frameworks and practice standards provide meaningful context for the behaviours specified in the capabilities, and are the primary reference for technical and discipline-specific knowledge and skills, which are not captured here.

The *Resource* should be used in conjunction with service standards, practice standards, and the discipline-specific standards, competencies or curricula that apply to the individual health care worker's profession.

The discipline-specific documents that may apply include, but are not limited to, the following:

- WA Department of Health: Operational Directives
- position statements
- clinical practice guidelines
- ethical guidelines.

The [Australian Health Practitioner Regulation Authority \(AHPRA\)](#) is an example of an organisation to contact to obtain relevant health workers standards discipline-specific information.

Domain 1 – Values

Jo:

“Staff make an effort to talk to me, not about me to my support worker.”

Carmel’s carer:

“I am asked my opinion on my mother’s history, her needs, stressors, changes in her life and the types of supports that have worked previously when she has become unwell and needed to be in hospital.”

Lester:

“I can do a lot of things by myself but I sometimes need help to understand medical treatment. My sister comes with me when I have to make those decisions. The doctors listen to me but my sister can help to explain things I do not completely understand.”

1.1 Respect	
Values and attitudes	<ul style="list-style-type: none"> • Respect for the rights of individuals with disability and the person or persons providing support in all aspects of their health and wellbeing. • Commitment to the principles of person-centred care.
Knowledge and understanding	<ul style="list-style-type: none"> • United Nations Convention on the Rights of Persons with Disabilities. • Principles of person-centred care. • Approaches and tools for implementing person-centred care appropriate to the health care setting or outcome.
Skills and behaviours	<ul style="list-style-type: none"> • Act in a non-judgmental manner. • Act in a manner that respects and upholds the rights of individuals with disability and the person or persons providing support. • Promote person-centred approaches by listening to individuals with disability and the person or persons providing support, involving them and valuing their opinions. • Foster a supportive and positive culture.

1.1 Respect

Resources

- [*United Nations Convention on the Rights of Persons with Disabilities*](#)⁸
- Australian Human Rights Commission – [What are Human Rights Fact Sheet](#)
- Various professional codes of ethics and relevant Acts, including the [*Guardianship and Administration Act 1990*](#)¹³
- [*The Guide: Accessible Mental Health Services for People with Intellectual Disability*](#)¹⁴
- [Count Me In](#)¹⁵
- [*Carers Recognition Act 2004*](#)
- Counselling services, provided by registered counsellors such as members of the [Australian Counselling Association](#).

1.2 Advocacy	
Values and attitudes	<ul style="list-style-type: none"> • Value the legal and human rights of individuals with disability and the person or persons providing support. • Respect the privacy, dignity, safety and choices of individuals with disability and the person or persons providing support. • Value the role of advocacy.
Knowledge and understanding	<ul style="list-style-type: none"> • Relevant legislation, regulations, standards, codes, policies and ethical requirements. • The scope of one's role and that of others. • Agencies that advocate on behalf of the rights of individuals with disability. • The value of lived experience.
Skills and behaviour.	<ul style="list-style-type: none"> • Challenge discrimination and promote equity. • Support individuals with disability to exercise their rights and make decisions about their health and wellbeing. Consideration should be given to the legislative restrictions and basis for supported decision making, especially in regards to guardianship orders/authorities. • Actively collaborate to ensure the rights and interests of individuals with disability are protected. • Facilitate and create advocacy pathways. • Ensure governance structures support advocacy.
Resources	<ul style="list-style-type: none"> • <u>United Nations Convention on the Rights of Persons with Disabilities</u>⁸. • <u>WA Health Code of Conduct</u>¹⁶. • <u>Public Sector Code of Ethics</u>¹⁷. • Organisational policies, protocols and guidelines. • Professional standards, for example <u>Australian Health Practitioner Regulation Agency</u>. • <u>Count Me In</u>¹⁵. • <u>Advocacy</u> agencies, for example <u>People With Disabilities (WA) Inc.</u>, <u>Ethnic Disability Advocacy Centre</u>, <u>Developmental Disability WA</u>.

1.3 Potential	
Values and attitudes	<ul style="list-style-type: none"> • Value the potential and capacity of individuals with disability for self-determination. • Value the importance of partnerships.
Knowledge and understanding	<ul style="list-style-type: none"> • Best and contemporary practice in working with individuals with disability. • Potential of individuals with disability.
Skills and behaviour	<ul style="list-style-type: none"> • Support individuals with disability to make informed decisions about their health and wellbeing by providing information, resources and other assistance. • Work effectively with individuals with disability and the person or persons providing support regarding positive risk taking as an important part of promoting choice and self-determination. • Recognise that potential evolves. • Work in partnership to identify potential. • Act to ensure that feedback is considered in the continuous improvement cycle. • Constructively explore role expectations with team members/other workers when confronted with unclear or conflicting perceptions of the potential of individuals with disability.
Resources	<ul style="list-style-type: none"> • <u>United Nations Convention on the Rights of Persons with Disabilities</u>⁸ <ul style="list-style-type: none"> ○ Article 25(d) • <u>WA Health Code of Conduct</u>¹⁶. • <u>Public Sector Code of Ethics</u>¹⁷. • Organisational policies, protocols and guidelines.

Domain 2 – Diversity and whole person focus

Hiba's mother, Fatima:

"Hiba is only six years old but had not been to a dentist in Australia before. I was worried that she might be frightened by the unfamiliar. The dental therapist invited me to go along with Hiba to her first visit. This really helped me explain Hiba's extra support needs."

Jim, Child Health Nurse:

"I realised that I didn't communicate as effectively with someone from a different culture with an intellectual disability as I do with others. I spoke to my supervisor who organised training for me to attend. I feel I now have the skills to provide culturally appropriate care and information."

2.1 Diversity	
Values and attitudes	<ul style="list-style-type: none"> • Recognise and value diversity.
Knowledge and understanding	<ul style="list-style-type: none"> • The meaning of diversity. • Personal beliefs as well as the beliefs of others. • Health disparities and social justice principles. • The complexity of social determinants of health.
Skills and behaviours	<ul style="list-style-type: none"> • Promote an environment that values and utilises the contributions of diverse people and builds the cultural capability of health care workers. • Plan, implement and evaluate strategies for providing safe and responsive services to people of diversity. • Actively support needs stemming from diversity in service planning and processes. • Assess health literacy and the ability to meaningfully use information provided. • Support culturally specific practices. • Use receptive and expressive communication methods to be adaptable and respectful in interactions. • Demonstrate respect for the diversity of people.

