



# DRAFT

# Disability Health Core Capabilities Resource:

Shared attitudes and behaviours for healthcare  
workers

**Disability Health Network**  
**Consultation version**

**This document is considered a draft for discussion, and is in the consultation phase as illustrated in the status bar below**



## © Department of Health, State of Western Australia (2015).

Copyright to this material produced by the Western Australian Department of Health belongs to the State of Western Australia, under the provisions of the Copyright Act 1968 (Commonwealth Australia). Apart from any fair dealing for personal, academic, research or non-commercial use, no part may be reproduced without written permission of the Health Networks, Western Australian Department of Health. The Department of Health is under no obligation to grant this permission. Please acknowledge the WA Department of Health when reproducing or quoting material from this source.

### **D** Suggested citation

**R** Western Australian Department of Health. *Disability Health Core Capabilities Resource: Shared attitudes and behaviours for healthcare workers*. Perth: Health Networks Directorate, Western Australian Department of Health; 2015.

### **A** Important disclaimer

**F** All information and content in this Material is provided in good faith by the WA Department of Health, and is based on sources believed to be reliable and accurate at the time of development. The State of Western Australia, the WA Department of Health and their respective officers, employees and agents, do not accept legal liability or responsibility for the Material, or any consequences arising from its use.

### **T** Contact information

For further information contact Health Networks, WA Department of Health on (08) 9222 0200 or [healthpolicy@health.wa.gov.au](mailto:healthpolicy@health.wa.gov.au).

### Acknowledgement

The Disability Health Network acknowledges the individuals, groups and organisations that contributed their time and experience into shaping the *Disability Health Core Capabilities Resource*, in particular the Workforce Development Working Group (see [Appendix 1](#) for membership list). The Working Group would like to acknowledge the use of the [Health Workforce Australia's National Common Health Capability Resource: shared activities and behaviours in the Australian health workforce](#)<sup>1</sup> and the [National Mental Health Core Capabilities](#)<sup>2</sup> in informing the development of the *Disability Health Core Capabilities Resource*.

# Contents

Executive summary	4
Introduction	6
Background	6
Service context	7
About the <i>Disability Health Core Capabilities Resource</i>	8
Purpose and scope	8
Benefits	8
Development methodology	9
Language and terminology	10
Defining disability	10
Defining diversity	11
Guiding principles	12
Person-centred	12
Responsive and flexible	12
Respect and dignity	12
Collaborative	13
Continuous improvement	13
Domains of the <i>Disability Health Core Capabilities Resource</i>	14
Structure and use	14
Integration with related documents	15
Domain 1 – Values	16
1.1 Respect	16
1.2 Advocacy	17
1.3 Potential	18
Domain 2 – Diversity and whole person focus	19
2.1 Diversity	19
2.2 Whole person focus	20
Domain 3 – Professional, ethical and legal approach	21
3.1 Professional behaviours	21
3.2 Scope of practice, safety and accountability	23
3.3 Communications including documents	24
Domain 4 – Collaborative and coordinated practice	25
4.1 Collaborating with individuals with disability, their families, carers and friend	25
4.2 Inter-professional collaboration	26

4.3	Coordination across health and disability systems	27
Domain 5	– Provision of care	28
5.1	Access and engagement	28
5.2	Assessment	29
5.3	Performing health care activities	30
5.4	Supporting processes and standards	31
Domain 6	– Life-long learning	32
6.1	Scope of practice, safety and accountability	32
<b>D</b>	Glossary of commonly used terms	33
	Acronyms	36
<b>R</b>	References	37
	Appendix 1	40
<b>A</b>	Workforce Development Working Group membership list	40
	Appendix 2	41
<b>F</b>	Legal and policy context of the Disability Health Core Capabilities Resource	41

**T**

## Executive summary

The *Disability Health Core Capabilities Resource: Shared attitudes and behaviours for healthcare workers* (the *Resource*) aims to enable the best possible health care for individuals with disability by:

- encouraging better utilisation of the current healthcare workforce
- supporting the development of new roles and functions
- improving continuity across the range of health settings
- increasing awareness of workforce requirements across the employment sectors, funding and policy bodies.

