



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

WA Disability Health Framework 2015–2025

Improving the health care of people with disability

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Overview

The *Western Australian Disability Health Framework 2015–2025: Improving the health care of people with disability* (the *Framework*) was developed by the Disability Health Network as WA Health’s response to the *World Health Organization (WHO) Global Disability Action Plan 2014–2021* and the *Australian Government National Disability Strategy 2010–2020*. The *Framework* provides direction for WA Health and its partners on policy development and service delivery to achieve improved health outcomes for people with disability. It outlines priority areas for improving the health outcomes of people of any age living with disability and encompasses the spectrum of diversity. This includes Aboriginal people and people from culturally and linguistically diverse backgrounds. It applies to a person over their life course; starting with child and family centred practice through to palliative care and end of life approaches.

“Disability is a natural part of the human experience”¹

Individuals, the community and other sectors across the State (such as disability, aged care, mental health) were involved with the development of the *Framework*. Ongoing collaboration and partnerships with these areas will facilitate WA Health’s achievement of the priority areas. Individuals, the community and other sectors may also use the *Framework* to guide their own development of actions, plans and policies to improve the health outcomes of people with disability.

The *Framework* adopts the social model to define disability. This acknowledges that the physical, attitudinal, communication and social environment must change to enable people living with impairments to participate equally in society.

There is a strong rationale for a disability health focus. This rationale is explored in more detail in the *WA Disability Health Framework Companion Resource*, and includes:

- health disparities that exist for people with disability
- acknowledgement that people with disability are best placed to input to the design, planning and delivery of their supports and services to ensure barriers to health care are removed
- legislative obligations and local, state and national strategic directions.

The vision of the *Framework* is an inclusive Western Australian health system that empowers people with disability to enjoy the highest attainable standard of health and wellbeing throughout their life. In order to achieve this vision, the *Framework* provides goals and guiding principles for WA Health when developing policy, implementing services and making decisions regarding the provision of health care. The *Framework* presents four systemwide priority areas for action:

- understanding and recognition
- health and wellbeing
- workforce capability
- inclusive health care.

Addressing the priority areas and implementing improvement initiatives effectively and sustainably requires an understanding of system influencers. These can be enablers of change, or barriers. Key system influencers are provided in the *Framework*.

Disability Health Framework

Our Vision

An inclusive Western Australian health system that empowers people with disability to enjoy the highest attainable standard of health and wellbeing throughout their life

Purpose

Provide direction to WA Health and its partners on policy development and service delivery to achieve improved health outcomes for people with disability

Goals/outcomes

- Recognise the right to effective services and care for people with disability
- Foster a broader understanding of the health needs of people with disability
- Improve the quality, accessibility, inclusiveness and coordination of services necessary to meet the health needs of people with disability

Priority areas

- Understanding and recognition
- Health and wellbeing
- Workforce capability
- Inclusive health care

System Influencers

- Individual community and organisational capacity
- Networking and stakeholder organisational capacity
- Safety and quality in health care
- Disability Access and Inclusion Plans
- Data and research
- Technology

Guiding principles

- Person centred
- Collaborative
- Responsive and flexible
- Continuous improvement
- Respect and dignity

The *Framework*

Vision

An inclusive Western Australian health system that empowers people with disability to enjoy the highest attainable standard of health and wellbeing throughout their life.

Purpose

Provide direction to WA Health and its partners on policy development and service delivery to achieve improved health outcomes for people with disability.

Goals

- Recognise the right to effective services for people with disability.
- Foster a broader understanding of the health needs of people with disability.
- Improve the quality, accessibility, inclusiveness and coordination of services necessary to meet the health needs of people with disability.

Guiding principles

Person-centred

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

Responsive and flexible

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

Respect and dignity

People 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.

Collaborative

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

Continuous improvement

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

Key concepts

Disability

The *Framework* adopts the social model² to define disability. This is the internationally recognised way to view and address disability.

The United Nations Convention on the Rights of Persons with Disabilities³ 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.⁴

A social model perspective does not deny the reality of impairment or its impact on the individual. Instead, it seeks to change society in order to include people living with impairment. In this context:

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

Defining health

The *Framework* adopts the World Health Organization definition of health⁵:

Given the holistic nature of health, the role of and understanding of social determinants of health is important.

