WA Disability Health Framework Companion Resource

Foundations for change

Suggested citation

Important disclaimer

Contact information

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Contents

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

Overview

The *WA Disability Health Framework Companion Resource: Foundations for change (the Companion Resource)* provides the context, rationale and reference documents to assist those who access or use the *Western Australian Disability Health Framework 2015–2025: Improving the health care of people with disability* (the *Framework*).

The *Framework* outlines priority areas for improving the health outcomes of people of any age living with disability and encompasses the spectrum of diversity.

The *Companion Resource* provides further context for the key concepts of the *Framework* including:

- the social model of disability
- health
- inclusiveness
- diversity
- families and carers.

A discussion on why the *Framework* was needed details a strong rationale for a disability health focus. This 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.

Finally, the *Framework's* journey, starting from the process of development through to communicating and reviewing is outlined.

Key concepts from the WA Disability Health Framework

Disability

The *Framework* adopts the social model[1] to define disability. This is the internationally recognised way to view and address disability. The United Nations Convention on the Rights of Persons with Disabilities marks the official paradigm shift in attitudes towards people with disability and approaches to disability concerns.

> The United Nations Convention on the Rights of Persons with Disabilities[2] 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.[3]

The social model sees '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 change to enable people living with impairments to participate in society on an equal basis with others.

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

The social model seeks to change society in order to accommodate people living with impairment; it does not seek to change people with impairment to accommodate society. It supports the view that people with disability have a right to be fully participating citizens on an equal basis with others. People with disability are not 'objects' of charity, medical treatment and social protection but 'subjects' with rights, capable of claiming those rights, able to make decisions for their own lives based on their free and informed consent and to be active members of society.

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.

Health

The *Framework* adopts the World Health Organization definition of health[4]:

Given the holistic nature of health, the role of and understanding of social determinants of health is important. 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.[5]

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

Inclusiveness

Inclusiveness in health service delivery means the needs of people with disability are considered in designing and delivering the service. Barriers to inclusiveness can be physical, attitudinal and procedural.[6] To ensure services are inclusive, consultation with people with disability, their families and carers is essential to understand and overcome the barriers.

Diversity

The *Framework* 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.[7]

Diversity is a broad concept. It includes disability, age, experience, race, ethnicity, under-resourced populations, socioeconomic background, education, sexual orientation and gender identification, marginalisation, religion and spirituality. This includes Aboriginal people and people from culturally and linguistically diverse backgrounds. Diversity is about understanding, respect and acceptance.

Importantly, it should be acknowledged that diversity exists within different types of disability i.e. cognitive vs physical; lifelong vs newly acquired vs periodic. There is often a tendency to group all people with disability together however the diversity of conditions, needs and aspirations of the individual needs to be recognised.

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 others do not. But family comes in very different forms and in this context that diversity must be positively responded to given their pivotal role. Likewise carers who may or may not be family are also critical. According to the *Carers Recognition Act 2004* [8], "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." The Act requires health services to take into account the views and needs of carers when decisions are made that impact on carers and their role.

Why a *Framework* was needed

Context

The last three decades have seen significant changes to community attitudes, legislation and disability service provision. This has resulted in more positive outcomes for people with disability with better access to mainstream services in the community, a shift in community attitudes and acceptance and ultimately, a more inclusive society.

Despite this, people with disability tend to have a higher prevalence of health problems compared to the general population. There can be different patterns and types of health needs occurring across the life course from childhood, adulthood and into old age. Frequently these health needs are either under-recognised or inadequately managed.

Across the world, more often than their non-disabled peers, people with disability do not receive the health care they need and have poorer health. People with disability are more than twice as likely to find healthcare providers' skills and facilities inadequate; nearly three times more likely to be denied health care; and four times more likely to be treated badly by a healthcare provider.[9]

The process of deinstitutionalisation of people with disability saw the transition away from the medical model, which focuses on "illness", toward concepts of health, wellbeing and community participation.

In addition, health services historically provided by the Disability Services Commission ceased or were transferred to health settings. Specialist medical and nursing positions were phased out as it was intended that mainstream health services would meet the healthcare needs of people with disability.

It is now recognised that many people with disability, particularly those with cognitive impairment, encounter barriers to accessing mainstream services. Additionally, mainstream health services cannot always effectively meet the health needs of the people with disability, especially those whose needs are more complex. People with disability may have additional support needs that require specialised actions or interventions in order for them to achieve the same quality of health as other members of the community.

There are also often assumptions that when a person with disability is accessing a health service they are having all of their health needs addressed. For example, some people with disability regularly access therapy which may be provided by an allied health professional. This individual is still likely to require other services to improve their overall health and wellbeing outcomes.

