



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

Disability Health Network Commitment to Inclusive Engagement



Contents

Foreword	2
Introduction	3
Why do we need a commitment?	4
Social model of disability	5
Stakeholder engagement governance	6
Purpose	6
Principles	7
Respect and rights	7
Inclusion	7
Transparency	8
Fundamental roles and activities	9
Engagement risks	10
Evaluation	10
Bibliography	11
Appendices	12
Appendix 1 - Acts	12
Appendix 2 - Rights	13
Appendix 3 - United Nations Convention on the Rights of Persons with Disabilities	15
Appendix 4 - Stakeholders	18
Appendix 5 - Accessible information	20
Appendix 6 - Engagement actions to support respect, rights, inclusion and transparency	22
Appendix 7 - Evaluation tools	24

Foreword

Commitment to Inclusive Engagement was developed by the Executive Advisory Group of the Disability Health Network to provide a foundation for the work of the Network. This Commitment guides the Executive Advisory Group and its Working Groups in their communication and engagement with stakeholders.

The Executive Advisory Group is generally representative of many of our key stakeholders so we engaged with them to develop this Commitment. The Group unanimously agreed that the social model definition of disability be used to provide a values-based driver for all Network engagement activities and so it is used in this Commitment. We have also drawn on good practice examples that have been used in a range of settings by other government and non-government bodies in the drafting of the Commitment.

Disability is the result of the interaction between people living with impairments and barriers in the physical, attitudinal, communication and social environment. This commitment seeks to enable people to engage with the Disability Health Network in a way that reduces the impact of or removes barriers to participation. We have developed and published three versions of the Commitment, this one, an easy read and an accessible version.

The Commitment is the starting point of our efforts to ensure that engagement is inclusive. In implementing our Commitment we plan to review it along with our stakeholders and welcome your feedback now and in the future.

We hope you find this Commitment useful and look forward to your ongoing participation in the Network.

Fiona Payne
Co-Lead

Andrew Heath
Co-Lead

Introduction

The Disability Health Network, launched on 1 November 2012 is built on a partnership between WA Health and the Disability Services Commission and will be guided and informed by previous consultation processes including those of the Disability Health Consultative Group, Disability Services Commission and the Clinical Senate debate on disability and health. Future stakeholder engagement will inform the direction and focus of the Network as it moves forward.

The *Disability Health Network - Commitment to Inclusive Engagement* supports the work of the Disability Health Network (DHN), Executive Advisory Group (EAG) and Working Groups (WG). It is to be used by the EAG and WGs to guide their communication with the DHN and stakeholders. It can however be used by all stakeholders who are undertaking any work that impacts on people with disability.

It will be used when planning or implementing any stakeholder engagement activities that may be associated with projects of the DHN. The type of activity or strategy developed will depend on the project. The Commitment encourages increasing participation and inclusion and enabling the choice of appropriate engagement activities. Not all projects require the type or level engagement, however all types of engagement will endeavour to be inclusive.

In this context the social model of disability will be used and carers, as defined in the *Carers Recognition Act 2004* (appendix 1) will be recognised along with families where appropriate.

“Disability resides in society not the person.”

United Nations

Why do we need a commitment?

The Disability Health Network exists within a raft of international, national and local legal and policy frameworks that have developed over time. It is critical that contemporary knowledge and practice underpins any stakeholder engagement of the DHN, EAG and WGs.

It is important to also note some of the other drivers for disability health reform.

International and national data identifies the poor health outcomes for people with disability. There are an estimated 3.9 million Australians with disability. Although many enjoy good health many others may have poor health, either as a result of the underlying cause of their disability or for reasons unrelated to that cause. This has important implications for their needs as a group, particularly if their health conditions affect their participation in the community¹.

“Consumer, carer and community engagement is a comprehensive, responsive suite of strategies that allows the health services, consumers, carers and community to work together in an effective manner.”

WA Health Consumer Carer and Community Engagement Framework 2007

This Commitment sits within the *WA Health Disability Health Framework: improving the healthcare of people with disability 2014* (in draft). That Framework provides the legal and policy framework, evidence of disability health disparities and outlines priority areas for action. Reference should also be made to that Framework and the legal, policy and research cited to guide stakeholder engagement.