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

Diversity

Diversity is a broad concept including disability, age, experience, race, ethnicity, under-resourced populations, socio-economic background, education, sexual orientation and gender identification, marginalisation, religion and spirituality. This includes Aboriginal people and people from culturally and linguistically diverse backgrounds. Diversity also exists within different types of disability (i.e. cognitive vs physical; lifelong vs newly acquired vs periodic). Diversity is about understanding, respect and acceptance.

Family and carers

It is important to consider the role of families and carers when providing health care to people with disability. It is recognised that people with disability often rely on their family and carers to support them in a way that those without disability do not.

Health disparities in people with disability

In 2012, it was estimated that 18.5 per cent of the Australian population had a disability.⁶ This number is projected to continue increasing due to the ageing population and increases in chronic health conditions, among other causes.⁷

Despite the overall improvement in the general population's health, the gap between the health of Australians with disability and those without disability remains large.

Current data suggests that almost half (46 per cent) of people aged 15–64 with severe or profound disability reported poor or fair health compared with 5 per cent for those without disability.⁸

Table 1: Disability health in Australia (15–64 years) – comparative prevalence rates for some health-related conditions⁸

Health condition/behaviour	Severe/profound disability	Typical adult population
Long-term conditions:		
Diabetes	23%	7%
Arthritis	14%	6%
Osteoporosis	43%	7%
Mental health problems	48% (particularly with intellectual disability)	6%
Childhood onset of mental health issues	14%	7%
Obesity	69%	58%
Low exercise	43%	31%
Daily smoking	31%	18%
Suicidal ideation	42% and 18% attempted	13.3% and 3.2% attempted*

*Age range is 16–84 years⁹

An Australian Institute of Health and Welfare study¹⁰ found that people with severe or profound disability, aged 15 to 64 years, in comparison to people without disability were:

- 10 times more likely to have check-ups with general practitioners
- 3.5 times more likely to consult specialist doctors
- 5 times more likely to consult specialist doctors and other health professionals like occupational therapists, social workers and welfare workers.

The health of families and carers also needs to be considered as many people with disability depend on their family as major contributors of their care.

Priority areas for action

People with disability have a right to have their health needs identified early and managed in a responsive manner. People with disability are at greater risk of experiencing discrimination and barriers that may make it more difficult to achieve these rights. Although many of the health needs of people with disability are the same as those of the rest of the community, the type of impairment, complexity, stage of life, gender and culture may also impact on an individual's level of need. There is great diversity across the population of people with disability and in addressing priorities, diversity should be considered.

1. Priority area one: understanding and recognition

Enabling the provision of services which meet the needs of people with disability requires an understanding and recognition of the specific issues relevant to them. There is often a tendency to group all people with disability together, however people do not fit pre-determined stereotypes. Within an individual there exists a complex interplay of influences on actions, health outcomes and health delivery. Delivering person-centred care requires consideration and recognition of the conditions, needs and aspirations of the individual.

Understanding and recognition can be achieved through the following:

1.1 Improved awareness and understanding

- Promote awareness and adoption of the social model of disability amongst healthcare providers and services.
- Remove barriers that prevent access to services (including impediments to physical access, financial access, information, communication and coordination) across all healthcare programs including health promotion and other population-based public health initiatives.

1.2 A collaborative approach to health care for people with disability

- Collaborate with people with disability, their families and carers in the planning, development and implementation of health services and policies that affect them (e.g. Disability Access and Inclusion Plans, design of new infrastructure, policy review).
- Recognise the role of carers in the health care of people with disability and ensure systems are in place to identify and record their involvement.

1.3 Tailored evidence-based approaches

- Develop or reform health and disability policy, strategies and plans to be in line with the [Convention on the Rights of Persons with Disability](#), the [Commonwealth Disability Discrimination Act 1992](#) and [WA Disability Services Act 1993](#).
- Analyse current availability of data and improve collection of health data on disability populations, and research on disability-related health disparities and interventions.