	<ul style="list-style-type: none"> • Demonstrate safe and sensitive practice, adapting services as needed. • Provide the opportunity for health care workers to reflect on their own values and beliefs.
Resources	<ul style="list-style-type: none"> • Disability Discrimination Act 1992 • Equal Opportunity Commission – Fact Sheet • Disability Services Commission – About Disability • Department of Health – Equal Opportunity and Diversity policy • Research, for example Australian Institute of Health and Welfare – Indigenous Observatory

2.2 Whole person focus

Values and attitudes	<ul style="list-style-type: none">• Respect each person's values, preferences and expressed needs.• Recognise the importance of sharing power and responsibility.
Knowledge and understanding	<ul style="list-style-type: none">• Person-centred care.• The role, rights and responsibilities of carers.• The range of care needs of individuals with disability.
Skills and behaviours	<ul style="list-style-type: none">• Ensure individuals with disability are included in decision making with support as appropriate.• Encourage self-advocacy skills.• Foster an environment of mutual respect and trust.• Encourage and contribute to building a health system that values a whole of person approach to service planning and delivery.• Respond to the range of personal, social, historic, economic, and environmental factors that influence health status.• Utilise comprehensive assessment of the ongoing support needs of individuals with disability.• Identify and facilitate access to services and resources that may benefit and support individuals with disability as appropriate.
Resources	<ul style="list-style-type: none">• <i>United Nations Convention on the Rights of Persons with Disabilities</i>⁸<ul style="list-style-type: none">○ Article 25(d)• Royal College of Nursing First steps: what person-centred care means• Australian College of Nursing position statement• Office of the Public Advocate

Domain 3 – Professional, ethical and legal approach

Max, Operations Manager at Hospital B:

“We use our Disability Access and Inclusion Plan committee to ensure that we can provide accessible services and information to the people who need to visit or be admitted to the hospital. It provides a good framework as well as having the backing of legislation. The Resource has been useful when we have planned workforce training”

Angie, Consultant Orthopaedic Surgeon:

“I make sure my reception staff book a longer appointment for May as I need extra time to ensure she and her father understand everything necessary to provide consent for her next surgery.”

Lisa, Manager at Hospital A:

“We reviewed our policies and identified areas where we could improve accessibility, for example we created a set of information sheets about our service using the “Easy English Writing Guide”, and where appropriate we included images and symbols.”

3.1 Professional behaviours

Values and attitudes

- Respect for the rights individuals with disability and the person or persons providing support.
- Uphold professional, ethical and responsible attitudes.
- Commitment to the principle of person-centeredness.
- Value self-awareness.
- Respect for personal right to health and wellbeing.

Knowledge and understanding

- Potential ethical issues/dilemmas in the workplace.
- Legislation, regulations, standards, codes, policies and ethical requirements of the work role.
- Person-centred care.
- Stressors and triggers that may affect personal health and wellbeing, work performance and relationships.

3.1 Professional behaviours

Skills and behaviours

- Demonstrate ethical decision-making in working with individuals with disability and the person or persons providing support.
- Ensure individuals with disability are included in decision-making, with support as appropriate.
- Promote person-centred approaches.
- Identify, document and address any ethical issues in consultation with appropriate people.
- Act according to legislation, regulations, standards, codes, policies and codes of ethics.
- Establish policies and drive systems that encourage and acknowledge honesty and ethical behaviour.
- Act in a manner that respects and upholds the rights of individuals with disability and the person or persons providing support.
- Engage in ongoing relevant training.
- Seek support, where necessary, to maintain personal health and wellbeing.
- Contribute to a supportive culture in which health care workers are accessible and approachable.
- Identify knowledge deficits.

Resources

- [United Nations Convention on the Rights of Persons with Disabilities](#)⁸.
- Various professional codes of ethics and relevant Acts, including the [Guardianship and Administration Act 1990](#)¹³.
- Professional standards, for example [Australian Health Practitioner Regulation Agency](#).
- [The Guide: Accessible Mental Health Services for People with Intellectual Disability](#)¹⁴.
- [Count Me In](#)¹⁵.
- Counselling services, provided by registered counsellors such as members of the [Australian Counselling Association](#)
- Professional associations, for example Australian Medical Association, Australian Dental Association.

3.2 Scope of practice, safety and accountability

Values and attitudes	<ul style="list-style-type: none">• Commitment to excellence in service delivery.• Respect the scope of practice of others.• Respect for the rights of individuals with disability and the person or persons providing support.
Knowledge and understanding	<ul style="list-style-type: none">• Legislation, regulations, standards, codes, policies and ethical requirements of the work role.• The scope of practice of self and others.• Reporting mechanisms for breaches of professional conduct for health professionals.
Skills and behaviours	<ul style="list-style-type: none">• Operate within own scope of practice and work role.• Constructively explore role expectations with team members when confronted with ambiguous or conflicting perceptions.• Take personal responsibility for actions.• Implement governance structures, policies, protocols, and guidelines which focus on safe, appropriate, efficient and effective health service delivery and practice.
Resources	<ul style="list-style-type: none">• Organisational policies, protocols and guidelines.• WA Health Code of Conduct¹⁶.• Public Sector Code of Ethics¹⁷.• Professional standards, for example Australian Health Practitioner Regulation Agency.• Royal College of Nursing First steps: what person-centred care means• Australian College of Nursing position statement¹⁵.

3.3 Communications including documents

Values and attitudes	<ul style="list-style-type: none">• Commitment to effective communication.• Respect for the right to confidentiality for individuals with disability and the person or persons providing support.• Respect for the privacy of data and records.• Commitment to transparent and open communication and documentation.
Knowledge and understanding	<ul style="list-style-type: none">• Best practice standards and legal requirements for the collection and storage of health and personal information.• Alternative methods of communication for individuals with disability and the person or persons providing support.• The communication needs of individuals with disability and the person or persons providing support.
Skills and behaviours	<ul style="list-style-type: none">• Use multiple methods of communication to clarify understanding.• Establish regular communication for team members to share ideas and information.• Use feedback processes to assist teams and individuals to communicate more effectively and increase mutual understanding.• Proactively seek feedback about care with individuals with disability.• Promote adoption of best practice standards and technologies for collection and storage of health and personal information.• Foster positive professional relationships with individuals with disability and the person or persons providing support, and with work colleagues.• Provide information in accessible formats.