Changes are required to improve access and inclusion by removing barriers to quality health care. This includes a focus on prevention and early intervention as well as efforts to optimise care in the community to enable people with disability to receive safe and quality health care closer to home.

Health disparities in people with disability

Some of this discussion is presented in the *Framework*. Further detail is provided here.

Barriers to health care

> When controlled for co-morbidity of long-term health conditions, 63 per cent of people with severe or profound disability consulted both specialist doctors and other health professionals compared with 27 per cent of those without disability.[10]

People with disability continue to encounter a range of barriers when they attempt to access health care including prohibitive costs[11], limited availability of services, physical barriers and inadequate skills and knowledge of health workers.[12] For example:

- Women with mobility difficulties are often unable to access breast and cervical cancer screening because examination tables are not height-adjustable and mammography equipment only accommodates women who are able to stand.

- People with disability are more than twice as likely to report finding healthcare provider skills inadequate to meet their needs, four times more likely to report being treated badly and nearly three times more likely to report being denied care.

- Health promotion material is often not available in an accessible format, particularly for people with an intellectual disability.

- People with intellectual impairments and diabetes are less likely to have their weight checked.

- Adolescents and adults with disability are more likely to be excluded from sex education programs.

As the life span increases, so too does the incidence of disease patterns of the general population such as cancer and coronary heart disease; yet health promotion and prevention activities seldom target people with disability.

Health issues of carers

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. Carers often initiate and facilitate access to health care. Many people with disability are now living into adulthood and are being cared for by elderly parents. Along with people with disability, people in a caring role may experience anxiety or distress during hospital admission or in managing health issues that arise. It is reported that carers have 40 per cent more limiting health disorders; depression is almost four times more common among female carers; back problems are particularly prevalent in carers of people with physical disabilities; and stress related illnesses are common.[13]

Voice of the consumer, carer and family

Australian and Western Australian reforms of planning and funding disability services incorporate a model where people with disability exercise more choice and control over their services and supports. Additionally, the voice of people with disability, their families and carers is being heard through increasing consultation and community engagement.

Social and economic reform

Our community is currently experiencing significant social and economic reform with regards to people with disability, their families and carers having a greater say in how they achieve the highest attainable standard of health and wellbeing throughout their life. The Western Australian disability sector has been at the forefront of developing individualised, personalised, self-directed supports and services. This reshaping of support systems reflects a growing realisation that better outcomes are achieved when people with disability, their families and carers have genuine control, decision making and choice over the supports and services they require.

This reform necessarily extends beyond the disability sector, in recognition of the many other systems people use in living their life, including health, education, housing and employment.

Many of the reforms are directed by legislation which provides a powerful vehicle for implementing change across systems. Nevertheless, the challenge is great, as these reforms are occurring in conjunction with many other human service reforms responding to the needs of an ageing population, growing burden of disease and an increasingly fragmented service system.

Legislation, policy and standards

Legal obligations

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

The *Western Australian Disability Services Act 1993* 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.

> 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[2]

Other legal obligations include those in the:

- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Convention on the Rights of the Child
- *Commonwealth Disability Discrimination Act 1992*
- *Equal Opportunity Act 1984*
- *Carers Recognition Act 2004*.

Other relevant legislation to be considered includes:

- *Guardianship and Administration Act 1990*
- *Mental Health Act 2014*
- *Declared Places (Mentally Impaired Accused) Bill 2013*
- Code of Practice for the Elimination of Restrictive Practices
- *Privacy Act 1988*.

Policy linkages

The *Framework* aligns with the vision of the WA Health Strategic Intent 2010–2015 to deliver a safe, high quality, sustainable health system for all Western Australians.

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

- WHO global disability action plan 2014–2021: Better health for all people with disability. The vision of the action plan is a world in which all people with disability and their families live in dignity, with equal rights and opportunities, and are able to achieve their full potential. The overall goal is to contribute to achieving optimal health, functioning, wellbeing and human rights for all people with disability. The *Action Plan* has three objectives:
  - to remove barriers and improve access to health services and programs
  - to strengthen and extend habilitation, rehabilitation, assistive technology, assistance and support services, and community-based rehabilitation
  - to strengthen collection of relevant and internationally comparable data on disability and support research on disability and related services.
- The National Disability Strategy is a ten-year national policy framework for improving life for Australians with disability, their families and carers. It aims to bring about change in all mainstream services and programs as well as community infrastructure by ensuring the principles underpinning the *United Nations Convention on the Rights of Persons with Disabilities*[2] are incorporated into public policy across governments.
- Count Me In: Disability Future Directions developed by the Disability Services Commission sets out a long term strategy designed to guide all Western Australians when responding to people with disability.
- The Western Australian Carers Charter provides clear direction on how carers are to be treated and how carers are to be involved in the delivery of services.
- The Policy Framework for Substantive Equality recognises that specific needs of certain groups in the community can only be met by adjusting government policies, procedures and practices.
- WA Health Disability Access and Inclusion Policy outlines 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 WA Health Promotion Strategic Framework 2012–2016 provides direction for primary prevention of health conditions in WA. It recognises people with disability as a vulnerable population and acknowledges they are a population that has difficulty accessing health promotion activities.
- Western Australian Strategic Plan for Safety and Quality in Health Care 2013–2017 – Placing patients first articulates the vision and systemwide priorities for safety and quality improvement in WA Health and provides a focus for detailed discussions, planning and action at all levels of the health system.
- The Australian Charter on Healthcare Rights applies to all health settings in Australia, and allows patients, consumers, families, carers and service providers to have a common understanding of the rights of people receiving health care. At a state level there is also the WA Public Patients' Hospital Charter.
- An Age-friendly WA: The Seniors Strategic Planning Framework 2012–2017
- The WA Language Services Policy 2014 and Guidelines
- Paediatric Chronic Condition Transition Framework
- National Oral Health Plan 2015–2024.

