2014-2019

Disability Action Plan

Planning for accessibility

NSW GOVERNMENT

Health
Sydney
Local Health District

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Foreword

Our District understands that people with disability, including some of our staff members, have the same ambitions and the same range of skills and talents as any diverse group of people. They have the same rights to participation, to the same range of opportunities and the same degree of freedom, control and self-determination in everyday life as the next person. For this reason, Sydney Local Health District believes that for people with disability, accessibility and equity in services and facilities is of fundamental importance.

Our goal is to ensure that the District recognises and responds in an inclusive, compassionate and responsible way to these needs and issues. Of critical importance is having a plan, developed in close collaboration with consumers and partners, which sets a realistic pathway and direction for sustainable change.

Fundamental to this Plan are the NSW Ministry of Health CORE values of collaboration, openness, respect and empowerment. Our District recognises that these values and attitudes must underpin our approach to what is, for health care provision for people with disability, a central, fundamental and mainstream concern. Our health services must be respectful, flexible, open, empowering and adaptable to the many and varied needs of people with disability, and to the people who support them in their lives. We need to be vigilant in developing and supporting the implementation of positive changes to improve the facilities and the care provided across our District.

This Plan seeks to strengthen our current endeavours. The Plan aims to be realistic, achievable and measurable and to set the direction for action to the year 2019. Sydney Local Health District is determined to work smarter and to focus on the areas requiring improvement. If we are to make our services more responsive to the needs of a diverse community, we know that we have to be innovative and flexible. Our Plan recognises our achievements, identifies the gaps and barriers to access and the actions that need to be taken by our District and in partnership with others, to improve opportunities and access for people with disability to our services, programs and facilities.

Dr Teresa Anderson
Chief Executive
Sydney Local Health District

The Hon. Ron Phillips
Chair
Sydney Local Health District Board

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1. Introduction

Everyone seeking or receiving healthcare in Australia has certain rights and responsibilities. They include the right to access, safety, respect, communication, participation, privacy and to comment on their care. Above all, all Australians have the right to the highest attainable standard of health without discrimination. However, it is acknowledged that people with disability often face greater disadvantage and significant barriers in realising this aim.

As both a healthcare provider and employer in the Sydney region, Sydney Local Health District (SLHD) recognises the ongoing imperative to review and implement access and equity strategies to ensure we adequately meet the needs of our employees and all those who come into contact with our services.

The *Sydney Local Health District Disability Action Plan 2014-2019* (the Plan) has been developed with reference to the *Commonwealth Disability Discrimination Act 1992* and the *NSW Disability Service Act 1993*. As per state legislative requirements, the Plan captures the District's commitment to improving access to services and facilities, and outlines strategies and identifies actions to better meet the needs of patients, community and staff with disability. SLHD is committed to implementing the actions outlined in the Plan and will monitor and report on outcomes over the next five years.

The SLHD Disability Action Plan has been developed under the advice and direction of a Steering Committee comprising people with disability, representative organisations, people who support people with disability, service providers, health service staff, and senior SLHD management. It builds on previous disability plans and on consultations undertaken with consumers, people who support people with disability and service providers. It has considered NSW Government initiatives and policy direction, and the previous achievements of local hospitals and community health centres.

2. Vision and Principles of this Plan

This Plan has been scoped to be consistent with the SLHD vision **"to achieve excellence in healthcare for all"** and its CORE values: **Collaboration, Openness, Respect and Empowerment.** These values are based on being "patient-centered", ensuring choice, control and independence and empowering people with disability and people who support them in their lives as the key decision-makers.

VISION

People with disability receive open, respectful,
equitable and compassionate health care,
are empowered in healthcare decision-making
and are encouraged to participate fully
in healthcare policy and planning.
They are valued members of our staff and community.

PRINCIPLES

- The rights and full participation of people with disability are integral to quality health care policy, planning, facility design, service delivery and evaluation.

- People with disability have the right to accessible and appropriate healthcare service delivery.

- Service delivery will focus on the whole of life needs of individuals and people who support them in their lives within the context of their communities.

- The participation of people with disability in decision making processes leads to better informed health policy, plans and better outcomes for people with disabilities.

- Collaboration between agencies and non-government organisations within an active participatory framework is important to improve service delivery and health outcomes.

- Cultural competency in service design and delivery is integral to ensuring equity in access.

- The diverse needs of people of Aboriginal background with disability must be recognised, respected and addressed.

- The special requirements of children and young people with disability and their carers and families must be recognised.

- The legal rights of people with disability must be recognised and protected.

- People with disability have equal rights to employment within healthcare.

3. Context

3.1   Sydney Local Health District (SLHD)

Sydney Local Health District (SLHD, or the District) is one of eight geographically-based Local Health Districts covering the Sydney metropolitan area. SLHD is responsible for planning, delivering and coordinating local health services for local residents and for the provision of numerous specialist tertiary and quaternary services provided on a statewide and national basis. SLHD's 10,000 staff provide the majority of the District's health services through public hospitals, community health centres and population health programs:
-   Public hospitals in SLHD include Balmain Hospital, Canterbury Hospital, Concord Repatriation General Hospital (CRGH), Royal Prince Alfred Hospital (RPAH) and Sydney Dental Hospital (SDH)
-   Community health centres and related facilities provide early childhood, community nursing, child, adolescent and family, sexual health, allied health, oral health, drug health, mental health, dental care, and aged care services. The large scale, multidisciplinary centres are located at Redfern, Canterbury, Croydon, Camperdown, and Marrickville. Numerous other single service centres are located throughout the District.
-   Population health services include health promotion, disease control, multicultural health and Aboriginal health services.

3.2   Sydney Local Health District's Community

SLHD is located in the centre and inner west of Sydney. It comprises the Local Government Areas (LGAs) of the City of Sydney (west and south Statistical Local Areas only), Leichhardt, Marrickville, Canterbury, Canada Bay, Ashfield, Burwood and Strathfield. The SLHD is responsible for providing care to over 582,100 people. It covers 126 square kilometres and has a population density of 4,210 residents per square kilometre (ABS 2006).

By 2021, SLHD's population is expected to reach 642,000 people. Significant planned urban developments include: the new Green Square Development in Zetland and Beaconsfield in the City of Sydney; urban consolidation along the Parramatta Road corridor; and new developments in Rhodes, Breakfast Point, the former Carlton United Brewery site and Redfern Waterloo.

SLHD's population is ageing, with the number of residents aged over 70 projected to increase significantly over the next decade. The growth in the aged and the "old old" population of SLHD is especially important over the forthcoming decade, with an increase of 29.2% and 28% in the 70-84 age group and the 85+ age group respectively predicted. By 2016, the number of people aged over 70 years is projected to be 53,712 and by 2021, 62,143.

Each year, over 9,100 babies are born to mothers residing in SLHD, with 7,082 delivered in the two maternity units in SLHD in 2012.

Almost half of SLHD's population speaks a language other than English at Home, including significant numbers of refugees, asylum seekers and special humanitarian entrants. The major languages spoken include Chinese languages, Arabic, Greek, Korean, Italian and Vietnamese. Across the District, 7% of the population describe themselves as not speaking English well, or not at all.