Resources

- [*United Nations Convention on the Rights of Persons with Disabilities*](#)⁸
- Easy English writing style guides
- [*Working with People with Intellectual Disabilities in Healthcare Settings.*](#)
- [*Freedom of Information Act 1982*](#)
- [*Health Practitioner Regulation National Law \(WA\) Act 2010*](#)
- [*State Government Access Guidelines for Information, Services and Facilities*](#)

Domain 4 – Collaborative and coordinated practice

Stephanie:

“All the staff knew about my type of disability and the difficulties that I sometimes have. I didn’t have to explain my support needs over and over.”

Jessie, Sean’s mother:

“It was time consuming going through the forms and consents but it has saved a lot of time in the end because when my brother gets ill and ends up at emergency I get called straight away. The hospital staff have the information they need about the services he is accessing.”

Bradley, attends regular appointments at the hospital and has often been admitted over the years:

“My new specialist always asks if I have any questions or suggestions and provides me with printouts of my test results from scans, which I always have for reference when seeing someone else. I feel like it is much more of a partnership in the future of my treatment.”

4.1 Collaborating with individuals with disability and the person or persons providing support

Values and attitudes	<ul style="list-style-type: none"> • Respect for the rights of individuals with disability and the person or persons providing support. • Commitment to shared health decision-making. • Commitment to shared responsibility for health.
Knowledge and understanding	<ul style="list-style-type: none"> • Understand the principles of shared decision-making. • Be aware of the support needed to empower individuals with disability and the person or persons providing support.
Skills and behaviours	<ul style="list-style-type: none"> • Encourage understanding and involvement by individuals with disability and the person or persons providing support in health decision-making processes. • Support the empowerment of individuals with disability and the person or persons providing support to take responsibility for their health.

	<ul style="list-style-type: none"> • Promote capacity building that enables individuals with disability and the person or persons providing support to recognise early signs of ill health. • Demonstrate effective communication. • Provide information to individuals with disability and the person or persons providing support about services and programs to support better health.
Resources	<ul style="list-style-type: none"> • <u>United Nations Convention on the Rights of Persons with Disabilities</u>⁸. • Australian Human Rights Commission – <u>Self Determination</u> • <u>Australian Commission on Safety and Quality in Health Care: Shared Decision Making</u>

4.2 Inter-professional collaboration

Values and attitudes	<ul style="list-style-type: none">• Respect for the expertise and skills of other professionals.• Commitment to working and communicating collaboratively for the benefit of individuals with disability and the person or persons providing support.
Knowledge and understanding	<ul style="list-style-type: none">• Recognise the contribution which can be made by other professionals.• Understand that working together can lead to better health outcomes for individuals with disability.• Understand the roles of each profession in maintaining the health of individuals with disability.
Skills and behaviours	<ul style="list-style-type: none">• Develop and use clear communication pathways within and across professions/organisations.• Identify and address areas of conflict and potential conflict.• Work in cooperation with others, recognising their skills and strengths.• Engage with other professions and professional groups to develop collaborative working approaches to meet the holistic needs of individuals with disability.• Facilitate inter-professional goal setting to meet the holistic needs of individuals with disability.• Support and consult with other professions to contribute to care planning and shared decision making.
Resources	<ul style="list-style-type: none">• Australian Commission on Safety and Quality in Health Care: Clinical communications• The Stokes Report 2013: Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia¹⁸• The National Mental Health Standards 2010¹⁹.• Professional standards, for example Australian Health Practitioner Regulation Agency.

4.3 Coordination across health and disability systems

Values and attitudes	<ul style="list-style-type: none">• Commitment to building individualised coordinated systems for the benefit of individuals with disability and the person or persons providing support, carers and friends.
Knowledge and understanding	<ul style="list-style-type: none">• Understand care pathways and transfer of care protocols.• Understand the roles and responsibilities of other professional and stakeholder groups.• Knowledge of services or programs available for individuals with disability.
Skills and behaviours	<ul style="list-style-type: none">• Correctly transfer care from one service to another.• Consider the needs of individuals with disability during and after transfer of care.• Engage and establish rapport with stakeholders involved in care.• Maximise joint goal setting and shared decision making across sector boundaries.
Resources	<ul style="list-style-type: none">• <i>The Guide: Accessible Mental Health Services for People with Intellectual Disability</i>¹⁴.• WA Health – Hospital Stay Guideline for hospitals and disability service providers• Disability Services Commission – Services and Supports• Disability Services Commission – For Health Professionals• National Disability Insurance Scheme• WA NDIS• WA Primary Health Alliance

Domain 5 – Provision of care

Gordon, Pre-admissions Clinic:

“I use the Disability Checklist screening tool to make sure people’s needs aren’t overlooked. You can’t always see a person’s disability it might sometimes seem like a difficult question but in the end it means I provide safer and better quality care for the person.”

Sophie, Hospital Manager:

“We have a program in place to review all our policies and services to ensure that they really do address the needs of people with disability. It’s not going to be a quick fix but it’s a positive way forward”.

5.1 Access and engagement

Values and attitudes	<ul style="list-style-type: none"> • Commitment to improving access at all levels. • Commitment to early intervention. • Respect for the rights of individuals with disability and the person or persons providing support.
Knowledge and understanding	<ul style="list-style-type: none"> • Support or assistance needs of individuals with disability. • Relevant parts of the community with which to engage to increase access to services.
Skills and behaviours	<ul style="list-style-type: none"> • Establish and / or review systems to support early referral, timely response and early intervention. • Establish and / or participate in a culture which seeks to develop early intervention and ease of access.
Resources	<ul style="list-style-type: none"> • Professional development and training. • WA Disability Services Act 1993²⁰ <ul style="list-style-type: none"> ○ Organisational Disability Access and Inclusion Plans • WA Health Disability Access and Inclusion Policy.