The work of the DHN will facilitate enabling health services and health promotion and prevention programs to be inclusive of people with disability and in doing so respect their rights and dignity. This will:

- enable health services to be accessible
- provide a suitably skilled and knowledgeable health care workforce
- provide individualised health care
- ensure that planning and decision-making processes include the relevant people
- recognise the role of families and carers
- ensure that any appointed guardians are recognised
- create effective communication strategies that enable disability service providers and health practitioners to meet their responsibility— including the exchange of information to enable inclusive service provision.

This Commitment has its foundations in the *WA Health Consumer Carer and Community Engagement Framework 2007*.

¹ Australia's health 2010, Australian Institute of Health and Welfare

Social model of disability²

The social model of disability contrasts with what is called the medical model of disability. According to the medical model of disability, 'disability' is a health condition dealt with by medical professionals.

The social model sees 'disability' is the result of the interaction between people living with impairments and an environment filled with physical, attitudinal, communication and social barriers. It therefore carries the implication that the physical, attitudinal, communication and social environment must change to enable people living with impairments to participate in society on an equal basis with others.

A social model perspective does not deny the reality of impairment nor its impact on the individual. However, it does challenge the physical, attitudinal, communication and social environment to accommodate impairment as an expected incident of human diversity.

The social model seeks to change society in order to accommodate people living with impairment; it does not seek to change persons with impairment to accommodate society. It supports the view that people with disability have a right to be fully participating citizens on an equal basis with others.

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 marks the official paradigm shift in attitudes towards people with disability and approaches to disability concerns.

People with disability are not "objects" of charity, medical treatment and social protection but "subjects" with rights, capable of claiming those rights, able to make decisions for their own lives based on their free and informed consent and be active members of society.

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.

² People with Disability Australia website 5 December 2013: <http://www.pwd.org.au/student-section/the-social-model-of-disability.html>

Stakeholder engagement governance

The EAG and WGs, via the Co-leads, are directly accountable to the Executive Director System Policy and Planning for stakeholder engagement activities associated with their work.

The Co-leads' prior approval for any formal stakeholder engagement activity that relates to the work of the DHN is required. The Department of Health – Health Strategy and Networks Branch and Communications Directorate (as required) have final approval of any such activities.

The Standard 2³ of *Australian Safety and Quality Standards for Health Care* provides the standard for engagement with our stakeholders.

The Public Sector Commission's Good Governance guide for public sector agencies also underpins the Commitment, in particular, Principle 8 which requires 'the organisation communicates with all parties in a way that is accessible, open and responsive'⁴.

Purpose

The purpose of this Commitment is to provide guidance under three broad principles. It is to reinforce the need for a values based foundation to the work of the DHN.

- **Respect and rights:** to provide a consistent, contemporary values base for all stakeholder engagement, demonstrated by behaviour.
- **Inclusion:** to provide guidance for stakeholder engagement activities undertaken by the DHN through stakeholder identification and engagement principles.
- **Transparency:** communicate and feedback to the DHN and other stakeholders the activities and project outcomes of the DHN, EAG and WGs.

In brief, Standard 2 requires that:

- Governance structures are in place to form partnerships with consumers and carers.
- Consumers and carers are supported by the health service organisation to actively participate in the improvement of the patient experience and patient health outcomes.
- Consumers and carers receive information on the health service organisation's performance and contribute to the ongoing monitoring, measurement and evaluation of performance for continuous quality improvement.

"...made a conscious effort to go further with community consultation than just developing a plan and seeking public comment ..."

Involving Children and Young People, Participation Guidelines, Commission for Children and Young People 2009

³ <http://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf>

⁴ <http://www.publicsector.wa.gov.au/document/good-governance-guide-principles>

Principles

Respect and rights

This Commitment aims to provide a consistent and contemporary values base for all stakeholder engagement.

A commitment is made to respect people with disability, their families and carers as well as to work collaboratively to uphold their rights. This includes a commitment to respect the views of the stakeholders, to value their input and be receptive to divergent opinions.

“Always respect the person’s dignity, individuality and desire for independence. If help is required in a given situation, do not assist without asking first...Face and speak directly to the person...provide relevant information in a range of formats...”

Australian Emergency Management Handbook Series 2013

The DHN and all those individuals who work within it or claim to represent it are committed to upholding the rights of people with disability, families and carers.

Strategies used in stakeholder engagement will support respect and rights for all people. They will also be underpinned by the principle of substantive equity—treat differently to gain equality.

Applying the principle of substantive equity, specific methods, communication tools and messages will be utilised to suit stakeholder groups and types of engagement and communication that are appropriate.