**D** The *Resource* articulates functions across the continuum of healthcare settings. This scope includes public, private and community managed/non-government organisation services.  
**R** Healthcare settings include acute, community and primary health care across the state of Western Australia.

**A** 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?'](#)<sup>3</sup>. It targets healthcare workers and disability support workers who have interaction with individuals with disability aimed at improving their health and wellbeing.

**T** 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.

This *Resource* draws on the social model of disability which views disability as the result of the interaction between people living with impairments and an environment filled with physical, attitudinal, communication and social barriers. This *Resource* recognises that people do not fit pre-determined stereotypes and that delivering person-centred care requires consideration of the diversity of individuals.

This *Resource* has six sections which represent the overarching domains of activity common to the Western Australian healthcare workforce. The *Resource* identifies areas of activity shared by the healthcare workforce in the delivery of treatment, care and support of individuals with disability, and articulates the underpinning values, knowledge, behaviour and skills that characterise this work being performed well. It provides a benchmark that individuals with disability, their families, carers and friends, education and training providers and the community as a whole can strive toward: sustainable, high quality and responsive services for all Western Australians.

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, their families, carers and friends
  - 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?'](#)<sup>3</sup> made nine recommendations aimed at improving the health outcomes of individuals with disability by improving the health service experience. The recommendations were:

1. WA Health will work in collaboration with the Disability Services Commission and other relevant agencies to establish a Disability Health Network (DHN).
2. WA Health introduces Disability Liaison Officers in all adult tertiary/secondary health services.
3. To develop and establish a well-resourced and funded advisory service within the health sector which assists and/or brokers for the practitioner to enable them to provide effective assessment, treatment and care planning.
4. The State Health Executive Forum (SHEF) 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 disabilities and their carers. Implementation of the program will:
  - result in attitudinal change in staff towards a service partnership model in which people with disabilities 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.
5. Where WA Health has primary responsibility for the delivery of healthcare to a child with a disability, SHEF mandates a process for transition of care from paediatric to adult care.
6. WA Health will work in collaboration with disability services and relevant agencies to develop models of case management for people with disabilities to enable effective and smooth transition across services.
7. WA Health develops an individual health record for people with disabilities.
8. Introduction of an eHealth system to allow immediate access to eHealth record and patient personal health record.
9. WA Health explores opportunities to share eHealth records with other sectors.

Recommendations 1, 3 and 4 were endorsed by SHEF. As a precursor to the establishment of the DHN (Recommendation 1), a consultative group was formed by the Disability Services Commission in mid-2012 to seek further feedback from stakeholders and continue the momentum for change. The DHN was then launched in November 2012. An Executive Advisory Group (EAG) was established in February 2013 to guide the work of the Network.

Based on the Clinical Senate Recommendation 4 and the feedback from the consultative group, the EAG committed to facilitating and supporting the development of guidelines, protocols and frameworks to inform and advise on workforce development, education and training for those providing health care to individuals with disability. In August 2013, the Workforce Development

D  
R  
A  
F  
T

Working Group (see [Appendix 1](#) for a list of working group members) was convened by the EAG to guide this area of work.

The Working Group determined the development of the *Disability Health Core Capabilities Resource: Shared attitudes and behaviours for healthcare workers* (the *Resource*) was needed in order to achieve the goal of enhancing knowledge and skills and facilitating behavioural and attitudinal change in the health workforce to enable the best possible health care for individuals with disability without discrimination. The *Resource* describes the knowledge, skills and attributes required of a health workforce who provide health care services for individuals with disability and can be used to inform the development of future staff training and education.

### **Service context**

**D** 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 referring to 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.

**R**  
**A**  
**F**  
**T** Individuals with disability, their families, carers and friends 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 by services to identify areas for further development of capability at an individual, team, service or system level. 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 *Disability Health Core Capabilities Resource*

## Purpose and scope

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

The *Resource* articulates functions across the continuum of healthcare settings. This scope includes public, private and community managed/non-government organisation services. Healthcare settings include acute, community and primary health care across the state of Western Australia.

