

SYDNEY SOUTH WEST AREA HEALTH SERVICE

# DISABILITY ACTION PLAN

2008 - 2011



## **Acknowledgement**

Our thanks are extended to Geoff Kellock who gave his permission for this picture to be used on the front cover of this plan. Geoff is a long standing and valued employee of Royal Prince Alfred Hospital, respected by all who know him. In 2000, he was awarded Employee of the Month in recognition of his commitment and dedication to his work.

For a copy of the SSWAHS Disability Action Plan 2008-2011 go to: [www.sswahs.nsw.gov.au](http://www.sswahs.nsw.gov.au)

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# Chief Executive's Message

In 2008, the theme for the International Day for People with a Disability is "Justice and dignity for all of us". At a time when 20% of our population has a disability and our population is ageing so rapidly, there has never been a better time to think about how we treat, care for and support people with disabilities in our hospitals and community health centres.

Within Sydney South West, a major focus to date has been on improving the health facilities in which our communities are treated. Old, cramped and technologically dated health buildings which are difficult to access have been (and continue to be) replaced by larger modern buildings. These facilities are increasingly accessible to people of all ages, and to those with a wide range of disabilities and health conditions.

At the same time, we have been strengthening our clinical services, including services such as mental health, and aged care and rehabilitation, where we know that traditionally there are a higher proportion of people with disabilities and therefore a greater level of support will be required. However, it is no longer realistic to assume that people with disabilities will only use disability specific specialist health services. Disability is a mainstream issue and people with a range of disabling conditions are accessing all of our services. The challenge for all staff, clinical and non-clinical, is to provide for the needs of people with disabilities in a positive and effective way.

The wide-ranging consultations undertaken to develop this Disability Action Plan highlighted how our assumptions and stereotypes together with a "one size fits all" approach to care and policies, can make a disability more disabling and impact on a person's dignity. Important messages for all staff include the need to tailor responses to the individual, to look beyond the disability and build on "abilities", to consider the physical, emotional and mental health conditions that are not part of the individual's disability, to listen and communicate, and to work with the patient, carer (if there is one), and other service providers to preserve and improve the health and lifestyle of people with disabilities.

I commend this Plan to our community and staff as it will help us towards achieving "*justice and dignity for all of us*". We will continue to improve our services for patients and carers by listening and acting upon the feedback we receive and by building and strengthening partnerships with our consumers, general practitioners, and government and community agencies.

I would like to thank the many people who contributed to the development of this Plan such as service providers, carers and staff and in particular, those people with disabilities who shared their personal experiences, voiced their concerns and in doing so helped to broaden our understanding of the many challenges that confront individuals with disabilities on a daily basis.



Mike Wallace  
**Chief Executive**

# Table of Contents

<b>1. INTRODUCTION.....</b>	<b>1</b>
<b>2. CONTEXT .....</b>	<b>2</b>
2.1 Sydney South West Area Health Service .....	2
2.2 The Sydney South West Community.....	3
2.3 People with Disabilities.....	4
2.4 People with Disabilities in Sydney South West .....	5
2.5 Disability Legislation and Policy .....	6
2.6 SSWAHS Services for People with Disabilities .....	8
2.7 Other Health Services for People with Disabilities .....	9
<b>3. OUR SSWAHS DISABILITY ACTION PLAN .....</b>	<b>10</b>
3.1 Our Commitment .....	10
3.2 Our Principles.....	10
3.3 Developing Our SSWAHS Disability Action Plan .....	10
3.4 Further Consultation.....	11
3.5 Priorities for Action .....	11
<b>4. PRIORITY ACTION AREAS.....</b>	<b>12</b>
4.1 Priority for Action: Improving Physical Access .....	12
4.2 Priority for Action: Developing Accessible Information about Services .....	13
4.3 Priority for Action: Improving Health Care to People with Disabilities .....	15
4.4 Priority for Action: Promoting Positive Community Attitudes.....	18
4.5 Priority for Action: Providing Staff Training In Disability Awareness and Skills .....	19
4.6 Priority for Action: Improving and Increasing Employment of People with Disabilities .....	21
4.7 Priority for Action: Improving Complaints and Feedback Procedures .....	22
<b>5. IMPLEMENTATION .....</b>	<b>24</b>
5.1 Communication Strategy .....	24
5.2 Governance and Oversight.....	24
5.3 Formal Reporting.....	25
<b>6. SUMMARY ACTION TABLE.....</b>	<b>26</b>
<b>7. APPENDICES.....</b>	<b>37</b>
Appendix A: Summary of Key NSW Health Policy Directives .....	37
Appendix B: Disability Services provided by SSWAHS .....	38
Appendix C: Organisations funded through the NSW Health NGO Grant Program and other funding arrangements in 2006/7.....	42
Appendix D: SSWAHS Disability Action Plan Steering Committee Terms of Reference .....	46
Appendix E: SSWAHS Disability Action Plan Steering Committee and Working Party Membership.....	47
Appendix F: Clinical Guidelines for People with Disabilities – Preliminary Coverage....	49
<b>8. ABBREVIATIONS.....</b>	<b>50</b>
<b>9. REFERENCES.....</b>	<b>51</b>

# 1. Introduction

Approximately one in five people living in NSW have a disability. There are babies, children, young people and adults with disabilities, and the disability and the way it impacts on their lives can be variable. In addition to their disability, they may have acute health and longer term chronic illnesses associated with their disability, or specific physical problems that bring them into contact with health services.

People with disabilities living in Sydney South West access and use the health services provided by Sydney South West Area Health Service (SSWAHS). It is important, therefore, that our health services and staff are respectful, flexible, and adaptable so that we can meet the needs of all people with disabilities, and their carers, families and support systems.

Under the Disability Services Act (NSW) 1993, SSWAHS is required to develop a Disability Action Plan. Our Plan seeks to promote the provision of services to enable people with disabilities to maximise their potential, integrate into the community, and achieve positive outcomes. It seeks to ensure that people with disabilities have full and equal access to health services and facilities.

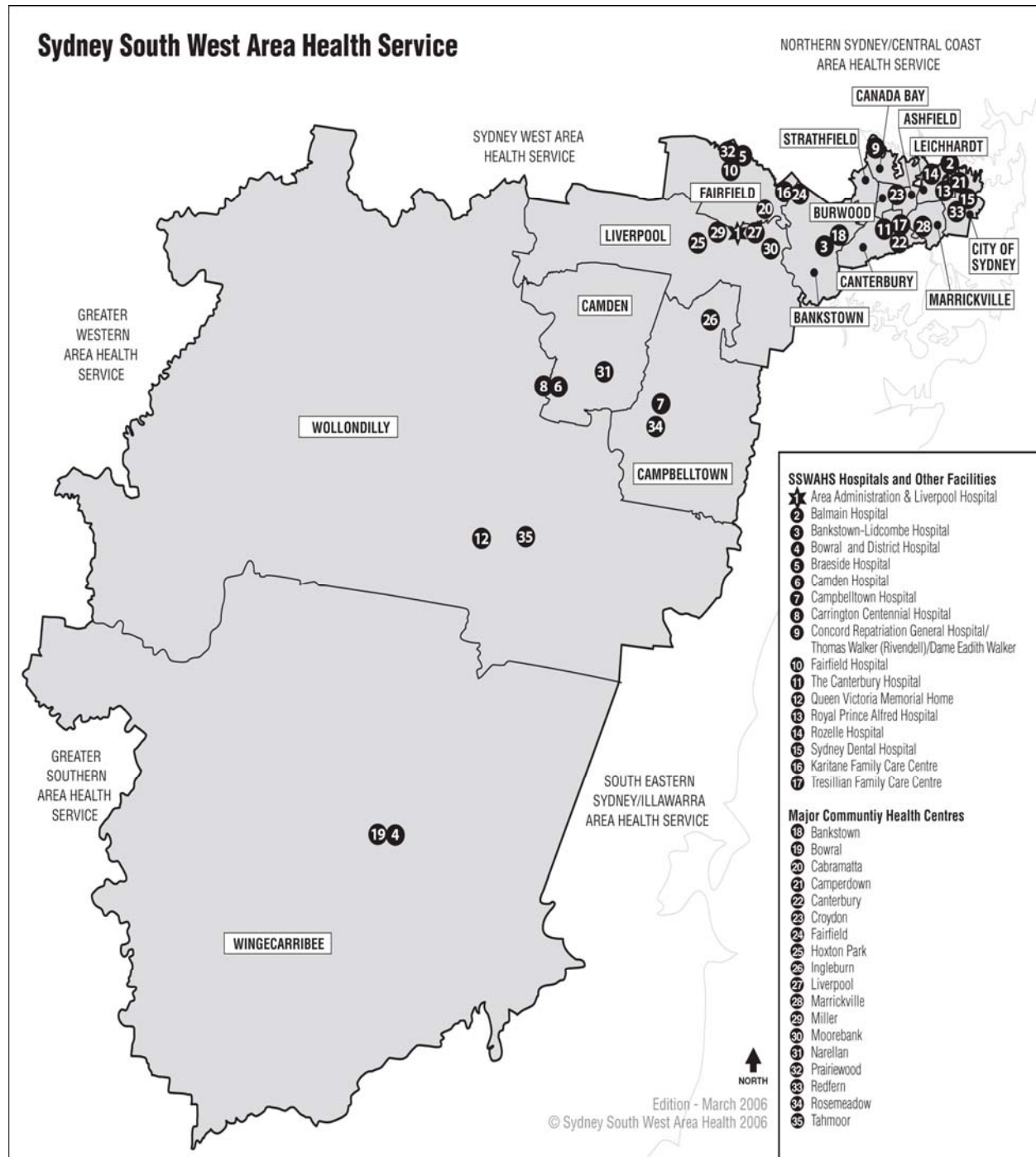
The SSWAHS Disability Action Plan has been developed under the advice and direction of a steering committee comprising people with disabilities, representative organisations, carers, service providers, health service staff, and senior SSWAHS management. It builds on previous disability plans, and advice from previous and current advisory and steering committees. It also builds on consultations with consumers, carers and service organisations, including advice from the SSWAHS Community Participation structures, including the SSWAHS Consumer/Community Council and Networks. It has considered NSW government initiatives and policy direction, and the previous achievements of local hospitals and community health centres.

Our Plan aims to strengthen the focus of SSWAHS services and staff on the needs of people with disabilities and the manner in which we provide health care. It will also have the associated benefit of improving access and care for the broader community. It aims to be realistic, achievable and measurable, and set the direction for action to the year 2011. It recognises our achievements, the gaps and barriers to access, and the actions that need to be taken within SSWAHS and in partnership with others to improve access for people with disabilities to our services, programs and facilities.

## 2. Context

### 2.1 Sydney South West Area Health Service

Sydney South West Area Health Service is one of eight area health services in NSW. It is responsible for planning, delivering and coordinating local health services for residents of Sydney South West. SSWAHS covers fifteen (15) local government areas: City of Sydney (part of); Leichhardt; Marrickville; Ashfield; Burwood; Strathfield; Canada Bay; Canterbury; Bankstown; Fairfield; Liverpool; Campbelltown; Camden; Wollondilly; and Wingecarribee. A map of the geographical area covered by SSWAHS follows.



Note: Rozelle Hospital has now moved to the Concord Hospital campus.

SSWAHS provides the majority of its health services through public hospitals and community health centres. Public hospitals in SSWAHS are:

- Balmain Hospital
- Bankstown-Lidcombe Hospital
- Bowral and District Hospital
- Campbelltown Hospital
- Camden Hospital
- Canterbury Hospital
- Concord Repatriation General Hospital (CRGH)
- Fairfield Hospital
- Institute of Rheumatology & Orthopaedics (IRO)
- Liverpool Hospital
- Royal Prince Alfred Hospital (RPAH)
- Sydney Dental Hospital (SDH)

In addition, Tresillian Family Care Centre and Karitane specialise in support for families, Braeside Hospital specialises in palliative care, rehabilitation and aged care psychiatry, and Carrington Centennial Care and Queen Victoria Memorial Home provide residential aged care.

Community health centres and related facilities provide early childhood, community nursing, child, adolescent and family, oral health, drug health, mental health, dental care, and aged care services. The largest centres are located at: Redfern; Canterbury; Croydon; Camperdown; Marrickville; Bankstown; Liverpool; Cabramatta; Carramar; Prairiewood; Miller; Moorebank; Hoxton Park; Ingleburn; Narellan; Campbelltown; Rosemeadow; Tahmoor; and Bowral.

SSWAHS provides a range of health services to meet the needs of the local community. These services are provided by approximately 22,000 staff. Annually, more than 300,000 people attend a SSWAHS Emergency Department, roughly 290,000 inpatients are treated in SSWAHS hospitals, and there are approximately 3,800,000 outpatient and community health appointments and visits. Our staff work with general practitioners, other health providers, government and non-government organisations, and support groups to meet the needs of the patients, families and the wider community.

## **2.2 The Sydney South West Community**

With approximately 1.3 million people, the Sydney South West community represents 20% of the NSW population (Australian Bureau of Statistics Census 2006). In the inner west of the Area the population is generally older, while in the south west it is generally younger. Local government areas (LGAs) with the highest number of children (0 - 11 years) are Macarthur (Camden, Campbelltown and Wollondilly), Liverpool, Fairfield and Bankstown. Those with the highest proportion of older people (85+ years) are Ashfield, Burwood and Strathfield.

There are a number of large Aboriginal and Torres Strait Islander communities in Sydney South West. The largest communities reside in the LGAs of Bankstown, Marrickville, Fairfield, Liverpool, Campbelltown and the City of Sydney.

Our Area is the most culturally diverse in NSW, with 39% of people speaking a language other than English at home (compared with the NSW average of 19%). Most notable are Fairfield and Canterbury LGAs, where over 60% of people do not speak English at home. Major languages other than English are Arabic, Vietnamese, Cantonese, Italian, Greek, and Mandarin.

Although traditionally an area of settlement for people from southern Europe and Asia, recent arrivals increasingly originate from Africa. Other emerging communities include Afghani and Bangladeshi groups.