5.2 Assessment

Values and attitudes	<ul style="list-style-type: none">• Commitment to involvement of individuals with disability and the person or persons providing support in health decision making.
Knowledge and understanding	<ul style="list-style-type: none">• Processes for assessment of individuals with disability.• Access for specialised assessment when required.
Skills and behaviours	<ul style="list-style-type: none">• Adopt collaborative approaches to collecting and recording information relevant to health assessments.• Consistently apply the required assessment measures.
Resources	<ul style="list-style-type: none">• Organisational policies, protocols and guidelines.• Manuals and training packages for assessment tools.• Australian Commission on Safety and Quality in Health Care: Shared Decision Making• WA Health Models of Care• WA Primary Health Alliance Health Pathways

5.3 Performing health care activities

Values and attitudes	<ul style="list-style-type: none">• Commitment to a collaborative, person-centred and strengths based approach to service delivery and interventions.• Commitment to best evidence based practice.• Commitment to collaborative practice and multidisciplinary care when this is in the best interests of individuals with disability.• Commitment to continuous improvement to ensure service delivery is safe, efficient and responsive.
Knowledge and understanding	<ul style="list-style-type: none">• Best models of care based on available evidence.• Current models of practice in provision of health care to individuals with disability.
Skills and behaviours	<ul style="list-style-type: none">• Develop, implement and document a tailored person-centred plan or intervention.• Develop, apply and promote appropriate and innovative models of care.• Support the client to reflect on their progress and achievement of their goals.• Review health plans on a regular basis to meet the changing needs of individuals with disability.• Ensure monitoring plans are in place and actioned appropriately.
Resources	<ul style="list-style-type: none">• Professional development and training• Australian Health Practitioner Regulation Agency.• Australian Commission on Safety and Quality in Health Care: National Standards• WA Health Models of Care• WA Primary Health Alliance Health Pathways

5.4 Supporting processes and standards

Values and attitudes	<ul style="list-style-type: none">• Commitment to evidence based practice.• Commitment to health care research.• Commitment to quality care provision and safety.• Commitment to working collaboratively with individuals with disability and the person or persons providing support.• Acknowledge the balance between promoting safety and positive risk taking.
Knowledge and understanding	<ul style="list-style-type: none">• Policies, procedures and protocols that support safe practice.
Skills and behaviours	<ul style="list-style-type: none">• Contribute to the generation of new knowledge through research.• Facilitate the application of new knowledge and skills into practice.• Perform work activities safely and effectively.• Act to reduce error and sources of risk in own practice and within the team.• Integrate quality management principles into operational activities.• Integrate safety and quality clinical practice guidelines into everyday care.• Foster, or participate in, a supportive, open culture in which mistakes are treated as opportunities for improvement and organisational learning.• Collaboratively work with individuals with disability and the person or persons providing support to jointly identify risks to interventions or to the outcomes of their health plan.
Resources	<ul style="list-style-type: none">• Occupational health and safety protocols• Clinical incident reporting process (e.g. WA Health Clinical Incident Management Policy²¹)• Australian Health Practitioner Regulation Agency.• Australian Commission on Safety and Quality in Health Care: National Standards

Domain 6 – Life-long learning

Graeme, Nurse:

“I have just completed the new disability awareness online training. I was across most of the content but the personal stories made it real and reminded me to refocus.”

Suzie, teenager with Cerebral Palsy:

“It’s a bit scary speaking to the medical students about providing health care for people with cerebral palsy...but then I remember they are only a few years older than me and probably just as scared as me. Who knows, I might be in their shoes one day!”

6.1 Scope of practice, safety and accountability

Values and attitudes	<ul style="list-style-type: none"> • Commitment to life-long learning. • Individuals with disability have the right to best practice health care, delivered by competent workers.
Knowledge and understanding	<ul style="list-style-type: none"> • Self-reflection is a learning tool to improve individual practice and service delivery outcomes. • Different methodologies and techniques to enhance learning. • Contemporary practices in relevant disability health service.
Skills and behaviours	<ul style="list-style-type: none"> • Engage in feedback processes and act as appropriate to improve competence. • Identify and seek out personal and professional development needs. • Use a variety of learning methodologies and techniques. • Ensure training in the provision of health care to individuals with disability remains contemporary. • Influence organisational learning and the development of strategies to support the workforce.
Resources	<ul style="list-style-type: none"> • <i>United Nations Convention on the Rights of Persons with Disabilities</i>⁸ • Australian Health Practitioner Regulation Agency. • Australian Commission on Safety and Quality in Health Care: National Standards • Professional and peer-reviewed journals, reports and websites • Organisational standards and guidelines.

Glossary of commonly used terms

Advocacy	Stand up for and promote the rights and desires of individuals with disability.
Carers	People who provide ongoing (unpaid) care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness or general frailty. Carers include parents and guardians caring for children. ²²
Confidentiality	The treatment of information that an individual has disclosed in a relationship of trust and with the expectation that it will not be divulged to others in ways that are inconsistent with the understanding of the original disclosure, without permission. Confidentiality relates to an ethical duty.
Consensus	See Informed Consent.
Disability	See ‘Defining disability’ section.
Disability support worker	A person paid to contribute to the care and wellbeing of the individual with disability.
Diversity	See ‘Defining diversity’ section.
Evaluation	Judging the value of something by gathering valid information about it in a systematic way and by making a comparison. The purpose of evaluation is to help the user of the evaluation to decide what to do, or to contribute to scientific knowledge.
Health-related information	A process of communication between the individual with disability and their health care worker that results in the individual’s authorisation or agreement to receive health care. This communication should ensure the individual with disability has an understanding of all the available options and the expected outcomes.
Health care worker	All persons employed to provide services for the purpose of improving the health and wellbeing of an individual with disability. This includes but is not limited to doctors, nurses and allied health care workers as well as disability support workers (see Disability support worker).
Health services	Refers to services in which the primary function is specifically to provide services for health and wellbeing for individuals. Health services are provided in both the government and non-government sectors.
Informed consent	Health-related information includes symptoms or observations about the health and wellbeing of an individual with disability, and any other sensitive information when it’s collected by a health service.
Multidisciplinary team	Stakeholders working together to provide holistic coordinated care.
Outcome	A measurable change in the health and wellbeing of an individual, group of people or population, that is attributable to interventions or services.