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

The *Resource* targets healthcare workers and disability support workers who have interaction with individuals with disability aimed at improving their health and wellbeing. Although it is recognised that areas like housing, employment, education, family and social support contribute to an individual's overall wellbeing, this *Resource* is not specifically targeting workers in those sectors, though it may be of benefit.

## Benefits

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

- Workers to:
  - identify the behaviours required to work effectively with individuals with disability, their families, carers and friends
  - 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, their families, carers and friends 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, their families, carers and friends, 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 editing out of session.

The [\*Health Workforce Australia's National Common Health Capability Resource: shared activities and behaviours in the Australian health workforce\*](#)<sup>1</sup> and the [\*National Mental Health Core Capabilities\*](#)<sup>2</sup> 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 will include an online survey component as well as face to face sessions with key stakeholders. Communication during the consultation process will be guided by the [\*Disability Health Network Commitment to Inclusive Engagement\*](#)<sup>6</sup> in order to ensure it is inclusive of individuals with disability.

The feedback from the consultation will be collated and incorporated into the final version of the *Resource*. The final *Resource* will be submitted to the DHN EAG and the Director General of the WA Department of Health for approval before being released.

D  
R  
A  
F  
T

## Language and terminology

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 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 *Resource*'s [glossary](#) specifies the words and terminology used within this *Resource* and their intended meaning within this *Resource*. The glossary was developed to assist in 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.

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.

### Defining disability

This *Resource* draws on the social model of disability<sup>7</sup> 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 medical model defines disability as a problem of the individual, where the individual with disability is in need of being fixed or cured. The medical model of disability focuses on what a person cannot do and cannot be.

The social model views disability as 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 be flexible to enable people living with impairments to participate in society on an equal basis with others.

A social model does not deny the reality of impairment nor its impact on the individual. 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 individuals 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](#)<sup>8</sup> marks the official 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\*](#)<sup>8</sup> 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.<sup>9</sup>

D

R

### Defining diversity

A

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.<sup>10</sup>

F

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.

T

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

## Guiding principles

In developing the *Resource*, the Working Group sought to ensure that the *Resource* 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*<sup>11</sup>.

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

### Person-centred

A person'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. The individual 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. This may require partnerships to deliver care responsive to individual abilities, preferences, lifestyles and goals.

- Individuals with disability, their families, carers and friends, 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 healthcare workers support and uphold the principles of participation and inclusion articulated in the [National Standards for Disability Services 2013](#)<sup>12</sup>.
- Concern for the welfare of others guides the work of healthcare workers. They strive to uphold the human rights of individuals with disability, their families, carers and friends, including full and effective participation and inclusion in society.

### Responsive and flexible

Services and strategies will be responsive to the needs of individuals 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 flexible, 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.
- Healthcare workers should respect diversity among individuals with disability, their families, carers and friends 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 individuals 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 individual with disability, their families, carers and friends will be recognised, valued and encouraged by the healthcare worker.
- Healthcare 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 individuals 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.
- Healthcare workers promote regular feedback to inform individual and organisation-wide service reviews and improvement.
- Healthcare workers promote effective and accountable service management and leadership to maximise outcomes for individuals with disability.
- Healthcare 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 of the *Disability Health Core Capabilities Resource*

## Structure and use

This *Resource* has six sections which represent the overarching domains of activity common to the Western Australian healthcare 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 healthcare workforce in the delivery of treatment, care and support of individuals with disability. It articulates the behaviour and skills that characterise this work when it is performed well. This 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, their families, carers and friends, 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.

**Figure 1. Domains of the Disability Health Core Capabilities**



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.

### **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.

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

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

- A**
- Department of Health (WA): Operational Directives
  - position statements
  - clinical practice guidelines
  - ethical guidelines.

**F**

**T** The [Australian Health Practitioner Regulation Authority \(AHPRA\)](#) is an example of an organisation to refer to for the above documents.