Family households vary with the highest proportion of single person and group households located in the inner west LGAs of Sydney, Leichhardt and Marrickville. The highest proportion of single parent households are in the LGAs of Campbelltown, Fairfield, Bankstown and Liverpool.

Sydney South West has some of the poorest communities in NSW, with a large number of recent arrivals, high levels of unemployment, and a higher proportion of families living on welfare. Local government areas with the greatest socio-economic disadvantage (in order of ranking) are Fairfield, Campbelltown, Canterbury, Bankstown and Liverpool (ABS SEIFA 2006).

By 2016, the number of people aged 65 years and over in SSWAHS is projected to increase by 45% to 196,841 people, and people aged 85 years and older are projected to almost double to 25,664. This large growth in population will place additional demands on our health services.

### 2.3 People with Disabilities

The *NSW Disability Services Act 1993* defines disability as:

*“the person has a disability (however arising and whether or not of a chronic episodic nature):*

- *that is attributable to an intellectual, psychiatric, sensory, physical or like impairment or to a combination of such impairments; and*
- *that is permanent or is likely to be permanent; and*
- *that results in:*
  - *a significantly reduced capacity in one or more major life activities, such as communication, learning, mobility, decision-making or self-care; and*
  - *the need for support, whether or not of an ongoing nature.”*

The definition within the Commonwealth legislation is broader, including the “malfunction, malformation or disfigurements of a part of a person’s body”. Some of the major disabilities (listed by the Australian Disability Clearing House) include:

**Physical disabilities:** such as spinal cord injury, arthritis, cerebral palsy, acquired brain injury, multiple sclerosis and a number of other conditions of the muscular, nervous and respiratory systems. These conditions tend to result in some degree of restricted activity in the areas of mobility and manipulation, such as restricted arm and hand movements and communication.

**Intellectual disabilities:** include conditions caused by various genetic disorders and infections. These conditions result in a limitation or slowness in an individual's general ability to learn and difficulties in communicating and retaining information. There are many types of intellectual disability with varying degrees of severity.

**Autism Spectrum Disorder (ASD):** is diagnosed more commonly than previously. It is estimated that in Australia there are 62.5 per 10,000 children between 6 and 12 years of age with an ASD. It is a neurodevelopmental, life long, behavioural disorder and is characterised by a unique combination of impairments in social interaction, communication and repetitive and stereotypical play. Seventy percent of people with an ASD have intellectual impairment.

**Psychiatric disabilities:** cover disabilities resulting from underlying medical conditions such as schizophrenia, Bi-Polar DSM5, phobias and neuroses. People with mental health illnesses vary greatly in their needs for assistance.

**Vision impairment:** while some people have a total absence of vision, approximately 90% of people classified as legally blind have some useable vision.

**Hearing impairment:** approximately 30,000 people in Australia have no useable hearing and use Auslan (Australian Sign Language) as their first language. Between 1-3 million Australians have varying degrees of hearing impairment but use mainly oral communication.

People with disabilities may also have health conditions which may or may not be related to their disability. 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 mental illness (Lawrence and Coghlan 2002). The disability may also be age related, such as arthritis.

The impact of disabilities on individuals can be increased by environmental factors which are avoidable. For example, negative attitudes about disability, lack of involvement of people with disabilities in making decisions about their care, poor physical access to buildings, or incorrect assumptions about the employability of someone with a disability can make the disability or impairment more disabling.

The *ABS Survey of Disability and Carers (2003)* provides the most comprehensive information about people with disabilities and their carers. Significant findings were:

- approximately one in 5 people in NSW have a disability, and one in 12 people have an impairment that results in the need for assistance with communication and cognitive skills;
- about one in 16 people had a severe disability needing assistance in the core activities of self care, mobility or communication. Almost half the people with disabilities required an aid or equipment to assist in their daily living;
- over 25% of people with disabilities experienced difficulty with their health care;
- leading conditions of disability for those with profound or severe core activity limitations were back problems and arthritis. Difficulty hearing was also a significant issue;
- informal care was provided by family, friends and neighbours, particularly for those with severe or profound core activity limitations - 65% rely entirely on informal assistance for their core activities and 39% for other activities; and
- primary carers were mainly female (71%), commonly took on the role due to a family responsibility (58%), had lower labour force participation (39%) and spent long hours caring ie 37% cared for more than 40 hrs/wk. This impacted significantly on their health, resulting in stress and depression.

Analysis of disability trends between 1981 and 2003 (AIHW 2006) indicates that as the population grows and ages, there will be more people with disabilities. In the same way, as the population ages, primary carers, wives and husbands, or children who are caring also age. As a result, it is becoming common for carers aged over 65 years to be caring for someone who is over 85 years old.

National data indicates that 53% of people with disabilities aged 15 - 64 years were employed in 2003, compared with 81% people without disabilities. Further, that 8.6% of people with disabilities were unemployed/actively seeking work compared with 5% of people without disabilities.

## **2.4 People with Disabilities in Sydney South West**

Using the *ABS Survey of Disability and Carers 2003*, an estimated 260,000 people with disabilities live in Sydney South West. This includes approximately 30,000 people with a cognitive disability of some form. Approximately 10,000 people would have a lifelong intellectual disability. These are people with an IQ below 70 and whose brain impairment arose in childhood because of genetic predisposition, infection or brain injury.

The *2006 Australian Bureau of Statistics (ABS) Census* indicates that approximately 55,000 Sydney South West residents have a profound or severe disability (requiring help or assistance in one or more of the three core activity areas of self-care, mobility and communication) because of a disability, long term health condition or old age. This represents approximately 4% of people living in Sydney South West.

Residents with disabilities include approximately 3,600 children aged 0 - 14 years, 1,970 young people aged 15 - 24 years, and 49,000 adults over 25 years. In addition, approximately 100,000 people over 15 years of age provide unpaid care or assistance to a family member or other person with a long term disability.

The 2006 ABS Census identified approximately 770 Aboriginal people with profound or severe disabilities in SSWAHS, and almost 1,200 Aboriginal carers over 15 years of age. This is likely to be an underestimation due to a reluctance to identify Aboriginality. The proportion of disability in the Aboriginal community is higher than in the non-Indigenous community.

It is estimated that approximately 700 - 800 people with intellectual disability in Sydney South West live in accommodation, usually group homes, operated or funded by the Department of Ageing Disability and Homecare (DADHC). About 80 people still live in medium-sized residences (7 - 20 people), or in aged care hostels and nursing homes.

Many people using our health services will have a disability. Our data collection systems usually focus on the "health" condition or illness rather than the disability. As a result, there is little information on the overall number of patients with disabilities. However, our data systems show that with respect to people with a mental health illness in 2006/7, over 3,000 people used outpatient or community services and approximately 7,400 people were discharged from an inpatient mental health facility in the Area.

SSWAHS employees include people with disabilities. Information about staff with disabilities is obtained on a voluntary basis when they start employment. As at June 2007, 3% of SSWAHS employees had a disability, and 0.7% had a disability requiring a workplace adjustment.

## **2.5 Disability Legislation and Policy**

All sections of government, including area health services, are required to abide by legislation covering people with disabilities.

### **National and State Legislation**

Australian laws are based on the human rights approach that people with disabilities should have the same opportunities to participate in society as other people. This law is influenced by the *United Nations Convention on the Rights of People with Disabilities*, the Biwarko Millennium Framework for Action which focused on "an inclusive, barrier free and rights based society for people with disabilities", and the World Health Assembly which recognises the important contributions of people with disabilities.

The *Commonwealth Disability Discrimination Act (DDA) 1992* makes discrimination on the grounds of disability unlawful. The act covers private and public agencies and major life activities, including employment, education, sport, goods and services, and facilities. The *Anti-Discrimination Action (NSW) 1977* also makes it unlawful to discriminate against people with disabilities in certain areas of public life (such as employment, premises and access to goods and services). It enables people with disabilities to lodge complaints with the Anti-Discrimination Board. It also requires government authorities to prepare management plans on employment practices for a range of disadvantaged populations including people with disabilities.

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

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

The principles within the *Community Relations and Principles of Multiculturalism Act (NSW) 2000* have particular relevance given the diversity of the SSWAHS community.

## Major NSW Government and SSWAHS Plans

The NSW Government recognises that leadership, commitment and change are needed to ensure that we meet the NSW Goal that “we have a society in which individuals with disabilities and their carers live as full citizens with optimum quality of life, independence and participation”.

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 Framework identified six priority areas for action:

- Physical access
- Promoting positive community attitudes
- Training of staff
- Information about services
- Employment in the public sector
- Complaints' procedures

In September 2008, DADHC released the new *Guidelines for Disability Action Planning by NSW Government Agencies*. These new guidelines aim to reinvigorate the focus on meeting the needs of people with disabilities. Although this SSWAHS Disability Action Plan has not been developed using the new guidelines, it aligns with the new directions outlined by DADHC.

SSWAHS has a responsibility to meet its legal obligations and implement NSW Government and NSW Health plans. The main plans include:

The *NSW State Plan A New Direction for NSW* is a ten year plan which outlines the goals for the NSW Government. It requires that we achieve key social objectives for people with a disability, and increased consumer satisfaction. Priorities include improved employment and community participation for people with disabilities (including people with mental health illnesses) and reduced readmission for people with mental health illnesses.

The *NSW State Health Plan A New Direction for NSW Towards 2010* reflects the health priorities in the NSW Government's State Plan. It contains strategies to be implemented by NSW Health to address these goals, with equity in health a fundamental principle.

*Future Directions for Health in NSW – Toward 2025 Fit for the Future* outlines seven long-range future directions for the NSW health system over the next twenty years. The strategies focus on equity in health care including the needs of people with disabilities, and how we can work in partnership with other agencies and the community.

The SSWAHS strategic plan, *A New Direction for Sydney South West Health Service Strategic Plan - Towards 2010*, provides direction for all SSWAHS activities from 2006 to 2010 and guides corporate and health service planning and reporting across all levels of the organisation. It requires the development of a SSWAHS Disability Action Plan to reduce health disadvantage.

SSWAHS has incorporated the NSW Health vision ‘Healthy People – Now and in the Future’ into all planning. This vision has four goals: to keep people healthy; to provide the health care that people need; to deliver high quality services; and to manage services well. These goals are to be achieved through seven strategic directions:

1. Make prevention everybody's business
2. Create better experiences for people using health services
3. Strengthen primary health and continuing care in the community
4. Build regional and other partnerships for health
5. Make smart choices about the costs and benefits of health services
6. Build a sustainable health workforce

## 7. Be ready for new risks and opportunities

Four NSW Government plans focus on people with disabilities (and carers):

- The *NSW Stronger Together: A New Direction for Disability Services 2006-2016* provides direction and commitment to specialised disability services.
- The *New South Wales: A New Direction for Mental Health (2006)* is a five year plan to improve care to people with mental health problems.
- The *NSW Government Better Together: A New Direction to Make NSW Government Services Work Better for People with a Disability and Their Carers 2007 – 2011* is a whole of government plan focusing on delivering better services for people with a disability, their families and carers. Improved coordination is a key aim of the plan.
- The *NSW Health NSW Carers Action Plan 2007 - 2012* outlines the NSW Government's commitment to carers over the next five years.

In addition, the *NSW Health and Equity Statement In All Fairness (2004)* provides direction regarding health inequities, including people with a disability.

SSWAHS is developing plans to meet the health needs of the community. These plans, completed or being developed, focus on specific clinical services and populations. They include plans such as Community Health, Aboriginal Health, Overweight and Obesity Prevention and Management, Aged Care and Rehabilitation Services, Mental Health, Maternity Services, HIV/AIDS, Carers, Youth Health, Health Related Transport, and Drug Health.

### NSW Health Policies and Frameworks

The NSW Health Department provides guiding principles and policies for the NSW Health system. The main NSW Health policy focused on people with disabilities PD2008\_010 *Disability – People with Disabilities: responding to their needs during hospitalisation (revised Jan 08)* aims to increase the sensitivity and adaptability of services provided during hospitalisation.

Other recent NSW Health policies include PD2007\_092 *Discharge Planning: Responsive Standards (revised Nov 2007)* which seeks better identification and ongoing care of patients with disabilities and/or other support needs from the point of admission, and PD 2008\_005 *Discharge Planning for Adult Mental Health Inpatient Services* which provides a process for ensuring safe and successful transition of people with a mental illness (including people with intellectual disabilities). Policies on support services include PD2005\_563 *Program of Appliances for Disabled People (PADP)* which considers arrangements for equipment provision, and PD 2006\_068 *Transport for Health NSW Policy Framework* which focuses on non-emergency health related transport.

The main employment policy 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 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.

## 2.6 SSWAHS Services for People with Disabilities

SSWAHS medical specialties and health services are grouped into “clinical streams” to improve coordination of health care. These streams bring together health professionals with specific skills and expertise in similar health problems (or target populations), and focus on developing

and implementing better health care. Although Area-wide clinical streams now operate across SSWAHS, they may not provide a service in all hospitals or community health centres due to the type of care provided.

SSWAHS also receives funding from other government departments such as DADHC, and the Commonwealth Department of Health and Ageing, through programs such as the Home and Community Care (HACC) Program. This funding is usually specific to local government areas and creates further differences in the range of services provided.

While all SSWAHS services treat people with disabilities, some clinical streams have a stronger focus on people with disabilities. For example, SSWAHS Area Mental Health Services (AMHS) focus on people with mental health illnesses, and SSWAHS Aged Care Services and Rehabilitation Services (AC&RS) focus on older people (most of whom will have a disability), and adults with a range of disabilities. These clinical streams provide assessment, diagnosis, treatment and/or case management, and refer to and work with general practitioners and community services to provide for patient's needs.

A Child Development Network of diagnostic assessment services for children in SSWAHS aims to coordinate care and share clinical indicators and standards, and address waiting times for assessment. Across the Area, there are various forms of multi disciplinary "one stop shop" assessment and intervention services for younger children including allied health and paediatric services based in hospitals and community health centres.

Other clinical streams have a broad role, with specialist health service units, teams or specialist staff that provide health care to all people with disabilities, or people with specific disabilities. In these units, staff usually have a high level of training in specific disabilities or a strong interest in working with people with disabilities.