2. Priority area two: health and wellbeing

Health and wellbeing is essential to having the best possible quality of life and for participation in social, educational and employment activities. As health and wellbeing is impacted by a range of social determinants, services require a cross-sectoral, holistic approach. Health promotion activities should reflect the needs of people of all diversities in all communities whether they be urban, rural or remote. There should be a focus on supporting people with disability, their families and carers to develop the knowledge, confidence, skills and behaviours to achieve the best possible health. Social and sexual needs should also be addressed as a part of health and wellbeing.

The health and wellbeing of carers of people with disability is also important. Research indicates that carers report a 59 per cent decline in physical health and two-thirds a decline in mental and emotional health.¹¹ The increasing incidence of disability with age, the fact that people with disability are living longer and demand for community living may all extend the length of a caring role and the impact on the carer's health and wellbeing.

It should be noted that people with disability and carers are recognised as more at risk and hard to reach populations in WA Health health promotion strategies. Health and wellbeing can be achieved through the following:

2.1 Self-management and empowering individuals

- Assist people with disability, their families and carers to know what questions to ask in order to define any assistance or information they may require for their care.
- Provide self-management information to people with disability, their families and carers.
- Recognise the role of families and carers as intermediary target groups for health information.
- Promote access to health and wellbeing education for people with disability, their families and carers.
- Support health promotion research and evaluation that is inclusive and representative of people with disability and those who support them.

2.2 Effective communication

- Present health promotion, prevention strategies and healthcare information in a range of formats inclusive of people with disability.
- Promote increased connectedness within the community through more innovative means such as social media and a variety of communication methods.

2.3 Timely access to health information and care

- Build on and link with existing health service and health promotion initiatives including health screening, oral care and chronic condition prevention programs.
- Promote wellness maintenance and early intervention for the purposes of reducing or avoiding impairment and disability.
- Promote timely and effective identification, diagnosis and management of co-occurring health conditions and disability; such as co-occurring mental health and cognitive conditions.
- Promote collaborative cross-sectoral partnerships to improve the capacity of service providers to promote health and wellbeing in a holistic manner.

3. Priority area three: workforce capability

The shift to mainstream health providing services to people with disability needs to be matched with developing a health workforce with the appropriate values, skills and behaviours to provide inclusive health care.

To improve workforce capability it is important to address health workers' values, attitudes, knowledge, skills and behaviours. Building the workforce capability should also include increasing cultural competency.

Workforce capability can be enhanced by people with disability, their families and carers sharing their stories. People with disability, their families and carers are also 'workers' who can contribute to their own health and wellbeing as well as participate in decision making about their health.

Initiatives to increase workforce capability should include all services related to social determinants of health. Disability support workers can play a key role in supporting the health and wellbeing of people with disability. The aged care workforce should also be considered as part of the workforce as people with disability over 65 years of age may need more targeted disability health support and services than traditional ageing supports and services.

Workforce capability can be achieved through the following:

3.1 Training and education for the health workforce

- Identify training opportunities to improve awareness amongst the health workforce of the specific needs of people with disability, their families and carers.
- Set clear standards and processes for attaining suitable qualifications for those providing health services to people with disability.
- Address cultural competency by supporting training that is culturally specific – for example, as per the [WA Aboriginal Health and Wellbeing Framework 2015–2030](#).
- Promote relevant existing training tools and increase interactive learning opportunities i.e. online training packages, webinars.
- Integrate education on the health and human rights of people with disability, their families and carers into undergraduate and continuing education for all health and disability workers and other relevant disciplines.
- Provide opportunities for new graduates and inexperienced staff to obtain specific clinical, social and analytical skills that are relevant to disability health care delivery using processes like mentoring and targeted placements.

3.2 Collaboration in the workforce

- Promote a culture of collaboration amongst the workforce emphasising the importance of multidisciplinary teams with clear communication between all members, including the person with disability, their families and carers.
- Research the gaps in health care to identify any need to improve services and collaboration between service providers.

3.3 Role of people with disability in workforce capability

- Strengthen self-advocacy skills for people with disability, their families and carers to effectively address specific challenges in accessing health services.
- Recognise that self-advocacy requires knowledge, skills, energy and capacity and not all people with disability, their families and carers will have these; those that do not will require support within the system including access to advocacy organisations.
- Include people with disability, their families and carers as providers of education and training where relevant.
- Provide support systems for people with disability in the workforce.



