NSW GOVERNMENT

Disability Education and Training Framework

Capabilities of Healthcare Staff Working with People with Disability

Developed by the
Health Education and Training Institute

July 2026

HETI HEALTH EDUCATION & TRAINING

DOC26/4950-002 (DOC25/8604-007)

Acknowledgements

This work was led by the Health Education and Training Institute in collaboration with representatives from:

- NSW Local Health Districts and Specialty Health Networks
- Bronwyn Hemsley, UTS Disability Research Network, University of Technology Sydney
- Fiona Given, Research Associate, University of Technology Sydney
- Diane Symons, Research Associate, University of Technology Sydney
- Kate Starr, Research Associate, University of Technology Sydney
- Members of the UTS Disability Research Network

Acknowledgement of Country

Health Education and Training Institute acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

Copyright

SHPN (HETI) 260383

ISBN: 978-1-74231-452-5

Disclaimer

This program is covered by NSW Health's Disclaimer Policy.

To view this policy, please visit www.health.nsw.gov.au/pages/disclaimer.aspx

Contents

Introduction

The NSW Health Disability Education and Training Framework provides an evidence-informed foundation for strengthening disability-inclusive care across NSW Health. It supports health professionals and multidisciplinary teams to deliver safe, high-quality care for people with disability across healthcare settings and serves as a practical resource for capability development, education planning and service improvement.

The Framework supports health professionals to develop the knowledge, skills and capabilities required to deliver equitable, respectful and accessible healthcare. It is complemented by the Disability Learning Navigator in HETI My Health Learning, which provides access to a range of learning resources that support workforce development and disability-inclusive practice across healthcare settings.

Supporting key legislative, policy and quality standards, the Framework aligns with Australia's commitments under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), the Disability Inclusion Act 2014 (NSW), the NSW Health Disability Inclusion Action Plan 2025-2029 and NSW Health Policy Directive PD2024_030 Responding to the health care needs of people with disability. It also supports implementation of the National Safety and Quality Health Service (NSQHS) Standards and reflects NSW Health's CORE values.

Consistent with these commitments, the Framework recognises the diversity of identities, experiences and needs among people with disability and promotes person-centred, rights-based practice.

It acknowledges the intersectionality of disability, including the importance of culturally safe and responsive care for Aboriginal people with disability and people with disability from other priority populations.

The Framework was developed through a rigorous and inclusive process informed by contemporary evidence, lived experience and expert consultation. This included a rapid literature review conducted by an inclusive research team comprising a researcher with lived experience of disability and hospitalisation, disability subject matter experts and members of the University of Technology Sydney Disability Research Network. Consultation with NSW Health disability subject matter experts further refined the Framework, ensuring it reflects both the evidence and the experiences of people with disability interacting with the health system.

Through a shared commitment to learning, inclusion and continuous improvement, the Framework supports NSW Health to strengthen disability-inclusive practice and improve health experiences and outcomes for people with disability.

The Disability Education and Training Framework

The Framework sets out 10 overarching domains and 35 subdomains. Each includes descriptive capabilities required of healthcare staff supporting people with disability in any health setting.

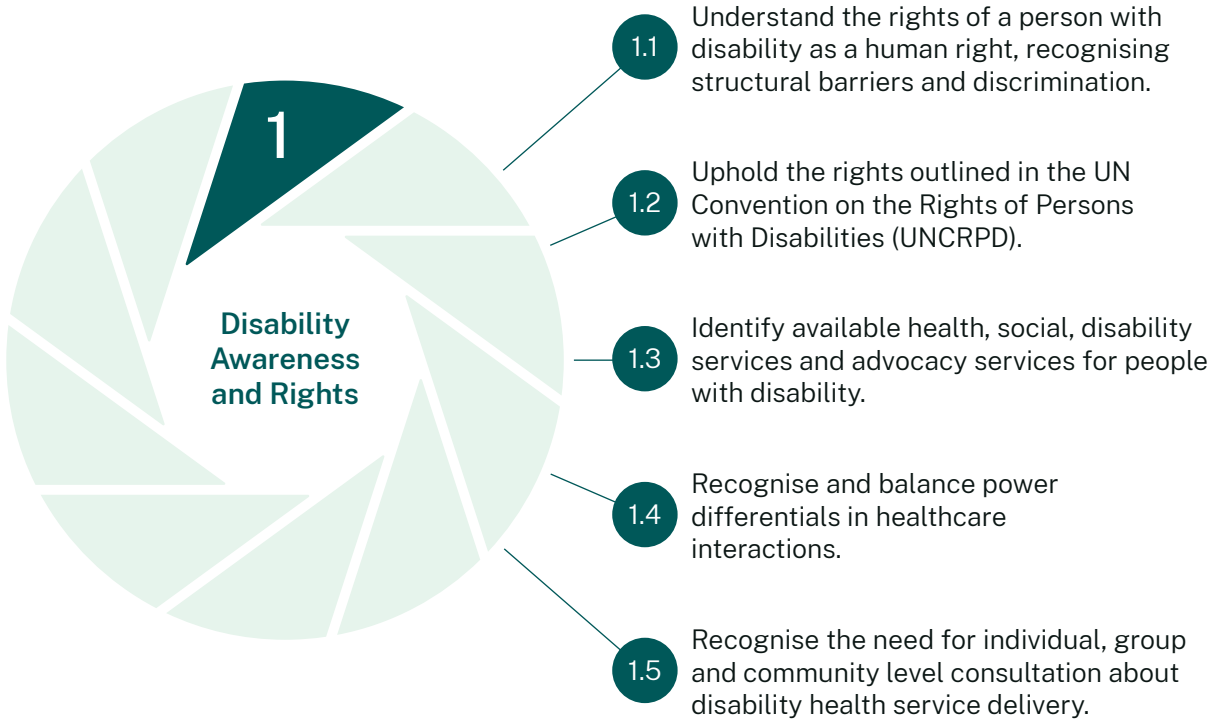
Capability development in disability inclusive care is ongoing. The structured domains support lifelong learning, reflective practice and continuous improvement. This assists individuals and organisations to monitor progress over time. Embedding these practices promotes person-centred care, improves safety and quality and advances equity for people with disability across NSW.