Person-centred care	The delivery of health care that is responsive to the needs and preferences of individuals. ²²
Personal information	Information or an opinion about an identified individual, or an individual who is reasonably identifiable: <ul style="list-style-type: none"> • whether the information or opinion is true or not; and • whether the information or opinion is recorded in a material form or not. ²³
Policy	A set of principles that reflect the organisation's mission and direction. All procedures and protocols are linked to a policy statement.
Practice	Any role, whether remunerated or not, in which the healthcare worker uses their skills and knowledge as a worker in their profession. Practice is not restricted to providing direct clinical care.
Privacy	Privacy in regards to health care incorporates four dimensions: <ul style="list-style-type: none"> • physical privacy: the extent to which one's body is physically accessible, e.g. concerns about personal space • psychological privacy: the control of cognitive and affective processes, the ability to form values, and maintenance of a personal identity • social privacy: the management of social contacts, e.g. control over the aspects of interaction • informational privacy: the control over personal information collection and distribution. ²⁴
Procedure	The set of instructions to make policies and protocols operational and are specific to an organisation ²² .
Protocol	An established set of rules used for the completion of tasks or a set of tasks ²² .
Quality improvement	Ongoing response to quality assessment data about a service in ways that improve the process by which services are provided to people.
Rights	Something that can be claimed as justly, fairly, legally or morally one's own. The term can also refer to a formal description of the services that people can expect and demand from an organisation.
Risk	The chance of something happening that will have an impact. It is measured in terms of consequence and likelihood.
Risk assessment	The process of identifying, analysing and evaluating a risk.
Service provider	A person, usually with professional qualifications, who receives remuneration for providing services to individuals with disability.

Social inclusion	All individuals are able to: secure a job; access services; connect with family, friends, work, personal interests and local community; deal with personal crisis; and have their voice heard.
Stakeholder	Any person involved in the care of individuals with disability.
Standard	Degree of excellence or level of quality or attainment required for a particular purpose; measure to which others conform or by which the accuracy or quality of others is judged.
Support services	Direct services and interventions provided for individuals with disability aimed at increasing capacity, independence and promoting community inclusion.
Values	Values are stable long-lasting beliefs about what is important to a person or an organisation.

Acronyms

DAIP	Disability Access and Inclusion Plan
DHN	Disability Health Network
EAG	Executive Advisory Group
SHEF	State Health Executive Forum
WA	Western Australia

References

1. Health Workforce Australia. National Common Health Capability Resource: shared activities and behaviours in the Australian health workforce. Canberra, ACT: Department of Health; 2012.
2. Health Workforce Australia. National Mental Health Core Capabilities. Canberra, ACT: Department of Health; 2014.
3. Western Australian Department of Health. Clinicians - Do you see me? Final Report. Perth, WA: Clinical Senate of Western Australia; 2011.
4. World Health Organization. WHO global disability action plan 2014–2021: Better health for all people with disability. World Health Organization; 2014.
5. Council of Australian Governments. National Disability Strategy 2010-2020. Canberra, ACT: Commonwealth of Australia; 2011.
6. Western Australian Department of Health. Commitment to inclusive engagement. Perth, WA: Health Networks, Western Australian Department of Health; 2014.
7. People with Disability Australia. The social model of disability (online); 2013 (cited 5 December 2013). Available from: <http://www.pwd.org.au/student-section/the-social-model-of-disability.html>.
8. United Nations. Convention on the rights of persons with disabilities. New York; 2006.
9. Australian Institute of Health and Welfare. Disability (online); 2015 (cited 22 January 2014). Available from: <http://www.aihw.gov.au/disability/>.
10. O'Connell MB et al. AACP White Paper: Cultural Competency in Health Care and Its Implications for Pharmacy Part 3A: Emphasis on Pharmacy Education, Curriculums, and Future Directions. *Pharmacotherapy* 2013;33(12):e347–e67.
11. Western Australian Department of Health. WA Disability Health Framework 2015–2025 consultation version. Perth, WA: Health Networks, Western Australian Department of Health; 2015.
12. Department of Social Services. National Standards for Disability Services. Canberra, ACT: Australian Government; 2013.
13. Guardianship and Administration Act 1990. Government of Western Australia, ed. 05-i0-00 ed. Perth, WA.
14. Department of Developmental Disability Neuropsychiatry. Accessible Mental Health Services for People with an Intellectual Disability: A Guide for Providers. Sydney, NSW: Department of Developmental Disability Neuropsychiatry; 2014.
15. Disability Services Commission. Count me in: A better future for everyone. Perth, WA; 2013.
16. Department of Health. WA Health Code of Conduct. Department of Health, ed. Perth, WA: Government of Western Australia; 2012.
17. Public Sector Commission. Code of Ethics. Public Sector Commission, ed. Perth, WA: Government of Western Australia; 2012.

18. Stokes B. Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia. Perth, WA: Mental Health Commission, Government of Western Australia; 2012.
19. Commonwealth of Australia. National Standards for Mental Health Services. Barton, ACT: Commonwealth of Australia; 2010.
20. Government of Western Australia. Disability Services Act 1993. Government of Western Australia, ed. 04-b0-00 ed. Perth, WA.
21. Western Australian Department of Health. Clinical Incident Management Policy. Perth: Patient Safety Surveillance Unit, Western Australian Department of Health; 2015.
22. Australian Commission on Safety and Quality in Healthcare. National Safety and Quality Health Service Standards. Sydney, NSW; 2012.
23. Alexander C, and Paterson, H.,. The new definition of 'personal information' - when is an individual 'reasonably identifiable'? (online): Minter Ellison; 2013 (cited Available from: <http://www.minterellison.com/publications/personal-infomation-privacy-update-201305/>).
24. Hughes M. Privacy in aged care. Australasian Journal on Ageing (online) 2004 (cited;23(3):110-4. Available from: http://epubs.scu.edu.au/cgi/viewcontent.cgi?article=1559&context=sass_pubs).
25. United Nations. United Nations Convention on the Rights of the Child (online): United Nations; 1990 (cited Available from: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>).
26. Commonwealth of Australia. Disability Discrimination Act 1992. Australia Co, ed. C2014C00013 ed. Canberra, ACT.
27. Government of Western Australia. Equal Opportunity Act 1984. Government of Western Australia, ed. 06-e0-00 ed. Perth, WA.
28. Western Australian Department of Local Government and Communities. Carers Recognition Act 2004. Government of Western Australia, ed. 01-b0-00 ed. Perth, WA: Western Australian Department of Local Government and Communities.
29. Western Australian Mental Health Commission. Mental Health Act 2014. Government of Western Australia, ed. 03-f0-02 ed. Perth, WA.
30. Legislative Assembly of Western Australia. Declared Places (Mentally Impaired Accused) Bill 2013. Parliament of Western Australia; 2013.
31. Disability Services Commission. Code of Practice for the Elimination of Restrictive Practices. Perth, WA; 2014.
32. Commonwealth of Australia. Privacy Act 1988. Commonwealth of Australia., ed. C2014C00757 ed. Canberra, ACT.
33. Western Australian Department of Health. WA Health Strategic Intent 2015-2020. Perth: Western Australian Department of Health; 2015.
34. Western Australian Department of Health. DRAFT Consutlation version -Hospital Stay Guideline for Hospitals and Disability Service Organisations. Perth: Health Networks Directorate, Western Australian Department of Health; 2015.
35. Carers Advisory Council. The Western Australian Carers Charter 2004. Government of Western Australia, ed. 01-b0-00 ed. Perth, WA.