There are also support services to assist people with disabilities. They include equipment services such as the Program of Appliances for Disabled People (PADP) Scheme and Equipment Loan Pools, Ventilator Dependent Quadriplegia Programs (for adults and children), and limited assisted transport for people with disabilities requiring access to health services. Appendix B lists SSWAHS clinical and support services focusing on people with disabilities.

SSWAHS holds contracts and grants with 85 non-government organisations (NGOs) based predominantly in Sydney South West (refer to Appendix C). These NGOs cater to the needs of a broad range of people in the community, including people with disabilities. The majority of these grants are managed by SSWAHS under the NSW Health NGO Grant Program.

## **2.7 Other Health Services for People with Disabilities**

Although there is a wide range of specialist health services available in Sydney South West, some services are so specialised that they are only available in one or two centres in NSW. For example, the Children's Hospital at Westmead and Sydney Children's Hospital have specific expertise in the diagnosis and treatment of less commonly occurring illnesses and disabilities in children and adolescents. Similarly, services used by adults such as spinal injury units and heart/lung transplant units are only available in one or two hospitals. Patients and families living in Sydney South West may need to travel to these hospitals to use these highly specialised services.

Some specialised services also provide outreach in Sydney South West. An example is the Disability Specialist Unit (a unit of Westmead Children's Hospital), based at Burwood, which provides a diagnostic and assessment service for children, adolescents and adults who have an intellectual disability and live in the Inner West. This service links into the Child Development Network mentioned in Section 2.6.

## 3. Our SSWAHS Disability Action Plan

### 3.1 Our Commitment

The SSWAHS commitment to meeting the needs of people with disabilities is reflected by the following statement:

**People with disabilities will be treated with respect, and have the same quality of service and health outcomes as other members of the community. We will work in partnership with people with disabilities and other agencies to meet this commitment.**

### 3.2 Our Principles

SSWAHS has adopted and built on the NSW Government Principles of an Inclusive Society (contained within the NSW Government Disability Policy Framework). The principles are:

- People with disabilities are full and valued members of the community (**inclusion**)
- People with disabilities will have access to services provided to the general community (**access and equity**)
- In the provision of services to people with disabilities the focus will be on the whole of life needs of individuals in their own communities (**holistic**)
- Better outcomes for people with disabilities will result from cooperation among service providers, with the active participation of people with disabilities (**partnerships and participation**)
- Our services will support, and be sensitive to, the diversity of people with disabilities, including those from culturally and linguistically diverse communities (**cultural diversity**)
- The unique needs of people with disabilities from Aboriginal and Torres Strait Islander background will be recognised (**cultural diversity**)
- The unique requirements of children and young people with special needs, and their carers, will be recognised (**special needs**)
- The legal rights of people with disabilities will be recognised and protected (NSW Government) and people with disabilities will have the right to self determination (**rights**).

### 3.3 Developing Our SSWAHS Disability Action Plan

Our Plan was developed under the advice and direction of a steering committee comprising people with disabilities, representative organisations, carers, service providers, health service staff, and senior SSWAHS management (refer to the Terms of Reference and Committee Membership in Appendices D and E). It builds on the disability plans of the former Area Health Services in Sydney South West, consideration of best practice in other health services and government departments, advice from previous and current advisory and steering committees, earlier consultations with consumers, carers and service organisations, and achievements of our hospitals and community health services.

It also builds on legislation, and planning and policy direction set by the NSW Government and NSW Health. This includes changes to the *NSW Mental Health Act 2007*, and the recommendations of the 2006 NSW Health review into the effectiveness of implementation of the NSW Health *Policy People with Disabilities: responding to their needs during hospitalisation*. This review recommended a stronger emphasis on quality health care for people with disabilities, the need for a respectful, flexible and adaptable service, and policy revision.

While the Plan's focus is people with disabilities, the strategies will also benefit the broader community and staff. For example, improving physical access in buildings will help older people and parents with prams, providing information in alternative formats will aid people with literacy

difficulties, improved signage will assist all visitors, and improvements to care will make services safer for patients, staff and the community.

The *SSWAHS Disability Action Plan 2008-2011* recognises that SSWAHS is developing detailed clinical service plans. Some of these plans, such as the *SSWAHS Mental Health Service Plan*, the *SSWAHS Aged Care and Rehabilitation Clinical Services Plan 2007-2012*, and the *SSWAHS Carers Action Plan 2007-2012*, have a strong focus on people with disabilities and carers. Rather than duplicating these plans, the *SSWAHS Disability Action Plan* will complement them by focusing on issues that impact across the health service in all clinical, environmental and cultural settings.

### **3.4 Further Consultation**

There was targeted consultation in developing and reviewing the draft plan. Advice was provided through the SSWAHS Community Participation structures, including the SSWAHS Consumer/Community Council and Networks. There were also targeted consultation with consumers, carers (who may have disabilities as a result of their caring role), older people and service providers. The Aboriginal Health Impact Statement (AHIS) completed for this Plan reflected the consultation processes undertaken with the Aboriginal community.

In June 2008, the draft action plan was distributed to SSWAHS facilities and services and more than 250 agencies. This included community and government organisations, peak disability agencies, local Divisions of General Practice, and Aboriginal and multicultural agencies. Comprehensive feedback was provided by consumers, carers, local agencies, and SSWAHS managers and staff at consultation forums in Campbelltown, Burwood and Liverpool, and targeted meetings with community agencies and consumers. Over thirty services and agencies also provided feedback in writing. The suggestions and recommendations included detailed comment about needs, broad strategies and actions.

The combined knowledge and experience of those who contributed to this process added considerably to the depth of our understanding of the issues facing people with disabilities. The suggestions provided through the consultation process were discussed with the Steering Committee and relevant managers. The final SSWAHS Disability Action Plan reflects these consultations. The feedback from the consultation process will be also used to inform and influence implementation and monitoring.

### **3.5 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 disabilities:

1. Improving Physical Access
2. Developing Accessible Information About Services
3. Improving Health Care to People with Disabilities
4. Promoting Positive Community Attitudes
5. Enhancing Staff Training in Disability Awareness
6. Increasing Employment of People with Disabilities
7. Improving Complaints and Feedback Procedures

## 4. Priority Action Areas

### 4.1 Priority for Action: Improving Physical Access

Health services are large complex organisations. Physical access can be affected by the size, age and layout of our buildings, proximity to local transport, signage, number and location of basic facilities such as accessible toilets, and type and availability of technology. The stress of going to hospital can be increased by any one of these factors and other practical physical access difficulties.

#### Our Achievements in Improving Physical Access

In recent years, SSWAHS has:

- ✓ Completed new (and refurbished) accessible health facilities including: Royal Prince Alfred and Concord Hospitals; Croydon, Marrickville and Camperdown Community Health Centres; new mental health facilities at Liverpool, Campbelltown and Concord Hospitals; new aged care facilities at Concord Hospital; and upgraded facilities at Karitane;
- ✓ Planned and commenced work on Liverpool Hospital Redevelopment Stage 2;
- ✓ Improved existing facilities, including more accessible parking spaces at Concord, upgraded signage at Liverpool and Campbelltown Hospitals, and ramp installation in some community health centres;
- ✓ Expanded the use of telemedicine to improve access to specialist medical advice;
- ✓ Improved transport services by establishing a SSWAHS 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 development of Transport Access Guides for some health facilities; and
- ✓ Developed and trialled a disability access map at Campbelltown Hospital.

#### Why do we need further action?

- Not all our health buildings meet modern accessible standards. Some buildings, such as early childhood and youth health centres, have poor wheelchair access, and lack lifts and accessible toilets. Other buildings no longer meet the increasing and changing needs of patients and the community with crowded waiting rooms, narrow corridors, small consulting rooms, and limited personal space. Signage, even in our newer facilities, continues to be hard-to-read due to poor lighting, placement or size of font, and is only sometimes in other formats. Building layout and design (including signage) can frustrate patients, increase anxiety, reduce dignity, and impact on assessment and treatment. Addressing these barriers benefits all patients, clients, visitors and staff.
- Difficulty accessing transport to attend health related appointments is one of the most frequently raised concerns of consumers, carers, and service providers. The increased demand for health related transport for people with disabilities (and the frail aged) who require assistance to attend appointments, the difficulty community transport providers and SSWAHS have in meeting this demand, and the need for stronger interagency planning, coordination and partnerships are issues which require attention.

Lack of vehicle set-down points (at entrances) and supervised pickup/drop off areas for patients needing extra support or transfer to clinics was a major safety and efficiency concern for carers, staff and transport providers. Accessible, designated and affordable car parking requires attention.

Accessible public transport is not available in all parts of Sydney South West. Some health facilities are not on public transport routes, making travel costly and time consuming. People living in rural areas experience long and tiring trips, particularly to attend specialised services in larger hospitals. In addition, information about service location and public transport is not readily available. Better coordination and information may improve access to transport.

- Equipment, such as lifters and height adjustable couches, is not available in all locations. Knowledge about disability specific equipment such as telephone text typewriters (TTY) is variable.
- To ensure we meet future needs and use public funds wisely, planning for access in new and older health buildings needs improvement. Improving accessibility depends on the expertise of access consultants, and local “experts” such as council and facility access committees, consumers, and SSWAHS engineering, planning and clinical staff. Increased knowledge about the Building Code of Australia (BCA) and Australian Standards is also required.
- Education programs, events and meetings are not always accessible to people with disabilities.
- Accommodation for patients and carers from rural and remote areas is limited and costly.

#### **What will we do**

- Contract an expert in Disability Access to audit existing buildings and proposed new facilities. Report on compliance against the BCA, Australian Standards and legislation. Develop and implement Facility Disability Access Work Plans which prioritise and cost work required. Panels of local experts (e.g. people with disabilities and access committees) will review audit reports and design options, and assess completed works.
- Work with local councils to ensure safe access surrounding health facilities.
- Provide training in relevant Access and Disability standards to local “experts” such as facility planners, engineering staff and access committee members.
- Establish supervised admission lounges/points in all hospitals where patients can be safely dropped off/picked up by carers and community transport providers. Provide an escort for people requiring assistance within the hospital.
- Purchase clinical equipment (such as height adjustable examination couches) to accommodate the needs of people with disabilities 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.
- Consider the needs of people with disabilities in strategy development in the SSWAHS Transport for Health Plan. This includes considering the detailed comments from the consultation process and working in partnership with the Ministry of Transport, DADHC and community transport providers to meet consumer needs. It also includes implementing innovative strategies to support transport use such as inclusion of the NSW Public Transport “Trip planner” on the SSWAHS website, provision of back to base free taxi phones, development of transport access guides, and advocating for accessible public transport to local hospitals.
- Building on the work of Campbelltown Hospital, develop disability access maps which identify the location of disability facilities in each hospital and health centre.
- Develop an “Accessible Events Strategy” for use of education and meeting facilities.

## **4.2 Priority for Action: Developing Accessible Information about Services**

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

### **Our achievements in Making Information Accessible**

In recent years, SSWAHS has:

- ✓ Produced annually the SSWAHS Year in Review and SSWAHS Annual Report which lists services and summarises major achievements;
- ✓ Developed a SSWAHS Website linked to the NSW Health Website;

- ✓ Produced written brochures for most hospitals and community health centres outlining services available and the way to contact the service. In addition, some clinical services have information 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;
- ✓ Developed a Statement of the Principle of Caring for People with a Disability in the former Central Sydney Area Health Service and "Creating Truly Accessible Environments – A Framework for Action" in the former South Western Sydney Area Health Service; and
- ✓ Worked in partnership with community and government services to develop comprehensive multiagency information in other languages and formats. For example, Bankstown has information available in Croatian, Polish, audio and Braille.

#### **Why do we need further action?**

- Many consumers and carers are unaware of services available and how to access them. This is particularly difficult for people with disabilities who require support from a range of government and community service providers over their lifetime, and those from non-English speaking backgrounds.
- There is considerable health information available in brochures. However some people, because of a disability or limited use of English or education have difficulty reading. 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. Attention also needs to be given as to how we reach geographically or culturally isolated communities.
- Physical health of people with disabilities can be poorer than for the general population. It is important that people with disabilities get the same information as the general community so that they can prevent further health problems.
- The internet is a powerful way of reaching people with disabilities and community agencies. Use of the SSWAHS website to promote information about services is limited. Further, World Wide Web Consortium (W3C) accessibility standards, developed to maximise the readability of information on the web, are not used consistently.

#### **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 SSWAHS website to achieve Double AA compliance with the W3C accessibility standards ie the NSW Government standard for accessibility.
- Develop facility specific information about services and support available for people with disabilities, focusing on services such as preadmission clinics, availability of patient liaison officer, rights and responsibilities, and confidentiality.
- Incorporate information about support available for people with disabilities in existing hospital and community health information.
- Work with local agencies to collate and/or develop comprehensive multiagency information about services for people with disabilities. Specific attention will be given to information for Aboriginal people and information in other languages to increase awareness of services.
- Continue to provide information about our health services to centralised information services, and via multiagency community information days. Work with councils, NGOs and information services to ensure we reach rural and isolated disadvantaged groups.
- Develop information about alternative sources of equipment and aids.
- In consultation with councils and other agencies, develop and/or distribute information about community resources such as hydrotherapy pools, and health promotion programs and services.
- Ensure our information technology considers disability requirements.
- Develop approaches for ensuring that large SSWAHS documents are accessible.

### 4.3 Priority for Action: Improving Health Care to People with Disabilities

SSWAHS provides a wide range of general and specialist health services. People may receive health care in emergency departments, day surgery and outpatient units, or from community health and related services. They may also participate in health promotion and educational activities. Most services treat specific health conditions or needs, and are available to everyone requiring that service, with specialist services usually requiring a General Practitioner referral.

Health services which have a greater focus on disabling conditions are listed in Appendix B. They include clinical services such as rehabilitation units, and child disability assessment and treatment services; support services such as equipment pools, interpreter services, overnight (and short-term) accommodation; and respite services for people with dementia and frail older people. People with disabilities will need to use health services for a range of reasons, often unrelated to their disability. All services need to be customer focused and responsive.

