



# Intellectual Disability Health Capability Framework

## Appendix 2: Capacity assessment tools

This document sets out modifiable templates of the capacity assessment tools in Appendix 2 of the Intellectual Disability Health Capability Framework. These templates are intended to be used by educators, curriculum coordinators, accreditation authorities, self-regulating health professions, and intellectual disability champions to support implementation of the Framework. The templates provide an easy way to assess capacity to implement the Framework and identify opportunities for further activity.

### Intellectual Disability Health Capability Framework – Program content mapping tool

The aim of this tool is to assist educators such as curriculum coordinators to map current curriculum content against the Capabilities and identify i) gaps and ii) potential areas to incorporate specific intellectual disability content. Mapping can occur at the core competency level, or higher area level depending on needs.

Program/degree: .....

Undergraduate or postgraduate .....

Are people with intellectual disability and/or their families and support networks involved in the design or delivery of curriculum content? (✓): Yes  No

If yes, note details of courses and see *Inclusion of people with lived experience tool*.....

.....  
.....  
.....

Intellectual disability champion/s on staff for advice/consultation?.....

.....

Mapped by: ..... Role: .....

Date: .....

Core capabilities		Current curriculum content with mention of intellectual disability, developmental disability, cognitive impairment, disability, groups with diverse needs, human rights, or health inequities.		If no intellectual disability or related content found for core capability.		Notes
		Curriculum content.	Course/unit/placement the content is located. Include year and mode of delivery.	a) Existing course content intellectual disability education could be integrated? (e.g. consent, communication, mention of disability or groups with diverse needs). Include course/unit/ placement and content.	b) If no to a), suggest potential course/unit/placement content that could be added.	
<b>Area 1. Intellectual disability awareness</b>						
1.1 Human rights of people with disability	Practise in a manner that promotes and upholds the human rights of people with intellectual disability, in keeping with the United Nations Convention on the Rights of Persons with Disabilities.					
1.2 Attitudes, values and beliefs about people with intellectual disability	Practise in a manner that recognises, respects, values and includes the lived experience and lives of people with intellectual disability.					
1.3 Power differentials	Recognise power differentials between health professionals and people with intellectual disability and their support networks and proactively work to remove them, acknowledging people's unique experiences, with the goal of supporting people with intellectual disability to maximise control over their own health care.					
1.4 Causes of intellectual disability, co-occurring conditions and variability across individuals	Apply knowledge of the causes of intellectual disability and associated conditions to provide comprehensive individualised care.					

Core capabilities		Current curriculum content with mention of intellectual disability, developmental disability, cognitive impairment, disability, groups with diverse needs, human rights, or health inequities.		If no intellectual disability or related content found for core capability.		Notes
		Curriculum content.	Course/unit/placement the content is located. Include year and mode of delivery.	a) Existing course content intellectual disability education could be integrated? (e.g. consent, communication, mention of disability or groups with diverse needs). Include course/unit/ placement and content.	b) If no to a), suggest potential course/unit/placement content that could be added.	
1.5 Historical and current models of disability and health care for people with intellectual disability	Apply current best practice models of disability and health care for people with intellectual disability, with an awareness of historical models, to inform equitable and person-centred health care provision.					
1.6 Determinants of health for people with intellectual disability	Apply knowledge of the determinants of health of people with intellectual disability and the corresponding available evidence base to inform health care provision.					
1.7 Health status of people with intellectual disability	Apply knowledge of the unique health status of people with intellectual disability to inform health care provision from prevention to recovery.					
1.8 Barriers and enablers to health care access	Facilitate equitable access to the health care you provide for people with intellectual disability and adapt your practice to provide optimal care by applying knowledge of the enablers and additional barriers to health care experienced by people with intellectual disability.					

