

ACTIONS
for clinicians

Intellectual disability and the National Safety and Quality Health Service Standards

People with intellectual disability face many barriers when accessing safe and high-quality health care. As a result, they are at high risk of poor health outcomes, chronic disease and premature death from preventable illness.¹ The primary aims of the National Safety and Quality Health Service (NSQHS) Standards are to protect the public from harm and to improve the quality of health service provision.

Reasonable adjustment and the NSQHS Standards

Making reasonable adjustment for a person's disability creates an inclusive environment and facilitates meeting the NSQHS Standards e.g., providing safe and high-quality care.

A reasonable adjustment is when a change to an existing approach or process is essential to ensure the person's access to a service. Making reasonable adjustments for people with disability to access services is required under the Commonwealth Disability Discrimination Act 1992. Equitable access to safe and high-quality health care is a human right.

Providing safe and high-quality care requires health services to plan for, build capacity and take action to meet the needs of a person with disability, including intellectual disability.

Actions for Clinicians

This fact sheet describes four steps that clinicians in all healthcare settings such as a hospital ward or day clinic can take to make reasonable adjustments:

1. **Plan** – for reasonable adjustment
2. **Understand** – the person and their disability
3. **Communicate** – directly with the person
4. **Act** – on a person's health needs.

Plan

Consider what the person needs to access your service and plan to make those adjustments to your approach and/or the physical environment.

- Identify if the person has an intellectual disability
- Learn the person's baseline presentation through engaging with them and their support people
- Consider if any communication aids are required, i.e., is Easy Read required, what is used normally for the person in other settings?
- Do other members of the workforce in the health service need to be advised that the person needs assistance
- Have a plan on what should happen during an appointment or ward visit, for instance physical space, longer appointment times, how will you explain information in a simple way?
- Taking the opportunity to learn more and improve your skills to provide the best possible health care to people with intellectual disability.

Understand

- Be aware of any assumptions that you may make about the person and their life because of intellectual disability
- To help the person make health decisions, find out as much as you can about the person, their goals, preferences, likes and dislikes
- Consider which preventative health and screening options are appropriate for the person
- Work out what may be causing distress in the clinical setting
- Recognise that the person with intellectual disability may not express their experiences, such as pain, in words

- Don't make presumptions about a person's behaviour – check what it means for them
- Avoid diagnostic overshadowing – assuming a presenting problem arises from the person's disability.

Communicate

- Communicate with the person in a manner they can understand. This might include using simple language and concrete terms, Easy Read English or visual aids²
- Talk with the person directly, rather than the accompanying person, in a way that is positive and inclusive for them
- Explain who you are, why you are there and what is about to happen
- Use clear and concrete language, pacing information by providing it in small chunks
- Check in with the person regularly to make sure they are understanding the information you are providing
- Ask the person to explain back to you what you have told them, in their words
- Ask the person what they think and then allow time for the person and their support person to respond
- Change your approach if the person does not understand what you have said, or is not coping with the level of information
- Engage with support people for further information and history. Confirm they also understand the situation and what you are recommending
- If a person lacks capacity to make decisions about their health care, accurately identify and consult with the substitute decision-maker

Resources

Cognitive impairment resources are available on the [Commission's website](#) and on the [Cognitive care website](#). [Intellectual Disability Health Education for health professionals](#) Department of Developmental Disability Neuropsychiatry, UNSW.

References

1. NDIS Quality and Safeguards Commission, Australian Commission on Safety and Quality in Health Care. Practice Alert: Comprehensive health assessment. Commonwealth of Australia; 2021.
2. Department of Developmental Disability Neuropsychiatry. Accessible Mental Health Services for People with an Intellectual Disability: A Guide for Providers. Sydney: Department of Developmental Disability Neuropsychiatry; 2014.

- Inform the person and their support person of the clinicians who will be seeing them, the purpose and estimated times, and keep them updated if plans change.

Act

- Prepare the person and their support people for an admission
- Screen for the person's physical, cognitive and mental health
- Comprehensively assess issues identified in screening
- Use what you know about the person's baseline to identify concerns that need further investigation or review
- Regularly check how the person is feeling about the health care they are receiving
- Ensure additional time is available to complete tasks if needed
- Follow up on any issues identified in the comprehensive assessment, either directly, or through organising referrals
- Consult with colleagues for their expertise and work as a team to provide the required care
- Consider a review of the person's medicines by a pharmacist to make sure they are benefiting the person with no adverse effects
- Work with disability, aged care and other external services to coordinate care delivery.