Effective care for people with disabilities 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 working with their support network (if requested) of carers (and family), 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

In recent years, SSWAHS has:

- ✓ Established a SSWAHS Clinical Governance Unit to ensure appropriate patient safety and quality activities. The unit ensures that complaints are adequately dealt with, staff actively manage clinical risks and a governance system is in place to involve and inform staff;
- ✓ Developed Area-wide Clinical Streams to support improved care and expertise, and commenced development of clinical plans to improve access and support improvement in clinical services;
- ✓ Developed detailed service plans in areas such as Aged Care and Rehabilitation, Carers, Mental Health, HIV/AIDS, and Overweight and Obesity. All these plans include a focus on people with disabilities;
- ✓ Established the SSWAHS Carers' Program and SSWAHS Family Friendly Mental Health Service to increase support for carers, and ComPacks, a program which assists frail older people and people with disabilities 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 (such as the HACC/Mental Health Protocol in the south west), children with disabilities, and Spastic Centre clients;
- ✓ Developed new policies to improve care for people with disabilities e.g. Fairfield Hospital Disability Policy, the Liverpool Hospital Guide and Assistant Dogs Policy, Balmain Hospital Wheelchair Safety Policy, and Community Health Attention Deficit Disorder protocols;
- ✓ Established the position of NGO Program Manager to improve communication with Health-funded NGOs and ensure effective coordination, planning and accountability;
- ✓ Incorporated NSW Health discharge policies into the SSWAHS Adult Assessment and Discharge Tool, enabling identification of people with disabilities;
- ✓ Targeted health education to children, adolescents and adults with disabilities and carers 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. This program helps a number of people with disabilities;
- ✓ Developed and participated in research based services and pilots. This includes supporting parents with disabilities through Tresillian Family Care Centres; and establishing a service for people with intellectual disabilities at Concord Hospital, which has appointed an

Associate Professor with a specific focus on reviewing and dealing with health and other concerns associated with ageing and intellectual disability;

- ✓ Mapped Child Development Assessment Services and developed an assessment framework and Child Development Network to support improved practice; and
- ✓ Contributed to Interagency Committees which are reviewing or developing guidelines in topics such as palliative care and acquired brain injury.

### **Why do we need further action?**

Advice from people with disabilities and service providers indicate:

- Considerable differences in the type and range of SSWAHS services, admission criteria and service provision. The length of waiting lists, particularly for children's therapy services, dental care, assessment for home modifications, podiatry, and pain services. These barriers reduce access and support for people with disabilities.
- Inpatients with moderate to profound intellectual or physical disabilities are often unable to feed or care for themselves and require additional support. Staff may not be aware of the patient's basic care plan, need for personal support in feeding and toileting, and requirements for equipment, such as communication aids or lifters.
- Waiting for long periods in noisy or busy environments, such as Emergency Departments, can be anxiety provoking and contribute to increased agitation or aggression in people with intellectual disabilities, a mental health illness, a history of head injury, or dementia. These behaviours can be reduced through changing the environment and clinical practice.
- For those requiring additional support while using health services, such as people requiring an annual health check under anaesthesia, there is no single point of access or coordination in ensuring complex health and support needs are met.
- Assessment and diagnosis may be poorer where the child or adult with a disability or their carer is not consulted about the current physical symptoms, and medical and other history, or when symptoms are incorrectly attributed to the disability (rather than an underlying health condition). Concerns were raised about the difficulty people with intellectual disabilities have in getting a specialist mental or physical health assessment due to assumptions about the cause of behavioural changes. People with a history of mental health illness had similar concerns.
- People with disabilities do not all have the same needs. Some manage their lives and health care without support of families or carers. Others have carers who provide ongoing support and help, and at times advocacy. These differences, together with diversity in cultural beliefs and expectations and language, need to be recognised and incorporated into clinical management.
- Discharge was identified by many as a major problem. Timing of discharge, insufficient consideration of post discharge needs, and poor communication with the patient, carer and service provider hampered long term care and at times resulted in a hospital readmission, or recurrence of health, behavioural and other problems. The health team, patient, carer, GP and community services need to participate in care and discharge planning. Provision of a discharge plan, and education and training to the patient, and/or carer or service provider are critical to safe care in the community.
- Compliance with medical recommendations and use of health services can be poorer for people without a carer or public guardian, such as people living in boarding houses. They may not be "health literate", may have difficulty reading written information due to sight or literacy difficulties, or following advice due to difficulty in hearing or understanding. These patients and clients may need an advocate for support during their health care.
- Children requiring assessment and long term therapy require more time out of preschool/school if their appointments are not coordinated. Progress will be slower if the school or carer is not trained and supported in implementing treatment programs.
- Young people with disabilities transitioning to adult services may not be adequately supported and advised about adult services available. Adult services may be unaware of the specific disability and its implications.

- Poor access and use of appropriate equipment, such as lifters or communication aids (such as visual communication) in hospital or at home, and removal of personal aids, such as hearing aids, can cause accidents or added frustration for patients, clients, staff and carers.
- Demand for services will increase with a growing and ageing population and increased number of children and adults with disabilities living in the community. Ensuring appropriate health care for people with more complex care needs and health concerns, including those who are ventilator dependent living in the community, pose new challenges for services.
- A lack of suitable long term community accommodation and community supports, including respite and social programs, for younger people with late onset disabilities e.g. people with multiple sclerosis or head injury. SSWAHS has an important role in supporting and advocating for development of new and appropriate services.
- Although SSWAHS has a number of partnerships with other services, there is a need for stronger partnerships with community services (government, non-government and support groups) which work (or could work) with people with disabilities and their families. Staff may not be aware of, refer to or work with these important services.

### **What will we do**

- Improve the quality of care provided to inpatients with disabilities in hospital. A first step will be to develop guidelines consistent with NSW Health policy to support people with disabilities during hospitalisation and related policies (see page 9). 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 disabilities.
- Develop practical tools, such as pictorial cards, checklists and fact sheets to assist staff in supporting people with disabilities. This information will be placed on the SSWAHS website.
- Identify a senior clinical manager in each facility who will develop expertise and knowledge in disabilities and ensure coordination of access and care, and “local experts” who can support the development of local policies.
- Incorporate health promotion/education into all aspects of clinical care for people with disabilities.
- Use the principles in the NSW Health policy relating to people with disabilities to develop appropriate outpatient and community based health service policies.
- Identify the support needs of young people transitioning to adult services and develop strategies to address these needs.
- Review access to and provision of outpatient and community health multidisciplinary assessment and treatment clinics for children, young people and adults with disabilities. Consider issues such as resourcing levels to ensure equity and cultural appropriateness.
- Further develop the SSWAHS Child Development Network to streamline access and improve developmental assessment for infants, children and young people with disabilities.
- Develop guidelines in the use of Auslan interpreters for people with a hearing impairment.
- Develop and distribute policy in use of personal equipment and companion animals by inpatients and outpatients with disabilities.
- Implement the *SSWAHS Carers Action Plan 2007-2012*.
- Identify local government and non-government disability agencies, and develop Area-wide agreements and protocols to improve service co-operation and partnership. Develop local protocols to address principles and procedures for effective partnership, and clearly identify the role of health staff, carers, and community support services.
- Examine and trial payment of community carers to provide personal care to children, young people and adults with moderate - profound disabilities who are inpatients.
- In partnership with NSW Health, government and non-government agencies (including support groups) and Divisions of General Practice, improve care and support by:

- developing and implementing strategies in the *NSW Stronger Together Plan* and related government plans;
- implementing recommendations of reviews, such as the *NSW Review of the Program of Appliances for Disabled People (PADP)*, and the DADHC review of access of boarding house residents to health services;
- developing new interagency agreements, such as the *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 Department residents;
- continuing support and advocacy for NSW 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) and Families NSW; and
- advocating for improved services, including accommodation for people with disabilities.
- Work with Divisions of General Practice to increase use of Commonwealth Medicare Initiatives such as Enhanced Primary Care and Health Checks for people with disabilities.
- Improve identification of support requirements of patients by training staff in the use of the new Admission and Discharge protocol, and modifying the Electronic Medical Record to “flag” people with additional care needs.
- Incorporate strategies to improve access for Aboriginal children, adolescents and adults with disabilities into business and 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.
- Ensure that the beliefs and needs of people from non-English speaking backgrounds are considered in developing and providing clinical services.
- Consider and respond to future needs by including strategies to improve care for people with disabilities and carers in new SSWAHS plans, undertaking research and other projects which contribute to knowledge about health care for people with disabilities, and incorporating new knowledge into current practice.

#### **4.4 Priority for Action: Promoting Positive Community Attitudes**

A NSW Government priority is that people with disabilities engage in the broader community. One of the best ways of promoting positive community attitudes is by working with and talking to people with disabilities as part of every day work. This will help reduce the disadvantage and discrimination that people with disabilities experience.

##### **Our achievements in Promoting Positive Community Attitudes**

- ✓ 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;
- ✓ 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 carers on aged care and rehabilitation service steering committees; and
- ✓ Developed and implemented the SSWAHS Community Participation Framework which enables consumers, carers and the community to be involved in the planning and operation of health services.

**Why do we need further action?**

- Many people in the community hold negative views and stereotypes about people with disabilities. This can result in fear of people with disabilities, discrimination, harassment and victimisation, and exclude people with disabilities from a range of activities.
- Community service providers may not always understand how best to support people with a range of disabilities. Health professionals have expert knowledge in a range of areas, such as mental health, dementia, and physical problems, which can be used to inform service providers about appropriate strategies and care techniques.
- People with disabilities need to experience greater autonomy. This is only achievable if the community, including our staff, involve people with disabilities in their health care and in building our services.

**What will we do**

- Lead by example by consulting with and involving people with disabilities 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 disabilities. Representatives with disabilities from SSWAHS Community Participation Networks, peak bodies, and local agencies targeted towards people with disabilities will be asked to participate in these processes, as will Aboriginal people and people from non-English speaking backgrounds.
- Involve people with disabilities 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 SSWAHS Community Participation activities.
- Promote the “ability” of people with disabilities, through positive stories in the SSWAHS staff newsletter. Launch this Plan using well recognised people with disabilities and/or theatre focusing on attitudes.
- Participate in awareness raising events, information days or information stands in hospitals and community health centres to promote positive attitudes.
- Promote disability conferences and activities on the SSWAHS intranet and through the Community Participation Unit.
- Identify community agencies and groups, including TAFE, which would benefit from training in specific health and disability issues.
- Develop and distribute guidelines for staff and consumers about: privacy and confidentiality specifically as it applies to people with disabilities and carers; informed consent and how to determine and build capacity to enable people with disabilities to give informed consent; the role of the NSW Protective Office and Guardianship Board; enduring power of attorney; and advanced care directives.
- Require agencies funded under the NSW Health NGO Program to be proactive in meeting the needs of people with disabilities.
- Work with local agencies to enable the smooth transition of people using health services e.g. outpatient rehabilitation or exercise groups to community run facilities and groups (such as fitness centres and disability specific groups).

**4.5 Priority for Action: Providing Staff Training In Disability Awareness and Skills**

Providing health care to people with a disability requires a good understanding of their needs and difficulties, and skills in communicating effectively and providing appropriate services. Attitudes, skills and knowledge can be changed by actively listening to people with disabilities, leadership, a focus on culture, and general and targeted training.

**Our achievements in Increasing Disability Awareness and Skills**

- ✓ Community Health staff attend Family Partnership Training to improve work with parents;

- ✓ Inclusion of sessions about disabling conditions into facility education programs. For example, Campbelltown Hospital held a specific session “Beyond Comfort Zone” on the broader topic of people with disabilities. Training in communicating with people with communication problems has also been provided in facilities;
- ✓ Development and implementation of specific and targeted unit based education and cultural change programs by SSWAHS Centre for Education and Workforce Development;
- ✓ Inclusion of scenarios focusing on people with disabilities in recruitment training; and
- ✓ Clinical education is provided in specific health problems and disabling conditions e.g. caring for people with HIV/AIDS, and management of people with dementia.

### Why do we need further action?

- Feedback from people with disabilities, carers and service providers is that they feel that some staff are judgemental about people with disabilities and their abilities. This can influence the accuracy of assessment and diagnosis, and impact on the type and quality of clinical management provided to very sick patients with disabilities.

Consumers comment that staff with less experience with disabilities appear uncomfortable communicating with people with severe physical or intellectual disabilities. As a result, staff may ignore or neglect them in inpatient and outpatient areas, or do not involve them in the assessment.

- There has been limited content in the SSWAHS Centre for Education and Workforce Development Program or broader clinical education programs about people with disabilities. The consultations highlighted the need for cultural change to address staff assumptions, attitudes and practices, with flexible approaches to education.
- While service-specific orientation and education programs focus on specific disabilities, the SSWAHS Staff Orientation Program does not include a focus on people with disabilities, or improving skills in working with people with disabilities.
- Sydney South West has an ethnically diverse community. People from other cultures are likely to have less knowledge about services available and may not accept help from support services due to beliefs about family responsibility. Staff need to be aware of cultural issues when working with people with disabilities and their families.
- Not all staff are skilled in using telephone typewriter (TTY) and other communication equipment to communicate with people who are hard of hearing.
- Knowledge about informed consent, guardianship, power of attorney and advanced care directives is variable.
- The *SSWAHS Strategic Plan Towards 2010* identifies equity in the supply and delivery of health services as an important issue. It notes a number of groups which have consistently poorer health outcomes, including people with disabilities. The plan also indicates that we may need to respond to people differently to achieve an equal outcome. These concepts can be difficult to understand and may require a more considered focus.

### What will we do

- Incorporate disability information and issues into SSWAHS Workforce Development Program courses (such as customer service, orientation, management and nurse training).
- Develop a web based e-education program for staff focused on providing care to people with disabilities. Include content which addresses staff anxieties and specific knowledge requirements. People with disabilities will be involved in developing these resources.
- Incorporate disability awareness and practice information into the SSWAHS Area 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 considers the implications of cultural diversity on service access and needs.
- Provide staff with opportunities to work in disability specific services.