Core capabilities		Current curriculum content with mention of intellectual disability, developmental disability, cognitive impairment, disability, groups with diverse needs, human rights, or health inequities.		If no intellectual disability or related content found for core capability.		Notes
		Curriculum content.	Course/unit/placement the content is located. Include year and mode of delivery.	a) Existing course content intellectual disability education could be integrated? (e.g. consent, communication, mention of disability or groups with diverse needs). Include course/unit/ placement and content.	b) If no to a), suggest potential course/unit/placement content that could be added.	
1.9 Intersectionality of care	Provide culturally safe care and practise in a manner that acknowledges that a lived experience of intellectual disability can intersect with other aspects of a person's identity, creating unique needs, experiences, and barriers and enablers to care.					
1.10 Role of support networks	Apply knowledge of the key role support networks have in the lives of people with intellectual disability, recognising their role and experience, their knowledge of the person's health history and presentation, potential to support and monitor care plans, and their own support needs.					
<b>Area 2. Communication</b>						
2.1 Communicate directly with the person with intellectual disability	Communicate and engage directly with every person with intellectual disability, using their support networks to facilitate this when appropriate.					
2.2 Adapt communication	Determine the person's preferred and most effective communication style and adapt accordingly, including seeking advice from the person and their support networks and using communication aids.					

Core capabilities		Current curriculum content with mention of intellectual disability, developmental disability, cognitive impairment, disability, groups with diverse needs, human rights, or health inequities.		If no intellectual disability or related content found for core capability.		Notes
		Curriculum content.	Course/unit/placement the content is located. Include year and mode of delivery.	a) Existing course content intellectual disability education could be integrated? (e.g. consent, communication, mention of disability or groups with diverse needs). Include course/unit/ placement and content.	b) If no to a), suggest potential course/unit/placement content that could be added.	
2.3 Behaviour as a form of communication	Recognise that behaviour is a form of communication and use it to inform assessment, diagnosis and care for people with intellectual disability.					
2.4 Communicate to reassure	Recognising that people with intellectual disability may have differing levels of understanding of health care situations and procedures, communicate directly with the person in a way that seeks to include them in health care discussions and inform them of what is occurring and its purpose, giving a sense of control and improved comfort.					
<b>Area 3. Quality Evidence-Informed Health Care</b>						
3.1 Dignity and respect	Treat all people with intellectual disability with dignity and respect, seeing them as a person first.					
3.2 Evidence-informed practice	Evaluate, apply and contribute to evidence-informed practice in the health care of people with intellectual disability.					
3.3 Person-centred care	Adopt a person-centred approach to care to ensure that the person with intellectual disability is at the centre of planning and decision-making about their care.					

Core capabilities		Current curriculum content with mention of intellectual disability, developmental disability, cognitive impairment, disability, groups with diverse needs, human rights, or health inequities.		If no intellectual disability or related content found for core capability.		Notes
		Curriculum content.	Course/unit/placement the content is located. Include year and mode of delivery.	a) Existing course content intellectual disability education could be integrated? (e.g. consent, communication, mention of disability or groups with diverse needs). Include course/unit/ placement and content.	b) If no to a), suggest potential course/unit/placement content that could be added.	
3.4 Reasonable adjustments	Make reasonable adjustments to care, including adapting the environment, to meet the individual needs of the person with intellectual disability.					
3.5 Partnership in care	Promote inclusion of people with intellectual disability, and their support networks where appropriate, in all stages of their care including asking people their needs, preferences and values, informing them of what is happening, including them in care planning, and offering a full range of choices.					
3.6 Appropriate assessment	Employ appropriate assessment procedures and tools to inform diagnosis of health conditions, with an awareness that modified diagnostic criteria and reasonable adjustments may be required for assessment of people with intellectual disability.					
3.7 Diagnostic overshadowing and other reasons for misdiagnosis	Apply knowledge of diagnostic overshadowing and atypical presentations and their role in under-diagnosis and misdiagnosis in people with intellectual disability.					

Core capabilities		Current curriculum content with mention of intellectual disability, developmental disability, cognitive impairment, disability, groups with diverse needs, human rights, or health inequities.		If no intellectual disability or related content found for core capability.		Notes
		Curriculum content.	Course/unit/placement the content is located. Include year and mode of delivery.	a) Existing course content intellectual disability education could be integrated? (e.g. consent, communication, mention of disability or groups with diverse needs). Include course/unit/ placement and content.	b) If no to a), suggest potential course/unit/placement content that could be added.	
3.8 Complex care needs	Apply knowledge of the unique clinical, social and contextual factors contributing to complexity of health care for people with intellectual disability and be able to respond accordingly to complex care needs.					
3.9 Deterioration in function	Working in partnership with those who know the person well, recognise deterioration in function particularly when communication or care needs are complex, and respond as appropriate to address deterioration and improve quality of life.					
3.10 Best practice approaches to management for people with intellectual disability	Use best practice approaches (non-pharmacological and/or pharmacological) taking into consideration individual needs to manage health conditions for people with intellectual disability.					
3.11 Responsible management of medications	Build awareness of the implications of medications, their use, and interactions for people with intellectual disability and apply these within scope of practice.					