36. Western Australian Department of Health. WA Health Disability Access and Inclusion Policy. Perth, WA: Workforce Directorate, Western Australian Department of Health; 2015.
37. Western Australian Department of Health. WA Health Promotion Strategic Framework 2012-2016. Perth, WA: Chronic Disease Prevention Directorate, Western Australian Department of Health; 2012.
38. Western Australian Department of Health. Western Australian Strategic Plan for Safety and Quality in Health Care 2013-2017: Placing patients first. Perth, WA: Quality Improvement and Change Management Unit; 2014.
39. Equal Opportunity Commission. The Policy Framework for Substantive Equality. Perth, WA; 2014.
40. Australian Commission on Safety and Quality in Healthcare. Australian Charter of Healthcare Rights. Australian Commission on Safety and Quality in Healthcare; 2008.
41. Western Australian Department of Health. The Western Australian Public Patients' Hospital Charter. Perth: Western Australian Department of Health; 2013.
42. WA Department of Local Government and Communities. An Age-friendly WA: The Seniors Strategic Planning Framework 2012-2017. Perth: WA Department of Local Government and Communities; 2012.
43. WA Department of Local Government and Communities. Western Australian Language Services Policy 2014 and Guidelines. Perth: Office of Multicultural Interests, WA Department of Local Government and Communities; 2014.
44. Western Australian Department of Health. Paediatric Chronic Diseases Transition Framework. Perth: Health Networks Directorate, Western Australian Department of Health; 2009.
45. The National Oral Health Plan Monitoring Group. National Oral Health Plan 2015-2024: Consultation draft. National Disability Services; 2014.

Appendix 1

Workforce Development Working Group membership list

Name	Position and organisation
Mary Anne Bath	Individual with disability representative
Robyn De Jong	Training Development & Quality Coordinator, Learning & Development Branch, Services Directorate, Disability Services Commission
Nicole Depraizer	Senior Development Officer, Health Networks, WA Department of Health
Tricia Dewar	Principal Disability Health Coordinator, Disability Services Commission
Angela Famiano	Carer representative
Peter Hall	Individual with disability representative
Kim Hawkins	Executive Director, Education and Social Sciences, West Coast Institute and Ministerial Advisory Council on Disability
Andrew Heath	Manager, Wheatbelt Aboriginal Health Service, WA Department of Health
Debra Letica	Carer representative
Timothy Lo	Operational Support Manager, Brightwater Services for Younger People
Lorna MacGregor (Co-Chair)	Primary health representative
Soniya Nanda-Paul/ Martin Glick	Clinical Director, Oral Health, Improvement Unit, Chief Dental Officer / Manager, Central Clinical and Support Services, Dental Health Services
Beth Pondaag	Clinical Specialist - Acting Occupational Therapy Manager, Child Development Services (Central region)
Liza Seubert (Co-Chair)	Assistant Professor, Pharmacy Practice, School of Medicine and Pharmacology, Centre for Optimisation of Medicines, UWA Division of Pharmacy
Dr Allyson Thomson	Research Associate, Centre for Research into Disability and Society, School of Occupational Therapy and Social Work, Curtin University
Debbie Turner	Manager, Office of Chief Medical Officer, WA Department of Health
Tony Vardaro	Individual with disability representative
Jacqueline Vernon	Workforce Advisor, Disability Workforce Innovation Network, National Disability Services
Gitana Matthews	Program Officer, Health Networks, WA Department of Health
Emma Williams	Development Officer, Health Networks, WA Department of Health

Appendix 2

Legal and policy context of the Disability Health Core Capabilities Resource

All State Government departments, statutory authorities, corporations and community organisations have obligations under law to respect, protect and fulfil the rights of individuals with a disability.

The [WA Disability Services Act 1993](#)²⁰ provides a foundation for promoting the rights of Western Australians with disability and the delivery of programs and services. It requires that all Western Australian Government departments develop and implement Disability Access and Inclusion Plans.

Other legal obligations include those in the:

- [United Nations Convention on the Rights of Persons with Disabilities](#)⁸
- [United Nations Convention on the Rights of the Child](#)²⁵
- [Commonwealth Disability Discrimination Act 1992](#)²⁶
- [Equal Opportunity Act 1984](#)²⁷
- [Carers Recognition Act 2004](#)²⁸

Persons with disability have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. All appropriate measures will be taken to ensure access for persons with disabilities to health services.

Article 25 of the [Convention on the Rights of Persons with Disabilities](#)⁸

Other associated legislation to be considered includes:

- [Guardianship and Administration Act 1990](#)¹³
- [Mental Health Act 2014](#)²⁹
- [Declared Places \(Mentally Impaired Accused\) Bill 2013](#)³⁰
- [Code of Practice for the Elimination of Restrictive Practices](#)³¹
- [Privacy Act 1988](#)³².

Policy linkages

The *Framework* aligns with the vision of [WA Health Strategic Intent 2010-2015](#)³³ to deliver a safe, high quality, sustainable health system for all Western Australians”.