Domain 1

Disability Awareness and Rights

This domain builds an understanding of disability as a human rights issue within healthcare, enabling staff to recognise and address structural barriers, discrimination, and power imbalances that affect people with disability. This domain supports the application of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) in everyday practice and promotes awareness of health, social, disability, and advocacy services. It emphasises the importance of consultation and partnership at individual, group, and community levels to support equitable, inclusive, and rights-based health service delivery.

The health professional demonstrates the ability to:

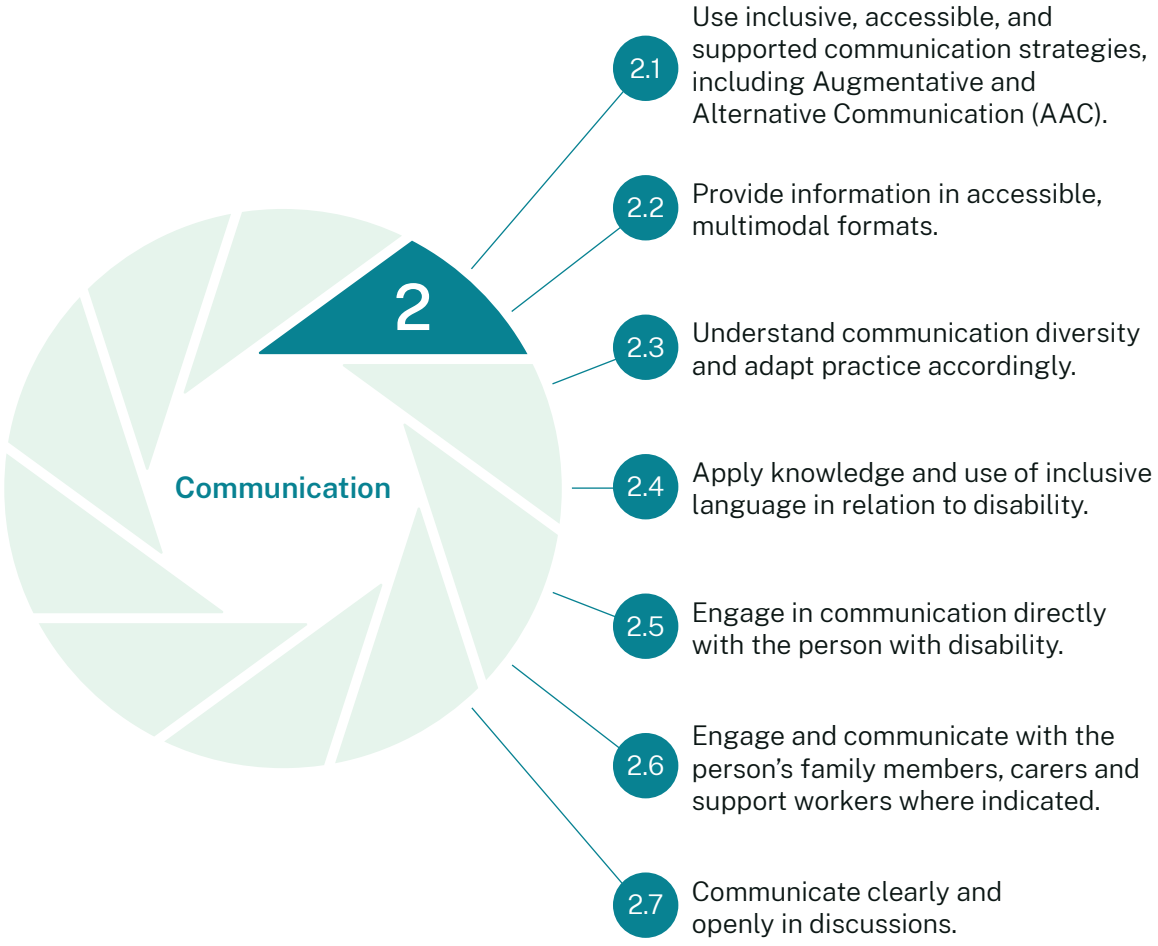


Domain 2

Communication

This domain is intended to strengthen the ability of the workforce to communicate effectively, respectfully and inclusively with people with disability. This includes using accessible and supported communication strategies, such as Augmentative and Alternative Communication (AAC), providing information in multimodal formats and adapting communication to meet diverse needs. The domain prioritises direct engagement with people with disability, transparent and clear information sharing and appropriate collaboration with family members, carers and support workers to support understanding, trust and shared decision making.

The health professional demonstrates the ability to:



Domain 3

Person-Centred and Trauma-Informed Care

The purpose of this domain is to embed person-centred and trauma-informed approaches into healthcare practice for people with disability. This includes recognising the whole person, acknowledging lived experience, and understanding the cumulative impact of past trauma and healthcare interactions. The domain promotes collaborative decision making, co-design of services, and the development of safe, trusting, and empowering relationships that support autonomy, dignity, and participation.