Core capabilities		Current curriculum content with mention of intellectual disability, developmental disability, cognitive impairment, disability, groups with diverse needs, human rights, or health inequities.		If no intellectual disability or related content found for core capability.		Notes
		Curriculum content.	Course/unit/placement the content is located. Include year and mode of delivery.	a) Existing course content intellectual disability education could be integrated? (e.g. consent, communication, mention of disability or groups with diverse needs). Include course/unit/ placement and content.	b) If no to a), suggest potential course/unit/placement content that could be added.	
3.12 Working with people who have behaviours of concern	Use best practice and, where at all possible, non-restrictive (otherwise least-restrictive) techniques to work safely with people who may display behaviours of concern relevant to your area of practice.					
3.13 Lifespan approach to health care	Apply an approach that considers the health needs of people with intellectual disability across the lifespan, particularly during times of transition and life events.					
3.14 Preventative health care and promotion	Employ proactive health care practices and health promotion activities that are adapted and responsive to the needs of people with intellectual disability and correspond to known health risks at a population and individual level.					
3.15 Responding to trauma	Work in a way that sensitively considers and responds to the greater likelihood that a person with intellectual disability may have experience of trauma, including health care related trauma.					
3.16 Health literacy for people with intellectual disability and their support networks	Facilitate quality health care for people with intellectual disability by fostering health literacy in people with intellectual disability and their support networks, and providing accessible information.					



Core capabilities		Current curriculum content with mention of intellectual disability, developmental disability, cognitive impairment, disability, groups with diverse needs, human rights, or health inequities.		If no intellectual disability or related content found for core capability.		Notes
		Curriculum content.	Course/unit/placement the content is located. Include year and mode of delivery.	a) Existing course content intellectual disability education could be integrated? (e.g. consent, communication, mention of disability or groups with diverse needs). Include course/unit/ placement and content.	b) If no to a), suggest potential course/unit/placement content that could be added.	
<b>Area 4. Coordination and collaboration</b>						
4.1 Care navigation through health and disability services	Support people with intellectual disability and their support networks to navigate available health, disability, and community services according to needs.					
4.2 Relationships of trust	Facilitate trust with people with intellectual disability and their support networks during each interaction.					
4.3 Collaborative partnerships	Work collaboratively with the person with intellectual disability, their support networks, and professionals, applying knowledge of who is involved and their roles and expertise.					
4.4 Collaborate with other professionals	Collaborate as appropriate with other professionals across all stages of a care pathway to ensure successful integration of care for people with intellectual disability.					
4.5 Continuity in care during transitions	Support continuity of care and effective transfers of care between health professionals and services for people with intellectual disability by using or finding effective care pathways.					

