



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

# WA Disability Health Core Capabilities Resource Consultation Forum

**Summary report**

**Disability Health Network**

**Wednesday 21 October 2015, 10.00am–2.00pm**

**The RISE, 28 Eighth Avenue, Maylands**

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# Introduction

## Aims

The Disability Health Network hosted the WA Disability Health Core Capabilities Resource Consultation Forum on Friday 22 May 2015 from 10.00am to 2.00pm at The RISE, 28 Eighth Avenue, Maylands. The Forum was one aspect of the broader consultation for the draft *WA Disability Health Core Capabilities Resource: Shared attitudes and behaviours for healthcare workers* (the Resource).

The purpose of the Forum was to provide an opportunity for consultation by face-to-face discussion and feedback with a broad range of stakeholders.

The aims of the Forum were to:

- obtain feedback on the Resource prior to finalising and obtaining approval from WA Health and the Disability Services Commission
- commence awareness raising of the existence of the document and encourage people to consider how they can use it
- involve a broad range of stakeholders in the development of the Resource to promote a sense of ownership over the Framework and its implementation
- gather information on how people intend to use it so this can inform and guide the plans for implementation, monitoring and evaluation of the Resource.

An option of a videoconference session was offered to reach regional and rural areas however this did not occur due to a lack of interest.

## Attendance

Invitations for the forum were distributed using a variety of methods including targeted emails to over 270 organisations inviting them to attend the Forum or hold their own tailored session with their staff or members.

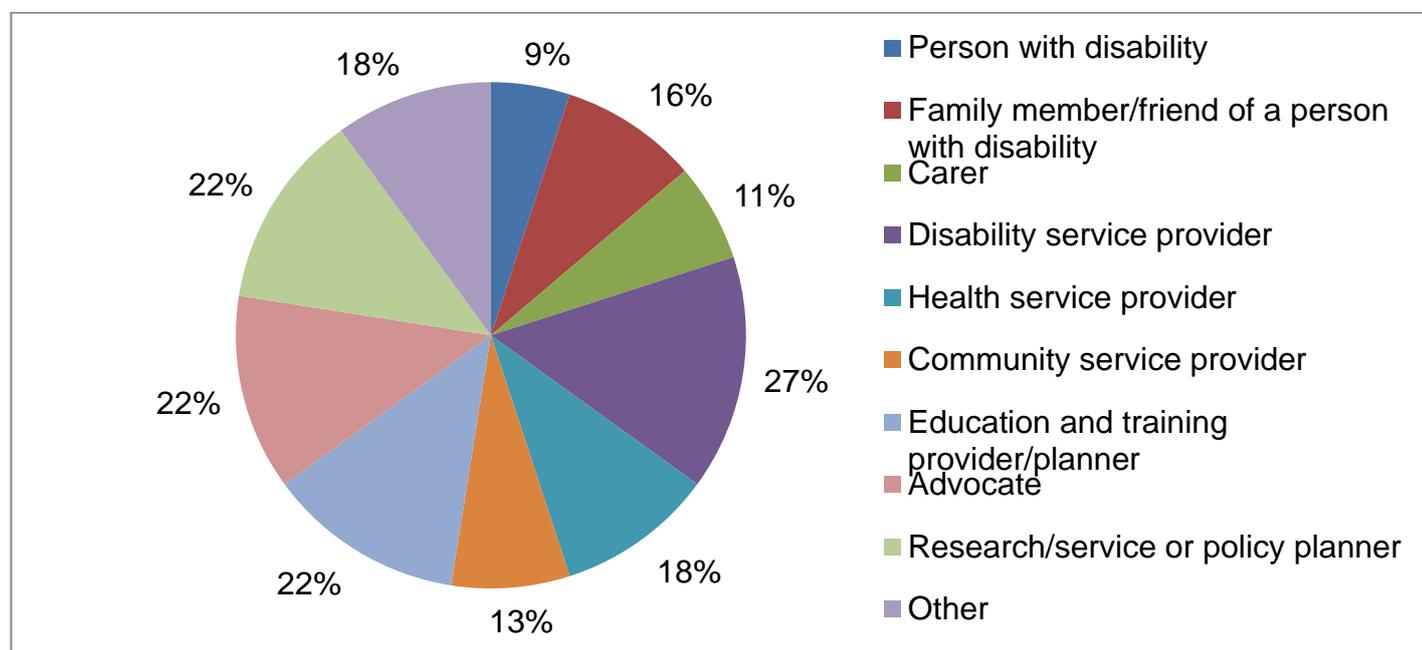
Invitations were targeted towards the following groups:

- People with disability, their families and carers
- Health services:
  - across all settings – tertiary, secondary, primary
  - all types - Government, private, not-for-profit
- WA Health Networks
- Community-based services – disability and non-disability specific
- People working/volunteering/advocating within the health sector
- People working/volunteering/advocating within the disability sector
- Professional associations
- Advocacy organisations
- Residential care (aged care)
- Health policy planners/ service designers
- Government departments
- Universities and schools
- Research institutions

See the [Consultation Plan](#) for a detailed list of how invitations will be distributed.