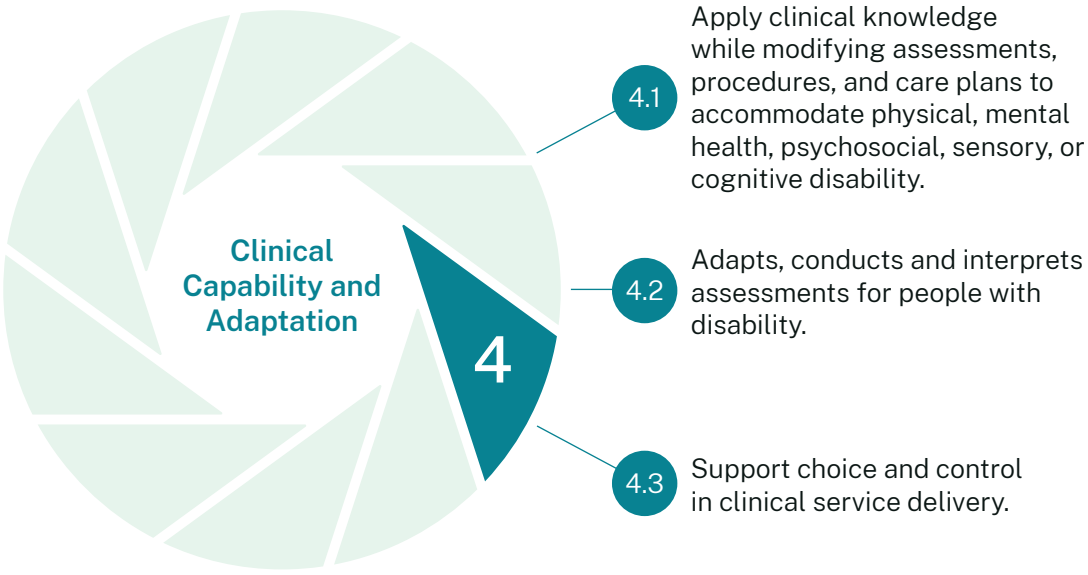
The health professional demonstrates the ability to:

Domain 4

Clinical Capability and Adaptation

This domain focuses on supporting clinicians to apply their professional and clinical expertise while adapting assessments, procedures, and care plans to meet the needs of people with physical, sensory, cognitive, or psychosocial disability. This domain emphasises flexibility, reasonable adjustments, and clinical judgement to ensure assessments are valid and care is accessible, safe, and effective. It also reinforces the importance of supporting choice and control in clinical service delivery.

The health professional demonstrates the ability to:

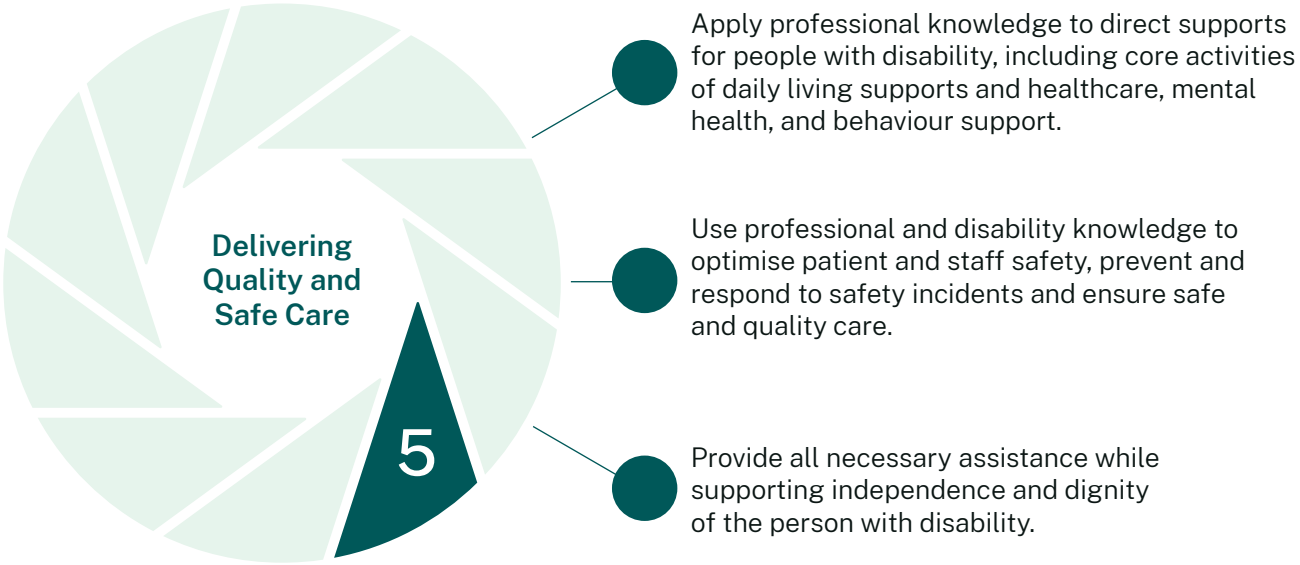


Domain 5

Delivering Quality and Safe Care

This domain supports the delivery of high quality, safe, and effective care for people with disability across health settings. This includes integrating professional knowledge with disability specific expertise to support daily living needs, healthcare, mental health care, and behaviour support. The domain focuses on preventing and responding to safety risks, optimising patient and staff safety, and providing necessary assistance while promoting independence, dignity, and respect.

The health professional demonstrates the ability to:



Domain 6

Collaborative Practice

The purpose of this domain is to strengthen collaborative, interdisciplinary, and partnership-based approaches to care. This includes working alongside people with disability, their families, carers, support workers, and broader health and social care teams to deliver coordinated and inclusive services. The domain emphasises co-constructing goals, prioritising the preferences of the person with disability, and supporting meaningful, person-defined outcomes.

The health professional demonstrates the ability to:

6.1 Work collaboratively in partnership with people with disability, their families, carers, and interdisciplinary teams to deliver coordinated, respectful, and inclusive care.

6.2 Prioritise the person with disability's preferences in co-constructing goals and meaningful outcomes for and with the person.