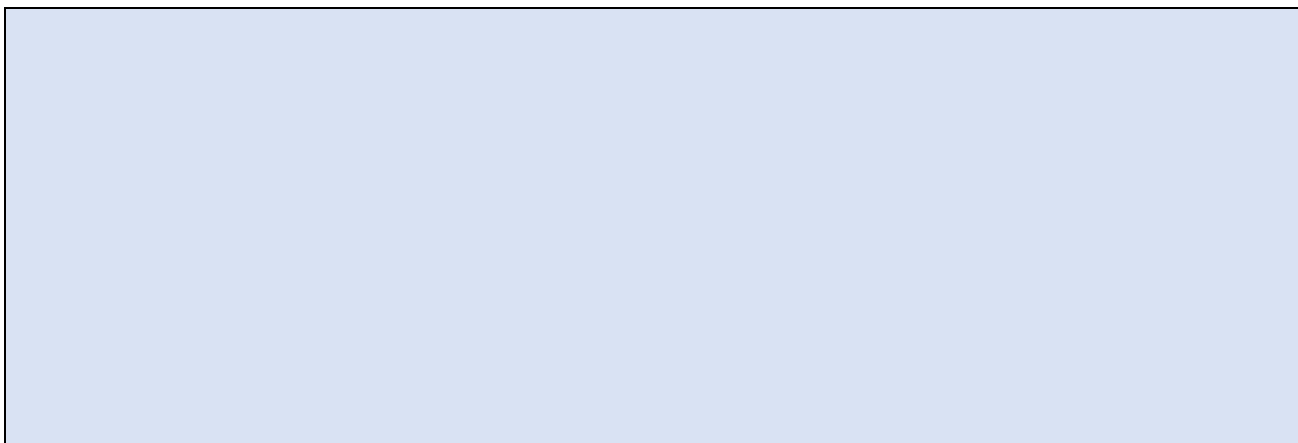
Core capabilities		Current curriculum content with mention of intellectual disability, developmental disability, cognitive impairment, disability, groups with diverse needs, human rights, or health inequities.		If no intellectual disability or related content found for core capability.		Notes
		Curriculum content.	Course/unit/placement the content is located. Include year and mode of delivery.	a) Existing course content intellectual disability education could be integrated? (e.g. consent, communication, mention of disability or groups with diverse needs). Include course/unit/ placement and content.	b) If no to a), suggest potential course/unit/placement content that could be added.	
4.6 Structure and function of the disability support system and its workers	Apply knowledge of the structure and function of the disability support system to inform practice recommendations to support the health of people with intellectual disability within your scope of practice.					
<b>Area 5. Decision-Making and Consent</b>						
5.1 Supported decision-making	Facilitate supported decision-making to maximise the capability of all people with intellectual disability to make or be involved in decisions about their care, involving support networks where appropriate.					
5.2 Communicating the significance of supported decision-making	Communicate clearly with the person with intellectual disability and their support networks about the importance and benefits of supported decision-making and how this differs to substitute decision-making.					
5.3 Assess capacity to consent	Adapt practices as required to assess the capacity of a person with intellectual disability to consent to each decision about their health care, using supported decision-making practices and reasonable adjustments, in line with relevant legislation.					

Core capabilities		Current curriculum content with mention of intellectual disability, developmental disability, cognitive impairment, disability, groups with diverse needs, human rights, or health inequities.		If no intellectual disability or related content found for core capability.		Notes
		Curriculum content.	Course/unit/placement the content is located. Include year and mode of delivery.	a) Existing course content intellectual disability education could be integrated? (e.g. consent, communication, mention of disability or groups with diverse needs). Include course/unit/ placement and content.	b) If no to a), suggest potential course/unit/placement content that could be added.	
5.4 Consent and substitute decision-making	Support a person with intellectual disability to provide consent where they have capacity using reasonable adjustments or identify and work with guardians/appointed decision-makers where required and continue to involve the person with intellectual disability in the process.					
5.5 Balancing dignity of risk and duty of care	Demonstrate the ability to balance a person with intellectual disability's right to dignity of risk while upholding duty of care.					
<b>Area 6. Responsible, Safe and Ethical Practice</b>						
6.1 Advocacy	Advocate for the needs of people with intellectual disability and support people with intellectual disability to engage in self-advocacy or find a suitable advocate.					
6.2 Safe and quality practices	Apply knowledge of the risks that may be associated with accessing health care for people with intellectual disability to consider the care environment, inform safe service provision and report risks.					

Core capabilities		Current curriculum content with mention of intellectual disability, developmental disability, cognitive impairment, disability, groups with diverse needs, human rights, or health inequities.		If no intellectual disability or related content found for core capability.		Notes
		Curriculum content.	Course/unit/placement the content is located. Include year and mode of delivery.	a) Existing course content intellectual disability education could be integrated? (e.g. consent, communication, mention of disability or groups with diverse needs). Include course/unit/ placement and content.	b) If no to a), suggest potential course/unit/placement content that could be added.	
6.3 Safeguards against potential exploitation, violence, abuse and neglect	Identify and know how to act on signs of exploitation, violence, abuse and neglect against people with intellectual disability, and practise in a manner that safeguards people with intellectual disability against potential harms.					
6.4 Legislation and other frameworks	Uphold applicable legislation, policy, frameworks and practice guidelines relevant to working with people with intellectual disability, including being aware of the increased potential for harm when a person with intellectual disability comes into contact with the health system.					
6.5 Reflect on and enhance capabilities	Be aware of your own capabilities around intellectual disability health and seek professional development opportunities and advice from intellectual disability specialists to enhance knowledge and skills where required.					