- Continue to train staff in the Family Partnership Model and develop a system to ensure that the model is implemented.
- 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.
- Explore options for developing a stronger focus on equity within SSWAHS which could include leadership and cultural change, including workforce development.
- Incorporate information about use of Auslan interpreters and cultural competency into facility education programs, and orientation programs for new staff.

#### **4.6 Priority for Action: Improving and Increasing Employment of People with Disabilities**

The NSW government requires that government agencies contribute to the achievement of employment benchmarks of 12% for people with a disability and 7% for people with a disability who require a work place adjustment. SSWAHS is a major employer in Sydney South West. Support for people with disabilities focuses on recruitment, retention within employment, and development within the organisation.

##### **Our achievements in Improving and Increasing Employment of People with Disabilities**

- ✓ SSWAHS Bullying and Harassment, Reasonable Adjustment, Grievance Management, and Discipline policies have been reviewed and reissued. This review is linked with Area and Human Resources planning processes, including development of a SSWAHS Workforce Plan. Training on issues such as bullying and harassment has also occurred in some facilities;
- ✓ Staff grievance reports produced monthly are monitored by SSWAHS Human Resources;
- ✓ Bankstown and Fairfield Hospitals have brochures about “supporting people with disabilities in the workplace” in job packages. In addition, Bankstown has developed links with employment and training providers to support young people with disabilities in their access to health services;
- ✓ Area Mental Health Services employ people with mental health problems and carers in consumer consultant and carer support positions;
- ✓ Services such as Area Mental Health Services and the Head2Work (the vocational rehabilitation service of the SSWAHS Brain Injury Unit) actively help people return to work;
- ✓ 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;
- ✓ Fairfield Hospital has encouraged existing staff to advise Human Resources about their disability status to increase reporting; and
- ✓ Commenced a trial with Jobsupport Inc to increase employment of people with intellectual disabilities in SSWAHS.

##### **Why do we need further action?**

- Labour force participation by people with disabilities is lower than for people without disabilities. In 2003, 53.2% of people with disabilities (and only 28% of people with a mental health illness) participated in the workforce compared to 80.6% of those without disabilities (ABS 2003). The increased focus on employment of people with disabilities by the Commonwealth and NSW governments will assist SSWAHS in developing strategies.
- Although SSWAHS is a major employer of people in Sydney South West, it employs a relatively low number of people with disabilities. Feedback from the consultation process indicated that understanding of disabilities within the workplace, understanding of reasonable adjustment (particularly as it relates to people with mental health illnesses) and willingness of employees to identify their disability is variable. Further, that employment can support efforts to create positive attitudes.

- Traineeships and work experience programs with people with disabilities have had mixed success. Best results have occurred where there is effective matching of skills and abilities with job criteria, good support, and trainees are surplus to the workforce profile.
- Some NGOs are specifically resourced to employ and support people with disabilities, and/or provide contract services. They support people through a range of programs to access eventually the open market. Use of NGOs for contract services will contribute to the NSW target of increasing of employment of people with disabilities.
- Support for people with disabilities who have career aspirations is variable, particularly where flexibility is required in the job. People with disabilities may not be aware of job opportunities within SSWAHS and may not develop to their full potential.

### **What will we do**

- Participate in the development and implementation of Government initiatives to increase employment for people with disabilities, and encourage NSW Health to incorporate employment targets for people with disabilities across the NSW Health Sector.
- Develop a "Disability and Employment within SSWAHS" brochure and incorporate into the SSWAHS Employment Application Information Package.
- Encourage staff to advise Human Resources about their disability and supports available.
- Improve awareness of employment and disability issues by incorporating information about employment and people with disabilities in the new SSWAHS Disability webpage.
- Develop a DVD on employment and disability involving SSWAHS staff with disabilities.
- Undertake a literature review and consultation regarding reasonable adjustment and people with mental health illnesses. Use the findings to review the Reasonable Adjustment Policy, job demands checklist and training programs.
- Using the Job Demands Checklist, conduct formal workplace assessments for new employees with disabilities to ensure "reasonable adjustment" of workplace and equipment. Review the Job Demand Checklist annually.
- Work in partnership with local specialist disability employment agencies (including internal services such as Head2Work) to develop strategies which increase employment and retention of people with disabilities. This will include exploring and trialling 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.
- Contract with local disability employment organisations to provide services such as cleaning and gardening services.
- Improving working conditions by consulting with staff with disabilities about the issues and barriers to employment and advancement (including reasons why people with disabilities remain hidden in the workforce), and developing strategies to address these issues. This will include incorporating disability issues into the SSWAHS Mentoring Program guidelines.
- Provide training to Human Resource staff and senior managers about employment and people with disabilities, including relevant wage, support and equipment schemes.

## **4.7 Priority for Action: Improving Complaints and Feedback Procedures**

All consumers of SSWAHS 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 SSWAHS 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.

### **Our achievements in Improving 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 SSWAHS Patient Feedback System is on the SSWAHS Website;
- ✓ All facilities have a Patient Liaison Officer with whom complaints can be lodged. The SSWAHS Senior Complaints Officer is responsible for ensuring appropriate action is taken;
- ✓ Information on the number and type of complaints is monitored by SSWAHS;
- ✓ Annual Patient/Carer Surveys which seek feedback about all aspects of health care commenced in 2007. The Area 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; and
- ✓ Most service brochures include information on how to make a complaint or offer feedback.

#### **Why do we need further action?**

- Patients with a disability are frequently concerned about making complaints because of a fear of retribution, including loss of a service. This increases their stress, and does not improve the quality of care they receive. 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 disabilities who have a problem with their health care. Lack of knowledge about the SSWAHS Patient Feedback System means that they are less able to help their clients.
- Many people with disabilities will be able to make decisions about their own care but may require an advocate to ensure their best interests are met. Staff and consumers have little knowledge about advocacy services, or how to contact or work with them.
- People with disabilities can have specific health problems which may or may not be related to their disability. Feedback is a way of ensuring that clinical care continues to improve.
- Many patients and their carers are satisfied with the care they receive. SSWAHS needs to hear about what makes care “good” or “excellent” to improve services delivery.

#### **What will we do**

- Include information about privacy, patient rights and responsibilities, and the patient feedback system in service information, and promote it widely.
- Continue to produce information on complaints and confidentiality in alternative formats, including pictorial and audio formats, and other languages. Include information about the SSWAHS Patient Feedback System on the SSWAHS Website and distribute it to mainstream and multicultural agencies.
- Improve identification of information about the SSWAHS Feedback System on the SSWAHS website.
- Incorporate the needs of people with disabilities in staff training about the SSWAHS Patient Feedback System, and privacy and confidentiality.
- Require staff who are points of first contact e.g. admissions officers, nursing unit managers, ambulatory care booking clerks, and community health staff to provide people with disabilities with written and verbal information about complaints’ processes, and rights and responsibilities.
- Develop and promote information about advocates and advocacy services for people with disabilities with and without a carer.
- Use the NSW Health Patient Surveys, Patients and Carer Experience Interviews, and SSWAHS Patient Feedback System to inform clinical practice and service delivery.
- Improve identification of people with disabilities in the NSW Health Incident Information Management System.

## 5. Implementation

The Action Plan in Section 6 identifies timeframes, responsibilities and performance indicators. The following considers communication, governance and reporting structures.

### 5.1 Communication Strategy

The plan will be launched and widely promoted through the SSWAHS newsletter, Community Participation Networks, the SSWAHS website and intranet, and in staff orientation programs.

All senior managers have been briefed about this Plan, with further discussions to occur regarding specific initiatives such as employment. Managers and clinical directors will be provided with the Plan for implementation, and performance agreements of senior staff will include responsibilities from the Disability Action Plan.

An important part of this strategy will be to maintain the profile of the plan, and to build the capacity of services to respond to needs on an ongoing basis. This will occur through the establishment of a Disability focused web-page, and development of strategies to recognise and acknowledge innovative approaches adopted by services and facilities to improve services to people with disabilities.

A Disability Action Plan Senior Implementation Officer will be employed to support the initial phases of implementation by developing clinical guidelines, providing training to senior clinicians and managers in standards to be used in review of clinical policies, and supporting development of resources and tools to improve care.

### 5.2 Governance and Oversight

An Executive Sponsor for the Plan will be identified to ensure that there is Executive support, ownership and oversight of the Plan.

A SSWAHS Disability Action Plan Implementation and Advisory Committee (DAPI&AC), chaired by a Senior Executive, will be established to monitor and evaluate implementation and progress, identify emerging issues, and provide ongoing advice to the Area Health Service regarding the needs of people with disabilities. To enhance accountability, the Committee will include representation from each facility, consumers, key agencies and disability peak bodies.

The agenda of the Committee will include reports on SSWAHS capital works, and major Commonwealth and NSW Government initiatives, such as EnableNSW. Directors and senior managers of clinical services, facilities and area programs responsible for implementation will be required to report regularly on progress, initiatives and barriers to implementation. These reports will be supported by formal presentations to the committee, and provision of information from the SSWAHS Annual Report addressing the Disability Action Plan and Equal Employment Opportunity. Information from the NSW Health Incident Information Management System (IIMS) and Patient Surveys will be used to review progress and to set new direction.

Evaluation will occur through use of the performance indicators, and six monthly progress reports. Preliminary indicators have been incorporated into this Plan to measure performance. However, the core performance indicators in the new NSW Disability Action Plan Reporting and Evaluation Framework (to be released in 2008/9) will also be used to develop further indicators and guide reporting. A reporting template will be developed to assist this process.

It is expected that at a local level, hospitals and community health services will develop and build on existing organisational structures to support implementation, monitoring and reporting. These structures will also link with quality processes and structures.

At the end of the 2011, the Action Plan will be reviewed and updated for the next five year period using the new NSW guidelines on disability planning. As part of the process for review,

consultation will occur with clinical services, people with disabilities and carers (including peak agencies), and local agencies regarding effectiveness of implementation, and identification of issues and potential strategies.

### **5.3 Formal Reporting**

A copy of this Plan will be submitted to the DADHC and the Australian Human Rights Commission. These agencies will also be advised of any significant amendments to the Plan.

Progress in implementing the SSWAHS Disability Action Plan will be reported in the SSWAHS Annual Report, with a copy of the relevant section forwarded to DADHC. Employment outcomes will also be detailed in the Annual SSWAHS Equal Employment Opportunity (EEO) report.

Progress reports will be sent to the SSWAHS Clinical Council, Area Health Advisory Council, Consumer/Community Council, and Area Manager's Meeting.

## 6. Summary Action Table

The action table following summarises the actions identified in Section 4 Priority Action Areas and Section 5 Implementation. The table includes responsibilities, timeframes and performance indicators. Actions will be achieved from within existing resources.

### 1. Priority for Action: Improving Physical Access

Actions	Timeframe	Responsibility	Performance Indicators
<b>To improve physical access to SSWAHS buildings and facilities</b>			
1.1 Progressively improve existing facilities by:			
1.1.1 Determining the scope of works for a Disability Audit of SSWAHS facilities and/or development of an audit tool and seek fee proposals from Disability Access Consultants	February 2009	SSWAHS Disability Action Plan Implementation & Advisory Committee	Tender brief developed
1.1.2 Assessing fee proposals and determine sites to be assessed	June 2009	Tender Committee	Tender awarded
1.1.3 Contracting a Disability Access Consultant to audit and report on compliance of existing buildings against relevant disability standards.	September 2009	Director Area Engineering Services	Audit completed.
1.1.4 Developing local panels of experts to review audit reports, design options & assess completed works	September 2009	General Managers	Local panels operational
1.1.5 Developing and implementing Facility Disability Access Work Plans which prioritise and cost work required	December 2009	Director Area Engineering Services; General Managers	Works Program implemented. Annual summary of improvements
1.2 Inform and work with local councils to address problems in paths and streets adjacent to health facilities and leading to nearest transport links.	July 2009 and ongoing	General Managers; Engineering Services	Liaison occurs with Councils
1.3 Develop an Accessible Events Strategy. Incorporate it into policies relating to use of group room, seminar and conference facilities	June 2009	Director Corporate Services	Strategy developed and incorporated into existing policies
1.4 Establish supervised admission/discharge lounges where patients with disabilities can be dropped off or picked up & escorted to clinical services	June 2009	General Managers	Lounges accessible to carers and community services
<b>To ensure that new capital developments comply with BCA Disability Standards and Legislation</b>			
1.5 Ensure facility planners, engineering personnel, and access committee members attend relevant courses in Building Code of Australia (BCA) Disability Standards	Ongoing	Directors Capital Works, and Engineering Services; General Managers	Number of staff and committee members attended relevant courses
1.6 Employ a Disability Access Consultant to review compliance of new capital works	Ongoing	Director Capital Works	New health facilities comply
1.7 Develop and implement strategies to maximise disability access during redevelopment and construction	Ongoing	Directors, Capital Works and Engineering Services	Plans include disability access strategies

Actions	Timeframe	Responsibility	Performance Indicators
<b>To provide equipment that is adaptive and meets the needs of people with disabilities</b>			
1.8 Purchase furniture and equipment assessed appropriate for people with mobility and other disabilities, and provide written directions with pictures about its safe use	Ongoing	Area Director Corporate Services OH&S Managers	Furniture assessed and purchased
1.9 Scope need for adaptive furniture and build capacity within the Repair, Maintenance and Replacement (RMR) budget	Ongoing	General Managers	Scope of need identified; RMR budget meets need
1.10 Increase use of TTY and related systems by: 1.10.1 Installing TTY equipment in major facilities, and promoting its use 1.10.2 Providing training to staff in the use of TTY Equipment and the National Relay Service	March 2009 June 2009	General Managers Director Information Systems Division General Managers	TTY available Number of courses and staff trained
1.11 Continue to develop Telehealth for clinical care	Ongoing	Clinical Directors	New uses for Telehealth
1.12 Investigate use of Telehealth technology by Interpreter Services and implement recommendations	June 2009	Director SSWAHS Interpreter Services	Review completed and implemented
<b>To increase awareness of accessible facilities and services</b>			
1.13 Develop and distribute a Disability Access Map for each facility, and include on the SSWAHS website	June 2009	General Managers Facility Disability/ Access Committees	Map distributed, and included on Facility Webpage
<b>To develop a coordinated approach to transport to health facilities</b>			
1.14 In consultation with the Ministry of Transport, DADHC, NGOs, SSWAHS Consumer and Community Participation structures, and the community, develop and implement strategies in the SSWAHS Transport for Health Plan which focus on people with disabilities.	Commence June 2007	Area Director Corporate services; Manager, SSWAHS Transport Services	Strategies developed and implemented
1.15 Include the NSW Public Transport "Trip Planner" on the SSWAHS Website	June 2009	Director, Health Promotion Unit	Trip Planner on SSWAHS Website
1.16 Develop Facility Transport Access Guides (TAGs) and place on Patient Information Notice Boards and the SSWAHS internet	2007 and ongoing	General Managers Director Health Promotion Unit	TAGs developed and distributed