Domain 7

Ethical and Legal Responsibilities

This domain aims to strengthen ethical, lawful, and rights-based practice when working with people with disability. This includes understanding equity, legislation, consent, capacity, duty of care, dignity of risk, supported and shared decision making, guardianship, and advance care planning. The domain reinforces the responsibility to uphold self determination, recognise and respond to discrimination or neglect, and enable people with disability to participate in complaints processes and service evaluation.

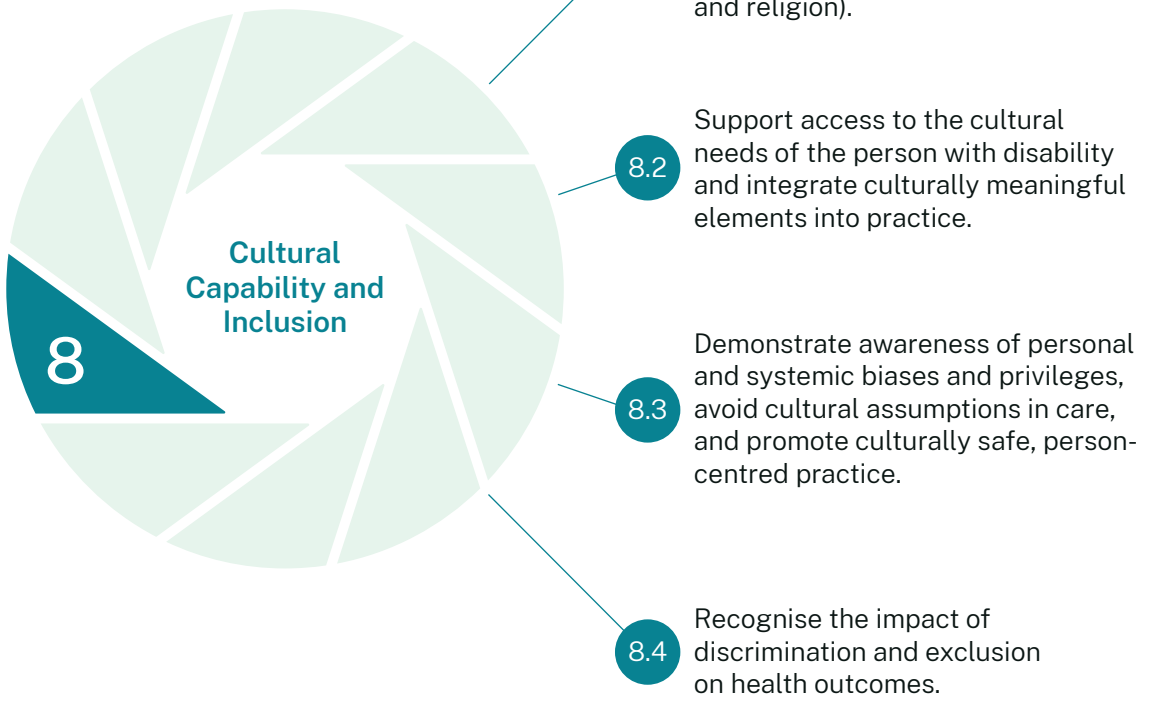
The health professional demonstrates the ability to:

Domain 8

Cultural Capability and Inclusion

This domain focuses on ways to enhance culturally safe and inclusive practice by recognising the intersection of disability with other identity factors such as culture, Aboriginal status, gender, sexuality, spirituality, and religion. This domain supports culturally responsive care that acknowledges lived experience, addresses systemic and personal bias, and integrates culturally meaningful practices to promote equity, belonging, and improved health outcomes.

The health professional demonstrates the ability to:

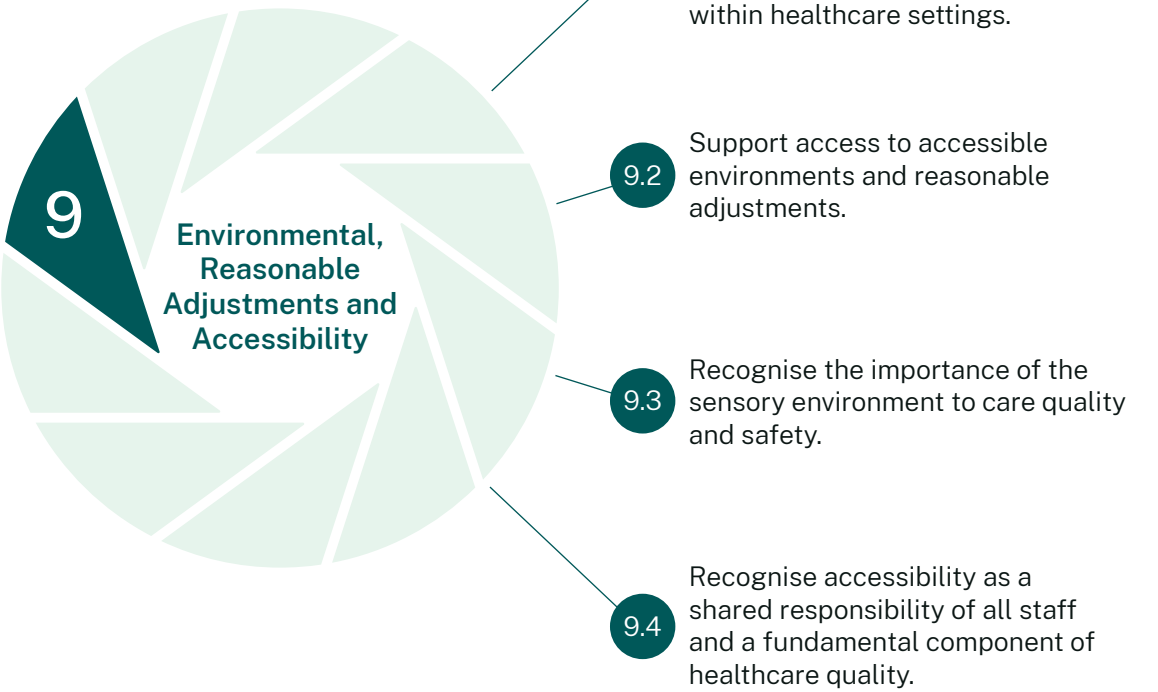


Domain 9

Environmental, Reasonable Adjustments and Accessibility

The purpose of this domain is to ensure that accessibility, including reasonable adjustments is consistently recognised as a shared responsibility and central to healthcare delivery. This includes identifying and addressing physical, sensory, communication, procedural, and attitudinal barriers that limit participation and inclusion. The domain promotes proactive adjustments, access to accessible facilities, and consideration of sensory environments to support safety, comfort, and equitable access to healthcare services.