The Resource aligns with the Disability Health Network’s overarching *draft WA Disability Health Framework 2015-2025: Improving the health care of people with disability*¹¹. Another relevant policy documents developed by the Disability Health Network DHN is the *draft Hospital Stay Guideline for Hospitals and Disability Service Organisations*³⁴.

Other frameworks and policies that complement and support the *Resource* include:

- [WHO global disability action plan 2014–2021: Better health for all people with disability](#)⁴
- [National Disability Strategy](#)⁵

- [Count Me In: Disability Future Directions](#) ¹⁵
- [Western Australian Carers Charter](#) ³⁵
- [WA Health Disability Access and Inclusion Policy](#) ³⁶
- [WA Health Promotion Strategic Framework 2012-2016](#) ³⁷
- [Western Australian Strategic Plan for Safety and Quality in Health Care 2013-2017 – Placing patients first](#) ³⁸
- [Policy Framework for Substantive Equality](#) ³⁹
- [Australian Charter on Healthcare Rights](#) ⁴⁰
- [WA Public Patients' Hospital Charter](#) ⁴¹
- [An Age-friendly WA: The Seniors Strategic Planning Framework 2012-2017](#) ⁴²
- [WA Language Services Policy 2014 and Guidelines](#) ⁴³
- [Paediatric Chronic Condition Transition Framework](#) ⁴⁴
- [Healthy Mouths Healthy Lives: National Oral Health Plan 2015-2024](#) ⁴⁵

Other policies may exist within community and government organisations which also align with the *Resource*.

Appendix 3

Web links

Page	Link information
1, 8	Health Workforce Australia's National Common Health Capability Resource: shared activities and behaviours in the Australian health workforce https://www.hwa.gov.au/our-work/boost-productivity/national-common-health-capability-resource
1, 9	National Mental Health Core Capabilities http://www.hwa.gov.au/publication/national-mental-health-core-capabilities
4	Clinical Senate debate in June 2011 'Clinician – Do you see me?' http://ww2.health.wa.gov.au/Improving-WA-Health/Clinical-Senate-of-Western-Australia/Clinical-Senate-debates-and-publications
7	2010 – 2020 National Disability Strategy https://www.dss.gov.au/sites/default/files/documents/05_2012/national_disability_strategy_2010_2020.pdf
7	World Health Organisation Global Disability Action Plan 2014 – 2021 http://www.who.int/disabilities/actionplan/en
8	Disability Health Network Commitment to Inclusive Engagement http://www.healthnetworks.health.wa.gov.au/projects/disability.cfm
9, 15, 16, 17, 18, 21, 23, 26, 28, 35, 43,	United Nations Convention on the Rights of Persons with Disabilities http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf
10	National Standards for Disability Services 2013 https://www.dss.gov.au/sites/default/files/documents/06_2015/nsds_full_version.pdf
14	Australian Health Practitioner Regulation Authority (AHPRA) https://www.ahpra.gov.au/
16	What are Human Rights Fact Sheet https://www.humanrights.gov.au/human-rights-explained-fact-sheet-1-defining-human-rights

Page	Link information
16, 23, 43	Guardianship and Administration Act 1990 https://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_406_homepage.html
16, 23, 30	The Guide: Accessible Mental Health Services for People with Intellectual Disability https://3dn.unsw.edu.au/the-guide
16, 17, 23, 44	Count Me In http://www.disability.wa.gov.au/Global/Publications/About%20us/Count%20me%20in/Count-Me-In-Disability-Future-Directions-December-2013.pdf
16, 43	Carers Recognition Act 2004 http://www5.austlii.edu.au/au/legis/wa/consol_act/cra2004197/
16, 23	Australian Counselling Association http://www.theaca.net.au/
17, 18, 24	WA Health Code of Conduct http://www.health.wa.gov.au/circularsnew/attachments/666.pdf
17, 18, 24	Public Sector Code of Ethics https://publicsector.wa.gov.au/sites/default/files/documents/commissioners_instruction_07_code_of_ethics.pdf
17	Advocacy http://www.disability.wa.gov.au/individuals-families-and-carers/for-individuals-families-and-carers/services-supports-and-eligibility-new/services/directory-of-service-providers-types-of-services/advocacy/
17	People With Disabilities (WA) Inc http://pwdwa.org/
17	Ethnic Disability Advocacy Centre http://www.edac.org.au/index.php/en/
17	Developmental Disability WA http://ddc.org.au/
20	Equal Opportunity Commission – Fact Sheet http://www.eoc.wa.gov.au/docs/default-source/fact-sheets/impairment-discrimination-fact-sheet1cae4d5bde9f62fcb668ff0000be6566.pdf?sfvrsn=2
20	Disability Services Commission – About Disability http://www.disability.wa.gov.au/understanding-disability1/understanding-disability/

Page	Link information
20	Equal Opportunity and Diversity policy http://www.health.wa.gov.au/circularsnew/attachments/750.pdf
20	Australian Institute of Health and Welfare – Indigenous Observatory http://www.aihw.gov.au/indigenous-observatory/
21	Convention Rights Persons With Disabilities – Article 25(d) http://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx#25
21, 24	Royal College of Nursing First steps: what person-centred care means http://rcnhca.org.uk/sample-page/what-person-centred-care-means/
21, 24	Australian College of Nursing position statement https://www.acn.edu.au/sites/default/files/advocacy/submissions/PS_Person-centered_Care_C2.pdf
21	Office of the Public Advocate http://www.publicadvocate.wa.gov.au/
26	Working with People with Intellectual Disabilities in Healthcare Settings http://www.cddh.monash.org/assets/documents/working-with-people-with-intellectual-disabilities-in-health-care.pdf
26	Freedom of Information Act 1982 https://www.comlaw.gov.au/Series/C2004A02562
26	Health Practitioner Regulation National Law (WA) Act 2010 http://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_12106_currencies.html
26	State Government Access Guidelines for Information, Services and Facilities http://www.disability.wa.gov.au/Global/Publications/Understanding%20disability/Built%20environment/State%20Government%20Access%20Guidelines.pdf
28	Australian Human Rights Commission – Self Determination https://www.humanrights.gov.au/right-self-determination
29	Australian Commission on Safety and Quality in Health Care: Shared Decision Making http://www.safetyandquality.gov.au/our-work/shared-decision-making/
29	The Stokes Report 2013: Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Mental_Health_Review_Report_by_Professor_Bryant_Stokes_AM_1.sflb.ashx