## Domain 1 – Values

1.1 Respect	
<b>Values and attitudes</b>	<ul style="list-style-type: none"> <li>• Respect for the rights of individuals with disability, their families, carers and friends in all aspects of their health and wellbeing.</li> <li>• Commitment to the principle of person-centeredness.</li> </ul>
<b>Knowledge and understanding</b>	<ul style="list-style-type: none"> <li>• United Nations Convention on the Rights of Persons with Disabilities.</li> <li>• Principles of person-centred care.</li> <li>• Approaches and tools for implementing person-centred care appropriate to the health care setting or outcome.</li> </ul>
<b>Skills and behaviours</b>	<ul style="list-style-type: none"> <li>• Act in a non-judgmental manner.</li> <li>• Act in a manner that respects and upholds the rights of individuals with disability, their families, carers and friends.</li> <li>• Promote person-centred approaches by listening to individuals with disability, their families, carers and friends, involving them and valuing their opinions.</li> <li>• Foster a supportive and positive culture.</li> </ul>
<b>Resources</b>	<ul style="list-style-type: none"> <li>• <a href="#"><i>United Nations Convention on the Rights of Persons with Disabilities</i></a><sup>8</sup></li> <li>• Various professional codes of ethics and relevant Acts, including the <a href="#"><i>Guardianship Act</i></a><sup>13</sup></li> <li>• <a href="#"><i>The Guide: Accessible Mental Health Services for People with Intellectual Disability</i></a><sup>14</sup></li> <li>• <a href="#"><i>Count Me In</i></a><sup>15</sup></li> <li>• Counselling services</li> </ul>

D  
R  
A  
F  
T

1.2 Advocacy	
<b>Values and attitudes</b>	<ul style="list-style-type: none"><li>• Value the legal and human rights of individuals with disability, their families, carers and friends.</li><li>• Respect the privacy, dignity, safety and choices of individuals with disability, their families, carers and friends.</li><li>• Value the role of advocacy.</li></ul>
<b>Knowledge and understanding</b>	<ul style="list-style-type: none"><li>• Relevant legislation, regulations, standards, codes, policies and ethical requirements.</li><li>• The scope of one's role and that of others.</li><li>• Agencies that advocate on behalf of the rights of individuals with disability.</li><li>• The value of lived experience.</li></ul>
<b>Skills and behaviour.</b>	<ul style="list-style-type: none"><li>• Challenge discrimination and promote equity.</li><li>• Support individuals with disability to exercise their rights and make decisions about their health and wellbeing.</li><li>• Actively collaborate to ensure the rights and interests of individuals with disability are protected.</li><li>• Facilitate and create advocacy pathways.</li><li>• Ensure governance structures support advocacy.</li></ul>
<b>Resources</b>	<ul style="list-style-type: none"><li>• <a href="#"><i>United Nations Convention on the Rights of Persons with Disabilities</i></a><sup>8</sup>.</li><li>• <a href="#"><i>WA Health Code of Conduct</i></a><sup>16</sup>.</li><li>• <a href="#"><i>Public Sector Code of Ethics</i></a><sup>17</sup>.</li><li>• Organisational policies, protocols and guidelines.</li><li>• Professional standards.</li><li>• <a href="#"><i>Count Me In</i></a><sup>15</sup>.</li><li>• Advocacy agencies.</li></ul>

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

## Domain 2 – Diversity and whole person focus

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

D  
R  
A  
F  
T

<b>2.2 Whole person focus</b>	
<b>Values and attitudes</b>	<ul style="list-style-type: none"><li>• Respect each person's values, preferences and expressed needs.</li><li>• Recognise the importance of sharing power and responsibility.</li></ul>
<b>Knowledge and understanding</b>	<ul style="list-style-type: none"><li>• Person-centred care.</li><li>• The role, rights and responsibilities of carers.</li><li>• The range of care needs of individuals with disability.</li></ul>
<b>Skills and behaviours</b>	<ul style="list-style-type: none"><li>• Ensure individuals with disability are included in decision making with support as appropriate.</li><li>• Encourage self-advocacy skills.</li><li>• Foster an environment of mutual respect and trust.</li><li>• Encourage and contribute to building a health system that values a whole of person approach to service planning and delivery.</li><li>• Respond to the range of personal, social, historic, economic, and environmental factors that influence health status.</li><li>• Utilise comprehensive assessment of the ongoing support needs of individuals with disability.</li><li>• Identify and facilitate access to services and resources that may benefit and support individuals with disability as appropriate.</li></ul>
<b>Resources</b>	