The forum was attended by 45 people from a diverse range of backgrounds. The following figure shows the background of those who attended the Forum.

**Figure 1. Background of Forum attendees**



## Summary of event

The Forum began with a Welcome to Country performed by Dr Richard Walley. An overview of the Resource was then provided by Lorna MacGregor, co-chair of the Disability Health Network Workforce Development Working Group (who produced the document). Ms MacGregor described the background of the project, the sections of the document and the consultation process.

Following this, Peter Hall provided a consumer perspective of his hopes for the Resource, and shared several personal experiences. Angela Famiano then outlined her hopes for the Resource from a carer perspective, relating back to her experience caring for her parents. Ms Macgregor concluded the presentations with an overview of the workshop methodology.

Attendees convened into small groups to discuss how they would use the Resource in their respective roles. The aim of the workshops was to provide an opportunity to consider the Resource practically. Each group discussed one of the Domains from the Resource:

- Domain 1: Values
- Domain 2: Diversity and whole person focus
- Domain 3: Professional, ethical and legal approach
- Domain 4: Collaborative and coordinated practice
- Domain 5: Provision of care
- Domain 6: Life-long learning

Attendees had the opportunity to provide feedback on three of the six Domains, based on their preferences selected at registration.

After a short lunch break, attendees formed in small groups again to discuss their next two Domains. The groups populated pre-made matrixes with their responses during the workshop

sessions. The matrixes were displayed around the room for all attendees to view during the breaks.

For the final session of the day, attendees participated in a large group discussion facilitated by Ms MacGregor and Liza Seubert (Co-Chair of the DHN Workforce Development Working Group) where they shared any final thoughts and suggestions on how to improve the Resource, prompted by the following questions:

- Are the sections ordered in a way that makes sense to read? What would you recommend?
- Are the domains formatted in a way that is easy to understand? What format would make it easier to use/understand?
- Is there anything in particular that you consider to be a strength in the Resource? Why?
- What gaps do you see in the Resource as it stands?
- What general improvements/comments do you have that we can take on board?

The Forum program is available in [Appendix 2](#).

## Feedback

### Summary of the common uses for the *Resource*

There were over 200 individual uses listed for the *Resource* during the workshop sessions. The uses were similar across Domains, and summarised below:

- Advocacy at an individual and organisational level, including empowering patients, carers and families as well as health care workers.
- Interprofessional communication and collaboration to strengthen relationships.
- Promotion of the *Resource* to various individuals/groups.
- A tool for cultural and organisational change to push systemic consideration of people with disability as individuals regardless of labels or diagnosis
- Inform school and community education, including curriculum planning and improving health literacy.
- Shape organisational procedures and policies, including incorporating into operational planning and job description forms.
- Inform staff training, utilising mentoring and experiential learning.

Several separate issues/gaps in the document as a whole were also fed back:

- The *Resource* is currently missing care for the carer consideration.
- Consider if duplication exists, for example with Disability Access and Inclusion Plans.
- The *Resource* needs to provide stronger role delineation for support workers.

### Summary of the common tools to aid implementation of the *Resource*

- Charter of rights for individual with disability.
- Examples/case studies of good practice, to allow for experiential learning.
- Keep the *Resource* as a living document which is reviewed constantly.
- A memorandum of understanding between the Department of Health and the Department of Education.

- Human resources, including Disability Officers, a champion to push change, client liaison officer and linking with existing working groups, e.g. CaLD groups.
- A brief, accessible (including Auslan) AV presentation outlining the *Resource* that can be shown to senior management, visiting groups or other stakeholders
- Cross reference/map the items in the Domains to the relevant references in the document.
- Training material
  - Individual learning plans, communication plans and action plans
- Access to metadata to track the journey of individuals with disability
- iPads in wards with the *Resource* loaded on as a reference document
- Hospital passport and profile
- Visual, accessible display posters
- Client surveys
- Concise version with simple terminology to ensure different audiences can understand and make use of the *Resource*.

## Summary of what it looks like in practice

- The *Resource* is integrated into hospital accreditation standards.
- The workload of NGOs and support workers would be reduced leading to a healthier and happier workforce.
- There is policy implemented to drive the utilisation of the *Resource*.
- The *Resource* has enabled health service providers to understand that an individual's support worker is a good source of information to improve care.
- The *Resource* is referred to as an advocacy tool that contributes to changing culture from the medical model of disability to the social model. There will be a cultural and attitudinal change to understand the needs of individuals and embrace that individuals with disability have value.
- The health system understands roles and responsibilities of the service provider, for example the role of accommodation or counselling support.
- A strong communication culture to collaborate and support working together. This culture increases understanding of roles and responsibilities, and improves handover of care.
- All members of an individual's care team (including health and disability services) will have a clear understanding of the client's needs and how to meet them.
- A coordinated and transparent approach to information sharing to enable service delivery.
- The *Resource* is built into supervisory models.
- On the ground, a lot of reflection takes place and support for empathetic problem solving.
- Students understand and consider disability.
- Values expressed in the *Resource* are embedded in operating policy.
- A change in ethos that aims to increase disability employment.