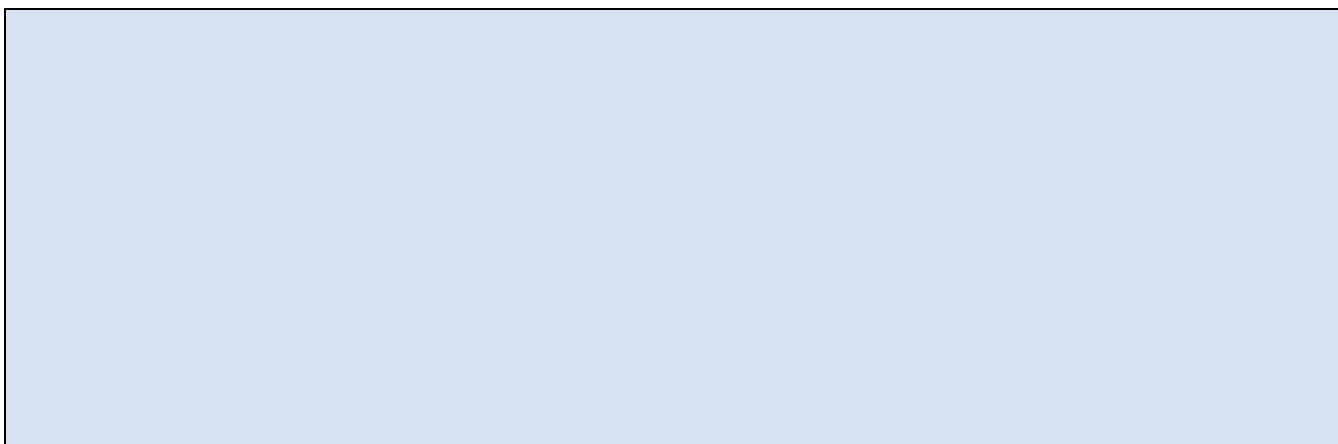
### Teaching methods notes

- Are there specific teaching methods used for current curriculum content in intellectual disability health?
- What teaching methods could be used for planned intellectual disability health curriculum content?



### Assessment notes

- Is current intellectual disability curriculum content assessed? If yes, what are the assessment methods?
- How could planned intellectual disability health curriculum content be assessed?



## Intellectual Disability Health Capability Framework – Accreditation standards development tool

The aim of this tool is for accreditation authorities and self-regulating health professions to map current mentions of intellectual disability and related concepts in their accreditation standards, consider potential new standard(s) to guide pre-registration education providers to implement the Framework in curricula, and determine if there are additional sections of the accreditation standards document where intellectual disability could be specified.

Accreditation standards: .....Year.....

Lead: .....Role: ..... Date: .....

### Current accreditation standards or sections of the standards document with mention of:

- intellectual disability
- developmental disability
- cognitive disability
- disability
- groups with diverse needs
- human rights or health inequities

Integration of Framework content could be considered for standards or sections of the document with mention of intellectual disability or related concepts.

Standard/section of the standards document	Notes

### Potential new standard(s)

For example, guiding pre-registration education providers to cover the six core capability areas in curricula.

1. Intellectual Disability Awareness – Develop and apply knowledge about people with intellectual disability to ensure intersectional care for this population and improved health outcomes.
2. Communication – When communicating with a person with intellectual disability, adapt verbal, non-verbal and written communication to the person's preferred and most effective style and methods. Recognise behaviour as a form of communication and potentially the primary mode of communication.
3. Quality Evidence-Informed Health Care – Apply knowledge of evidence-informed, person-centred care that incorporate reasonable adjustments, responsive health care and proactive approaches to preventative physical and mental health care across the lifespan.
4. Coordination and Collaboration – Engage and work collaboratively with people with intellectual disability and their support networks, including disability, health, allied health, and other professionals to provide well-coordinated care for people with intellectual disability across services and sectors, and transitions.
5. Decision-Making and Consent – Facilitate and respect the inclusion of people with intellectual disability in all aspects of decision-making about their care. Use supported decision-making to enable people with intellectual disability to make their own decisions wherever possible. Work within and uphold applicable legislation and policies related to consent and supported decision-making.
6. Responsible, Safe and Ethical Practice – Engage in practices that uphold legislative frameworks and promote safe and equitable access to quality health care for all people with intellectual disability.

Potential new standard(s)	Notes

### Sections of the standards document with potential relevance to intellectual disability, or where intellectual disability could be mentioned/specified.