More information regarding this principle, other rights and resources that may be useful are provided in Appendix 2.

Relevant Articles of the *United Nations Convention of the Rights of Persons with Disabilities* are in Appendix 3.

Inclusion

This section provides guidance for stakeholder engagement activities that are undertaken by the DHN including stakeholder identification and engagement principles.

Key stakeholder group

A reference group process will be developed to enable the voice of people with disability, families and carers to be heard and acted on in disability health reform.

“You then need to consider ways of engagement that work for you and also the stakeholder...location, timing, number of meetings and methods will impact greatly on your result.”

Stakeholder Engagement Practitioners Handbook, Department

Stakeholder Identification

A list of current stakeholders has been identified and provided at Appendix 4. This list will evolve over time as the needs of the DHN change and emerging health and disability services reform.

Existing and emerging partnerships, networks and collaborations will be leveraged wherever possible to strengthen engagement.

Engagement Principles

Commitment is made to:

- Engage with people with disability, families and carers and health and disability service providers to ensure partnership and collaboration to create and implement strategies to improve the health outcomes of people with disability.
- Create inclusive processes when engaging with stakeholders including methods, times, capacity that take into account competing demands on stakeholders.
- Achieve as broad a reach as possible by using not only mass communication tools but also targeted outreach to special interest and special needs groups. Targeted emails and social media will be used where appropriate.
- Use communication tools that comply with accessible printed communication guidelines (Disability Services Commission) and other best practices for accessible communication. Any form of engagement will provide a clear explanation of how people can participate. Some accessible communication resources are provided at Appendix 4.

“How to provide comment:

We have provided a number of ways so all people can have a say. Choose your preference from the options. If you need help completing the questionnaire please contact us.”

Sharing Healthy Conversations, Ministerial Advisory Council on Disability and Carers Advisory Council 2012

Transparency

This section supports the principle of a transparent process. It requires that feedback be provided to the DHN membership and other stakeholders regarding the activities and project outcomes of the DHN, EAG and WGs.

Engagement activities will use a continuous improvement approach to enable learning from experiences. Feedback will be encouraged and then used to guide future activities.

The DHN utilises the WA Health Strategy and Networks Branch public website. This webpage is one strategy used to provide information and updates to stakeholders. Any member of the public can become a member of the DHN. Members of the network are sent WA Health NetNews and eBulletins to keep them informed of activities of the network and related matters.

“Effective information is vital to a successful consultation. Plan how you are going to tell people about it, and encourage them to take part. Plan also how you will feed back afterwards. One of the biggest complaints people have about consultation is that they don't find out what happened as a result.”

Parent and carer engagement toolkit, Newcastle City Council, UK, 2013

Briefing Notes and Ministerials will be used to provide advice to WA Health and the Disability Services Commission Directors General and relevant Ministers⁵.

⁵ These may not be publically available

Fundamental roles and activities

Co Leads

The Co Leads will take a lead role engaging with the wide range of stakeholders including EAG and WGs. The Co Leads will represent the DHN at formal engagements events. They will use their networks to engage and consult with the wide range of stakeholders to raise awareness, create partnerships and encourage collaborative working arrangements to further the priorities of the DHN. They will act as champions of the disability health reform agenda.

Executive Advisory Group members

The membership of the EAG will include people with disability, family and carer representatives. The members will actively participate in EAG meetings and activities. They will use their networks to feed into the EAG aspects of disability health relevant to the priorities of the DHN. They will look to identify opportunities within their spheres of influence to contribute to the disability health reform agenda. They will act as champions of the disability health reform.

Reference Group

The membership of a reference group will be people with disability, families and carers and representatives of advocacy groups. Members will participate within their capacity and collectively provide the diverse voices of people with disability, families and carers. They will act as champions of the disability health reform.

Working Group members

The people with disability, their families and carer representatives will be invited to be members of WGs. The members will actively participate in the WGs activities. They will act as champions of the disability health reform agenda. WGs will ensure that relevant stakeholders are engaged in a timely manner in the activities of the working group. Outputs of the WGs will reflect and demonstrate the authentic engagement of people with disability, families and carers.

“The purpose of this operational policy is to:

Provide definitions of community members

Define and describe the recruitment and intake policy and process for community members

Define and describe the payment policy and process for community members appointed to participate in the formally registered Clinical Network Executive Advisory Groups convened by the Office of Health Policy & Clinical Reform.”