Other policies and standards may exist within community and government organisations which also align with the *Framework* to support a whole of State response to the vision of an inclusive health care system.

Process for developing the *Framework*

In 2013, a working group was convened by the Disability Health Network to plan the scope and vision for the *Framework*. The group considered feedback from a number of key stakeholder consultations including the Clinical Senate debate on disability and health; the Disability Health Consultative Group; Disability Health Network Executive Advisory Group and the Ministerial Advisory Council on Disability.

A literature review of current and relevant international, national and interstate policies was then conducted. It became evident that the research consolidated the feedback received during the consultations and hence this information provided a strong base for the formation of the *Framework*.

A draft document was then developed and approved by the Disability Health Network Executive Advisory Group and the Chief Medical Officer of the WA Department of Health before being released for broad consultation from 23 March to 17 June 2015.

The consultation process included an online survey component as well as face to face sessions with key stakeholders. A report summarising the feedback and suggestions from the forum is available on the Disability Health Network website. Communication during the consultation process was guided by the Disability Health Network Commitment to Inclusive Engagement in order to ensure it was inclusive of people with disability. Individuals and organisations who provided identifiable feedback during the consultation were advised how this feedback was utilised. A general summary of the changes made to the *Framework* as a result of the feedback received during the consultation is available via the WA Health Citizen Space website.

The feedback from the consultation was collated and incorporated into the final version of the *Framework*. The final *Framework* was submitted to the Disability Health Network Executive Advisory Group and the Director General of WA Health for approval before being released.

Starting to make it happen

The Disability Health Network will support the implementation of the *Framework* by communicating it broadly across WA Health and to all relevant external stakeholders. It will be available via the Health Networks website in accessible formats. Action arising from the *Framework* should be guided by the Disability Health Network Commitment to Inclusive Engagement to ensure people with disability are appropriately engaged in the process.

The Snapshot summarises the key messages of the *Framework* into a succinct format. It can be used as a practical tool and reminder of the priorities from the *Framework* to ensure people with disability in WA are able to achieve the best possible health and wellbeing outcomes throughout their lives.

Potential uses for the *Framework* include:

- advocacy at an individual and organisational level to promote a shared understanding of the importance of health care for people with disability
- promotion of key messages and use as an aspirational document
- to inform education and training for consumers and professionals
- to support policy, legislation and program and service design and provision
- as an information source for how to work with people with disability
- to direct, prioritise and drive relevant research
- as a networking tool to assist services to work collaboratively by sharing knowledge and resources and building systemic relationships.

The Disability Health Network will measure the reach and level of awareness of the *Framework* as a form of evaluation. Users of the *Framework* can aim to review their activity and progress under the four priority areas for action.

Reviewing the *Framework*

The *Framework* will be reviewed at intervals no longer than five years.

Acronyms and terms

Acronym/term	Definition
ABF	Activity Based Funding
ABM	Activity Based Management
Carer	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.[8] It should be noted and recognised that family and friends may still be in a caring role when the people they support do not live with them or live in supported accommodation.
DAIP	Disability Access and Inclusion Plan
Disability	Disability is the result of the interaction between people living with impairments and barriers in the physical, attitudinal, communication and social environment. Impairment is a medical condition that leads to disability.
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.[4]
HADSCO	Health and Disability Services Complaints Office
NDIS	National Disability Insurance Scheme
People with disability	This is the contemporary phrase used for people who live with impairment and are affected by barriers that exist in society. It will be used in the *Framework* but with full knowledge that the barriers are what the *Framework* aims to remove to improve health outcomes for people living with disability.
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. Support workers may also include interpreters and readers.
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.[5]
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.dlgc.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
http://www.eoc.wa.gov.au/docs/default-source/publications/substantive-equality/1-the-policy-framework-for-substantive-equality19c34c5bde9f62fcb668ff0000be6566.pdf?sfvrsn=2