For example, definitions of groups who experience health inequities, and sections related to the design, development, delivery of curriculum content, placements and experiential learning opportunities, and experiential learning opportunities, and governance (e.g. Consumer Advisory Groups).

Section of the standards document	Notes

## Intellectual Disability Health Capability Framework – Inclusion of people with lived experience tool

The aim of this tool is for education and curriculum leaders, managers, curriculum coordinators or intellectual disability champions to review if people with lived experience are involved in education activities within faculties/schools/disciplines, how they are involved, and where there are opportunities for further involvement.

Program/degree: .....

Undergraduate or postgraduate .....

Completed by: ..... Role: ..... Date: .....

Course/unit (Year/mode of delivery/units)	How many people with lived experience are involved?		How are people with lived experience involved?		Specific topics people with lived experience design content for/deliver.	Teaching methods (e.g. lecture/ simulation/ video)	Paid or voluntary?	Opportunities for further involvement of people with lived experience in the course	Are these opportunities applicable for use in other courses?	Notes
	People with intellectual disability	Families and support networks	Design?	Delivery?						



## Intellectual Disability Health Capability Framework – Education team intellectual disability capacity tool

The aim of this tool is for education and curriculum leaders, managers, or curriculum coordinators to map out current staff capacity within their faculty/school/discipline to deliver intellectual disability health education. This can help identify intellectual disability ‘champions’, plan required continuing professional development for educators and inform future staff recruitment plans.

Program/degree: .....

Undergraduate or postgraduate .....

Completed by: ..... Role: ..... Date: .....

Name	Role of staff member	[If staff member involved in teaching] Courses taught If known, note if intellectual disability content taught within course.	Identifies as an intellectual disability champion?	Self-assessment of their intellectual disability health knowledge and skills <ul style="list-style-type: none"> <li>• No experience</li> <li>• Foundational</li> <li>• Intermediate</li> <li>• Expert</li> </ul> List topics they have expertise in.	Education and training requirements e.g. Continuing professional development; resources.	Capacity to be involved in the implementation and/or teaching of intellectual disability curriculum content.	Notes E.g. Courses taught by a champion that have no intellectual disability content at present.

## Intellectual Disability Health Capability Framework – Knowledge/skills self-assessment tool for educators

The aim of this tool is for educators such as lecturers to reflect on their current knowledge and skills around intellectual disability health in preparation for delivering education in this area. This can help determine the need for continuing professional education.

Name: ..... Position: ..... Date: .....

Core Capability Areas with corresponding Capabilities	Knowledge/skills related to capability area? Yes (Y) Developing (D) No (N) Not applicable (N/A)	Experience teaching content related to capability area? Current or past?	Plans to assist knowledge/skill development (where applicable)	Resources to assist knowledge/skills development	Timeframe	Notes
<b>1. Intellectual disability awareness</b>						
<b>1.1</b> Human rights of people with disability	Practise in a manner that promotes and upholds the human rights of people with intellectual disability, in keeping with the United Nations Convention on the Rights of Persons with Disabilities.					
<b>1.2</b> Attitudes, values and beliefs about people with intellectual disability	Practise in a manner that recognises, respects, values and includes the lived experience and lives of people with intellectual disability.					
<b>1.3</b> Power differentials	Recognise power differentials between health professionals and people with intellectual disability and their support networks and proactively work to remove them, acknowledging people’s unique experiences, with the goal of supporting people with intellectual disability to maximise control over their own health care.					
<b>1.4</b> Causes of intellectual disability, co-occurring conditions and variability across individuals	Apply knowledge of the causes of intellectual disability and associated conditions to provide comprehensive individualised care.					
<b>1.5</b> Historical and current models of disability and health care for people with intellectual disability	Apply current best practice models of disability and health care for people with intellectual disability, with an awareness of historical models, to inform equitable and person-centred health care provision.					
<b>1.6</b> Determinants of health for people with intellectual disability	Apply knowledge of the determinants of health of people with intellectual disability and the corresponding available evidence base to inform health care provision.					
<b>1.7</b> Health status of people with intellectual disability	Apply knowledge of the unique health status of people with intellectual disability to inform health care provision from prevention to recovery.					
<b>1.8</b> Barriers and enablers to health care access	Facilitate equitable access to the health care you provide for people with intellectual disability and adapt your practice to provide optimal care by applying knowledge of the enablers and additional barriers to health care experienced by people with intellectual disability.					