## 2. Priority for Action: Developing Accessible Information about Services

Actions	Timeframe	Responsibility	Performance Indicators
<b>To provide quality health information in a range of formats</b>			
2.1 Use the Commonwealth Government Better Information and Communication Guidelines to revise and develop service information in alternative formats	Ongoing	General Managers; Clinical Directors	Written information revised List new resources in alternative formats annually
2.2 Include information on supports for people with disabilities in general facility literature, including WebPages	June 2009	General Managers Directors of Nursing	Information included

Actions	Timeframe	Responsibility	Performance Indicators
2.3 Develop a brochure about supports and services available for people with disabilities in each facility	June 2010	General Managers Directors of Nursing	Brochure developed and distributed
2.4 Develop information about alternative sources of equipment and aids	June 2009	General Manager Balmain Hospital	Information developed and distributed
<b>To improve accessibility to the SSWAHS Website</b>			
2.5 Improve website accessibility by:			
2.5.1 Developing Accessible Web Design Guidelines to enable SSWAHS to meet the World Wide Consortium (W3C) accessibility standards	December 2008	Director Web Services	Guidelines developed and distributed
2.5.2 Use the Accessible Web Design Guidelines to develop new web pages	January 2009	As above	Percent of new WebPages W3C Double AA Compliant
2.5.3 Progressively update existing WebPages	Ongoing	As above	Percent of existing Webpages W3C Double AA compliant
2.5.4 Survey external users about the user friendliness of the SSWAHS Internet Website	December 2010	As above	Survey conducted, analysed & implemented
2.5.5 Review compliance of the SSWAHS Website with W3C Double AA Standards	June 2011	As above	Review completed
<b>To adopt information technology that is accessible for consumers and staff</b>			
2.6 Incorporate disability requirements as appropriate into Information Technology innovations	Ongoing	Director Information Services Development	New Technology reviewed and incorporated
<b>To use community networks and information services to provide comprehensive information to people with disabilities</b>			
2.7 Regularly update health service referral and community service information databases e.g. Human Service Network (HSNet)	Ongoing	Clinical Managers General Managers	Annual Updates completed
2.8 In partnership with other agencies, collate and/or develop information and resources for people with disabilities, including information for Aboriginal people and people from non-English speaking backgrounds	Ongoing	Clinical Managers Directors - Aboriginal Health, Multicultural Health, Interpreter Services	List of Resources Developed
2.9 Provide councils and disability agencies with information about new health promotion programs and services	June 2009	Director Health Promotion Clinical Directors	Advice provided annually
2.10 Work with rural councils in SSWAHS to improve access to information about services	December 2009	General Managers	Councils confirm information is more accessible
<b>Improve accessibility of large SSWAHS documents</b>			
2.11 Develop and implement a strategy for ensuring that large SSWAHS documents are accessible	June 2009	SSWAHS Executive	Strategy implemented

### 3. Priority for Action: Improving Health Care to People with Disabilities

Actions	Timeframe	Responsibility	Performance Indicators
<b>To develop policies, procedures and practices which ensure coordinated care and comply with NSW Health Policy regarding people with disabilities</b>			
3.1 Identify current practice in admitting, caring for, and discharging inpatients with moderate-profound disabilities	September 2008	Directors of Nursing, Nursing Unit Managers, Discharge Planners	Current practices identified and documented
3.2 Develop guidelines consistent with NSW Health policy directives (PD 2008_010 and PD2007_092) to support clinical services and facilities in reviewing and developing care policies for people with disabilities	March 2009	Director Clinical Operations	Guidelines developed and implemented
3.3 Provide training on the use and application of these guidelines.	June 2009	Director Clinical Operations, & Director Workforce Planning and Development	Training Sessions held
3.4 Develop tools to support clinical practice	June 2009	Director Clinical Operations	Tools accessible on the Intranet
3.5 Improve local care via identification of: 3.5.1 a senior clinical manager responsible for coordinating access and care for people with disabilities 3.5.2 local experts to support development of policies and practices in each facility	December 2009  December 2009	General Managers Clinical Directors	Access/care Coordinator identified. Experts used in policy development
3.6 Use Guidelines to review and/or develop admission, assessment, discharge and case coordination policies, protocols and procedures for people with disabilities who are: 3.6.1 adult inpatients 3.6.2 child and adolescent inpatients 3.6.3 emergency departments 3.6.4 child, adolescent and adult outpatient and community services 3.6.5 support services	December 2009	General Managers All Clinical Directors Clinical Managers; Emergency Department Directors Support Service Managers	Policies & protocols reviewed and/or developed
3.7 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)	June 2009	Clinical Director Area Mental Health Services	Policies & protocols reviewed and/or developed
3.8 Promote new SSWAHS policies (as per 3.6 above) and incorporate into clinical education programs	December 2009 and ongoing	General Managers Clinical Directors	List of communication methods, including staff training
3.9 Develop guidelines to improve use of Auslan interpreters.	December 2008	Director Interpreter Services	Guidelines developed and distributed
3.10 In consultation with consumers, review the effectiveness of policies focusing on care of people with disabilities	June 2011	Directors of Nursing Clinical Managers	Policies reviewed

Actions	Timeframe	Responsibility	Performance Indicators
<b>To ensure that people with disabilities are aware of and engage in health promoting activities</b>			
3.11 Provide people with disabilities (and carers) with information and education about screening programs and healthy behaviours	December 2010	Clinical Directors	Clinical audits indicate health education
<b>To provide coordinated, responsive and flexible services to people with disabilities</b>			
3.12 Review access to and assessment practices in child, adolescent and adult disability specific services. Consider waiting list management, area-wide equity and cultural needs	July 2009	Clinical Directors Clinical Managers General Manager- Community Health	Services reviewed Recommendations implemented
3.13 Trial payment of community carers for inpatients with moderate - profound disabilities	December 2009	Director Clinical Operations	Trial costed, implemented and evaluated
3.14 Further develop the SSWAHS Child Development Network	Ongoing	Child Development Network	Clinical protocols developed
<b>To improve services through a stronger focus on partnerships with other agencies</b>			
3.15 Contribute to the development of an interagency agreement in the provision of therapy services to children with disabilities. Review recommendations with a view to implementation	Ongoing	General Manager- Community Health Director Allied Health Services	Implications reviewed
3.16 With NSW Health, DADHC and other agencies:	Ongoing	Director Clinical Operations	Partnerships established and strategies implemented
3.16.1 develop and implement strategies from the NSW Stronger Together and Better Together Plans	Ongoing	As above	As above
3.16.2 continue to contribute to development of strategies in the NSW Service Framework for People with an Intellectual Disability	Ongoing	Clinical Directors General Manager- Community Health SSWAHS Executive	Participation in relevant forums
3.16.3 participate in interagency planning and coordination	Ongoing	Clinical Director Area Mental Health Services	Strategies developed and implemented
3.16.4 develop strategies which improve access to diagnosis, treatment and care for people with a dual diagnosis of mental health and intellectual disability	June 2009	Clinical Director Area Mental Health Services	Strategies developed and implemented
3.17 Support housing initiatives by:	Ongoing	Clinical Directors	Number of new projects initiated
3.17.1 implementing Housing and Human Services Accord projects	December 2009	Director Allied Health Directors Occupational Therapy	Agreements developed
3.17.2 continuing to develop agreements and other strategies with the Department of Housing to improve occupational therapy assessments and reports for Housing Department residents requiring modifications	Ongoing	Clinical Directors	Advocacy continues
3.17.3 ongoing advocacy for improved housing and respite options for people with disabilities	Ongoing	Clinical Directors	Advocacy continues
3.18 In partnership with Aboriginal health workers and agencies:	December 2009 and ongoing	Clinical Directors – Area Mental Health, and Aged Care and Rehabilitation Services General Manager-	Strategies identified and implemented
3.18.1 develop strategies to reach Aboriginal children, adolescents and adults with disabilities and carers consistent with the Aboriginal Health Plan	December 2009 and ongoing	Clinical Directors – Area Mental Health, and Aged Care and Rehabilitation Services General Manager-	Strategies identified and implemented

Actions	Timeframe	Responsibility	Performance Indicators
3.18.2 include strategies in Clinical Service business plans 3.18.3 participate in Interagency forums		Community Health & Managers Specialist Units	As above Attendance at forums
3.19 With Divisions of General Practice, identify ways to increase use of Commonwealth Medicare initiatives such as Enhanced Primary Care and Health Checks for people with disabilities	July 2009	Clinical Directors	Strategies developed and implemented
3.20 In partnership with the Childrens' Hospitals and the Greater Metropolitan Taskforce Transition Care Program, develop strategies to support transition of young people with disabilities to adult services.	June 2010	Director Clinical Operations Clinical Director - Paediatric & Youth Services	Strategies developed and implemented
3.21 Develop an overarching Area protocol for interservice and interagency partnerships	June 2009	Director Clinical Operations	MOU/protocol developed
3.22 Develop agreements with local NGOs and government agencies to provide coordinated care and support for people with disabilities	Ongoing	Clinical Directors General Managers	Number of agreements developed
<b>To increase identification of people who require additional support and coordination</b>			
3.23 Incorporate NSW Discharge Policy into admission/discharge forms, policies and procedures	December 2008	Director Performance Management	Forms amended and training provided
3.24 Develop capacity in the Electronic Medical Record to flag patients requiring additional support and coordinated care. Train staff in its use	December 2009	Director Information Systems Development	System developed and staff trained
<b>To improve the use and provision of equipment and appliances</b>			
3.25 With the NSW Health Department <i>EnableNSW</i> , implement recommendations from the <i>NSW Review of the Program of Appliances for Disabled People</i>	Ongoing	General Managers	Review implemented
3.26 Develop policies in the use of personal aids and equipment, and companion animals by inpatients with disabilities	July 2009	Area Director Corporate Services	Policy developed and circulated
<b>To improve the quality of support provided to carers of people with disabilities</b>			
3.27 Develop and implement the SSWAHS Carers Plan 2007 - 2012	September 2008	Director Clinical Operations	Plan developed and implemented
3.28 Develop guidelines to provide direction in supporting carers	December 2008	Manager SSWAHS Carers Program	Protocol circulated to clinical groups
3.29 In consultation with the SSWAHS Carers' Program, develop and implement education and support strategies to address carers' needs.	June 2009	Clinical Directors	Number of new initiatives
<b>To consider the needs of people with disabilities in ongoing service development</b>			
3.30 Incorporate strategies focusing on people with disabilities into SSWAHS plans and processes e.g. health impact assessments, service planning, and clinical redesign projects.	Ongoing	Director Population Health, Planning & Performance Management Clinical Directors	Number of new plans with strategies specifically targeted to people with disabilities
3.31 Undertake projects and research activities which increase knowledge about care for people with disabilities	Ongoing	Clinical Directors	List of activities undertaken; Findings disseminated

Actions	Timeframe	Responsibility	Performance Indicators
3.32 Ensure evidence on best practice for people with disabilities is incorporated in clinical care policies	Ongoing	Directors Clinical Services	Number of policies updated to reflect evidence

#### 4. Priority for Action: Promoting Positive Community Attitudes

Actions	Timeframe	Responsibility	Performance Indicators
<b>To strength participation of people with disabilities in decision making</b>			
4.1 Consult with people with disabilities, carers, and peak agencies in plan, policy and program development	Ongoing	All Directors (clinical and non-clinical)	Number of consultations
4.2 Involve people with disabilities and carers in resource development and workforce training initiatives focused on people with disabilities	Ongoing	All Directors (clinical and non-clinical)	Number of targeted initiatives which involve people with disabilities/carers
4.3 Include people with disabilities and peak agencies on the SSWAHS Disability Action Plan Implementation and Advisory Committee	January 2008	Chief Executive	Number of representatives on Committee
4.4 Review new plans in Community Participation forums	Ongoing	Area Manager Community Participation	Number of documents reviewed
4.5 Work with peak agencies and local groups to develop a register of people with disabilities interested in becoming involved in SSWAHS Community Participation activities	June 2009	Area Manager Community Participation	Register developed and used
4.6 Develop guidelines about informed consent, privacy, enduring guardianship, power of attorney, information provision, assessing capacity and advanced care directives	March 2009	Manager Patient Admission Systems	Guidelines distributed, and placed on the SSWAHS Website
4.6.1 for staff			
4.6.2 for the community	July 2009	As above	As above
<b>To engage in activities which promote people with disabilities within the wider community</b>			
4.7 Promote and participate in facility and community events which recognise people with a disability such as International Day of People with a Disability	Ongoing	Clinical Service Directors General Managers	Number of events annually
4.8 Include positive stories about people with disabilities in the SSWAHS Newsletter	Ongoing	Director Public Affairs	Number of positive articles annually
4.9 Identify people with disabilities, carers and services as a target group for community education programs	Ongoing	Clinical Directors	Number of talks to relevant target groups
4.10 Promote information about disability conferences and activities	Ongoing	Clinical Directors	Items on the intranet & raised in the Area Disability Committee
4.11 Recruit people with disabilities into volunteer programs	Ongoing	Directors Corporate Services	Number of volunteers with disabilities

Actions	Timeframe	Responsibility	Performance Indicators
<b>To influence other organisations to improve participation and quality of life</b>			
4.12 Include community participation and service delivery indicators in agreements with NGOs funded by SSWAHS or NSW Health	June 2010	Manager NGO Program	Performance Agreements reflect disability requirements
4.13 Work with local government and non-government agencies to support the smooth transition from health based services to community based groups and programs	June 2010	Director Allied Health	Relationships established

