Response ID ANON-JWFX-CX3B-F

Submitted to Public Consultation: Intellectual Disability Health Capability Framework
Submitted on 2023-10-26 13:24:05

Demographics

1 What is your name?

Name:
Ruby Riguet

2 What is your email address?

Email:
rriguet@qdn.org.au

3 Are you responding on behalf of an organisation, or as a consumer/individual?

On behalf of an organisation

4 What is your organisation?

organisation name:
Queenslanders with Disability Network

5 If representing an organisation, which sector does your organisation belong to?

Not-for-profit/Community organisation

Other :

6 What health discipline or field of expertise does your organisation belong to/do you work in?

Other (please specify)

Other:
Disability advocacy

Consultation questions

7 Is the target audience of the Framework clear?

Clear

Is there anything that would make it clearer?:

Nothing we would suggest that would make it clearer.

8 Are the 'levels of learning' assigned to the learning outcomes appropriate (see Section Two)?

Appropriate

Is there anything that would improve the levels of learning?:

9 Are the learning outcomes measurable (see Section Two)?

Not my area of expertise/experience

Is there anything that would make the learning outcomes more measurable?:

QDN does not have expertise in this area

10 Do you think the advice provided in the Implementation guidelines section is appropriate to help accreditation authorities to implement the Framework (see Section Three)?

Not my area of expertise/experience

Please provide guidance around any advice that could be improved:

QDN does not have expertise in this area

11 Do you think the advice provided in the Implementation guidelines section is appropriate to help education providers to implement the Framework (see Section Three)?

Not my area of expertise/experience

Please provide guidance around any advice that could be improved:

QDN does not have expertise in this area.

12 Do you have any other advice around overcoming challenges to implementing the Framework that we could include (see Section Three)?

Write your answer here:

Queenslanders with Disability Network (QDN) has identified challenges in the implementation of the framework relating to the attitudes of institutions and educators.

As we will outline further in response to Question 14, there are themes in the Framework we believe do not hold institutions and educators to account in delivering content to students. We will be referencing pages 51-53 in response to this question.

On page 51, under "Key Points" one of the challenges identified in implementing the Framework is an "overcrowded curriculum, limited educator knowledge in the area of intellectual disability, limited time and resources to implement the Framework and a lack of clinical placements".

QDN would argue that the Framework and health practice approaches for people with intellectual disability deserve to be delivered through a separate, stand-alone part of the curriculum to ensure thorough and specific teaching and training in this area as opposed or in addition to integration of content into other areas of the curriculum. Giving educators the choice of how content is delivered could prevent the Framework from being embedded and taught effectively.

QDN supports the resolutions to address limited educator knowledge through taking advantage of existing resources, seeking out people with intellectual disability and experts in the field, the development of learning and forming a community of practice.

The constraint of limited time and resources could serve as justification for any institution. People with intellectual disability have been waiting a long time to receive the standard of healthcare they deserve, which has often led to serious health conditions and in severe cases, avoidable deaths. In a Disability Royal Commission hearing, Chair of Intellectual Disability Mental Health at UNSW Professor Julian Trollor estimated that "400 people with intellectual disability will die annually from a potentially avoidable death," [1] and another research paper Trollor contributed to found that 38% of deaths in the intellectual disability cohort and 17% in the comparison cohort were potentially avoidable.[2]

Whilst education providers are not hospitals and medical centres, they are educating people who will ultimately become healthcare professionals and need to be able to care for diverse cohorts and provide an equal level of care across varying identities and groups.

Alternative resolutions provided such as seeking opportunities to work with other disciplines, sharing resources and content, considering interprofessional courses, working towards the capabilities incrementally, connection with education providers who have already developed intellectual disability health curriculum are notable. However, QDN believes people with intellectual disability should be prioritised as with other marginalised groups.

QDN supports the resolutions to a lack of available clinical placements including community placements with NDIS providers and/or visits to day programs, having direct contact with people with intellectual disability and their support networks and innovative techniques such as drama programs. However, currently the NDIS do not receive funding to be able to cover the costs of human resource time to supervise and support students to ensure we have a workforce with experience in disability. QDN have advocated for different funding mechanism to enable disability providers to offer student placements to ensure the NDIS will be able to cover the costs of placements and supervision.