4. Priority area four: inclusive health care

Every individual has a right to have their health needs identified and managed in a responsive manner. Evidence indicates that people with disability are currently more likely to experience discrimination and barriers in health care provision including prohibitive costs¹², limited availability of services, physical barriers and inadequate skills and knowledge of health workers.¹³ Inclusive health care does not discriminate and in fact may be delivered in different ways to ensure equity of access. Barriers to inclusion can only be identified and mitigated effectively by the inclusion of people with disability, their families and carers in health care planning and design.

People with disability may also have increased health care requirements and multiple service providers. Efforts should be made to strengthen continuity and coordination of care between services and sectors to encourage and facilitate timely participation in health care.

Inclusive health care can be achieved through the following:

4.1 Inclusive information and communication

- Improve access to personal health care information for people with disability, their families and carers e.g. personally controlled electronic health records.
- Ensure the communication needs of both the patient and the carer are assessed and met, as per the [WA Health Language Services Policy](#). This may require the use of interpreters, hearing loops, meetings in a quiet space or supplementing verbal advice with written advice in plain language.
- Facilitate access to information about available services through the development and promotion of easily accessible service directories.
- Investigate opportunities to modify existing systems of patient information to allow identification of people with disability to improve data sets, leading to greater opportunities for linkages, analysis of health care usage, targeted interventions and responsiveness to trends.

4.2 Continuity of care across the continuum

- Develop referral pathways for people with disability inclusive of transition from paediatric to adult services.
- Undertake collaborative and person-centred care planning within multidisciplinary teams that values the role of the person with disability, their families and carers in decisions about their health care.

4.3 Addressing barriers to access

- Recognise that barriers to service access include structural, systemic and attitudinal factors and consider remedial strategies, such as:
 - ensuring the workforce has the capacity to deliver culturally appropriate and inclusive services
 - ensure physical accessibility of health care services.
- Acknowledge challenges to service delivery in rural and remote areas and devise solutions e.g. use of telehealth and e-health.
- Assess and address availability of services that meet the specific needs of people with disability, recognising there may be circumstances where tailored services are required.

System influencers

Addressing the priority areas and implementing improvement initiatives effectively and sustainably requires an understanding of system influencers. These can be enablers of change, or barriers. Whether they are enablers or barriers will depend on broader contexts outside the scope of this *Framework* such as reform agendas, political landscape and progress of implementation of national or state initiatives. Other enablers or barriers may be identified and considered in the achievement of the vision.

1. Individual, community and organisational capacity

Improving the health of people with disability requires capacity building at multiple levels. It starts with the capacity of the individual to affect their own health and wellbeing. As well, it is the capacity of the community to respond inclusively to the health needs of people with disability. It is also the capacity of an organisation to develop and implement inclusive policy and services and importantly the capacity of healthcare workers to understand and respond effectively to health needs. Capacity building can occur in different ways and may focus on areas including:

- self-advocacy, self-disclosure and self-determination of people with disability, their families and carers for the best possible health care and outcomes
- health literacy of people with disability, their family and carers
- champions of the disability health agenda both in community and organisations
- leadership to foster a culture of disability-inclusive policy and services
- relationships between WA Health, the disability sector and community groups
- workforce education, training and retention strategies.

2. Networking and engagement with stakeholders

Improving health outcomes for people with disability requires collaborative and connected services. People with disability should be consulted and actively involved in all stages of developing and implementing policies and services that relate to their health care. This aligns with Standard 2 of the National Safety and Quality Health Service Standards.

The network approach to health reform provides the opportunity to **connect** all stakeholders across the State and across sectors to **share** ideas and develop solutions to **improve** systemwide policy, planning and purchasing and the development of integrated person-centred care pathways. Bringing together stakeholders fosters a culture of high quality and comprehensive engagement with all partners, enabling collective input at a range of levels and for different purposes. Central to the network approach is the guiding principle of empowering consumers and carers to be involved in health care planning and the provision of the care pathway.

Nothing about us without us!¹⁴

The [Commitment to Inclusive Engagement](#) was developed by the Disability Health Network as a guide to ensure health care engagement activities that relate to people with disability are inclusive of people with disability, their families and carers. This tool can be utilised across WA Health. The three principles for inclusive engagement are:

- respect and rights
- inclusion
- transparency.