At the time of the 2011 Census, there were 4,875 people who identified as either Aboriginal or Torres Strait Islander (herein referred to as Aboriginal people) living in SLHD. The Sydney (South and West Statistical Local Areas) and Marrickville LGAs have the highest number of Aboriginal residents (1,714 and 1,111 respectively), with the lowest number of Aboriginal people residing in Strathfield LGA (102).

SLHD is characterised by socioeconomic diversity, with pockets of both extreme advantage and extreme disadvantage. The LGAs with the highest proportion of the population being Centrelink customers (an indication of disadvantage) include Canterbury, Marrickville and Ashfield. Mean taxable income is lowest in the Canterbury LGA, which has a higher index of disadvantage than the rest of the State.

3.3   People with Disability

There are numerous definitions of disability in use around the world. This is because the concept of disability is complex, and definitions are influenced by the social, legislative and philosophical context in which they are created or interpreted. One contemporary international definition that provides a balanced approach is offered by the World Health Organisation:

Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.

Disability is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives. Overcoming the difficulties faced by people with disability requires interventions to remove environmental and social barriers.
(Ref: http://www.who.int/topics/disabilities/en/)

People with disability may experience a narrower margin of health because they may be vulnerable to secondary conditions relating to an impairment, and due to compounding barriers of social exclusion. For example, people with intellectual disabilities have higher levels of illness than the general population, with multiple, chronic and complex health problems (Beange, McElduff and Baker 1995) and are also more likely to be under-diagnosed and under-treated. Similar concerns have been identified in people with a mental illness (Lawrence and Coghlan 2002). The impact of disabilities on individuals can be further affected by environmental factors. For example, negative attitudes about disability, lack of involvement of people with disability in making decisions about their care, poor physical access to buildings, or incorrect assumptions about the employability of someone with a disability can render disability or impairment more disabling.

The Steering Committee determined the term, "people with disability", to be adopted in this Plan to place emphasis on the person first, and in acknowledgement that people may have (or have had in the past) more than one condition. Whilst one term risks implying representation of an homogenous group of people, it is acknowledged that the experience of disability is unique to each person, but what is common is the impacting factors faced in accessing services or participating in programs.

3.4   Measuring Disability Prevalence

Disability is an issue that affects a significant proportion of the population. However the multidimensionality and dynamic nature of disability means that it is difficult to capture in all its manifestations and the impact on people's lives. Further, it is likely that the full scale of disability and its impacts are underrepresented in statistics due to people's different levels of openness to discuss disability, any perceived implications around disclosure, and because they manage more independently than others.

Most quantification attempts originate from a perspective of needing to determine service and support needs in a population. Two recent nation-wide surveys provide information on components of disability in the Australian population, the Australian Bureau of Statistics' (ABS) *Survey of Disability and Carers 2009* and the *ABS Census of Population and Housing 2011.*

The *ABS Survey of Disability and Carers* is a five-yearly survey of approximately 16,000 households and 380 special dwellings. Data obtained by personal interview seeks to understand prevalence and severity of 'disabling conditions' and 'handicaps', need for assistance and providers of assistance. In 2009, significant findings included:

- Just under one in five Australians or approximately 18.5% of people in Australia have a disability. A further 21% had a long term health condition that did not restrict their everyday activities. Of those with a reported disability, 87% had a specific limitation or restriction. One in 12 people have an impairment that results in the need for assistance with communication and cognitive skills. Importantly, these prevalence rates have fallen since 2003 due to a decline in the proportion of Australians disabled by physical conditions such as asthma and heart disease.

- 88% of people aged over 90 have a disability.

- 3.4% of those aged under 4 years have a disability.

- About 5.8% people had a severe disability needing assistance in the core activities of self care, mobility or communication. Almost half of the people with disability required an aid or equipment to assist in their daily living.

- Leading conditions of disability for those with profound or severe core activity limitations were back problems and arthritis. Difficulty in hearing was also a significant issue.

- 12% of Australians were involved in caring for a person with a disability. 29% of these were the primary carer.

- Informal care is defined as being provided by family, friends and neighbours, particularly for those with severe or profound core activity limitations.

- Primary carers who were mainly female (68%), commonly took on the role due to a family responsibility, had lower labour force participation and spent long hours caring, often resulting in stress and depression.

The *Australian Bureau of Statistics' Census of Population and Housing* is a count taken every five years of those in Australian on Census night. In 2011, the Census reported that 23,264 people with a disability in SLHD require interpersonal assistance with the core activities of daily living, equating to 4.2% of the population, compared with 4.9% for NSW. The highest numbers of people with a disability reside in Canterbury LGA.

Additionally, on 2011 Census night, 44,960 people identified themselves as providing unpaid care or assistance to people with a disability, chronic long term health problem, or old age. This equates to 8.2% of the local population, which is less than the NSW average of 9.2%. The proportion of people identifying as carers ranged from 6.3% in the SLHD part of Sydney LGA to 9.2% in Burwood LGA

However, it is to be noted that the 2011 Census did not provide for data collection relating to disability type, duration or age of onset of disability. The wording of the questions also meant that disability was limited to those requiring assistance from another person, without acknowledgement of other disability which may have significant impact on a person's physical, emotional and social wellbeing, as well as their ability to participate in education and employment.

3.5   People with Disability in Sydney Local Health District

Based on the *ABS Survey of Disability and Carers 2009*, applied to the 2011 population projections, an estimated 106,960 people with disability live in SLHD. This includes approximately 48,000 people with a cognitive disability of some form. Residents with disability include approximately 1,270 children aged 0-4 years.

Most people with intellectual disability in NSW and Australia still live with and are supported by their families. Significant numbers of people with intellectual disability in SLHD also live in accommodation, usually group homes, operated or funded by the Department of Family and Community Services' Ageing Disability and Home Care (ADHC) Some people also live in medium-sized residences (7-20 people), or in residential aged care facilities.

3.6   Sydney Local Health District Planning Framework

The overarching strategic framework for SLHD is provided in the SLHD Strategic Plan. The Plan is focused on developing a patient-centred approach to care – an approach which is collaborative, empowering, open and respectful.

SLHD is also developing a range of plans to meet the health needs of the community. These plans focus on specific clinical services and populations. They include plans such as Community Participation, Community Health, Aboriginal Health, Aged, Chronic Care and Rehabilitation Services, Mental Health, Maternity Services, HIV/AIDS, Carers and Drug Health.

3.7   SLHD Services for People with Disability

All SLHD services deliver care to people with disability, with Aged Care, Mental Health, Community Health, Allied Health, Women's Health, Neonatology and Paediatric Health having a particular focus on working with people with disability. These Clinical Streams and services provide assessment, diagnosis, treatment and/or case management and interact with general practitioners and community services to provide for patient's needs.

SLHD also receives funding from other government departments such as ADHC, and the Commonwealth Department of Health and Ageing, through programs such as the Commonwealth Aged Care Program and the NSW Community Care Supports Program (CCSP).

Support services assist people with disability including equipment services provided through the EnableNSW scheme and Equipment Loan Pools (for short term loan for eligible people leaving hospital), Home Ventilation Programs (for adults and children), and limited assisted transport for people with disability requiring access to health services.