## Domain 3 – Professional, ethical and legal approach

### 3.1 Professional behaviours

<b>Values and attitudes</b>	<ul style="list-style-type: none"> <li>• Respect for the rights of individuals with disability, their families, carers and friends.</li> <li>• Uphold professional, ethical and responsible attitudes.</li> <li>• Commitment to the principle of person-centeredness.</li> <li>• Value self-awareness.</li> <li>• Respect for personal right to health and wellbeing.</li> </ul>
<b>Knowledge and understanding</b>	<ul style="list-style-type: none"> <li>• Potential ethical issues/dilemmas in the workplace.</li> <li>• Legislation, regulations, standards, codes, policies and ethical requirements of the work role.</li> <li>• Person-centred care.</li> <li>• Stressors and triggers that may affect personal health and wellbeing, work performance and relationships.</li> </ul>
<b>Skills and behaviours</b>	<ul style="list-style-type: none"> <li>• Demonstrate ethical decision-making in working with individuals with disability, their families, carers and friends.</li> <li>• Ensure individuals with disability are included in decision-making, with support as appropriate.</li> <li>• Promote person-centred approaches.</li> <li>• Identify, document and address any ethical issues in consultation with appropriate people.</li> <li>• Act according to legislation, regulations, standards, codes, policies and codes of ethics.</li> <li>• Establish policies and drive systems that encourage and acknowledge honesty and ethical behaviour.</li> <li>• Act in a manner that respects and upholds the rights of individuals with disability, their families, carers and friends.</li> <li>• Engage in ongoing relevant training.</li> </ul>

D  
R  
A  
F  
T

### 3.1 Professional behaviours

	<ul style="list-style-type: none"><li>• Seek support, where necessary, to maintain personal health and wellbeing.</li><li>• Contribute to a supportive culture in which healthcare workers are accessible and approachable.</li><li>• Identify knowledge deficits.</li></ul>
<b>Resources</b>	<ul style="list-style-type: none"><li>• <a href="#"><i>United Nations Convention on the Rights of Persons with Disabilities</i></a><sup>8</sup>.</li><li>• Various professional codes of ethics and relevant Acts, including the <a href="#"><i>Guardianship Act</i></a><sup>13</sup>.</li><li>• <a href="#"><i>The Guide: Accessible Mental Health Services for People with Intellectual Disability</i></a><sup>14</sup>.</li><li>• <a href="#"><i>Count Me In</i></a><sup>15</sup>.</li><li>• Counselling services.</li></ul>

<b>3.2 Scope of practice, safety and accountability</b>	
<b>Values and attitudes</b>	<ul style="list-style-type: none"><li>• Commitment to excellence in service delivery.</li><li>• Respect the scope of practice of others.</li><li>• Respect for the rights of individuals with disability, their families, carers and friends.</li></ul>
<b>Knowledge and understanding</b>	<ul style="list-style-type: none"><li>• Legislation, regulations, standards, codes, policies and ethical requirements of the work role.</li><li>• The scope of practice of self and others.</li></ul>
<b>Skills and behaviours</b>	<ul style="list-style-type: none"><li>• Operate within own scope of practice and work role.</li><li>• Constructively explore role expectations with team members when confronted with ambiguous or conflicting perceptions.</li><li>• Take personal responsibility for actions.</li><li>• Implement governance structures, policies, protocols, and guidelines which focus on safe, appropriate, efficient and effective health service delivery and practice.</li></ul>
<b>Resources</b>	<ul style="list-style-type: none"><li>• Organisational policies, protocols and guidelines.</li><li>• <a href="#">WA Health Code of Conduct</a><sup>16</sup>.</li><li>• <a href="#">Public Sector Code of Ethics</a><sup>17</sup>.</li><li>• Professional standards.</li><li>• <a href="#">Count Me In</a><sup>15</sup>.</li></ul>