Privacy Act 1988 https://www.comlaw.gov.au/Details/C2014C00757

Quality of Care Principles https://www.comlaw.gov.au/Details/F2014L00830

United Nations Convention on the Rights of the Child
http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx

United Nations Convention on the Rights of Persons with Disabilities
http://www.un.org/disabilities/default.asp?navid=12&pid=150

WA Aboriginal Health and Wellbeing Framework 2015–2030
http://ww2.health.wa.gov.au/Improving-WA-Health/About-Aboriginal-Health/WA-Aboriginal-Health-and-Wellbeing-Framework-2015-2030

WA Disability Services Act 1993
http://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_267_homepage.html

WA Health Disability Access and Inclusion Policy
http://www.health.wa.gov.au/circularsnew/circular.cfm?Circ_ID=13191

WA Health Language Services Policy
http://www.health.wa.gov.au/multiculturalhealth/docs/WA_Health_L_S_Policy.pdf

WA Health Promotion Strategic Framework 2012–2016
http://www.public.health.wa.gov.au/2/1588/2/the_wa_health_promotion_strategic_framework_.pm

WA Health Strategic Intent 2010–2015
http://ww2.health.wa.gov.au/About-WA-Health/Strategic-Intent

WA Carers Charter www.ncwa.com.au/~ncwa/wp-content/uploads/2015/09/CarersCharter.pdf

Western Australian Public Patients' Hospital Charter
http://healthywa.wa.gov.au/Healthy-WA/Articles/U_Z/Western-Australian-Public-Patients-Hospital-Charter

Western Australian Strategic Plan for Safety and Quality in Health Care 2013–2017
http://ww2.health.wa.gov.au/Reports-and-publications/Western-Australian-Strategic-Plan-for-Safety-and-Quality-in-Health-Care

WHO Global Disability Action Plan 2014–2021 http://www.who.int/disabilities/actionplan/en/

References

1. 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.

2. United Nations. Convention on the rights of persons with disabilities. New York; 2006.

3. Australian Insitute of Health and Welfare. Disability (online); 2014 (cited 22 January 2014). Available from: http://www.aihw.gov.au/disability/.

4. World Health Organization. Definition of Health – Preamble to the Constitution of the World Health Organization. International Health Conference; New York: Official Records of the World Health Organization, no. 2, p. 100 and entered into force on 7 April 1948; 19-22 June, 1946; signed on 22 July 1946.

5. World Health Organization. Social determinants of health (online). Geneva: World Health Organization; 2015 (cited Available from: http://www.who.int/social_determinants/en/.

6. Disability Services Commission. State Government Access Guidelines for Information, Services and Facilities. Perth: Disability Services Commission; 2012.

7. O'Connell MB et al. AACP White Paper: Cultural Competency in Health Care and Its Implications for Pharmacy Part 3A: Emphasis on Pharmacy Education, Curriculums, and Future Directions. Pharmacotherapy Pharmacotherapy 2013;33(12):e347–e67.

8. 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.

9. World Health Organization. WHO global disability action plan 2014–2021: Better health for all people with disability. World Health Organization; 2014.

10. Australian Insitute of Health and Welfare. The use of health services among Australians with disability. AIHW bulletin no91 Cat no AUS 140 (online) 2011 (cited 22 January 2014). Available from: http://www.aihw.gov.au/publication-detail/?id=10737420117.

11. Australian Institute of Health and Welfare. Access to health services by Australians with disability 2012. Canberra: AIHW; 2015.

12. World Health Organisation. Disability and health: Fact sheet No. 352. (online) 2013 (cited 12 June 2013). Available from: www.ncwa.com.au/~ncwa/wp-content/uploads/2015/09/CarersCharter.pdf.

13. McGrother CW, Hauck A, Bhaumik S, Thorp C, Taub N. Community care for adults with learning disability and their carers: needs and outcomes from the Leicestershire Register. Journal of Intellectual Disability Research 1996;40:183-90.

14. Disability Services Commission. Self-directed supports and services (online). Perth, WA; 2014 (cited 22 January 2014). Available from: http://www.disability.wa.gov.au/reform1/reform/self-direction/.

15. Ministerial Advisory Council on Disability and the Carers Advisory Council. Consultation Report: Sharing Healthy Conversations. Perth, WA; 2013.

16. Western Australian Department of Health. Disability Liaison Officer (DLO) Project: Final Project Report. Perth, WA: Western Australian Department of Health; 2013.

17. Disability Services Commission. Disability Health Consultative Group Launch. Perth, WA; 2012.

Notes