WA Health Clinical Network Participant Recruitment and Payments Policy 2006

Disability Health Network members

The DHN will seek to have a broad member base that includes people with disability, families and carers and all the people in the life of people with disability in their health journey. Members will feed in to the DHN relevant disability health issues. Members will receive updates and invitations to engage in relevant activities. They will act as champions of the disability health reform agenda.

Engagement activities

Appendix 6 provides some examples of the types of engagement that may apply to different stakeholder groups. Consideration of the various frameworks, toolkits and guides that are quoted or referred to in this Commitment will be useful in developing best practice engagement activities.

“Top 10 tips for engaging people with a disability...”

Engaging Queenslanders: a guide to engaging people with a disability, Disability and Community Care Services 2007

Engagement risks

Access to sufficient resources to enable effective engagement

(Response – utilise WA Health and other existing communication opportunities to maximise impact and minimise costs.)

Patchy engagement, i.e. not capturing a sufficiently representative range of stakeholders

(Response – use relevant partners and peak bodies to gain advice on engaging with constituents and their endorsement of the consultation)

Belief that the feedback or consultation gathered will not be taken on board and used to improve the health services

(Response – clearly link work done by the DHN, EAG and WGs to the themes identified in the consultation processes.)

Evaluation

The stakeholder engagement activities will be evaluated against the principles in this Commitment as well as using the iap2 public participation spectrum⁶ and Standard 2 of the *Australian Safety and Quality Standards for Health Care*. The work of the DHN should particularly contribute to WA Health’s consumer partnering in service planning and designing care as required by the Standard. An evaluation report will be tabled at the final EAG meeting of each year and will be available on the DHN webpage.

“When planning initiatives we investigate emerging evidence about effective engagement techniques...creating conversations through social media, using peer support strategies ...”

National Mental Health Commission’s Participation and Engagement Framework 2013

More information is available in appendix 7.

⁶ <http://www.iap2.org.au/documents/item/84>

Bibliography

Australia's health 2010, Australian Institute of Health and Welfare

Communicating with People with Disability: National Guidelines for Emergency Managers, Australian Emergency Management Handbook Series 2013

Commission for Children and Young People: Involving Children and Young People, Participation Guidelines 2009

Engaging Queenslanders: a guide to engaging people with a disability, Disability and Community Care Services 2007

Good governance guide for public sector agencies, WA Public Sector Commission

iap2 public participation spectrum, International Association for Public Participation, Australasia

Inclusive Consultation 2012, Department of Families, Housing, Community Services and Indigenous Affairs

National Mental Health Commission's Participation and Engagement Framework 2013

National Safety and Quality Health Service Standards, Australian Commission on Safety and Quality in Health Care

Parent and carer engagement toolkit, Newcastle City Council, UK, 2013

Sharing Health Conversation, Ministerial Advisory Council on Disability and Carers Advisory Council 2012

Stakeholder Engagement Practitioners Handbook, Department of Immigration and Citizenship 2008

WA Health Consumer Carer and Community Engagement Framework 2007

WA Health Clinical Network Participant Recruitment and Payments Policy 2006

WA Public Sector Commission: Good governance guide for public sector agencies

Appendices

Appendix 1 - Acts

The definition of disability in the State Act will not be used in this Commitment but is here as a reference only.

Disability Services Act 1993 WA

Section Definitions

disability means a disability —

- a) which is attributable to an intellectual, psychiatric, cognitive, neurological, sensory, or physical impairment or a combination of those impairments; and
- b) which is permanent or likely to be permanent; and
- c) which may or may not be of a chronic or episodic nature; and
- d) which results in —
 - i. a substantially reduced capacity of the person for communication, social interaction, learning or mobility; and
 - ii. a need for continuing support services;

Carers Recognition Act 2004

Section 5 Terms

Term used: carer

1. Except as provided in subsection (2), a person is a carer for the purposes of this Act if he or she is an individual who provides ongoing care or assistance to —
 - a) a person with a disability as defined in the *Disability Services Act 1993* section 3; or
 - b) a person who has a chronic illness, including a mental illness as defined in the *Mental Health Act 1996* section 3; or
 - c) a person who, because of frailty, requires assistance with carrying out everyday tasks; or
 - d) a person of a prescribed class.
2. However a person is not a carer if he or she —
 - a) provides the care or assistance under a contract for services (other than an agreement entered into under the *Disability Services Act 1993* section 25) or a contract of service; or
 - b) provides the care or assistance while doing community work as defined in the *Volunteers and Food and Other Donors (Protection from Liability) Act 2002* section 3(1).
3. A person is not a carer for the purposes of this Act only because —
 - a) the person is a spouse, de facto partner, parent or guardian of the person to whom the care or assistance is being provided; or
 - b) the person provides care to a child under an arrangement with the chief executive officer of the department principally assisting the Minister administering the *Child Welfare Act 1947*² in the administration of that Act.