## 5. Priority for Action: Providing Staff Training In Disability Awareness and Skills

Actions	Timeframe	Responsibility	Performance Indicators
<b>To include information about working with people with disabilities in workforce development programs</b>			
5.1 Review relevant clinical and non-clinical workforce development programs (e.g. customer service, staff orientation, management development and nurse training), and incorporate disability content	June 2009	Director Centre for Education and Workforce Development (CEWD)	Programs updated and evaluated
5.2 Incorporate disability awareness and practice information in the SSWAHS Orientation handbook and training	July 2009	Director Workforce Planning and Development	Orientation Information updated
5.3 Provide targeted unit based training on disability issues and considerations where a need is identified	Ongoing	Director CEWD	Number of units where training is provided
5.4 Develop and implement a flexible education delivery strategy which maximises coverage and accessibility and increases knowledge and skills of SSWAHS staff providing services to people with disabilities	Dec 2009	Director CEWD	Strategy implemented. Number of staff trained
5.5 Explore options for developing a stronger focus on equity within SSWAHS	December 2008	Director Population Health Planning & Performance	Issues identified
5.6 Provide education at each site in working with people who are hard of hearing and using Auslan interpreters	Ongoing	Director Interpreter Services General Managers	Number of training sessions in each facility
<b>To ensure clinical education programs focus on health care for people with disabilities</b>			
5.7 Include case studies about people with disabilities into clinical education programs, including multidisciplinary programs, such as grand rounds and student practicums.	Jan 2009 and ongoing	Clinical Directors Directors Medical Services & Clinical Training Schools	Number of sessions held annually
5.8 Provide opportunities for staff to work in disability-specific health programs and services	Ongoing	Clinical Directors	Number and type of placements
5.9 Continue to provide staff education in the Family Partnership Model. Develop a system to ensure that the model is implemented.	Ongoing	General Manager-Community Health; Director CEWD	Number of people trained. System operating

## 6. Priority for Action: Improving and Increasing Employment of People with Disabilities

Actions	Timeframe	Responsibility	Performance Indicators
<b>To increase employment of people with disabilities in the SSWAHS workforce</b>			
6.1 Contribute to and participate in NSW Government employment initiatives for people with disabilities	Ongoing	Director Workforce Planning & Development	Participation in initiatives
6.2 Advocate for the inclusion of performance targets for employment of people with disabilities in the NSW Public Health Sector	December 2008	Director Workforce Planning & Development	Letter sent to NSW Health
6.3 Develop a "Disability and Employment within SSWAHS" brochure.	March 2009	Area Director Human Resources	Brochure developed & included in the SSWAHS Employment Package
6.4 Include information about employment and people with disabilities on the SSWAHS Disability webpage	July 2009	Director Workforce Planning & Development	Information incorporated
6.5 Develop a DVD on employment (and supports available) in SSWAHS for people with disabilities	July 2009	Director Workforce Planning & Development	DVD developed
6.6 In partnership with specialist disability employment agencies, develop and implement strategies to increase employment and retention of people with disabilities	Dec 2009	Director Workforce Planning & Development, Director Human Resources	Strategies developed and implemented; Number of new employees with disabilities
6.7 Provide Human Resource Department staff and General Managers with training about disability and employment issues	June 2009	Area Director Human Resources	Number of HR staff and senior managers trained
6.8 Identify models for best practice in employment, traineeships and work experience. Implement and evaluate the preferred model in at least one facility	December 2009	Director Workforce Planning & Development	Review undertaken. Trial of model commenced
6.9 Conduct formal workplace assessments for new employees with disabilities to ensure "reasonable adjustment" of workplace and equipment	June 2010	Occupational Health and Safety Managers	Number of workplace assessments undertaken
6.10 Review formal workplace assessments annually to ensure that the "reasonable adjustment" of workplace and equipment still continue to meet the employee's needs	Ongoing	Occupational Health and Safety Managers	Annual workplace assessment
6.11 Use information on best practice in reasonable adjustment and people with mental health illnesses to review Human Resources policy and training	June 2010	Area Director Human Resources	Best practice identified and systems reviewed
<b>To increase support to existing employees with disabilities</b>			
6.12 Undertake a campaign to encourage SSWAHS staff to identify their disability with Human Resources & provide these staff with information about supports available	Dec 2009	Area Director Human Resources	Campaign conducted and effectiveness assessed

Actions	Timeframe	Responsibility	Performance Indicators
6.13 Consult with staff with disabilities to identify issues and barriers in employment and advancement.	Dec 2009	Director Workforce Planning & Development	Issues/barriers identified
6.14 Develop and implement strategies to support SSWAHS employees with disabilities in career progression e.g. mentoring, course attendance	Dec 2009	Director Workforce Planning & Development	Strategies implemented
6.15 Incorporate disability issues in the SSWAHS Mentoring Program guidelines.	June 2009	Director Workforce Planning & Development	Mentoring Program updated
<b>To increase employment of people with disabilities in the general workforce</b>			
6.16 Include organisations which employ people with disabilities in tenders for services	Ongoing	Area Director Corporate Services	Number of contracts signed

## 7. Priority for Action: Improving Complaints and Feedback Procedures

Actions	Timeframe	Responsibility	Performance Indicators
<b>To improve the ability of people with disabilities and their carers to negotiate and receive quality health care.</b>			
7.1 Identify advocacy services for people with disabilities and develop, distribute and promote information about these services together with information about the SSWAHS Patient Feedback System to local health and government and non-government services	July 2009	Area Director Clinical Governance Area HACC Coordinator	Advocacy services identified. Information distributed
7.2 Review service brochures to ensure that information about privacy, patient rights and complaints mechanisms is included	June 2009	General Managers Clinical Directors	Number of brochures reviewed
<b>To ensure that people with disabilities and carers are aware of and able to use the SSWAHS Patient Feedback System</b>			
7.3 Amend policies and brochures to indicate that complaints and positive feedback are accepted in a range of formats	Dec 2008	Area Manager Professional Practice Unit	Policies and information amended
7.4 Produce information on complaints, comments, positive feedback and confidentiality in alternative formats	Ongoing	Area Manager Professional Practice Unit	Range of formats used
7.5 Incorporate the needs of people with disabilities and use of advocates in Complaints Handling Training Sessions	Dec 2008	Area Manager Professional Practice Unit	Information incorporated. Number of sessions held
7.6 Improve the pathway to the SSWAHS Patient Feedback System Webpage and include the Patient Rights and Responsibility Brochure.	December 2009	Area Manager Professional Practice Unit	Web pathway reviewed. Brochure included on website
<b>To use complaints and other feedback mechanisms to improve clinical care to people with disabilities</b>			
7.7 Review terminology used to report complaints about the care of a person with disabilities	December 2008	Area Director Clinical Governance	Complaints regarding care for people with severe disabilities clearly identified

Actions	Timeframe	Responsibility	Performance Indicators
7.8 Monitor complaints and incidents, and use this information and the NSW Health Patient Surveys and patient consultations to develop and implement plans to improve clinical care	Ongoing	Area Director Clinical Governance General Managers Clinical Directors	Plans developed and implemented

## 8. Implementation

Actions	Timeframe	Responsibility	Performance Indicators
<b>To ensure that structures are in place to support effective governance</b>			
8.1 Identify the Executive Sponsor for the Plan	August 2008	Chief Executive	Sponsor identified
8.2 Establish a SSWAHS Disability Action Plan Implementation and Advisory Committee (DAPI&AC) to monitor and evaluate implementation and provide advice about emerging issues	November 2008	Chief Executive	Committee established
8.3 Include responsibility for implementation of the Plan in the performance agreements of senior staff	January 2008	Director Performance & Clinical Redesign	Performance Agreements updated
8.4 Identify a Manager or structure responsible for oversight of implementation of the Plan at a local or service level	September 2008	General Managers Directors Clinical Services	Structure established
8.5 Employ a Senior Implementation Officer to develop guidelines and resources	December 2008	Director Clinical Operations	Position Filled
8.6 Identify ways to recognise and reward innovation to improve services to people with disabilities	June 2009	SSWAHS DAPI&AC	Recognition system identified and implemented
8.7 Use the new DADHC Disability Action Plan Evaluation Framework to further develop indicators and internal reporting templates	When released	SSWAHS DAPI&AC	Template developed and distributed
8.8 Report every six months on initiatives which benefit people with disabilities	Ongoing	Senior Executive Senior Managers General Managers Clinical Directors	Initiatives reported
8.9 Formally report on progress in the SSWAHS Annual Report, and via statutory reporting processes	Ongoing	SSWAHS Executive	Annual report competed.
8.10 Identify ways to link evaluation into Quality Improvement structures	December 2008	SSWAHS DAPI&AC, Director Clinical Operations	Link established
8.11 Monitor NSW Health policy and service initiatives regarding people with disabilities	Ongoing	SSWAHS Executive SSWAHS DAPI&AC	Monitoring occurs and appropriate action implemented
<b>To increase the awareness of staff and the community about the Plan</b>			
8.12 Launch the plan using high profile people with disabilities, and promote it via the SSWAHS newsletter, local media and correspondence to peak agencies	December 2008	Director Public Affairs	Plan launched. Number of media releases
8.13 Develop a Disability Webpage which includes a copy of the Plan, disability specific services and information about resources available to SSWAHS services	June 2009	Director Clinical Operations	Webpage developed

## 7. Appendices

### Appendix A: Summary of Key NSW Health Policy Directives

1. Disability – People with Disabilities: responding to their needs during hospitalisation (PD2008\_010): (revised January 2008) describes responsibilities of staff in hospitals when caring for people with disabilities during hospitalisation.
2. Discharge Planning: Responsive Standards (Revised) (PD2007\_092): presents a responsive and standardised approach to discharge planning, from preadmission to post discharge.
3. Discharge Planning for Adult Mental Health Inpatient Services (PD 2008 005): provides a process for ensuring safe and successful transition of people with a mental illness. It includes policies which focus on people with intellectual disabilities
4. Transport for Health NSW Policy Framework (PD 2006\_068): seeks to integrate all non-emergency health related transport into one program, requiring area health services to identify, consolidate and integrate transport services for transport disadvantaged patients.
5. Program of Appliances for Disabled People (PADP) (PD2005\_563): defines the conditions and arrangements for the provision of equipment, aids and appliances to assist eligible residents of NSW who have a disability of a permanent or indefinite nature.
6. Consent to Medical Treatment - Patient Information (PD2005\_406): focuses on ensuring that patients are provided with adequate information to enable them to make informed decisions, including those who are incapable of providing informed consent.
7. Substitute Consent Form Amendment – Patient Information and Consent to Medical Treatment (Information Bulletin: IB 2005-054): provides the form for people under the Guardianship Act.
8. Privacy Management Plan - NSW Health (PD2005\_554): addresses information privacy including protection of personal information, individual privacy and consent requirements.
9. NSW Health Privacy Manual Version 2 (PD2005 593): provides legislative guidance to legislative obligations in the Health Records and Information Privacy Act 2002.
10. Standard Procedures for the Use of Health Care Interpreters (PD2006\_053): stipulates use of interpreters at main points in the patients care, including details for use of signing interpreters.
11. Mental Health Services for People with Developmental Disabilities (PD 2005—39): lists responsibilities for people with developmental disability using mental health services.
12. Employment of People with Physical Disabilities in DoH, AHS' and Public Hospitals PD2005\_032: specifies actions required in employment of persons with physical disabilities including that they be given the opportunity to compete equally for positions
13. Coroners' Cases and Amendments to Coroners Act 1980 PD2005\_352 : focuses on categories of death to be reported to police, including persons with a disability in care.

## **Appendix B: Disability Services provided by SSWAHS**

The following lists many of the services provided to people with disabilities by SSWAHS.

### **1. ORAL HEALTH SERVICES**

#### **Oral Health - Special Care Dentistry Department, Sydney Dental Hospital**

*Target Group: Residents of aged care facilities and boarding houses*

This service targets people who have difficulty accessing mainstream services e.g. aged care facility and boarding house residents. In some cases a domiciliary service is also provided. It includes assessment, treatment and referral for oral health care needs and education of professional and unpaid carers.

### **2. AREA MENTAL HEALTH SERVICES (AMHS)**

#### **Area Mental Health Service**

*Target Group: Children, adolescents and adults with mental health problems*

Clinical inpatient and community based services including perinatal, child and adolescent, early intervention, acute assessment and treatment, rehabilitation, community support, consultation/liaison, and dietary disorders. It also conducts extensive training, education and research.

#### **Specialist Mental Health Services for Older People (SMHSOP)**

*Target Group: People aged over 65 years with a mental health problem*

Clinical inpatient and community based services for older people, including specialist inpatient units and consultancy, assessment and management, community support, and capacity building. Longer stay units are established in residential facilities for people with severe behavioural and psychological symptoms of dementia. These services work in tandem with Aged Care Services.

#### **Family and Carer Mental Health**

*Target Group: Families and carers of people with a mental health problem*

This 3 year program commenced in May 2006. The first part of this program supports the AMHS to develop and implement systemic changes to make the service more responsive to family/carer needs. The second aspect of the program is NGO funding to provide education and support to consumers about their involvement in mental health services.

### **3. AGED CARE AND REHABILITATION SERVICES (AC&RS)**

*Target group: Older people and people with disabilities*

Clinical inpatient, outpatient and community based services including assessment and treatment, rehabilitation, and community support. Includes Aged Care Assessment Teams (ACAT), rehabilitation and geriatric inpatient consultation services, inpatient rehabilitation, acute and subacute geriatric, psychogeriatric units and consultation, Aged Care Service Emergency Teams (ASET), Day Hospital and outpatient services including wound, amputee, pain, continence, dementia, and orthotics, and therapy services (including limited home therapy, and hydrotherapy at RPAH), Transitional Aged Care Program (TACP), ComPacks from the discharge hospital, Dementia Advisory Service, Dementia Support, day care/respice, and Community Options Program (at Concord and Camperdown).