<b>3.3 Communications including documents</b>	
<b>Values and attitudes</b>	<ul style="list-style-type: none"> <li>• Commitment to effective communication.</li> <li>• Respect for the right to confidentiality for individuals with disability, their families, carers and friends.</li> <li>• Respect for the privacy of data and records.</li> <li>• Commitment to transparent and open communication and documentation.</li> </ul>
<b>Knowledge and understanding</b>	<ul style="list-style-type: none"> <li>• Best practice standards and legal requirements for the collection and storage of health and personal information.</li> <li>• Alternative methods of communication for individuals with disability, their families, carers and friends.</li> <li>• The communication needs of individuals with disability, their families, carers and friends.</li> </ul>
<b>Skills and behaviours</b>	<ul style="list-style-type: none"> <li>• Use multiple methods of communication to clarify understanding.</li> <li>• Establish regular communication for team members to share ideas and information.</li> <li>• Use feedback processes to assist teams and individuals to communicate more effectively and increase mutual understanding.</li> <li>• Promote adoption of best practice standards and technologies for collection and storage of health and personal information.</li> <li>• Foster positive professional relationships with individuals with disability, their families, carers and friends, and with work colleagues.</li> <li>• Provide information in accessible formats.</li> </ul>
<b>Resources</b>	<ul style="list-style-type: none"> <li>• <a href="#"><i>The Guide: Accessible Mental Health Services for People with Intellectual Disability</i></a><sup>14</sup>.</li> <li>• <a href="#"><i>United Nations Convention on the Rights of Persons with Disabilities</i></a><sup>8</sup>.</li> <li>• Easy English writing style guides</li> <li>• <a href="#"><i>Working with People with Intellectual Disabilities in Healthcare Settings.</i></a></li> </ul>

## Domain 4 – Collaborative and coordinated practice

### 4.1 Collaborating with individuals with disability, their families, carers and friend

<b>Values and attitudes</b>	<ul style="list-style-type: none"> <li>• Respect for the rights of individuals with disability, their families, carers and friends.</li> <li>• Commitment to shared health decision-making.</li> <li>• Commitment to shared responsibility for health.</li> </ul>
<b>Knowledge and understanding</b>	<ul style="list-style-type: none"> <li>• Understand the principles of shared decision-making.</li> <li>• Be aware of the support needed to empower individuals with disability, their families, carers and friends.</li> </ul>
<b>Skills and behaviours</b>	<ul style="list-style-type: none"> <li>• Encourage understanding and involvement by individuals with disability, their families, carers and friends in health decision-making processes.</li> <li>• Support the empowerment of individuals with disability, their families, carers and friends to take responsibility for health.</li> <li>• Promote capacity building that enables individuals with disability, their families, carers and friends to recognise early signs of ill health.</li> <li>• Demonstrate effective communication.</li> <li>• Provide information to individuals with disability, their families, carers and friends about services and programs to support better health.</li> </ul>
<b>Resources</b>	<ul style="list-style-type: none"> <li>• <a href="#"><i>United Nations Convention on the Rights of Persons with Disabilities</i></a><sup>8</sup>.</li> <li>• <a href="#"><i>The Guide: Accessible Mental Health Services for People with Intellectual Disability.</i></a></li> </ul>