Appendix 2 - Rights⁷

Impairment Discrimination

It is unlawful under the Equal Opportunity Act 1984 to discriminate against a person with impairment.

Under the Act a person with impairment includes anyone with a physical, intellectual or emotional impairment, a person who has had impairment in the past, or someone assumed to have impairment.

Direct impairment discrimination occurs when a person is treated unfairly because of their impairment, compared to another person without impairment in the same or similar circumstances.

Indirect impairment discrimination is when a requirement, condition or practice that is the same for everyone has an unfair effect on someone because of impairment, and is unreasonable in the circumstances.

Substantive Equality

Substantive Equality means that specific needs of certain groups in the community are met by adjusting government policies, procedures and practices. This includes all groups who may have grounds for making a claim of discrimination in accordance with the Equal Opportunity Act 1984 (WA) with respect to the provision of goods, services or facilities.

The Substantive Equality Unit of the Equal Opportunity Commission has developed a range of information resources and tools to assist departments implement the Policy Framework for Substantive Equality and for people to find out more about the program.

<http://www.eoc.wa.gov.au/Substantiveequality/Substantiveequalityresources.aspx>

National Disability Strategy⁸

The National Disability Strategy 2010-2020 sets out a ten year national policy framework for improving life for Australians with disability, their families and carers. It represents a commitment by all levels of government, industry and the community to a unified, national approach to policy and program development. This new approach will assist in addressing the challenges faced by people with disability, both now and into the future.

The Commonwealth, State and Territory and Local Governments have developed the Strategy in partnership under the auspices of the Council of Australian Governments (COAG).

The Strategy is the result of a large nation-wide public consultation process, involving more than 2,500 people and was formally endorsed by COAG on 13 February 2011.

⁷ Equal Opportunity Commission WA, website 20 August 2013

⁸ DFHCIA website 12 September 2-13

The Strategy is a ten year national policy framework that sets out six priority areas for action to improve the lives of people with disability, their families and carers. These are:

- Inclusive and accessible communities—the physical environment including public transport; parks, buildings and housing; digital information and communications technologies; civic life including social, sporting, recreational and cultural life.
- Rights protection, justice and legislation—statutory protections such as anti-discrimination measures, complaints mechanisms, advocacy, the electoral and justice systems.
- Economic security—jobs, business opportunities, financial independence, adequate income support for those not able to work, and housing.
- Personal and community support—inclusion and participation in the community, person-centred care and support provided by specialist disability services and mainstream services; informal care and support.
- Learning and skills—early childhood education and care, schools, further education, vocational education; transitions from education to employment; life-long learning.
- Health and wellbeing—health services, health promotion and the interaction between health and disability systems; wellbeing and enjoyment of life.

Appendix 3 - United Nations Convention on the Rights of Persons with Disabilities⁹

Article 25 is most relevant to the Disability Health Network. Other Articles have been included which also have relevance.

Article 25 Health

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

- a) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;
- b) Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;
- c) Provide these health services as close as possible to people's own communities, including in rural areas;
- d) Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care;
- e) Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;
- f) Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.

Article 19 Living independently and being included in the community

States Parties to this Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

- a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;
- b) Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;

⁹ UN website 20 August 2013, <http://www.un.org/esa/socdev/enable/rights/convtexte.htm>

- c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

Article 21

Freedom of expression and opinion, and access to information

States Parties shall take all appropriate measures to ensure that persons with disabilities can exercise the right to freedom of expression and opinion, including the freedom to seek, receive and impart information and ideas on an equal basis with others and through all forms of communication of their choice, as defined in article 2 of the present Convention, including by:

- a) Providing information intended for the general public to persons with disabilities in accessible formats and technologies appropriate to different kinds of disabilities in a timely manner and without additional cost;
- b) Accepting and facilitating the use of sign languages, Braille, augmentative and alternative communication, and all other accessible means, modes and formats of communication of their choice by persons with disabilities in official interactions;
- c) Urging private entities that provide services to the general public, including through the Internet, to provide information and services in accessible and usable formats for persons with disabilities;
- d) Encouraging the mass media, including providers of information through the Internet, to make their services accessible to persons with disabilities;
- e) Recognizing and promoting the use of sign languages.