The health sector also works in partnership with other government and non-government services and organisations in the wider disability community to support and enable those with disability to receive healthcare and to participate in society. SLHD holds contracts with, and provides grants to, a number of non-government organisations (NGOs) which cater to the needs of people with disability. These organisations generally focus on specific conditions or on specific population groups (e.g. children and adolescents and people with HIV/AIDS) and therefore have specific knowledge, experience and access to individuals and communities. Larger organisations may also have designated funding specifically for public health research and health promotion, have well-established credentials and play clear roles in health care and promotion. Partners often reach beyond healthcare delivery and encompass social, economic and environmental supports for those with disability and those who support them in their lives.

4. The SLHD Disability Action Plan

Governance Arrangements

SLHD will ensure that improving access and opportunities for people with disabilities is core to its governance structure. A Disability Action Plan Steering Committee is to be established at the District level. In addition, each facility is to establish a local Disability Committee and develop and report against a localised action plan.

These committees will be responsible for monitoring accessibility in relation to seven key domains:

- Physical aspects
- Information
- Service delivery
- Community attitudes
- Staff awareness and training
- Employment of people with disability
- Quality complaints and feedback procedures

The SLHD Disability Action Plan Steering Committee will be responsible for oversight of the facility committees and for ensuring District level facilities and services are accessible and appropriate.

Priorities for Action

This Plan focuses on seven priority areas, reflecting NSW Government Disability Framework priorities and NSW Health policy on health care for people with disability. These priorities will be reflected in the governance arrangements that are intended to embed accessibility into all operations of the health service.

1. Improving physical access to facilities
2. Developing accessible information about services
3. Improving healthcare to people with disability
4. Promoting positive community attitudes
5. Enhancing staff awareness and training
6. Increasing the employment of people with disability
7. Ensuring quality complaints and feedback procedures

4.1   Improving Physical Access to Facilities

Health services are large and complex organisations. Physical access can be affected by the size, age and layout of buildings, proximity to local transport, signage, number and location of basic facilities such as accessible toilets, and type and availability of technology. The experience of going to hospital can be influenced by these and other physical access issues.

Planning for physical accessibility of new and older health buildings needs ongoing attention. Improving accessibility requires the expertise of access consultants, local councils, facility access committees, consumers, and engineering, planning and clinical staff based on the Building Code of Australia (BCA) and Australian Standards.

Our achievements in Improving Physical Access to Facilities

In recent years, the SLHD has:

- Completed new and refurbished existing accessible health facilities including: Royal Prince Alfred and Concord Hospitals; Croydon, Marrickville and Camperdown Community Health Centres; new mental health facilities at Concord Hospital.

- Improved existing facilities, including more accessible parking spaces at Concord.

- Expanded the use of telemedicine to improve access to specialist medical advice.

- Improved transport services by establishing a SLHD Transport for Health Unit to strengthen coordination.

- Improved eligibility to financial support for accommodation and transport for people living more than 100km from Sydney; and developed Transport Access Guides for most health facilities.

- Developed a Disability Access Map.

What will we do

- **Audit existing buildings** and proposed new facilities and ensure compliance against the BCA, Australian Standards and legislation.

- **Work with local councils** to ensure appropriate access surrounding health facilities.

- **Provide training in relevant access and disability standards** to facility planners, engineering staff and access committee members.

- **Establish supervised admission lounges/points** in all hospitals where patients can be safely dropped off and picked up.

- **Purchase clinical equipment** (such as height adjustable examination couches) to accommodate the needs of people with disability and provide staff with safety directions on equipment use.

- **Promote technology** such as Telehealth, Telephone Text Typewriters (TTY) and National Relay Service to improve access to clinical services.

- **Actively seek information on the needs of people with disability in SLHD plans** including service plans, facility plans and strategic plans.

- **Implement innovative strategies to support transport use** such as inclusion of the NSW Public Transport "Trip planner" on the SLHD website, provision of back-to-base free taxi phones, development of transport access guides, and advocating for accessible public transport to local hospitals.

4.2   Developing Accessible Information about Services

People with disability may have health conditions which require specialised assessment and treatment by medical, nursing and allied health staff. Care may be provided by multidisciplinary teams or individual specialists. Information about services is an important step in improving access.

Many consumers are unaware of services and how to access them. This is particularly difficult for people with disability who require support from a range of government and community service providers over their lifetime, and those from non-English speaking backgrounds.

Health literacy and difficulty in reading can impede information delivery. Small print and medical jargon make understanding written information more difficult. Information needs to be available in alternative formats such as large print, plain English, Braille, pictures, DVDs or audiotapes, and other languages.

The internet is a powerful way of reaching people with disability and community agencies. Use of the SLHD website to promote information about services needs to be extended. Further, World Wide Web Consortium (W3C) accessibility standards, developed to maximise the readability of information on the web, need to be consistently applied.

Our achievements in Developing Accessible Information about Services

In recent years, SLHD has:

- Developed a SLHD website linked to the NSW Health website.

- Produced written brochures (including *Information for People with Disabilities* pamphlet) for most hospitals and community health centres outlining service availability and the way to contact services. In addition, some clinical services have developed information sources about prevention and treatment options.

- Produced disability-specific resources, such as a *Rehabilitation Process* video, *Caring for a Patient with an Amputation* booklet, and a cassette on Dementia in Italian.

- Worked in partnership with community and government services to develop comprehensive multi-agency information in other languages and formats.

What will we do

- Promote and distribute the **Australian Government Better Information and Communication Guidelines**, and update brochures and information to meet these standards. Services will develop information and resources in alternative formats.

- **Update the SLHD website** to achieve Double AA compliance with the W3C accessibility standards i.e. the NSW Government standard for accessibility.

- **Develop facility specific information about services** and support available for people with disability, focusing on services such as preadmission clinics, availability of patient liaison officer, rights and responsibilities, and confidentiality.

- **Work with local agencies** to collate and/or develop comprehensive multi-agency information about services and community resources for people with disability. Specific attention will be given to information for Aboriginal people and to information in other languages.

- **Develop appropriate distribution strategies** for information dissemination.

4.3   Improving Health Care to People with Disability

Integral to improving healthcare for people with disability is embedding the CORE values in all services across the District: collaboration, openness, respect and empowerment.

Effective care for people with disability involves looking at the whole person including their overall health and other needs, their skills and abilities, and recognising and working with them in all aspects of their care. It will also involve (if requested) working with people who support them in their lives, general practitioners and other service providers.

This support network will require information about the health condition or problem, treatment, and care techniques.

Our achievements in Improving Health Care to People with Disability

In recent years, SLHD has:

- Established a SLHD Clinical Governance Unit to ensure appropriate patient safely and quality activities. The unit ensures that complaints are dealt with, staff actively manage clinical risks and a governance system is in place to involve and inform staff;

- Developed detailed service plans in areas such as Aged, Chronic Care and Rehabilitation, Carers, and Mental Health. All these plans include a focus on people with disability.

- Established the SLHD Carers' Program and ComPacks, a program which assists frail older people and people with disability and reduces avoidable delays in hospital discharge.

- Developed Memorandums of Understanding (MOUs) and other agreements with agencies to improve support for people with mental health illnesses, children with disability, and Cerebral Palsy Alliance clients.

- Developed new policies to improve care for people with disability. Examples are the Balmain Hospital Wheelchair Safety Policy, and Community Health Attention Deficit Disorder protocols.

- Incorporated NSW Health discharge policies into the SLHD Adult Assessment and Discharge Tool, enabling identification of people with disability.