D  
R  
A  
F  
T

<b>4.2 Inter-professional collaboration</b>	
<b>Values and attitudes</b>	<ul style="list-style-type: none"> <li>• Respect for the expertise and skills of other professionals.</li> <li>• Commitment to working and communicating collaboratively for the benefit of individuals with disability, their families, carers and friends.</li> </ul>
<b>Knowledge and understanding</b>	<ul style="list-style-type: none"> <li>• Recognise the contribution which can be made by other professionals.</li> <li>• Understand that working together can lead to better health outcomes for individuals with disability.</li> <li>• Understand the roles of each profession in maintaining the health of individuals with disability.</li> </ul>
<b>Skills and behaviours</b>	<ul style="list-style-type: none"> <li>• Develop and use clear communication pathways within and across professions/organisations.</li> <li>• Identify and address areas of conflict and potential conflict.</li> <li>• Work in cooperation with others, recognising their skills and strengths.</li> <li>• Engage with other professions and professional groups to develop collaborative working approaches to meet the holistic needs of individuals with disability.</li> <li>• Facilitate inter-professional goal setting to meet the holistic needs of individuals with disability.</li> <li>• Support and consult with other professions to contribute to care planning and shared decision making.</li> </ul>
<b>Resources</b>	<ul style="list-style-type: none"> <li>• <a href="#"><i><u>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</u></i></a><sup>18</sup></li> <li>• <a href="#"><i><u>The National Mental Health Standards 2010</u></i></a><sup>19</sup>.</li> </ul>

<b>4.3 Coordination across health and disability systems</b>	
<b>Values and attitudes</b>	<ul style="list-style-type: none"><li>• Commitment to building individualised coordinated systems for the benefit of individuals with disability, their families, carers and friends.</li></ul>
<b>Knowledge and understanding</b>	<ul style="list-style-type: none"><li>• Understand care pathways and transfer of care protocols.</li><li>• Understand the roles and responsibilities of other professional and stakeholder groups.</li><li>• Knowledge of services or programs available for individuals with disability.</li></ul>
<b>Skills and behaviours</b>	<ul style="list-style-type: none"><li>• Correctly transfer care from one service to another.</li><li>• Consider the needs of individuals with disability during and after transfer of care.</li><li>• Engage and establish rapport with stakeholders involved in care.</li><li>• Maximise joint goal setting and shared decision making across sector boundaries.</li></ul>
<b>Resources</b>	<ul style="list-style-type: none"><li>• <a href="#"><i>The Guide: Accessible Mental Health Services for People with Intellectual Disability</i></a><sup>14</sup>.</li><li>• Disability Health Network Draft Hospital Stay Guideline for hospitals and disability service providers.</li></ul>

## Domain 5 – Provision of care

### 5.1 Access and engagement

<b>Values and attitudes</b>	<ul style="list-style-type: none"><li>• Commitment to improving access at all levels.</li><li>• Commitment to early intervention.</li><li>• Respect for the rights of individuals with disability, their families, carers and friends.</li></ul>
<b>Knowledge and understanding</b>	<ul style="list-style-type: none"><li>• Support or assistance needs of individuals with disability.</li><li>• Relevant parts of the community with which to engage to increase access to services.</li></ul>
<b>Skills and behaviours</b>	<ul style="list-style-type: none"><li>• Establish and / or review systems to support early referral, timely response and early intervention.</li><li>• Establish and / or participate in a culture which seeks to develop early intervention and ease of access.</li></ul>
<b>Resources</b>	<ul style="list-style-type: none"><li>• Organisational access plans.</li><li>• Professional development and training.</li><li>• <a href="#"><u>Disability Services Act 1993</u></a><sup>20</sup> – mandating Disability Access and Inclusion Plans.</li><li>• <a href="#"><u>WA Health Disability Access and Inclusion Policy</u></a>.</li></ul>

D  
R  
A  
F  
T

<b>5.2 Assessment</b>	
<b>Values and attitudes</b>	<ul style="list-style-type: none"><li>• Commitment to involvement of individuals with disability, their families, carers and friends in health decision making.</li></ul>
<b>Knowledge and understanding</b>	<ul style="list-style-type: none"><li>• Processes for assessment of individuals with disability.</li><li>• Access for specialised assessment when required.</li></ul>
<b>Skills and behaviours</b>	<ul style="list-style-type: none"><li>• Adopt collaborative approaches to collecting and recording information relevant to health assessments.</li><li>• Consistently apply the required assessment measures.</li></ul>
<b>Resources</b>	<ul style="list-style-type: none"><li>• Organisational policies, protocols and guidelines.</li><li>• Manuals and training packages for assessment tools.</li></ul>