Article 22

Respect for privacy

1. No person with disabilities, regardless of place of residence or living arrangements, shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence or other types of communication or to unlawful attacks on his or her honour and reputation. Persons with disabilities have the right to the protection of the law against such interference or attacks.
2. States Parties shall protect the privacy of personal, health and rehabilitation information of persons with disabilities on an equal basis with others.

Article 23

Respect for home and the family

1. States Parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure that:
 - a) The right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognized;
 - b) The rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided;
 - c) Persons with disabilities, including children, retain their fertility on an equal basis with others.
2. States Parties shall ensure the rights and responsibilities of persons with disabilities, with regard to guardianship, wardship, trusteeship, adoption of children or similar institutions, where these concepts exist in national legislation; in all cases the best interests of the child shall be paramount. States Parties shall render appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities.
3. States Parties shall ensure that children with disabilities have equal rights with respect to family life. With a view to realizing these rights, and to prevent concealment, abandonment, neglect and segregation of children with disabilities, States Parties shall undertake to provide early and comprehensive information, services and support to children with disabilities and their families.
4. States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. In no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents.
5. States Parties shall, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting.

Appendix 4 - Stakeholders

Group	Members
Health Service Providers	<p>First priority: WA Health employees including clinicians and all staff who come into contact with people with disability, their families and carers within the health system.</p> <p>Second priority: Private hospitals and health services, GPs, community based nurses and midwives, practice nurses, child health and community nurses, allied health, pharmacists</p>
WA Health	WA Health Networks (17), Director General of Health, Executive Directors System Policy and Planning, Clinical Services and Public Health, Resources and Finance, Performance and Quality, Office of the Chief Psychiatrist, Office of Aboriginal Health, Governing Councils, DAIP Committee
Disability Services Commission	Director General, Executive Directors and service delivery staff
Peak and professional bodies and associations	Medicare Locals, Australian Medical Association, WA Practice Nurses Association, Pharmaceutical Society and Guild, allied health peak bodies, Aboriginal Health Council of WA, WA Association for Mental Health, Australian and Australasian Royal Colleges, Australian Dental Association, Australian Health Practitioner Regulation Authority, Australian Dental and Oral Health Therapists' Association
Disability peak bodies and advocacy groups and others	National Disability Services, People with Disabilities (WA), Ethnic Disability Advocacy Centre, Headwest WA, Advocacy South West (Inc), Blind Citizens WA Inc, Developmental Disability Council of WA, Kalparrin Centre Personal Advocacy Service
Disability services organisations	List on Disability Service Commission website.
Other government departments	Mental Health Commission, Drug and Alcohol Office, Department of Corrective Services, Department for Child Protection, Commission for Children and Young People
Academia and research sector	Universities, Health and social service under and post graduate courses at Universities, TAFE, Registered Training Organisations.

Commonwealth Government	Department of Health and Ageing, Aboriginal and Torres Strait Islander , National Electronic Health Transition Authority, DisabilityCare Australia
Media	Mainstream print media. Health-specific, local community news, organisation newsletters, Networks Bulletin, Network Quarterly Newsletter, Presentations
Consumers	People with disability, people with dual disability, carers, Health Consumer Council, Carers WA
DHN reference group	People with disability, people with dual disability, carers
Ministers	Health, Disability Services, Mental Health
Advisory Councils	Ministerial Advisory Council on Disability, Carers Advisory Council, Mental Health Advisory Council

Appendix 5 - Accessible information

People with disability may experience difficulty accessing public information. The types of disabilities that frequently impact on a person's ability to access information include hearing loss or deafness, impaired vision or blindness, or disabilities that affect the ability to learn or think (such as intellectual or psychiatric disability).

Many communication difficulties can be avoided with informed planning and procedures such as:

- using clear and concise language
- using appropriate font style and size
- providing information in alternative formats
- providing audio loops
- using Auslan sign language interpreters
- captioning videos
- designing accessible websites
- displaying information in an accessible location.

Accessibility Resources

http://www.disability.wa.gov.au/understanding-disability1/understanding-disability/accessibility/accessible_information/accessible_information_resources/

Disability Services Commission Guidelines on printed communication

The checklist below follows the State Government Access Guidelines for Information, Services and Facilities and you need to answer 'Yes' to all questions.