The health professional demonstrates the ability to:

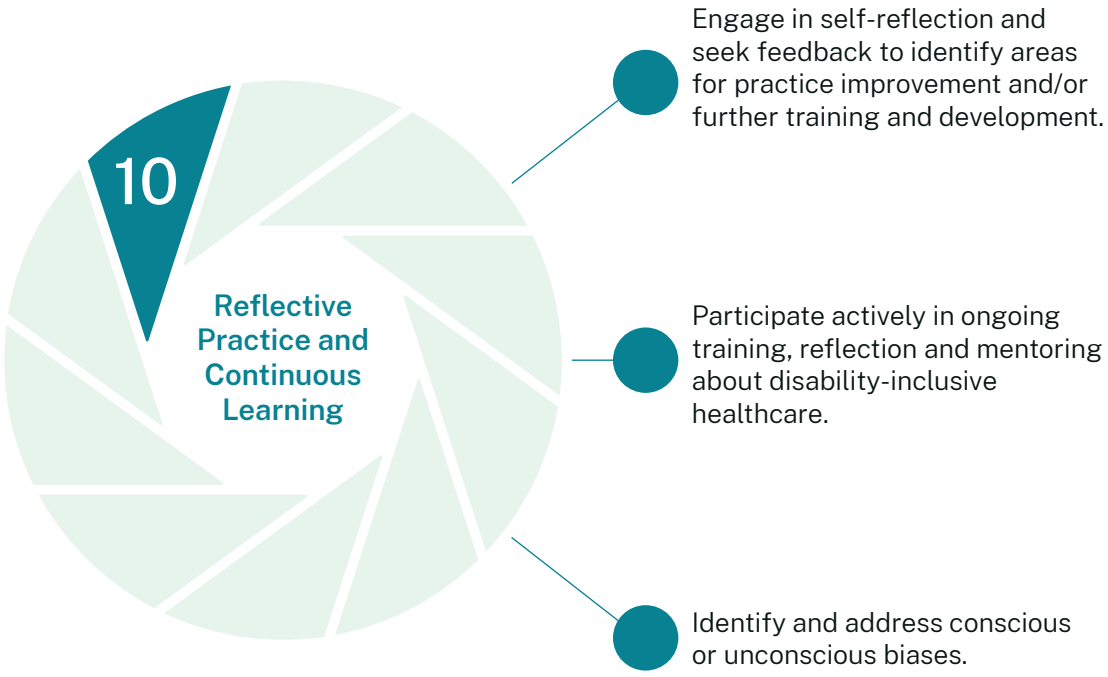


Domain 10

Reflective Practice and Continuous Learning

This domain aims to foster a culture of reflective practice, continuous learning, and professional development in disability-inclusive healthcare. This includes self reflection, seeking feedback, identifying learning needs, and engaging in ongoing education, mentoring, and improvement activities. The domain encourages recognition and addressing of conscious and unconscious biases, supporting workforce capability development and sustained improvement in care for people with disability.

The health professional demonstrates the ability to:



Framework Implementation

The Framework builds the capability of the health workforce to provide disability-inclusive, person-centred care and improve access to safe, accessible and high-quality healthcare for people with disability.

The framework can support:

Shared understanding of roles and capabilities

Support a shared understanding of the knowledge, skills and behaviours that contribute to safe and consistent practice.

Structured education and training

Guide education and training by linking learning to defined capabilities and service needs.

Workforce capability conversations

Support meaningful discussions between staff and managers about development goals, performance and career progression.

Service model planning

Inform service design by identifying capability requirements needed to deliver safe, accessible and person-centred care.

Targeted workforce development

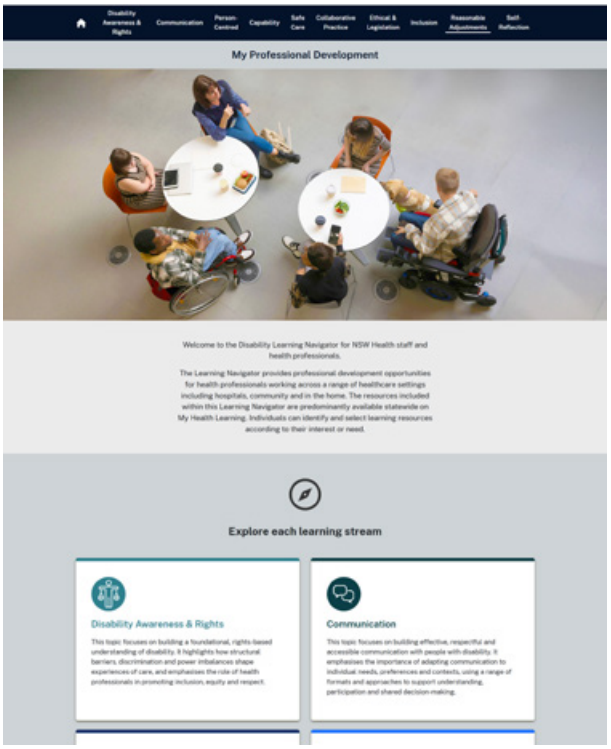
Enable organisations to identify gaps and prioritise development activities that meet local and system needs.