- Targeted health education to children, adolescents and adults with disability and people who support them in their lives in topics such as dental care, and sexuality for youth.

- Introduced the Transitional Aged Care Program (TACP) providing time-limited support and low level rehabilitation following discharge from hospital, to people who would have otherwise been placed in residential care.

- Developed and participated in research based services and pilots. This includes supporting parents with disability through Tresillian Family Care Centres; and establishing a service for people with intellectual disabilities at Concord Hospital, with a specific focus on reviewing and dealing with health and other concerns associated with ageing and intellectual disability.

- Contributed to Interagency Committees which are reviewing or developing guidelines in topics such as palliative care and acquired brain injury.

- Provided an Adolescent Medical Program in RPA Hospital designed to ensure the effective transition of young people with chronic conditions and/or disabilities from the children's hospitals to adult hospitals.

What will we do

- **Further improve the quality of care provided to inpatients with disability in hospital.**
  A first step will be to develop guidelines consistent with Ministry of Health policy to support people with disability during hospitalisation and related policies. Appendix F lists some of the issues to be covered by these guidelines, which will be the focus of training for senior staff. The guidelines will help services and facilities identify local resources in the facility and in the community (government and non-government organisations and support groups) and develop new policies and processes in the clinical care of children, young people and adults with disability.

- Ensure that **young people transitioning to adult services have a care plan and a clear referral pathway** and ensure the outpatient services provided for these patients are accessible.

- Develop capacity in the **Electronic Medical Record (eMR)** to flag patients requiring additional support and coordinated care.

- **Develop policies in the use of personal aids, equipment, and assistance animals** by inpatients with disability.

- **Develop guidelines in the use of Auslan interpreters** for people with a hearing impairment.

- In partnership with NSW Health, government and non-government agencies (including support groups) and the Inner West Sydney Medicare Local, improve care and support by:

  - **developing and implementing strategies in the *NSW Stronger Together Plan*** and related government plans;

  - **developing new interagency agreements**, such as Interagency Agreement in the *Provision of Therapy Services to Children with Disabilities*;

  - **implementing Housing and Human Services Accord projects** such as the Shared Access Trials and extending existing arrangements, such as Occupational Therapy Assessments for Home Modifications for Housing NSW residents;

  - **continuing support and advocacy for Ministry of Health proposals** such as those outlined in the *Service Framework for People with an Intellectual Disability;*

  - **participating in existing interagency planning and coordination forums** such as Home and Community Care (HACC), Community Care Supports Program (CCSP) and Families NSW; and

  - **advocating for improved services**, including accommodation for people with disability.

- Incorporate strategies to **improve access for Aboriginal children, adolescents and adults with disability** into service plans in consultation and partnership with Aboriginal Medical Services and other Aboriginal services. Continued participation in existing Aboriginal interagency disability networks will also build relationships and referral networks.

- Incorporate strategies to **improve the service response for parents with disability** who may have additional support needs in caring for children, into SLHD service plans

- To improve the **identification and referral pathways for children with disability** who may also be at risk of harm into SLHD service plans.

4.4   Promoting Positive Community Attitudes

A NSW Government priority is that people with disability engage in the broader community. Full and equitable participation in society may be marred by discrimination or prevailing negative attitudes. Both language and images may shape the perception of an inclusive and welcoming organisation, and can be used to challenge established attitudes about people with disability.

SLHD acknowledges the need to address concerns of people who support people with disability in alignment with the *NSW Carers (Recognition)* Act 2010 and accompanying Charter which details the rights of people who support them in their lives.

Our achievements in Promoting Positive Community Attitudes

- Developed, launched and implemented the *SLHD Community Participation Framework* which enables consumers and the community to be involved in the planning and operation of health services.

- Consolidated Mental Health Consumer Consultant and Carer positions to support care for people with mental health problems and increase staff awareness. Inclusion of consumers and people who support people with a disability on Aged, Chronic Care and Rehabilitation Service steering committees.

- Held information displays and stalls in our facilities and participated in community events which focus on specific health conditions and disabilities. This includes the International Day of Disability, Brain Injury Awareness Week and Carers Week.

- Provided talks to community groups and at conferences about specific health problems and disabling conditions which focus on myths and facts, services available, access, treatment and research.

What will we do

- **Consult with and involve people with disability** in service planning, capital works projects, service development and evaluation forums and processes, development of resources and policies, and development and provision of staff education programs that focus on children, adolescents and adults with disability. Representatives with disability from SLHD Community Participation Networks, peak bodies, and local agencies targeted towards people with disability will be asked to participate in these processes, as will Aboriginal people and people from non-English speaking backgrounds.

- Develop and distribute **guidelines for staff and consumers about: privacy and confidentially** specifically as it applies to people with disability and people who support them in their lives; informed consent and how to determine and build capacity to enable people with disability to give informed consent; the role of the NSW Protective Office and Guardianship Board; enduring power of attorney; and advanced care directives.

- **Involve people with disability in volunteer activities within hospitals, community health centres and other health services.** This includes working with local agencies to identify ways in which people with moderate to profound disabilities can participate in the SLHD Community Participation activities.

- Participate in **awareness raising events**, information days or information stands in hospitals and community health centres to promote positive attitudes.

- **Advocate for agencies funded under the NSW Health Non-Government Organisation Program** to be proactive in meeting the needs of people with disability.

- Work with local agencies to enable the **smooth transition of people using health services** e.g. outpatient rehabilitation or exercise groups, community-run facilities and groups (such as fitness centres).

4.5   Enhancing Staff Awareness and Training

Providing health care to people with disability requires an understanding of their needs, skills in communicating effectively and the provision of appropriate services.

Our achievements in Enhancing Staff Awareness and Training

- Developed and implemented specific and targeted unit-based education and cultural change programs by SLHD Centre for Education and Workforce Development.
- Attendance of Community Health staff at Family Partnership Training to improve work with parents.
- Included sessions about disabling conditions in facility education programs. Training in communicating with people with communication problems has also been provided in facilities.
- Provided clinical education in specific health problems and disabling conditions e.g. caring for people with HIV, and management of people with dementia.

What will we do

- Continue to **train staff in the Family Partnership Model** and develop a system to ensure that the model is implemented.
- Continue to **promote and provide staff with disability awareness and skills** through the Centre for Education and Workforce Development e-learning module 'Customer Service for People with Disability' and through the course 'Recruit, Select and Induct Staff' which includes information about employment of persons with disability.
- **Incorporate disability information and issues into SLHD Workforce Development Program courses** (such as customer service, orientation, management and nurse training).
- **Incorporate disability awareness and practice information into the SLHD and facility orientation handbooks and programs.**
- Include **education sessions about the relationship between disabilities and effective clinical practice** (and service delivery) into facility education programs, such as Hospital Grand Rounds, and student placements.
- Ensure that disability-focused staff education programs **consider the implications of cultural diversity on service access and needs**.
- **Monitor complaints and other feedback mechanisms**, such as patient surveys and patient/ carer journey interviews, to determine cultural change, and provide unit based training where a need is identified.
- Incorporate **information about the use of Auslan interpreters and cultural competency** into facility education programs, and orientation programs for new staff.

4.6   Increasing the Employment of People with Disability

The NSW Government requires that government agencies contribute to the achievement of employment benchmarks of 12% for people with disability and 7% for people with disability who require a workplace adjustment. Support for people with disability focuses on recruitment, retention within employment, and development within the organisation.