QDN suggests the National Centre of Excellence in Intellectual Disability would be a good placement option for some, and that they could provide linkages, information and support for students. However, the limitation being that there is only the one Centre open in Sydney.

Attitudes towards intellectual disability health of pre-registration education leaders needs attention. QDN agrees with the solutions around having intellectual disability champions to assist, presentations by people with intellectual disability about why curriculum change is necessary and outlining the potential benefits of improved health care for people with intellectual disability. In addition to this, assessing the attitudes of education leaders needs to be prioritised with Disability Awareness Training and/or unconscious bias training, both with a focus on intellectual disability for all staff involved in these programs.

QDN's Disability Awareness Training and similar programs could support education providers who are implementing the Framework to address unconscious bias.

13 Do you think the Capacity assessment tools (see Appendix 2) will be useful for accreditation authorities and educators?

Useful

Are there any modifications that could make the Capacity assessment tools more useful?:

No other modifications we believe could make the tools more useful.

14 Are the terms and language used in the Framework appropriate?

Unsure

Are there any alternate terms or language that should be included?:

There are some areas of the Framework where QDN suggests changing language or terms used. QDN perceives language in the Framework such as "consider, encouraged, could, and can" as non-committal. For example, under Table 3: Steps for implementing the Framework: Curriculum coordinators and educators, it mentions "It is important to consider commensurate remuneration for people with intellectual disability and their support networks involved in content development and teaching." (p. 49) The word consider should be replaced with implement.

The phrasing "Consider employing people with intellectual disability as part of your team" (p. 42) should be changed to "employ people with intellectual disability as part of your team."

There are a few sections that use the phrasing "could", "can" and "might" we believe could be replaced with "should". These include:

"Accreditation authorities "could:" (top of p. 40)

"Coordinators can i) compile databases with information about potential placement sites and ii) work with peak professional bodies to facilitate placements." (p. 49)

"Educators can assess their current intellectual disability knowledge and skills against the Capabilities." (p. 49)

"If leaders are not aware of the poor health outcomes and needs of people with intellectual disability, course coordinators or intellectual disability champions could provide them with health outcomes data for people with intellectual disability." (p. 53)

"This might include:" (p. 43)

The word "encouraged" is used as well as one occurrence of "important" that we believe could be changed to "required" as follows:

"Accreditation authorities are encouraged to implement the Capabilities in accreditation standards to ensure that all students within their discipline will receive intellectual disability health education within their institution." (p. 35)

"Leaders are encouraged to consider attitudes towards intellectual disability, in addition to knowledge and skills, across their institution and discuss potential barriers and facilitators to implementing the Framework early." (p. 41)

"Leaders are encouraged to reflect on:" (p. 41)

"It is important that accessible information tailored to people's needs is available when working with people with intellectual disability, for example, plain English or Easy Read" (p. 37).

15 Please provide any other observations or advice that you have not had the opportunity to make on the Framework.

Write your answer here:

Although the Framework refers to Ongoing Quality Improvement of pre-registration curricula, through evaluation of the Framework implementation and ongoing quality improvement, it does not specify that the person carrying out the evaluation be from an external independent body. An external evaluation of the Framework is preferable, to avoid a biased evaluation, particularly where concerns have already been raised about "limited time and resources".

Independent monitoring and reporting on the implementation Framework holds institutions and educators accountable to ensure accreditation is only given to those who have met the capabilities in the Framework.

QDN supports all other evaluation and quality improvement methods detailed on pages 53 and 54.

QDN Member feedback on the Framework has been that it is important that any educators in the University staff who have intellectual disability and are implementing the Framework would need the option of having it in Plain English and Easy Read as it is too complex in its current form.

Another comment was that if educators implementing the Framework want people with intellectual disability to educate students as part of the implementation, they need to engage in a process of co-design with people with intellectual disability around content delivery.

16 Do you consent to components of your submission being de-identified and made publicly available within a summary of findings?

Yes