Consistent approach across NSW

Promote a consistent approach across services, professions and settings to support performance monitoring and improvement.

The Disability Learning Navigator

The Disability Learning Navigator (course code 636176544) is a central learning resource available through HETI My Health Learning that supports professional development in disability-inclusive care. It links each Framework domain to a curated collection of educational resources, providing health professionals with access to relevant learning opportunities aligned to the Framework. Managers, educators and supervisors can use the Framework and the Disability Learning Navigator to support education, professional development, supervision and workforce development activities. Together, these resources support workforce development and help build capability in disability-inclusive care across NSW Health.



Glossary of Terms

Clinical Capability and Adaptation	• Capabilities: The knowledge (theoretical or practical understanding of a subject), skills (proficiencies developed through training, experience or practice) and abilities (qualities of being able to do something) needed to perform a role (NSW Public Service Commission, 2020). • Developmental assessments: Evaluations that measure a person's physical, cognitive, emotional, and social development, performed in a person's developing years. • Choice and control: A principle in disability support that emphasises autonomy and decision-making by the person receiving care.
Collaborative Practice	• Interdisciplinary teams: Groups of professionals from different fields (medicine, nursing, social work, therapies) working together to provide holistic care. • Co-constructing goals: Jointly developing care objectives with the person receiving services.
Communication	• Augmentative and Alternative Communication (AAC): Methods of communication used to supplement or replace speech, including sign language, communication boards, and speech-generating devices. • Multimodal formats: Delivering information using multiple methods (visual, auditory, tactile) to enhance accessibility. • Inclusive language: Language that avoids bias, slang, or expressions that discriminate against people based on disability, gender, race or other personal characteristics. • Inclusive communication: Making sure everyone can understand and be understood what is being said or what is happening. It means using respectful language, avoiding jargon, and considering different needs including using plain language, sign language and gestures, or visual aids. • Accessible information: Content that is designed to be easily understood and used by people with diverse needs. This includes the use of clear language, considered structure and layout, and appropriate design features such as font size, spacing and visual supports.
Cultural Capability and Inclusion	• Intersectionality: The interconnected nature of social categorisations (e.g., disability, race, gender) that create overlapping systems of disadvantage and discrimination. • Cultural safety: An environment where individuals feel respected, valued, and safe to express their cultural identity without fear of judgment, discrimination, or negative impact on their well-being (Agency for Clinical Innovation (ACI), 2021). • Shared decision-making: A process where the clinician and consumer (and their family, partner or carer) make health decisions together (ACI, 2023).
Delivering Quality and Safe Care	• Core activities of daily living: Basic tasks such as eating, bathing, dressing, and mobility which are directly about the person and their needs. • Behaviour support: Strategies and interventions to improve quality of life and reduce behaviours of concern.
Disability	• Disability: An umbrella term for impairments of body function or structure, activity limitations or participation restrictions. People experience different degrees of impairment, activity limitation and participation restriction. Disability can be related to genetic disorders, illnesses, accidents, ageing, injuries or a combination of these factors. How people experience disability is affected by environmental factors, including community attitudes and the opportunities, services and assistance they can access as well as by personal factors (Policy Directive PD2024_030).

Disability Awareness and Rights	• UN Convention on the Rights of Persons with Disabilities (UNCRPD): An international human rights treaty that promotes, protects, and ensures the full and equal enjoyment of all human rights by persons with disabilities. • Structural barriers: Systemic obstacles (e.g., policies, infrastructure, attitudes) that limit access or participation. • Power differentials: Imbalances in authority or influence, especially between healthcare providers and patients.
Environmental, Reasonable Adjustments and Accessibility	• Reasonable adjustments: Modifications or accommodations to remove barriers and ensure equal access for people. For more information see Appendix 1 Policy Directive PD2024_030 Responding to the health care needs of people with disability. • Sensory rooms/items: Spaces or tools designed to regulate sensory input and support wellbeing, especially for neurodivergent individuals. • A sensory disability or impairment: A person has difficulty using one or more of their senses. Sensory impairments can affect someone's hearing or vision, as well as other senses like touch, taste or smell (Healthdirect, 2026).
Ethical and Legal Responsibilities	• Informed consent: Permission given with full understanding of risks, benefits, and alternatives, such as supported decision making. • Capacity: A person's specific ability to understand information and make a decision. Capacity is decision specific. • Duty of care: Legal and ethical obligation of the service provider to avoid causing harm. • Dignity of risk: The right of individuals to make choices and take risks, even if those choices involve potential personal harm. • Advance care directives: Legal documents outlining a person's preferences for future healthcare decisions, including, but not restricted to, end of life when they no longer have capacity for decision making.
Person-Centred and Trauma-Informed Care	• Trauma-informed care: An approach that recognises the impact of trauma and prioritises the principles of safety, choice, trust, collaboration and empowerment (Agency for Clinical Innovation, 2022; NSW Health, 2022d). • Co-design principles: Collaborative design processes where people with lived experience actively shape services or systems.
Reflective Practice and Continuous Learning	• Self-reflection: A continuous dynamic process that involves thoughtfully, honestly and critically considering all aspects of professional experience and applying knowledge to practice (NSW Clinical Excellence Commission, 2022). • Unconscious bias: Refers to the automatic, often unintentional judgments and attitudes individuals hold toward others, shaped by societal stereotypes, cultural norms, and personal experiences. These biases can operate both at a conscious and unconscious level, subtly influencing perceptions, decisions, and interactions.