Core Capability Areas with corresponding Capabilities	Knowledge/skills related to capability area? Yes (Y) Developing (D) No (N) Not applicable (N/A)	Experience teaching content related to capability area? Current or past?	Plans to assist knowledge/skill development (where applicable)	Resources to assist knowledge/skills development	Timeframe	Notes
<b>1.9</b> Intersectionality of care	Provide culturally safe care and practise in a manner that acknowledges that a lived experience of intellectual disability can intersect with other aspects of a person's identity, creating unique needs, experiences, and barriers and enablers to care.					
<b>1.10</b> Role of support networks	Apply knowledge of the key role support networks have in the lives of people with intellectual disability, recognising their role and experience, their knowledge of the person's health history and presentation, potential to support and monitor care plans, and their own support needs.					
<b>2. Communication</b>						
<b>2.1</b> Communicate directly with the person with intellectual disability	Communicate and engage directly with every person with intellectual disability, using their support networks to facilitate this when appropriate.					
<b>2.2</b> Adapt communication	Determine the person's preferred and most effective communication style and adapt accordingly, including seeking advice from the person and their support networks and using communication aids.					
<b>2.3</b> Behaviour as a form of communication	Recognise that behaviour is a form of communication and use it to inform assessment, diagnosis and care for people with intellectual disability.					
<b>2.4</b> Communicate to reassure	Recognising that people with intellectual disability may have differing levels of understanding of health care situations and procedures, communicate directly with the person in a way that seeks to include them in health care discussions and inform them of what is occurring and its purpose, giving a sense of control and improved comfort.					
<b>3. Quality Evidence-Informed Health Care</b>						
<b>3.1</b> Dignity and respect	Treat all people with intellectual disability with dignity and respect, seeing them as a person first.					
<b>3.2</b> Evidence-informed practice	Evaluate, apply and contribute to evidence-informed practice in the health care of people with intellectual disability.					
<b>3.3</b> Person-centred care	Adopt a person-centred approach to care to ensure that the person with intellectual disability is at the centre of planning and decision-making about their care.					
<b>3.4</b> Reasonable adjustments	Make reasonable adjustments to care, including adapting the environment, to meet the individual needs of the person with intellectual disability.					

Core Capability Areas with corresponding Capabilities	Knowledge/skills related to capability area? Yes (Y) Developing (D) No (N) Not applicable (N/A)	Experience teaching content related to capability area? Current or past?	Plans to assist knowledge/skill development (where applicable)	Resources to assist knowledge/skills development	Timeframe	Notes
<b>3.5</b> Partnership in care	Promote inclusion of people with intellectual disability, and their support networks where appropriate, in all stages of their care including asking people their needs, preferences and values, informing them of what is happening, including them in care planning, and offering a full range of choices.					
<b>3.6</b> Appropriate assessment	Employ appropriate assessment procedures and tools to inform diagnosis of health conditions, with an awareness that modified diagnostic criteria and reasonable adjustments may be required for assessment of people with intellectual disability.					
<b>3.7</b> Diagnostic overshadowing and other reasons for misdiagnosis	Apply knowledge of diagnostic overshadowing and atypical presentations and their role in under-diagnosis and misdiagnosis in people with intellectual disability.					
<b>3.8</b> Complex care needs	Apply knowledge of the unique clinical, social and contextual factors contributing to complexity of health care for people with intellectual disability and be able to respond accordingly to complex care needs.					
<b>3.9</b> Deterioration in function	Working in partnership with those who know the person well, recognise deterioration in function particularly when communication or care needs are complex, and respond as appropriate to address deterioration and improve quality of life.					
<b>3.10</b> Best practice approaches to management for people with intellectual disability	Use best practice approaches (non-pharmacological and/or pharmacological) taking into consideration individual needs to manage health conditions for people with intellectual disability.					
<b>3.11</b> Responsible management of medications	Build awareness of the implications of medications, their use, and interactions for people with intellectual disability and apply these within scope of practice.					
<b>3.12</b> Working with people who have behaviours of concern	Use best practice and, where at all possible, non-restrictive (otherwise least-restrictive) techniques to work safely with people who may display behaviours of concern relevant to your area of practice.					
<b>3.13</b> Lifespan approach to health care	Apply an approach that considers the health needs of people with intellectual disability across the lifespan, particularly during times of transition and life events.					
<b>3.14</b> Preventative health care and promotion	Employ proactive health care practices and health promotion activities that are adapted and responsive to the needs of people with intellectual disability and correspond to known health risks at a population and individual level.					
<b>3.15</b> Responding to trauma	Work in a way that sensitively considers and responds to the greater likelihood that a person with intellectual disability may have experience of trauma, including health care related trauma.					
<b>3.16</b> Health literacy for people with intellectual disability and their support networks	Facilitate quality health care for people with intellectual disability by fostering health literacy in people with intellectual disability and their support networks, and providing accessible information.					