3. Safety and quality in health care

The [Western Australian Strategic Plan for Safety and Quality in Health Care 2013–2017](#) defines a series of interdependent concepts that have been developed to foster a shared and unified approach to promoting and assuring the delivery of safe, high quality health care in WA. Safety and quality are improved by the participation of health services in external accreditation and peer review programs. Safety and quality are driven by:

- identifying and supporting leaders who value safety and quality in health care
- strengthening governance structures and processes to enhance accountability for safety and quality.

The [National Safety and Quality Health Service Standards](#) are especially important for people with disability given they are high users of health services. The Standards provide the opportunity for health services to work with people with disability to design more inclusive and safer health services that suit the needs of that cohort.

Many fields and professions within health have their own specific standards of care, which should always be adhered to. Efforts should be made to ensure all standards and assessment criteria reflect the needs of people with disability. Other relevant standards that may be used to measure the quality of care provided to people with disability include:

- [Mental Health Standards 2010](#)
- [Quality of Care Principles](#)
- [National Standards for Disability Services](#).

4. Disability Access and Inclusion Plans

It is a requirement of the [WA Disability Services Act 1993](#) that public authorities develop, implement and report on a Disability Access and Inclusion Plan (DAIP) that outlines the ways in which the authority will ensure people with disability have equal access to its facilities and services.

The [WA Health Disability Access and Inclusion Policy](#) states WA Health's commitment to ensuring that people with disability, their families and carers are able to fully access the range of health services, facilities and information available in the public health system. The intention of WA Health is to provide people with disability with the same opportunities, rights and responsibilities enjoyed by other people in the community. The DAIP is intrinsic in meeting the overall corporate objective of ensuring safety and quality in health services and can be used as a vehicle for change and improvement in improving the health and wellbeing of people with disability.

5. Data and research

Good quality data and research are essential for providing the basis for policy and programs and for efficient allocation of resources. There is, however, insufficient rigorous and comparable data and research related to disability and healthcare systems nationally and globally.

5.1 Data

The [WHO Global Disability Action Plan 2014–2021](#) suggests that data needed to strengthen healthcare systems includes the:

- number of people and health status of people with disability
- social and environmental barriers including discrimination

- responsiveness of healthcare systems to people with disability
- use of healthcare services by people with disability
- extent of the need, both met and unmet, for care.

Collecting and using data is important for obtaining an objective understanding of the population and health status of people with disability, their families and carers and identifying barriers, gaps and priority areas. Effective and usable data also supports measurement of the effectiveness of improvement activities.

Limitations exist when attempting to compare and analyse information across different data sources because of the different definitions of disability used and how the data is collected. Information sources such as the World Health Organization, Australian Bureau of Statistics and the Australian Institute of Health and Welfare all collect data for different purposes, so have different definitions and analysis parameters.

5.2 Research

Research on disability should be inclusive of people with disability, their families and carers, as highlighted by Finding 7 of the [2014 Report of Audit of Disability Research](#). Research agendas should be drafted with the active participation of people with disability, their families, carers or representative organisations. The Report also identifies gaps in research about specialist services and mainstream services for people with disability.

The [WHO Global Disability Action Plan 2014–2021](#) outlines a number of priority areas for health-related research such as:

- measurement of disability and its determinants
- identification of barriers to health care
- success factors for health promotion interventions for people with disability
- prevention of secondary conditions
- early detection and referral of health problems through primary health care.

Supporting and developing capacity in research and quality data collection in WA is critical to ensuring the best possible care is delivered to Western Australians with disability. In particular, it is important to support opportunities to work in collaboration with research providers within and outside of WA Health to ensure research is aligned with the priority areas within the *Framework*. Evaluation of services and improvement initiatives, both qualitative and quantitative, is integral to measuring intervention effectiveness and impact as well as fostering involvement in quality improvement processes and contributing to evidence-based practice.

6. Technology

Advances in technology should be used to deliver innovative services, communication and support for people with disability, their families and carers. Service delivery models such as telehealth may be utilised to improve access to services. Electronic patient records will enhance care coordination across sectors. Technology may also offer solutions to assist some people with disability to communicate their health and wellbeing needs and self-manage for improved health outcomes. Co-design approaches for the development of technology should include people with disability, their families and carers.