Our achievements in Increasing the Employment of People with disability

- District Mental Health Services employ people with lived experience and people who support them in their lives in consumer consultant and carer support positions.

- Mental Health and Community Health facilities contract agencies such as Enterpraise (an employment agency for people with mental health problems) for specific services, such as contract cleaning.

- Commenced a trial with Jobsupport Inc to increase employment of people with intellectual disabilities in SLHD.

- SLHD Bullying and Harassment, Reasonable Adjustment, Grievance Management, and Discipline policies have been reviewed and reissued. This review is linked with Human Resources planning processes, including development of a SLHD Workforce Plan. Training on issues such as bullying and harassment has also occurred in some facilities.

- Staff grievance reports produced monthly are monitored by SLHD Human Resources.

What will we do

- Participate in the development and implementation of Government **initiatives to increase employment for people with disability**, and encourage NSW Health to incorporate employment targets for people with disability across the NSW Health Sector.

- Develop a **"Disability and Employment within SLHD" brochure** and incorporate into the SLHD Employment Application Information Package.

- Work in partnership with local specialist disability employment agencies to develop **strategies which increase employment and retention of people with disability**. This will include exploring and trialing models of best practice for employment, and traineeships and work experience in consultation with specialist and other employment services, and considering volunteering as a route to employment.

- Improve working conditions by **consulting with staff with disability about the issues and barriers to employment and advancement** (including reasons why people with disability remain hidden in the workforce), and developing strategies to address these issues. This will include incorporating disability issues into the SLHD Mentoring Program guidelines.

- Develop a **DVD on employment and disability** involving SLHD staff with disability.

- Use the Job Demands Checklist to **conduct formal workplace assessments for new employees with disability** to ensure 'reasonable adjustment' of workplace, workplace practices and equipment.

- **Review the Job Demand Checklist** annually.

- **Encourage and enable people with disability to be involved in volunteer programs**.

- Work with JobAccess to **help coordinate the workplace assessments** for any eligible employees with disability

4.7   Ensuring Quality Complaints and Feedback Procedures

All consumers of SLHD have the right to complain and offer positive feedback about the quality of care they receive and their experience with the health service. Formal systems have been established within SLHD to collect this information and increase awareness of the feedback system. This includes the employment of patient liaison officers and the obligation to investigate and address any complaint.

However, patients with disability may be concerned about making complaints because of a fear of retribution, including loss of a service. Others remain unaware of the available mechanisms for complaints due to problems with literacy, vision, comprehension or language. Staff do not always ensure that patients know how to make a complaint.

General and multicultural community agencies are often the first point of contact for people with disability who have a problem with their health care. A lack of knowledge about the SLHD Patient Feedback System means that they may be less able to assist their clients.

Our Achievements in Ensuring Quality Complaints and Feedback Procedures

- Complaints handling training for managers and key staff has been progressively rolled out through facilities and clinical groups.

- The complaints brochure "Your Rights and Responsibilities" has been developed in different languages, Braille and larger font. This brochure includes information on consent. Information about the SLHD Patient Feedback System is on the SLHD Website.

- All facilities have a Patient Liaison Officer with whom complaints can be lodged. The SLHD Senior Complaints Officer is responsible for ensuring appropriate action is taken.

- Information on the number and type of complaints is monitored by SLHD.

- Annual patient/carer surveys seeking feedback about all aspects of health care commenced in 2007. The District and facilities have developed action plans to improve services based on results from these surveys. Staff training for regular patient and carer experience interviews has occurred and interviews have also commenced.

- Most service brochures modified to include information on how to make a complaint or offer feedback.

What will we do

- Include **information about privacy, patient rights and responsibilities, and the patient feedback system** in service information, and promote it widely.

- Produce **information on complaints and confidentiality in alternative formats**, including pictorial and audio formats, and other languages. Include information about the SLHD Patient Feedback System on the SLHD Website and distribute it to mainstream and multicultural agencies.

- **Improve information about the SLHD Feedback System** on the SLHD website.

- Develop and promote **information about advocates and advocacy services** for people with disability.

- Use the **NSW Health patient surveys, patients and carer experience interviews, and SLHD Patient Feedback System** to inform clinical practice and service delivery.

- **Improve identification of people with disability in the NSW Health Incident Information Management System.**

Strategic Priorities

5.0 Establishing Governance Structures

Action	Responsibility/oversight of actions	Timeframe for Implementation	Performance Measure	Confirmation of implementation of action: Yes (Y) No (N) Ongoing (O)
Establish a Disability Action Plan Steering Committee at the District level.	Chief Executive	2014	District Committee established	Y
Establish Disability Committees at each of the SLHD facilities. Facility committees are to be responsible for developing short Action Plans to: - Improve physical access -Develop accessible information about services - Improve health care to people with disability - Promote positive community attitudes - Enhance staff awareness and training -Increase the employment opportunities of people with disability -Ensure quality complaints and feedback procedures	SLHD Disability Action Plan Steering Committee	2014	Facility committees established Action plan developed	Y

5.1 Priority for Action: Improving Physical Access

Action	Responsibility/oversight of actions	Timeframe for Implementation	Performance Measure	Confirmation of implementation of action: Yes (Y) No (N) Ongoing (O)
Audit all SLHD facilities bi-annually in respect of disability access	Director of Capital Assets and Contract Services	Bi-annually	Audit conducted. Action plan developed	Y
Engage with local councils within SLHD to resolve problems in paving and streets adjacent to health facilities and leading to nearest transport links	General Managers Director Corporate Services	2014 & Ongoing	Audit conducted at each facility Works undertaken	
In consultation with the Ministry of Transport, local community transport organisations, ADHC, NGOs, SLHD Consumer and Community Participation structures, and the community, develop and implement strategies in the SLHD Transport for Health Plan which focuses on people with disability	Director of Operations	2014	Strategies developed and implemented	
Confirm Facility Transport Access Guides (TAGs) are complete and on Patient Information Notice Boards and the SLHD internet	General Managers, Community Health	2014	TAGs completed Information on notice boards & internet	
Promote technology such as Telehealth, Telephone Text Typewriters (TTY) and National Relay Service (NRS) to improve access to clinical services	General Managers Director CEWD	Ongoing	Number of staff aware of and using technologies available to assist with communication	