Text	Yes/No
Have you used:	
• plain English?	
• clear headings?	
• short sentences?	
• no jargon?	
• pictures and diagrams where appropriate?	
Have you used a plain, sans serif font (such as Arial or Helvetica)?	
Is there colour contrast between the text and the background?	
Have you avoided using UPPER CASE, underlining and <i>italics</i> ?	

Is all text at least a minimum of 12 point type size?	
Has the information been printed on matt or satin paper?	
Is the text uncluttered with no background graphics, patterns and watermarks?	
Is the text left aligned?	
Is important information in bold or larger print?	
Is written material available on request in alternative formats such as large print, audio tape, computer disk or Braille?	
Is written material available on request in alternative formats and does it have a statement informing readers of this? For example "This publication is available in alternative formats on request."	

For more information about accessibility requirements, contact the Disability Services Commission or email access@dsc.wa.gov.au

Australian Human Rights Commission Access resources

- [Guidelines on the application of the Premises Standards](#)
- [Advisory notes on streetscape, public outdoor areas, fixtures, fittings and furniture](#)
- [Accessible events - a guide for organisers](#)

These resources are available at <http://www.meetingsevents.com.au/downloads.php>

Appendix 6 - Engagement actions to support respect, rights, inclusion and transparency

Stakeholder Group see Appendix 3 for groups	Activity
People with disability, their families and carers including reference group(s) and networks	<p>Engage and consult to support the work of the Network to ensure genuine inclusion</p> <p>Consult to ensure work of Network addresses needs</p> <p>Provide appropriate and timely advice regarding progress of the work of the Network</p>
WA Health and area health services, other health service providers including primary health care, peak and professional bodies and associations	<p>Raise awareness of disability and special need requirements</p> <p>Raise awareness of work of the Network</p> <p>Engage in work of the Network to ensure buy-in for disability health reform</p>
Disability Services Commission	Provide updates to staff to gain and maintain support for collaborative work
Disability peak bodies and advocacy groups, disability services organisations	<p>Raise awareness of work of the Network through newsletters and website</p> <p>Engage to ensure work of Network addresses needs</p>
Other government departments	Engage as required to support work of the Network
Academia and research sector	Engage, consult and partner with as required to support work of the Network
Ministerial Advisory Councils	<p>Seek advice to inform the work of the Network</p> <p>Provide updates of progress of work of the Network</p>
Ministers, Directors General Health and Disability Services Commission and Commissioner for Mental Health	<p>Provide appropriate and timely advice on the work of the Network in regular briefing notes or as requested.</p> <p>Seek approval of activities to be undertaken in the disability health reform.</p>
WA Health Governing Councils	<p>Provide appropriate and timely advice regarding progress of the work of the Network</p> <p>Engage in work of the Network to ensure buy-in</p>
Commonwealth Government	Engage and consult as required to support the work of the Network
Media	Promote positive changes in health service delivery

	that supports people with disability, their families and carers
Members of the general public	Raise awareness of disability health issues Advise of work of the Network and outcomes

Appendix 7 - Evaluation tools

iap2 public participation spectrum¹⁰

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problems, alternatives and/or solutions.	To obtain public feedback on analysis, alternatives and/or decision.	To work directly with the public throughout the process to ensure that public issues and concerns are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision-making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and issues are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for direct advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.
EXAMPLE TOOLS	Fact sheets Websites Open houses	Public comment Focus groups Surveys Public meetings	Workshops Deliberate polling	Citizen Advisory committees Consensus-building Participatory decision-making	Citizen juries Ballots Delegated decisions

Standard 2 of Australian Safety and Quality Standards for Health Care

Criteria for Partnering with Consumers' Standard:

Consumer partnership in service planning

Governance structures are in place to form partnerships with consumers and/or carers.

Consumer partnership in designing care

Consumers and/or carers are supported by the health service organisation to actively participate in the improvement of the patient experience and patient health outcomes.

Consumer partnership in service measurement and evaluation

Consumers and/or carers receive information on the health service organisation's performance and contribute to the ongoing monitoring, measurement and evaluation of performance for continuous quality improvement.

¹⁰ International Association for Public Participation www.iap2.org



This document can be made available in alternative formats on request for a person with a disability.

© Department of Health 2014

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.