Acronyms and terms

Acronym/term	Definition
Carer	<p>A carer is someone who provides unpaid care and support to family members and friends who have disability, mental illness, chronic condition, terminal illness or general frailty. Carers include parents and guardians caring for children.¹⁶</p> <p>It should be recognised that family and friends may still be in a caring role even when the people they support do not live with them or live in supported accommodation.</p>
DAIP	Disability Access and Inclusion Plan
Disability	<p>Disability is the result of the interaction between people living with impairments and barriers in the physical, attitudinal, communication and social environment.</p> <p>Impairment is a medical condition that leads to disability.</p>
GP	General Practitioner
Health	Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. ⁵
Health literacy	Health literacy is the ability to obtain, read, understand and use healthcare information to make appropriate health decisions and follow instructions for treatment.
PAS	Patient Administration System
People with disability	This is the contemporary phrase used for people who live with impairment and are affected by barriers that exist in society which cause disability.
Social determinants of health	The social determinants of health are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. ¹⁷
Support worker	A disability support worker provides personal, physical and emotional support to people with disabilities who require assistance with daily living. They provide assistance with showering, dressing and eating, and often facilitate or assist with outings and other social activities. The level of assistance provided will depend on the person's ability and health. Care may also include assistance with self-medication and arranging activities to enhance the individual's physical, emotional and intellectual development.
WA	Western Australia
WHO	World Health Organization

Documents linked in the *Framework* and Companion Resource

2014 Report of Audit of Disability Research

http://www.adhc.nsw.gov.au/about_us/research/completed_research/the_national_disability_research_and_development_agenda

An Age-friendly WA: The Seniors Strategic Planning Framework 2012—2017

<https://www.dlgs.wa.gov.au/Publications/Pages/Seniors-Strategic-Planning-Framework.aspx>

Australian Charter on Healthcare Rights

<http://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/>

Carers Recognition Act 2004 http://www.austlii.edu.au/au/legis/wa/consol_act/cra2004197/

Code of Practice for the Elimination of Restrictive Practices

<http://www.disability.wa.gov.au/Global/Publications/For%20disability%20service%20providers/Guidelines%20and%20policies/Behaviour%20Support/Code-of-Practice-for-the-Elimination-of-Restrictive-Practices-2014.docx>

Commitment to Inclusive Engagement

<http://www.healthnetworks.health.wa.gov.au/projects/disability.cfm>

Commonwealth Disability Discrimination Act 1992 <https://www.comlaw.gov.au/Details/C2014C00013>

Convention on the Rights of Persons with Disability

<http://www.un.org/disabilities/convention/conventionfull.shtml>

Count Me In: Disability Future Directions

<http://www.disability.wa.gov.au/about-us1/about-us/count-me-in/>

Disability Health Network Website

<http://www.healthnetworks.health.wa.gov.au/network/disability.cfm>

Declared Places (Mentally Impaired Accused) Bill 2013

<http://www.parliament.wa.gov.au/parliament/bills.nsf/BillProgressPopup?openForm&ParentUNID=0322F6D75F0E1E2448257C07000F024C>

Equal Opportunity Act 1984

http://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_305_homepage.html

Guardianship and Administration Act 1990

http://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_406_homepage.html

Mental Health Standards 2010

<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-servst10>

Ministerial Advisory Council on Disability http://www.macd.wa.gov.au/publications_reports.html

National Disability Strategy

<https://www.dss.gov.au/our-responsibilities/disability-and-carers/program-services/government-international/national-disability-strategy>

National Oral Health Plan 2015–2024 <http://health.gov.au/dental>

National Safety and Quality Health Service Standards <http://www.safetyandquality.gov.au/>

National Standards for Disability Services
<https://www.dss.gov.au/our-responsibilities/disability-and-carers/standards-and-quality-assurance/national-standards-for-disability-services>

Paediatric Chronic Condition Transition Framework
http://www.healthnetworks.health.wa.gov.au/modelsofcare/docs/Paediatric_Chronic_Diseases_Transition_Framework.pdf

Policy Framework for Substantive Equality
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