Core Capability Areas with corresponding Capabilities	Knowledge/skills related to capability area? Yes (Y) Developing (D) No (N) Not applicable (N/A)	Experience teaching content related to capability area? Current or past?	Plans to assist knowledge/skill development (where applicable)	Resources to assist knowledge/skills development	Timeframe	Notes
<b>4. Coordination and collaboration</b>						
4.1 Care navigation through health and disability services	Support people with intellectual disability and their support networks to navigate available health, disability, and community services according to needs.					
4.2 Relationships of trust	Facilitate trust with people with intellectual disability and their support networks during each interaction.					
4.3 Collaborative partnerships	Work collaboratively with the person with intellectual disability, their support networks and professionals, applying knowledge of who is involved and their roles and expertise.					
4.4 Collaborate with other professionals	Collaborate as appropriate with other professionals across all stages of a care pathway to ensure successful integration of care for people with intellectual disability.					
4.5 Continuity in care during transitions	Support continuity of care and effective transfers of care between health professionals and services for people with intellectual disability by using or finding effective care pathways.					
4.6 Structure and function of the disability support system and its workers	Apply knowledge of the structure and function of the disability support system to inform practice recommendations to support the health of people with intellectual disability within your scope of practice.					
<b>5. Decision-Making and Consent</b>						
5.1 Supported decision-making	Facilitate supported decision-making to maximise the capability of all people with intellectual disability to make or be involved in decisions about their care, involving support networks where appropriate.					
5.2 Communicating the significance of supported decision-making	Communicate clearly with the person with intellectual disability and their support networks about the importance and benefits of supported decision-making and how this differs to substitute decision-making.					
5.3 Assess capacity to consent	Adapt practices as required to assess the capacity of a person with intellectual disability to consent to each decision about their health care, using supported decision-making practices and reasonable adjustments, in line with relevant legislation.					
5.4 Consent and substitute decision-making	Support a person with intellectual disability to provide consent where they have capacity using reasonable adjustments or identify and work with guardians/appointed decision-makers where required and continue to involve the person with intellectual disability in the process.					

Core Capability Areas with corresponding Capabilities	Knowledge/skills related to capability area? Yes (Y) Developing (D) No (N) Not applicable (N/A)	Experience teaching content related to capability area? Current or past?	Plans to assist knowledge/skill development (where applicable)	Resources to assist knowledge/skills development	Timeframe	Notes
<b>5.5</b> Balancing dignity of risk and duty of care	Demonstrate the ability to balance a person with intellectual disability's right to dignity of risk while upholding duty of care.					
<b>6. Responsible, Safe and Ethical Practice</b>						
<b>6.1</b> Advocacy	Advocate for the needs of people with intellectual disability and support people with intellectual disability to engage in self-advocacy or find a suitable advocate.					
<b>6.2</b> Safe and quality practices	Apply knowledge of the risks that may be associated with accessing health care for people with intellectual disability to consider the care environment, inform safe service provision and report risks.					
<b>6.3</b> Safeguards against potential exploitation, violence, abuse and neglect	Identify and know how to act on signs of exploitation, violence, abuse and neglect against people with intellectual disability, and practise in a manner that safeguards people with intellectual disability against potential harms.					
<b>6.4</b> Legislation and other frameworks	Uphold applicable legislation, policy, frameworks and practice guidelines relevant to working with people with intellectual disability, including being aware of the increased potential for harm when a person with intellectual disability comes into contact with the health system.					
<b>6.5</b> Reflect on and enhance capabilities	Be aware of your own capabilities around intellectual disability health and seek professional development opportunities and advice from intellectual disability specialists to enhance knowledge and skills where required.					