Page	Link information
29	The National Mental Health Standards 2010 http://www.health.gov.au/internet/main/publishing.nsf/content/CFA833CB8C1AA178CA257BF0001E7520/\$File/servst10v2.pdf
30	WA Health – Hospital Stay Guideline for hospitals and disability service providers http://www.healthnetworks.health.wa.gov.au/docs/Hospital%20Stay%20Guideline.pdf
30	Disability Services Commission – Services and Supports http://www.disability.wa.gov.au/individuals-families-and-carers/for-individuals-families-and-carers/services-supports-and-eligibility-new/
30	Disability Services Commission – For Health Professionals http://www.disability.wa.gov.au/disability-service-providers-/for-disability-service-providers/for-health-professionals/
30	National Disability Insurance Scheme http://www.ndis.gov.au/people-disability
30	WA NDIS http://www.disability.wa.gov.au/wa-ndis-my-way/wa-ndis-my-way/
31	WA Disability Services Act 1993 http://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_267_homepage.html
31	Organisational Disability Access and Inclusion Plans http://www.disability.wa.gov.au/business-and-government1/business-and-government/disability-access-and-inclusion-plans/steps-for-developing-a-daip/
31, 44	WA Health Disability Access and Inclusion Policy http://www.health.wa.gov.au/circularsnew/circular.cfm?Circ_ID=13191
32, 33	WA Health Models of Care http://www.healthnetworks.health.wa.gov.au/modelsofcare/
32, 33	WA Primary Health Alliance Health Pathways http://www.wapha.org.au/health-professionals/health-pathways/
33, 34, 35	Australian Commission on Safety and Quality in Health Care: National Standards http://www.safetyandquality.gov.au/our-work/national-standards-and-accreditation/
34	Clinical incident reporting process e.g. (WA Health Clinical Incident Management Policy http://www.health.wa.gov.au/circularsnew/circular.cfm?Circ_ID=13224

Page	Link information
39	<p>People with Disability Australia. The social model of disability (online); 2013 (cited 5 December 2013).</p> <p>http://www.pwd.org.au/student-section/the-social-model-of-disability.html.</p>
39	<p>Australian Institute of Health and Welfare. Disability (online); 2015 (cited 22 January 2014).</p> <p>http://www.aihw.gov.au/disability/</p>
40	<p>Alexander C, and Paterson, H,. The new definition of 'personal information' - when is an individual 'reasonably identifiable'? (online): Minter Ellison; 2013</p> <p>http://www.minterellison.com/publications/personal-infomation-privacy-update-201305/</p>
40	<p>Hughes M. Privacy in aged care. Australasian Journal on Ageing (online) 2004 (cited;23(3):110-4.</p> <p>http://epubs.scu.edu.au/cgi/viewcontent.cgi?article=1559&context=sass_pubs</p>
40	<p>United Nations. United Nations Convention on the Rights of the Child (online): United Nations; 1990</p> <p>http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx</p>
43, 48	<p>United Nations Convention on the Rights of the Child</p> <p>http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx</p>
43	<p>Commonwealth Disability Discrimination Act 1992</p> <p>http://www.comlaw.gov.au/Details/C2014C00013</p>
43	<p>Equal Opportunity Act 1984</p> <p>http://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_305_homepage.html</p>
43	<p>Mental Health Act 2014</p> <p>http://www.mentalhealth.wa.gov.au/mentalhealth_changes/mh_legislation.aspx</p>
43	<p>Declared Places (Mentally Impaired Accused) Bill 2013</p> <p>http://www.parliament.wa.gov.au/parliament/bills.nsf/BillProgressPopup?openForm&ParentUNID=0322F6D75F0E1E2448257C07000F024C</p>
43	<p>Code of Practice for the Elimination of Restrictive Practices</p> <p>http://www.disability.wa.gov.au/Global/Publications/For%20disability%20service%20providers/Guidelines%20and%20policies/Behaviour%20Support/Code-of-Practice-for-the-Elimination-of-Restrictive-Practices-2014.docx</p>
43	<p>Privacy Act 1988</p> <p>http://www.comlaw.gov.au/Details/C2014C00757</p>

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43	WA Health Strategic Intent 2010 – 2015 http://ww2.health.wa.gov.au/About-us/Strategic-Intent
43	WHO global disability action plan 2014 – 2021: Better health for all people with disability http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_16-en.pdf?ua=1
44	Count Me In: Disability Future Directions http://www.disability.wa.gov.au/about-us1/about-us/count-me-in/
44	Western Australian Carers Charter http://www.ncwa.com.au/~ncwa/wp-content/uploads/2015/09/CarersCharter.pdf
44	WA Health Promotion Strategic Framework 2012 – 2016 http://www.public.health.wa.gov.au/2/1588/2/the_wa_health_promotion_strategic_framework_pm
44	Western Australian Strategic Plan for Safety and Quality in Health Care 2013-2017 – Placing patients first http://ww2.health.wa.gov.au/Reports-and-publications/Western-Australian-Strategic-Plan-for-Safety-and-Quality-in-Health-Care
44	Policy Framework for Substantive Equality http://www.health.wa.gov.au/circularsnew/pdfs/12540.pdf
44	Australian Charter on Healthcare Rights http://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/
44	WA Public Patients' Hospital Charter http://healthywa.wa.gov.au/Healthy-WA/Articles/U_Z/Western-Australian-Public-Patients-Hospital-Charter
44	An Age friendly WA: The Seniors Strategic Planning Framework 2012-2017 http://www.communities.wa.gov.au/communities-in-focus/seniors/Pages/Age-Friendly-WA-.aspx
44	WA Language Services Policy 2014 and Guidelines http://www.omi.wa.gov.au/publications/omi_lsp.cfm
44	Paediatric Chronic Condition Transition Framework http://www.healthnetworks.health.wa.gov.au/modelsofcare/docs/Paediatric_Chronic_Diseases_Transition_Framework.pdf

Page	Link information
44	Health Mouths Healthy Lives: National Oral Health Plan 2015-2024 http://www.coaghealthcouncil.gov.au/Portals/0/Australia%27s%20National%20Oral%20Health%20Plan%202015-2024_uploaded%20170216.pdf



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