5.2 Priority for Action: Developing Accessible Information about Services

Action	Responsibility/oversight of actions	Timeframe for Implementation	Performance Measure	Confirmation of implementation of action: Yes (Y) No (N) Ongoing (O)
Use the Commonwealth Government Better Information and Communication Guidelines to revise and develop service information ensuring it is in plain English and in alternative formats	Manager Community Participation	2015	Service information available, in plain English, alternate formats and meets Commonwealth Guidelines	
Improve website accessibility by: a. Developing Accessible Web Design Guidelines to enable SLHD to meet the World Wide Consortium (W3C) accessibility standards b. Use the Accessible Web Design Guidelines to develop new web pages c. Review compliance of the SLHD website with W3C Double AA Standards d. Ensuring there is a disability access map for each facility on the SLHD/facility website e. Include a link to the NSW Public Transport "Trip Planner" on the SLHD website	IMTD General Managers Director Strategic Relations and Communication	2014 & ongoing	a. Guidelines developed b. Project plan and timeline for web development and process for review c. Compliance of the SLHD website with W3C Double AA Standards reviewed d. Disability access map for each facility on the SLHD/facility website completed e. Link to the NSW Public Transport "Trip Planner" on the SLHD website is completed	
Include information on supports for people with disability in general facility literature, including internet web pages	General Managers IMTD Director Strategic Relations and Communication	2014	Facility literature updated Internet updated	
Review the brochure about supports and services available for people with disability in each facility	General Managers Media and Communication	2015	Brochure reviewed and distribution strategy developed	
Incorporate disability requirements as appropriate into Information Technology innovations	IMTD	Ongoing	Disability requirements are incorporated into Information Technology innovations	
Work in partnership with community and government services to develop comprehensive multiagency information in other languages and formats	Manager Community Participation	2016	Partnerships established and information available	
Ensure information on complaints and confidentiality is in plain English and in alternative formats, including pictorial and audio formats, and other languages. Ensure information about the SLHD Patient Feedback System is on the SLHD Website and distributed to mainstream and multicultural agencies	SLHD Senior Designated Complaints Officer	2014	Information available	

5.3 Priority for Action: Improving Healthcare to People with Disability

Action	Responsibility/oversight of actions	Timeframe for Implementation	Performance Measure	Confirmation of implementation of action: Yes (Y) No (N) Ongoing (O)
Identify current practice in admitting, caring for, and discharging inpatients with moderate-profound disabilities a. Develop guidelines consistent with NSW Health policy directives (PD 2005_608: Patient Safety & Clinical Quality Program, PD2008_101: Disability-People with a Disability: Responding to Needs During Hospitalisation and PD2007_092: Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals) to support clinical services and facilities in reviewing and developing care policies for people with disability b. Provide training and supportive equipment or tools to ensure the application of these guidelines c. Improve local care via identification of a senior clinical manager responsible for coordinating access and care for people with disability	Director Clinical Governance and Risk General Managers Clinical Directors Director CEWD	2014-16	a. Guidelines developed b. Staff training undertaken and tools are developed to support clinical practice Evaluation staff awareness and patient care undertaken c. Senior clinical manager identified to coordinate access and care for people with disability	
Review and develop admission, discharge and care coordination policies, protocols and procedures to comply with NSW Health policy directives (PD 2008_005 and 2008_010)	Director Clinical Governance and Risk	2014-15	Admission, discharge and care coordination policies and protocols reviewed & developed (where appropriate)	
Implement guidelines to improve use of sign language interpreters. Review the policy and procedures for the use of sign language interpreters in consultation with peak hearing bodies	Director Health Language Service SLHD Disability Action Plan Steering Committee	2014	Education and staff awareness Policy and procedures reviewed	
In consultation with consumers, review the effectiveness of policies focusing on care of people with disability	Manager Community Participation	2014 & ongoing	Effectiveness of policies focusing on care of people with disability are reviewed and agreed recommendations implemented	

5.3 Priority for Action: Improving Healthcare to People with Disability (cont.)

Action	Responsibility/oversight of actions	Timeframe for Implementation	Performance Measure	Confirmation of implementation of action: Yes (Y) No (N) Ongoing (O)
Complete an interagency agreement in the provision of therapy services to children with disability. Review recommendations with a view to implementation	Director Allied Health General Manager Community Health Director Community Paediatrics NGO Manager	2014	Interagency agreement established	
With NSW Health, ADHC and other agencies develop and implement strategies from the National Disability Strategy Implementation Plan 2012 – 2014: a. Continue to contribute to development of strategies in the NSW Service Framework for People with an Intellectual Disability b. Participate in interagency planning and coordination	Director of Operations Clinical Directors General Managers Director Clinical Governance and Risk	2014-2016	a. Contribution to the NSW Service Framework for People with an Intellectual Disability b. Participation in interagency planning & coordination	
Support Housing initiatives for people with disability by: a. Continuing to develop agreements and other strategies with Housing NSW to address the needs of Housing NSW residents requiring modifications as a result of a disability b. Continuing to advocate for improved housing and respite options that are acceptable and appropriate for people with disability	Chief Executive Director Mental Health Director Aged, Chronic Care and Rehabilitation Services Director Allied Health Director Occupational Therapy	2016 & Ongoing	a. Agreements are developed with Housing NSW to improve availability, prioritisation of referrals and approval timeframes for modifications for Housing NSW residents b. Improved housing and respite options for people with disability are advocated	
In partnership with Aboriginal health workers and agencies develop strategies to reach Aboriginal children, adolescents and adults with disability and people who support them in their lives are consistent with the Aboriginal Health Plan	Director Aboriginal Health	2014-16	Strategies developed to reach Aboriginal children, adolescents and adults with disability and people who support them in their lives are consistent with the Aboriginal Health Plan	
With Inner West Sydney Medicare Local, identify and implement ways to increase use of Commonwealth Medicare initiatives such as Enhanced Primary Care and Health Checks for people with disability	Director of Operations	2014-15 & ongoing	Increased use of Commonwealth Medicare initiatives such as Enhanced Primary Care and Health Checks for people with disability	

5.3 Priority for Action: Improving Healthcare to People with Disability (cont.)

Action	Responsibility/oversight of actions	Timeframe for Implementation	Performance Measure	Confirmation of implementation of action: Yes (Y) No (N) Ongoing (O)
Engage with the Inner West Sydney Medicare Local to assess the needs and issues of people with disability living in the community and devise primary care strategies to ensure appropriate health related support is available	Director of Operations General Manager Community Health	2014 & ongoing	Improved Primary care strategies are developed, implemented and evaluated	
In partnership with the Children's Hospitals and the SLHD Adolescent Medical Program, develop additional strategies to support transition of young people with disability to medical adult services	Director Paediatrics	2014 & ongoing	Further strategies are developed to support transition of young people with disability to medical adult services	
Develop capacity in the Electronic Medical Record (eMR) to flag patients requiring additional support and coordinated care	IMTD Director CEWD	2014-15	Patient's eMR records are flagged if they require additional support and coordinated care	
Develop policies in the use of personal aids, equipment, and assistance animals by inpatients with disability	Director Clinical Governance and Risk	2014-15	Policies are developed in the use of personal aids, equipment, and assistance animals by inpatients with disability	
Incorporate strategies focusing on people with disability into SLHD plans and processes e.g. health impact assessments, service planning, and clinical redesign projects	Director Performance Unit Director Planning	2014 & ongoing	Strategies focusing on people with disability are incorporated into SLHD plans and processes	

5.4 Priority for Action: Promoting Positive Community Attitudes

Action	Responsibility/oversight of actions	Timeframe for Implementation	Performance Measure	Confirmation of implementation of action: Yes (Y) No (N) Ongoing (O)
Consult with people with disability, key stakeholders, and peak agencies in planning, policy and program development	Director Planning Director Clinical Governance and Risk Manager Community Participation	2014 & ongoing	Record of people with disability, key stakeholders, and peak agencies who are consulted	
Involve people with disability in resource development and workforce training initiatives focused on people with disability	Director Workforce Director CEWD	2014 & ongoing	Number of people with disability who are consulted regarding resource development and workforce training initiatives	
Include people with disability and peak agencies on the SLHD Disability Action Plan Steering Committee	SLHD Disability Action Plan Steering Committee	2014-2019	Number of people with disability and peak agencies who are on the SLHD Disability Action Plan Implementation and Advisory Committee	
Recruit people with disability into volunteer programs	Facility Volunteer Coordinators	2014-2019 & ongoing	Number of people with disability who are recruited into SLHD volunteer programs	
Non-Government Organisations (NGOs) and other agencies: Include community participation and disability service delivery indicators in agreements with NGOs funded by SLHD or NSW Health	Director Performance Unit NGO Manager	2014-2019 & ongoing	a. Community participation and service delivery indicators are included in agreements with NGOs funded by SLHD or NSW Health	