References and Sources

ACT Health. (2023). Disability Health Strategy: First Action Plan 2024-2026. https://www.act.gov.au/__data/assets/pdf_file/0006/2533929/ACT-Disability-Health-Strategy_-First-Action-Plan-2024-2026.pdf

Agency for Clinical Innovation. (n.d.). *Aboriginal employment strategy*. https://aci.health.nsw.gov.au/__data/assets/pdf_file/0007/617974/ACI-Aboriginal-Employment-Strategy.pdf

Agency for Clinical Innovation. (2021). *My rehab, my journey – Gadjigadji*. NSW Government. Retrieved from https://aci.health.nsw.gov.au/projects/my-rehab [1, 2]

Agency for Clinical Innovation. (n.d.). *Guiding principles of quality health services for people with intellectual disability*. https://www.aci.health.nsw.gov.au

Agency for Clinical Innovation. (2023). *Shared decision making*. NSW Government. Retrieved from ACI Shared Decision-Making Guide

Agency for Clinical Innovation. (n.d.) *Guiding Principles for Quality Health Services for People with Intellectual Disability*. https://aci.health.nsw.gov.au/projects/intellectual-disability-essentials/10-guiding-principles

Arnold, S. R., Bruce, G., Weise, J., Mills, C. J., Trollor, J. N., & Coxon, K. (2024). Barriers to healthcare for Australian autistic adults. *Autism: The International Journal of Research and Practice*, 28(2), 301–315. https://doi-org.ezproxy.lib.uts.edu.au/10.1177/13623613231168444

Australian Commission on Safety and Quality in Health Care. (2021). *National safety and quality health service standards (2nd ed.)*. https://www.safetyandquality.gov.au/sites/default/files/2021-05/national_safety_and_quality_health_service_nsqhs_standards_second_edition_-_updated_may_2021.pdf

Australian Commission on Safety and Quality in Health Care. (2019). *Comprehensive care standard*. https://www.safetyandquality.gov.au/standards/nsqhs-standards/comprehensive-care-standard

Australian Commission on Safety and Quality in Health Care (n.d.) *Comprehensive Care Standard*. https://www.safetyandquality.gov.au/standards/nsqhs-standards/comprehensive-care-standard

Australian Government. (2021). *Australia's Disability Strategy 2021–2031*.

Australian Government Department of Health. (2022). *Disability Service Plan 2022–2024*.

Australian Government Department of Health and Aged Care. (2024). *Intellectual Disability Health Capability Framework*. https://www.health.gov.au/sites/default/files/2024-04/intellectual-disability-health-capability-framework.pdf

Australian Government Department of Health and Aged Care. (2025). *National Roadmap to Improve the Health and Mental Health of Autistic People 2025–2035* https://www.health.gov.au/sites/default/files/2025-02/national-roadmap-to-improve-the-health-and-mental-health-of-autistic-people-2025-2035.pdf

Australian Government Department of Social Services. (2016). *NSW Health Disability Inclusion Action Plan 2016–2019*.

Australian Government Department of Social Services. (n.d.). *NDIS practice standards and quality indicators*.

Australian Government Department of Social Services. (n.d.). *NDIS workforce capability framework*.

Australian Government National Disability Insurance Scheme. (n.d.). *NDIS code of conduct*.

Australian Institute of Health and Welfare. (2020). *People with disability in Australia: Access to health services*. https://www.aihw.gov.au

Fortune, N., Badland, H., Clifton, S., Emerson, E. Rachele, J., Stancliffe, R., Zhou, Q., Llewellyn, G. (2020). *The Disability and Wellbeing Monitoring Framework and Indicators: technical report*. https://apo.org.au/node/303801 Centre for Research Excellence in Disability and Health.

Barrington, M., Fisher, K. R., Harris-Roxas, B., Spooner, C., Trollor, J. N., & Weise, J. (2025). Access to healthcare for people with intellectual disability: A scoping review. *Scandinavian Journal of Public Health*, 0(0). https://doi.org/10.1177/14034948251317243

Bowen, C. N., Havercamp, S. M., Karpiak Bowen, S., & Nye, G. (2020). A call to action: Preparing a disability-competent health care workforce. *Disability and Health Journal*, 13(4), 100941. https://doi-org.ezproxy.lib.uts.edu.au/10.1016/j.dhjo.2020.100941

Casson, I., Broda, T., & Sue, K. (2018). Health checks for adults with intellectual and developmental disabilities in a family practice. *Canadian Family Physician*, 64, S44–S50.

Clinical Excellence Commission. (n.d.). *Reflective practice workbook*. https://www.cec.health.nsw.gov.au/__data/assets/pdf_file/0010/750529/reflective-practice-workbook.pdf

Council for Intellectual Disability. (n.d.). *Resources for Health Practitioners*. https://cid.org.au/wp-content/uploads/2022/03/Resources-for-health-professionals-working-with-people-with-ID.pdf

Daaleman, T. P. (2016). Primary care of adults with intellectual and developmental disabilities. *Southern Medical Journal*, 109(1), 12–16. https://doi.org/10.14423/SMJ.0000000000000392

Health Consumers NSW. (2022). *Position Statement on Health 2022*.

Healthdirect. (2026). *Sensory impairments*. Australian Government Department of Health and Aged Care. Retrieved from https://www.healthdirect.gov.au/sensory-impairments

Johnston, K. J., Chin, M. H., & Pollack, H. A. (2022). Health equity for individuals with intellectual and developmental disabilities. *JAMA, 328*(16), 1587–1588. https://doi.org/10.1001/jama.2022.18500

Learning-Disability-Framework. (2019, October). *Learning disability framework*.

Lundberg, D. J., & Chen, J. A. (2024). Structural ableism in public health and healthcare: a definition and conceptual framework. *The Lancet Regional Health – Americas*, Vol 30, 100650.