## Key points from large group discussion

In the large group discussion, attendees listed strengths of the *Resource* and made suggestions for improvement.

### Strengths of the *Resource*

- The sections are ordered in a cohesive and logical way.

- Spelling out skills and behaviours and what these look like in practice is helpful.
- Having a broad range of content in one document with reference links is very useful and encompasses a wide audience.
- The fact it is a generic document will result in everyone being on the same page and all staff having the same approach.

### **Suggestions to improve the *Resource***

- Numbering of the main headings may aid navigation through the document.
- Clearer definition of the role of support workers is needed, in particular around the delineation between support workers and carers.
- Clearer definition of the term “advocacy” is needed; the phrase “stand up for” was suggested.
- The document lacks instruction regarding steps to undertake how to make a complaint.
- Consideration should be given to the differences in service delivery between health services and NDIS.
- Consideration of similar existing/in progress documents in other states and National consistency was raised. The Working Group did undertake an environmental scan when commencing the project and found the Mental Health Core Competencies document to be the most similar existing document. The Disability Health Core Capabilities Resource is likely the first of its kind in Australia, but the Network are unsure as to whether another jurisdiction has commenced similar work in the interim.
- Consultation should involve the WA Health Workforce Department.
- This document presents an opportunity to explain how carers fit into Health.
- The Resource can assist in consideration of data on health outcomes for people with disability.
- Raised as a separate consideration, the WA Health Act dates back to 1911 which presents an opportunity now to be more inclusive of the modern health workforce, including allied health.

### **Key points from wall**

Attendees had the opportunity to provide additional feedback on large “Other Issues” post-its displayed around the room. The following is a summary of the feedback received:

- Consider the level of Hospital involvement in the development and consultation process for this document – they need to have 100% buy in if it is going to be implemented.
- Future role of learning disability nurses (UK training) as health facilitators.
- Look at Edge Hill professional Domains.
- Use the term “interdisciplinary” rather than “multidisciplinary” as this better matches readily available literature.
- Formation of centralised disability support in education including the following areas (not just teachers and psychologists):
  - policy
  - guidelines
  - training
  - advocacy
  - specialised advice
  - health.

- Person/family controlled and family systems and practice should be partnered together and imbedded into the *Resource* to better support the person.
- Consider how the primary care sector values lived experience of people with disabilities and carers in service planning, delivery and evaluation.
- Include Carers Recognition Act under domain 1.1 (page 16).
- Record the forum so people who were unable to attend can still watch.
- Provide plain English and Easy Read versions of the document.
- Investigate integration of the *Resource* into Hospital accreditation and National Safety and Quality standards.
- There is a need for interpreters.
- Put information about disability and patient needs at the front of hospital patient information files to ensure emergency staff accessing records are immediately aware.
- While a training provider may provide grounding in the social model of disability, when graduates go into the workplace they face and "absorb" the prevailing medical model. It is too much to see graduates as change agents.
- The *Resource* would be useful in a situation where a person with disability needs more time for rehabilitation and is discharged into transitional care.
- Look at the Productivity Commission data on education and employment outcomes for people with disability, as well as participation rates. These impact on the social determinants of health.
- Who is caring for the carers – embed professional programmes and resources within the *Resource*.
- The document is missing information on making complaints.
- Auslan translation of the *Resource* to be accessible for deaf and hard of hearing people.
- The onus seems to be on the client to address communication issues, while it should be on the health care professional.
- The name of the *Resource* may be difficult for some to interpret, especially the phrase "core capabilities".

## Evaluation results

The Forum was evaluated by a short survey that was distributed to attendees to be completed at the end of the day. Overall, the evaluation results from the forum were positive. Key results include:

- 100% of the attendees either strongly agreed or agreed the forum **increased their understanding** of the WA Disability Health Framework
- 100% of the attendees either strongly agreed or agreed the forum provided them with **opportunity to discuss** challenges and share feedback on the *Resource*
- 100% of the attendees either strongly agree or agreed the Forum was a **valuable use of their time**.
- 100% of the attendees either strongly agreed or agreed the Forum **lived up to their expectations**.

The full evaluation results are available in [Appendix 3](#).

## Next steps

The feedback from the Forum will be incorporated with the other feedback collected throughout the consultation process including the online survey, stakeholder meetings and written submissions.

The Disability Health Network Co-Leads and the Executive Advisory Group will work together to decide how best to incorporate the feedback and ensure it is reflected in the final document.

## How to join the Network

If you are interested in joining the Disability Health Network to keep informed of opportunities to get involved, attend networking events, participate in consultations and gain access to a range of health related information visit the [Health Networks website](#) to register.

As a member of a health network you will receive weekly email updates and a customised quarterly e-newsletter – NetNews – to keep you informed of all the ongoing work of the Disability Health Network.



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

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