5.5 Priority for Action: Enhancing Staff Awareness and Training

Action	Responsibility/oversight of actions	Timeframe for Implementation	Performance Measure	Confirmation of implementation of action: Yes (Y) No (N) Ongoing (O)
Review relevant clinical and non-clinical workforce development programs (e.g. customer service, staff orientation, management development and nurse training), and incorporate disability content	Director Workforce Director CEWD	2014 & ongoing	Relevant clinical and non-clinical workforce development programs are reviewed and disability content added as appropriate	
Provide education at each site in working with people who are hard of hearing and using Auslan interpreters	Director CEWD Facility Clinical Nurse Educators	2014 & ongoing	Number of health staff who participated in education sessions and are confident in interacting with people who are hard of hearing and engaging Auslan interpreters	
Continue to provide staff education in the Family Partnership Model. Develop a system to ensure that the model is implemented	Director CEWD	2014-2017	Number of staff attending education sessions on the Family Partnership Model and who are now confident from completed education sessions	
Provide training in relevant Access and Disability standards to facility planners, engineering staff and access committee members	Director of Operations General Managers	2014 & ongoing	Number of employees who understand and able to apply relevant Access and Disability standards	

5.6 Priority for Action: Increasing the Employment of People with Disability

Action	Responsibility/oversight of actions	Timeframe for Implementation	Performance Measure	Confirmation of implementation of action: Yes (Y) No (N) Ongoing (O)
Contribute to and participate in NSW Government employment initiatives for people with disability. In partnership with specialist disability employment agencies, develop and implement strategies to increase employment and retention of people with disability: a. Develop a "Disability and Employment within SLHD" brochure. b. Include information about employment and people with disability on the SLHD webpage	Chief Executive Director Workforce Director CEWD	2014-2019	a. "Disability and Employment within SLHD" brochure developed b. Information about employment and people with disability is included in the SLHD webpage c. Strategies to increase employment and retention of people with disability d. Increased number of people with disability employed by SLHD	
Using the Job Demands Checklist, conduct formal workplace assessments for new employees with disability to ensure "reasonable adjustment" of workplace and equipment. Review Job Demands Checklist annually	Director Workforce	2014-2019	Workplace assessments for new employees with disability are undertaken and appropriate actions taken to meet employees needs	
Develop and implement strategies to support SLHD employees with disability in career progression e.g. mentoring, course attendance	Director Workforce General Managers	2014	Number and types of career progression strategies undertaken and improved to support SLHD employees with disability in career progression	

5.7 Priority for Action: Ensuring Quality Complaints and Feedback Procedures

Action	Responsibility/oversight of actions	Timeframe for Implementation	Performance Measure	Confirmation of implementation of action: Yes (Y) No (N) Ongoing (O)
Produce information on complaints, comments, positive feedback and confidentiality in alternative formats including an appropriate distribution strategy	Director Clinical Governance and Risk	2014-2019	Information on complaints, comments, positive feedback and confidentiality is provided in a range of formats including an appropriate distribution strategy People with disability report better information, access and reception to SLHD complaints handling processes	
Improve the pathway to the SLHD Patient Feedback System Webpage and include the Patient Rights and Responsibility Brochure	Director Clinical Governance and Risk	2015	Improving pathway to the SLHD Patient Feedback System Webpage and inclusion of the Patient Rights and Responsibility Brochure	
Incorporate the needs of people with disability and use of advocates in Complaints Handling Training Sessions	Director Clinical Governance and Risk	2014	The needs of people with disability and use of advocates is incorporated in the Complaints Handling Training Sessions Staff who undertake the training are confident in advocate referrals and complaints handling for people with disability There is an increase in advocate referrals	

6. Disability Legislation and Policy

A range of international, national government and local strategies, agreements, standards, legislations, policies and plans affect the way we support people with disability in SLHD, by setting out principles and regulations to secure promotion, respect and protection of the human rights of people with disability. The Steering Committee has endeavoured to ensure planning has considered and aligns with the objectives set out in these documents.

The Plan has been developed in line with the following legislation and guidelines:

LAW	International	United Nations Convention on the Rights of Persons with Disabilities
	Commonwealth	Disability Discrimination Act 1992 (Cth)
		Disability Services Act 1986 (Cth)
		Australian Human Rights Commission Act 1986 (Cth)
	NSW	Disability Services Act 1993 (NSW)
		Carers (Recognition) Act 2010 (NSW)
		Anti-Discrimination Act 1977 (NSW)
		Mental Health Act 2007 (NSW)
STRATEGIES/AGREEMENTS	Commonwealth	National Disability Agreement
		National Disability Strategy
		National Quality Framework for Disability Services
	NSW	NSW 2021
		NSW Stronger Together: A New Direction for Disability Services 2006-2016
		National Disability Strategy NSW Implementation Plan 2012-2014
		NSW Government Disability Policy Framework 1998
		NSW Health Disability Action Plan 2009-2014
POLICY	SLHD	PD2008_010 Disability – People with Disabilities: responding to their needs during hospitalisation
		PD2011_015 Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals
		PD 2012_06 Transfer of Care from Mental Health Inpatient Services
		PD2011_027 EnableNSW - Assistive Technology for Communication, Mobility, Respiratory Function & Self-Care
		PD 2006_068 Transport for Health NSW Policy Framework
		PD2005_032 Employment of People with Physical Disabilities in DoH, AHS and Public Hospitals

6.1 Legislation and Conventions

Australia is a signatory to the **United Nations Convention on the Rights of People with Disabilities,** the Biwarko Millennium Framework for Action. It focuses on "an inclusive, barrier free and rights based society for people with disability". The World Health Assembly recognises the important contribution of people with disability.

The **Commonwealth Disability Discrimination Act (DDA) 1992** makes discrimination on the grounds of disability unlawful. The act covers employment, education, sport, goods and services, and facilities. The **Anti-Discrimination Act (NSW) 1977** makes it unlawful to discriminate against people with disability in employment, premises and access to goods and services. This requires government authorities to prepare management plans on employment practices for a range of disadvantaged populations including people with disability.

The **NSW Disability Services Act 1993** promotes the provision of services which will enable people with disability to maximise their potential, integrate into the community and achieve positive outcomes. This act requires NSW Government departments and agencies to develop a Disability Action Plan and report on progress.

The **Mental Health Act (NSW) 2007** focuses on the care of people with mental health illnesses and includes a stronger focus on people who support people with disability.

The equity principles within the **Community Relations and Principles of Multiculturalism Act (NSW) 2000** require cultural and linguistic diversity to be recognised.

DisabilityCare Australia the Australian Government's National Disability Insurance Scheme (NDIS) will provide funding to eligible persons that can be used to purchase necessary and reasonable supports according to an approved individualised plan. The funding pool will be based on actuarial assessment of need, will be distributed to eligible people who become NDIS participants.