McCormick, F., Marsh, L., Taggart, L., & Brown, M. (2021). Experiences of adults with intellectual disabilities accessing acute hospital services: A systematic review of the international evidence. *Health & Social Care in the Community, 29*, 1222–1232. https://doi-org.ezproxy.lib.uts.edu.au/10.1111/hsc.13253

Mishra, S., Rotarou, E. S., Peterson, C. B., Sakellariou, D., & Muscat, N. A. (2022). The WHO European framework for action to achieve the highest attainable standard of health for persons with disabilities 2022–2030. *The Lancet Regional Health – Europe, 25*, 100555. https://doi-org.ezproxy.lib.uts.edu.au/10.1016/j.lanepe.2022.100555

National Disability Insurance Scheme. (n.d.). *Practice standards and quality indicators*. https://www.ndiscommission.gov.au/rules-and-standards/ndis-practice-standards

NDIS Quality & Safeguards Commission (2019). *The NDIS Code of Conduct: Guidance for Workers*. https://www.ndiscommission.gov.au/sites/default/files/2022-02/code-conduct-workers-march-2021-11.pdf

NDIS Quality & Safeguards Commission (2021). *NDIS Workforce Capability Framework* https://workforcecapability.ndiscommission.gov.au/sites/default/files/Resources/2022-05/NDIS-Workforce-Capability-Framework.pdf

National Early Childhood Intervention Australia. (2016). *National guidelines: Best practice in early childhood intervention*.

NSW Health. (2024). *Policy directive PD2024_030*. Responding to the health care needs of people with disability https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2024_030.pdf

NSW Ministry of Health. (2016). *Intellectual Disability Mental Health Core Competency Framework: A Manual for Mental Health Professionals*. https://www.3dn.unsw.edu.au/IDMH-CORE-COMPETENCY-FRAMEWORK and toolkit is at https://www.3dn.unsw.edu.au/sites/default/files/IDMH_Core_Competency_Framework_Toolkit.pdf

Ong, N., Lucien, A., Long, J. C., Weise, J., Walton, M., & Burgess, A. (2023). What do healthcare staff think about the quality and safety of care provided to children and young people with an intellectual disability? A qualitative study using the framework method of analysis. *BMJ Open, 13*(7), e071494. https://doi-org.ezproxy.lib.uts.edu.au/10.1136/bmjopen-2022-071494

Phillips, K.G., England, E., Wishengrad, J. S. (2021). Disability-competence training influences health care providers' conceptualizations of disability: An evaluation study. *Disability and Health Journal, 4(4)*, 101124.

Sullivan, R., Hemsley, B., Skinner, I., & Harding, K. (2023). Hospital policies on falls in relation to patients with communication disability: A scoping review and content analysis. *Australian Health Review, 47*, 487–493. https://doi.org/10.1071/AH22289

Sullivan, W. F., Heng, J., & Salvador-Carulla, L. (2018). Approaches to primary care of adults with intellectual and developmental disabilities: Importance of frameworks for guidelines. *Canadian Family Physician, 64*, S5–S7.

Travaglia J, Debono D, Debono G. Capacity building and intellectual disability health services. An Evidence Check rapid review brokered by the Sax Institute (www.saxinstitute.org.au) for the NSW Ministry of Health. https://www.health.nsw.gov.au/disability/Documents/evidence-brief-idcb.pdf

Victoria Department of Health (2020). *Allied Health Capability Framework: Disability and Complex Support Needs* https://www.health.vic.gov.au/allied-health-workforce/allied-health-capability-framework-disability-and-complex-support-needs

Wallace, R. A. (2021). Palliative care for adults with intellectual disability. *Internal Medicine Journal, 51*, 1963–1968. https://doi-org.ezproxy.lib.uts.edu.au/10.1111/imj.15577

Wallace, R. A. (2024). Reasonable adjustments to the application of the comprehensive care standard within an Australian mainstream internal medicine outpatient clinic attended by adults with Down syndrome. *Journal of Intellectual & Developmental Disability, 49*(2), 146–162. https://doi-org.ezproxy.lib.uts.edu.au/10.3109/13668250.2023.2248401

Weise, J., Fisher, K. R., Turner, B., & Trollor, J. N. (2019). What is the capability of the Australian mental health workforce to meet the needs of people with an intellectual disability and co-occurring mental ill health? *Journal of Intellectual & Developmental Disability, 45*(2), 184–193. https://doi-org.ezproxy.lib.uts.edu.au/10.3109/13668250.2019.1622659

Western Australia Department of Health. (2023). *Hospital Stay Guidelines, a guide for disability service providers*. https://www.health.wa.gov.au/~/media/Corp/Documents/Health-for/Health-Networks/Disability/Hospital-Stay-Guidelines-Part-2.pdf and a guide for people with disability, families, and carers. https://www.health.wa.gov.au/~/media/Corp/Documents/Health-for/Health-Networks/Disability/Hospital-Stay-Guidelines-Part-1.pdf

World Health Organization. (2011). *World Health Organization policy on disability*.

Wyborn, J., O'Donovan, M.-A., & Gallego, G. (2025). Quality of healthcare for people with intellectual disability: A mapping review protocol of the evidence in Australia and countries with similar universal health systems. *BMJ Open, 15*(3), e094181. https://doi-org.ezproxy.lib.uts.edu.au/10.1136/bmjopen-2024-094181

World Health Organization (2023). *Disability*. https://www.who.int/news-room/fact-sheets/detail/disability-and-health

Health Education and Training Institute (HETI)
1 Reserve Road

ST LEONARDS NSW 2069

LOCKED BAG 2030

ST LEONARDS NSW 1590

https://heti.edu.au/

The NSW Ministry for Health acknowledges the traditional custodians of the lands across NSW. We acknowledge that we live and work on Aboriginal lands. We pay our respects to Elders past and present and to all Aboriginal people.

Further copies of this document can be downloaded from the NSW Health webpage www.health.nsw.gov.au and www.heti.nsw.gov.au