### 5.3 Performing health care activities

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

## 5.4 Supporting processes and standards

<b>Values and attitudes</b>	<ul style="list-style-type: none"> <li>• Commitment to evidence based practice.</li> <li>• Commitment to health care research.</li> <li>• Commitment to quality care provision and safety.</li> <li>• Commitment to working collaboratively with individuals with disabilities, their families, carers and friends.</li> <li>• Acknowledge the balance between promoting safety and positive risk taking.</li> </ul>
<b>Knowledge and understanding</b>	<ul style="list-style-type: none"> <li>• Policies, procedures and protocols that support safe practice.</li> </ul>
<b>Skills and behaviours</b>	<ul style="list-style-type: none"> <li>• Contribute to the generation of new knowledge through research.</li> <li>• Facilitate the application of new knowledge and skills into practice.</li> <li>• Perform work activities safely and effectively.</li> <li>• Act to reduce error and sources of risk in own practice and within the team.</li> <li>• Integrate quality management principles into operational activities.</li> <li>• Integrate safety and quality clinical practice guidelines into everyday care.</li> <li>• Foster, or participate in, a supportive, open culture in which mistakes are treated as opportunities for improvement and organisational learning.</li> <li>• Collaboratively work with individuals with disability, their families, carers and friends to jointly identify risks to interventions or to the outcomes of their health plan.</li> </ul>
<b>Resources</b>	<ul style="list-style-type: none"> <li>• Occupational health and safety protocols.</li> <li>• Clinical incident reporting process (e.g. <a href="#">WA Health Clinical Incident Management Policy</a><sup>21</sup>).</li> </ul>



## Domain 6 – Life-long learning

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

D  
R  
A  
F  
T

# Glossary of commonly used terms

## 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.<sup>22</sup>

## 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.

## Informed consent

A process of communication between the individual with disability and their healthcare 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.

## Multidisciplinary team

Stakeholders working together to provide holistic coordinated care.

## Healthcare 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 healthcare workers as well as disability support workers (see Disability support worker).

## Health-related information

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.

## 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.

## 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.<sup>22</sup>

## Personal information

Information or an opinion about an identified individual, or an individual who is reasonably identifiable:

- whether the information or opinion is true or not; and
- whether the information or opinion is recorded in a material form or not.<sup>23</sup>

## Policy

A set of principles that reflect the organisation's mission and direction. All procedures and protocols are linked to a policy statement.

## Procedure

The set of instructions to make policies and protocols operational and are specific to an organisation<sup>22</sup>.

## 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:

- 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.<sup>24</sup>

**Protocol**

An established set of rules used for the completion of tasks or a set of tasks <sup>22</sup>.

**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 voices 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

D  
R  
A  
F  
T

## 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, Curriculum, 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](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
Emma Williams	Development Officer, Health Networks, WA Department of Health
Gitana Matthews	Program 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 [Western Australian Disability Services Act 1993](#)<sup>20 20</sup> 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](#)<sup>8</sup>
- [United Nations Convention on the Rights of the Child](#)<sup>25</sup>
- [Commonwealth Disability Discrimination Act 1992](#)<sup>26</sup>
- [Equal Opportunity Act 1984](#)<sup>27</sup>
- [Carers Recognition Act 2004](#)<sup>28</sup>

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](#)<sup>8</sup>

Other associated legislation to be considered includes:

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

### Policy linkages

The *Framework* aligns with the vision of [WA Health Strategic Intent 2010-2015](#)<sup>33</sup> 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*<sup>11</sup>. Another relevant policy documents developed by the Disability Health Network is the *draft Hospital Stay Guideline for Hospitals and Disability Service Organisations*<sup>34</sup>.

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](#)<sup>4</sup>
- [National Disability Strategy](#)<sup>5</sup>

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

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



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

© Department of Health 2015

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.