6.2 NSW Government Plans

This Plan was developed under the **NSW Government Disability Policy Framework 1998** which supports government agencies to meet their responsibilities under the NSW Disability Services Act. The six priority areas for action outlined in the Framework are:

• Physical access

• Promoting positive community attitudes

• Training of staff

• Information about services

• Employment in the public sector

• Complaints procedures

In September 2008, the then Department of Ageing and Home Care released the new Guidelines for Disability Action Planning by NSW Government Agencies. In 2009, NSW Health released its **Disability Action Plan (2009-2014)**.

The following NSW Government plans focus on people with disability:

- **NSW Stronger Together: A New Direction for Disability Services 2006-2016** provides direction and commitment to specialised disability services.

- **National Disability Strategy NSW Implementation Plan 2012-2014** recognises the importance of ensuring access to mainstream services and opportunities so that people with disability enjoy the same rights and opportunities that others take for granted including access to education, entertainment, health, transport and housing.

6.3   Related NSW Health Policies, Procedures and Guidelines

The main NSW Health policy focused on people with disability **PD2008_010 Disability – People with Disabilities: responding to their needs during hospitalisation** aims to increase the sensitivity and adaptability of services provided during hospitalisation.

PD2011_015 Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals (replaces PD2007_ 092 Discharge Planning: Responsive Standards) which seeks better identification and ongoing care of patients with disability and/or other support needs from the point of admission.

PD 2012_06 Transfer of Care from Mental Health Inpatient Services provides a process for ensuring the safe and successful transition of people with a mental illness (including people with intellectual disabilities).

PD2011_027 EnableNSW - Assistive Technology for Communication, Mobility, Respiratory Function & Self-Care (replaces PD2005_563 Program of Appliances for Disabled People, PADP) considers arrangements for equipment provision.

PD 2006_068 Transport for Health NSW Policy Framework focuses on non-emergency health related transport.

PD2005_032 Employment of People with Physical Disabilities in DoH, AHS and Public Hospitals identifies actions to be taken in employment of people with physical disabilities, and includes information about reasonable adjustment in the workplace. Appendix A lists all relevant policies.

The NSW Health Development of a Service Framework to Improve Health Care of People with Intellectual Disabilities: Discussion Paper (released January 2007) outlines possible models for service development and improvement for people with an intellectual disability. In addition to this discussion paper, there are other frameworks and NSW Health plans which guide the development of specific health services and specialties.

7. Acronyms

ADHC Ageing, Disability and Home Care

AHS Area Health Service

BCA Building Code of Australia

CCSP Community Care Supports Program

CEWD Centre for Education and Workforce Development

CORE Collaboration, Openness, Respect and Empowerment

CRGH Concord Repatriation General Hospital

DDA Disability Discrimination Act

DoH Department of Health

eMR Electronic Medical Record

HACC Home and Community Care Program

IMTD Information Management and Technology Division

LGA Local Government Area

LOTE Language Other Than English

NDIS National Disability Insurance Scheme

NGO Non-Government Organisation

NRS National Relay Service

PADP Program of Appliances for Disabled People

RPAH Royal Prince Alfred Hospital

SDH Sydney Dental Hospital

SLHD Sydney Local Health District

TACP Transitional Aged Care Program

TAGs Transport Access Guides

TTY Telephone Text Typewriters

8. SLHD Disability and Carers Committee Members

Dr Teresa Anderson	Chief Executive, SLHD
Ms Ann Kelly	General Manager Canterbury Hospital (co-Chair)
Dr Indu Nair	Director Rehabilitation Medicine RPAH & Balmain (co-Chair)
Ms Heather Attenbrow	Community Participation Coordinator, CRGH
Mr Michael Berbari	Occupational Therapy Manager, Balmain Hospital
Ms Vivienne Bush	Director Corporate Services, CRGH
Ms Paula Caffrey	Director Allied Health, SLHD
Ms Janelle Chapman	Deputy Regional Director, Metro South Region, Department of Family Community & Services, Ageing, Disability and Home Care
Ms Lesley Cherry	Community Representative
Ms Diardra Dunne	Senior Social Worker, Mental Health Service
Ms Ann-Mason Furmage	Member of Community Advisory Committee RPAH & Balmain
	Member of Marrickville Council Access Committee
	Member of Enable NSW Advisory Council
	President of the Physical Disability Council of NSW
	Member of the External Advisory Committee of the Department of Occupational Therapy, University of Sydney
Dr Pam Garrett	Director of Planning, SLHD
Ms Vera-Ann Hannaford	Councilor for Gadigal/Annandale-Leichhardt Ward, Leichhardt Municipal Council
Ms Aine Healy	Executive Director, NSW Council for Intellectual Disability
Mr Joseph Jewitt	Director Corporate Services, RPAH
Mr Barry Kinnaird	Director Planning & Partnerships, Mental Health Service
Ms Carissa Louwen	HOD Speech Pathology Canterbury Hospital
Ms Angela Manson	Director Manager Multicultural Health
Ms Debbie Masters	Graduate Health Management Program Trainee, SLHD
Ms Nadine Meredith	Director Social Work, SLHD
Ms Jackie Mills	Director Human Resources, RPAH
Ms Julie-Ann O'Keeffe	Operational Manager Aged Care & Rehabilitation
Mr Tony Phiskie	Manager, Carers Program, SLHD
Dr Peter Piazza	General Practitioner, Five Dock
Ms Kerry Plumer	General Manager, Community Health
Ms Barbara Ritchie	Community Representative
Mr Frank Ritchie	Community Representative
Ms Tarika Rivers	Community Participation Manager, SLHD
Mr Graeme Slade	Designated Senior Complaints Officer, SLHD
Ms Alison Trotter	Director Nursing Balmain Hospital
Ms Caitlin Wheelahan	Carer Project Coordinator, Carers Program, SLHD
Ms Kate Wade	Head of Department Physiotherapy, Child & Family Clinical Services, Community Health RPAH

9. The following organisations were asked to provide feedback:

- ACROD
- Aftercare
- Ashfield Council
- Australian Association of the Deaf
- Australian Diabetes Council
- Australian Federation of Disability Organisations
- Australian Mental Health Consumer Network
- Blind Citizens Australia
- Brain Injury Australia
- Canada Bay Council
- Canterbury Council
- Carers Australia
- Cerebral Palsy Alliance
- City of Sydney Council
- Community Restorative Centre
- CP Australia
- Deafness Forum of Australia
- Disability and Carers Committee
- Family Planning NSW
- Haemophilia Foundation of NSW
- Inner West Community Transport
- Inner West Sydney Medicare Local
- ADHC Manager
- Leichhardt Council
- Marrickville Council
- MS Australia
- National Council on Intellectual Disability
- National Ethnic Disability Alliance
- NSW Disability Network Forum
- People with Disability Alliance
- People with Disability Australia Inc
- Physical Disability Council of Australia
- Richmond PRA
- Scleroderma
- SLHD Consumer Participation Manager
- Strathfield Council
- The Ella Centre
- UNSW Research Centre for Primary Health Care & Equity
- Vision Australia
- Women with Disabilities (Australia)

2014-2019

Disability Action Plan

Planning for accessibility

Health
Sydney
Local Health District

NSW
GOVERNMENT