#### **Ageing with an Intellectual Disability**

*Target group: Older people with an intellectual disability*

This is a research project funded by DADHC to consider ageing with an intellectual disability. It includes a multidisciplinary clinic at Concord which commenced during 2006/7.

**Liverpool Brain Injury Rehabilitation Unit**

*Target group: Services to adults (16-65) with a traumatic brain injury.*

The Liverpool Brain Injury Rehabilitation Unit (BIRU) is part of a state-wide network of traumatic brain injury units. It provides acute inpatient beds, transitional care and residential care, associated community support services such as community outreach, vocational rehabilitation to achieve return to work (through Head2Work) and driving assessments/retraining.

**Respite Centres**

*Target group: Frail aged; People with a physical and intellectual disability; Aboriginal elders; Frail aged from CALD communities; People with dementia*

Respite and related services are provided through a number of venues operated by SSWAHS. Services include centre based respite, home based respite and carer support.

**Ventilator Dependent Quadriplegia & Children's Home Ventilator Programs**

*Target group: people requiring 24-hour mechanical ventilation*

Enables children and adults requiring 24 hour ventilation to return home with equipment and ongoing community based care.

**Strong Program**

*Target Group: older people*

An exercise program for older people which operates through Balmain Hospital.

**4. CHILDRENS SERVICES (PROVIDED BY HOSPITALS AND COMMUNITY HEALTH)****Liverpool Child Assessment and Diagnosis Services**

*Target Group: Infants and children with physical and developmental disabilities*

One stop comprehensive multidisciplinary assessment services for babies and children. It includes a screening clinic for 0-2 yr olds, a Feeding Clinic, and the Rainbow Clinic (a neonatal neuro-development followup clinic). Multidisciplinary assessment clinics operate at Liverpool, Miller and Hoxton Park.

**Macarthur Child Assessment Team**

*Target Group: Children with developmental delays and disabilities in Macarthur*

A one stop service for comprehensive assessment, diagnosis, management plan and referral to local early intervention agencies. Staffing includes a community paediatrician, occupational therapist, social worker, speech pathologist, and physiotherapist. The service has a role in teaching and research.

**Bankstown Child Development Service**

*Target Group: Bankstown LGA children*

Screening (multidisciplinary) and assessment clinics for children aged 0 - 12yrs with a mild physical, developmental and/or learning delay, for those with multiple needs requiring coordinated support or parent education, and children 0 - 18yrs with a moderate to severe physical disability requiring case management.

**Fairfield Child Assessment Service**

*Target Group: Infants and children with a developmental delay/disability in Fairfield LGA*

Developmental assessment and diagnosis, and coordination by linking with disability, education and allied health services.

### **Area Developmental Paediatrics**

*Target Group: Children and adolescents to school leaving*

Provide leadership and coordination across the Area in the child development assessment services, and clinical assessment and consultation services in the South West and parts of the Inner West.

### **Macarthur Outreach School Team for Physical Disabilities**

*Target Group: School Aged Children with Physical Disabilities in Macarthur*

Provide physiotherapy and occupational therapy assessment and therapy for school aged children in mainstream schools in Macarthur.

### **Child, Adolescent and Family Teams**

*Target Group: Infants and children in the Inner West*

Medical officers, physiotherapists, occupational therapists, speech pathologists, social workers, psychologists and nurses provide assessment and therapy for children with mild developmental delay/disability.

## **5. COMMUNITY HEALTH**

### **Community Nursing Services**

*Target Group: People of all ages in the community*

Services include acute care, wound management, continence and catheter management, post-surgical and post-hospital care including management of drainage devices, respiratory care (including asthma management), and chronic disease self-management.

### **Nutrition Links**

*Target Group: frail elderly and younger people with a disability in the South West*

A home visiting HACC program funded service to support people at risk of malnutrition. A similar service, based with the AC&RS Home Based Therapy Team operates in the Inner West.

## **6. TRESILLIAN FAMILY CARE CENTRE**

### **Healthy Start Project**

*Target Group: People who work with Parents with a Learning Difficulty*

A Commonwealth Funded Project involving Sydney University and the Victorian Parenting Centre (involving Tresillian). Learning hubs are established to provide training to people providing parenting programs for parents with a learning disability.

## **7. ALLIED HEALTH SERVICES**

### **SSWAHS Carers' Program**

*Target group: Carers and SSWAHS staff working with carers*

Previously known as the Carers' Support Service, this unit provides support and education to staff about carers' needs and issues, and also education to carers.

### **Core Allied Health Clinical Services**

*Target Group: Adults and children*

Assessment, therapy and support are provided by physiotherapists, occupational therapists, speech pathologists, dieticians, clinical psychology, podiatrists, social workers, and psychologists.

### **Hydrotherapy**

*Target Group: People with disabilities with arthritic and musculoskeletal conditions*

Based at Royal Prince Alfred and Canterbury Hospitals, this service is available for people with arthritic and musculoskeletal conditions, particularly associated with the older population.

### **Prairiewood Physical Disability Team**

*Target Group: School aged children and adolescents with physical disabilities In Fairfield LGA*

This team provides support to children living in or attending school in Fairfield.

## **8. EQUIPMENT SERVICES**

### **Program of Appliances for Disabled People (PADP)**

*Target group: Children and adults with permanent disabilities*

PADP provides a wide range of equipment, aids and appliances to people with disabilities of a permanent or indefinite nature, which assists them in the area of mobility, personal care and communication. The program is available to people who live in their own homes.

### **Equipment Lending Pools (ELPs)**

*Target group: Patients requiring equipment for a short period of time*

ELPs provide equipment to patients requiring equipment for a short period of time following hospital care.

## **9. OTHER SUPPORT**

### **Transport for Health Program**

*Target group: Frail aged, people with disabilities, people with targeted health problems e.g. cancer requiring support with transport*

Non-emergency health related transport provided to outpatient/ambulatory clinics across the area. Transport is also provided to people who attend Day Care Centres.

### **Adult Inpatient & Outpatient/ Ambulatory Services**

*Target Group: General population with specific health problems and people with disabilities*

This includes specialised services such as: Pain Services (RPAH and Liverpool Hospitals); Stroke Units; Cystic Fibrosis Clinics; and Rheumatology Services e.g. Arthritis Services. Prader Willi Syndrome and Intellectual Disability Clinics for children and adults with problems in weight management are held at RPAH.

### **Concord Hospital Burns Unit**

*Target group: Acute patients with burns*

The Adult Acute Burns Unit, CRGH is a state-wide service provided in a network with Royal North Shore Hospital and the Children's Hospital at Westmead.

### **Driver Assessment Service**

*Target group: Patients who have had a stroke in Bankstown LGA*

A Roads and Traffic Authority Driver Assessor works with occupational therapists to assess formally patients following a stroke. This assessment is used to determine if patients are able to return to driving a vehicle.

### **Health Services in Sydney South West provided by other Area Health Services**

The Disability Specialist Unit (DSU) in Burwood is a Diagnosis and Assessment (D&A) service for children, adolescents and adults with developmental delay or intellectual disability in the Inner West. It is managed by the Children's Hospital at Westmead. The Tumbertin Developmental Clinic, located at Sydney Children's Hospital, provides a similar service for City of Sydney residents.

SSWAHS residents also access highly specialised services, such as the Spinal Cord Units at Prince of Wales and Royal North Shore Hospital, and Royal Rehabilitation Centre Sydney.

## Appendix C: Organisations funded through the NSW Health NGO Grant Program and other funding arrangements in 2006/7

SSWAHS provides funding through the NSW Health Non-Government Organisation (NGO) Grant Program and other programs to non-government organisations in Sydney South West. Each NGO has a performance agreement to provide a range of health and health related services. The following list summarises the services funded through these programs.

### NSW Health NGO Grant Program

Organisation Name	Program Area	Service description
Aboriginal Medical Service Redfern	Aboriginal Health	Connections Aboriginal Men's Health Program
Bankstown City Aged Care	Aged and Disabled	Dementia-specific adult day care
Diabetes Australia, NSW	Aged and Disabled	Community based awareness strategies regarding Type 2 Diabetes
Ella Community Centre	Aged and Disabled	Centre-based day programs for people who are frail, aged or have mild dementia
Families in Partnership	Aged and Disabled	Support and advocacy group for families and carers of children with disabilities
Headway Adult Development Program	Aged and Disabled	Health education and welfare services for people with an acquired brain injury in south west Sydney
Motor Neurone Disease Association	Aged and Disabled	Provision and promotion of support for people living with Motor Neurone Disease, their families and carers
Scleroderma Association of NSW Inc	Aged and Disabled	Community education and awareness on Scleroderma
Stroke Recovery Association	Aged and Disabled	Telephone counselling and information, volunteer run Stroke Recovery Clubs, advocacy and education services
Vision Australia	Aged and Disabled	State-wide specialist low vision services
Cabramatta Community Centre	AIDS	Needle and Syringe Program in Cabramatta central business district
Community Restorative Centre	AIDS	HIV / AIDS education and support for families and partners of prisoners
Family Planning NSW	AIDS	Health education and promotion services targeting people with HIV and intellectual disability, culturally and linguistically diverse (CALD) communities and youth
Gay and Lesbian Counselling Service of NSW	AIDS	Telephone and referral service for gay men and lesbians
Haemophilia Foundation of NSW Inc	AIDS	Harm minimisation program integrated into generalist haemophilia services
Leichhardt Women's Community Health Centre - HIV/AIDS	AIDS	Counselling and health education for women with gay/bisexual male partners
Stanford House	AIDS	Short to medium term crisis accommodation and respite for people with AIDS
The Gender Centre Inc	AIDS	State-wide HIV and Infectious Diseases Service for people with gender issues
We Help Ourselves - HIV/AIDS	AIDS	Harm minimisation program for residential drug and alcohol services
Youth Accommodation Association	AIDS	HIV education project for homeless young people and staff who work with them
Bankstown Women's Health Centre	Carers	Workshops for women carers and ongoing support network

Organisation Name	Program Area	Service description
Chinese Australian Services Society	Carers	Information, training workshops, referral and support services for carers of people with Cantonese, Mandarin and Korean speaking backgrounds
Ethnic Child Care Family and Community Services Cooperative	Carers	Consultation, support and training for carers from CALD backgrounds
Family Resource and Network Support (FRANS)	Carers	Training program on educational, emotional and practical support for carers
Headway Adult Development Program	Carers	Training and support groups for carers of people with an acquired brain injury
Macedonian Australian Welfare Association	Carers	Support for carers in the Macedonian community in Sydney
Newtown Neighbourhood Centre	Carers	Multicultural carers support service
Roselands Sports and Aquatic Centre	Carers	Education and support groups for carers looking after a person with a physical disability or mental illness
Lifeline Macarthur (CS)	Community Services	24 hour telephone counselling and suicide crisis intervention service
Lifeline Sydney - Uniting Church in Australia Property Trust NSW for Wesley Mission	Community Services	24 hour telephone counselling and suicide crisis intervention service
Melanoma Foundation and Melanoma and Skin Cancer Research Institute (MASCRI)	Community Services	NSW network for the treatment of melanoma
NSW Centre for Perinatal Health Services Research	Community Services	Outreach education program to country and outer metropolitan hospitals to improve the standard of perinatal health care
Quest for Life Centre	Community Services	Support programs for people recovering from life threatening illness or trauma
Southern Highlands Bereavement Care	Community Services	Counselling, prevention, education, and consultation for bereaved people
Sydney Indo-Chinese Refugee Youth Support Group	Community Services	Assists young refugees with health and settlement issues
Thalassaemia Society of NSW Inc	Community Services	Information and counselling services for people affected by Thalassaemia and other hereditary blood disorders
Barnardos Australia	Drug and Alcohol	Marrickville and Canterbury- Street work programs
The Building Trades Group of Unions	Drug and Alcohol	Workplace drug and alcohol safety and education program, and Drug and alcohol residential rehabilitation service for the construction industry
Cabramatta Community Centre	Drug and Alcohol	Drug and alcohol health promotion focusing on young people
Co.As.It	Drug and Alcohol	Italian-specific drug and alcohol counselling
Community Restorative Centre	Drug and Alcohol	Transition and aftercare services for Magistrates Early Referral into Treatment (MERIT) clients with drug and alcohol issues
Cyrenian House - Alcohol and Drug Foundation of NSW	Drug and Alcohol	Drug and alcohol day rehabilitation program for men and women
The Fact Tree Youth Services	Drug and Alcohol	Youth service with drug and alcohol counselling, referral and group work
Family Drug Support	Drug and Alcohol	24 hour telephone support, information and referral for family and friends of drug dependent persons
Guthrie House Cooperative Ltd	Drug and Alcohol	Drug and alcohol residential rehabilitation program for women and children
Kathleen York House - Alcohol and Drug Foundation	Drug and Alcohol	Drug and alcohol residential rehabilitation program for women and children

Organisation Name	Program Area	Service description
Leichhardt Women's Community Health Centre	Drug and Alcohol	Drug and alcohol counselling, referral and group work for women
Mission Australia – South West Youth Services	Drug and Alcohol	Education and prevention to minimise harm associated with young people and drug use
Odyssey House McGrath Foundation	Drug and Alcohol	Therapeutic community for drug and alcohol and problem gamblers, residential medicated detoxification, outreach
South West Alternative Program	Drug and Alcohol	Education, assessment and referral for Non English Speaking Background (NESB) communities in Cabramatta / Fairfield
St Vincent De Paul Society - Maryfields Recovery Centre	Drug and Alcohol	Drug and alcohol day rehabilitation service
Sydney Women's Counselling Centre	Drug and Alcohol	Drug and alcohol counselling, referral and group work for women
We Help Ourselves	Drug and Alcohol	Drug and alcohol residential therapeutic communities for men and women
Youth Solutions	Drug and Alcohol	Drug and alcohol health promotion focusing on young people
Youth Unlimited	Drug and Alcohol	Prevention of drug and alcohol abuse focusing on young people
Greater Inner West Community Transport Service	Health Related Transport	Transports clients to appointments at Canterbury and Concord Hospitals
Inner West Community Transport Service	Health Related Transport	Transports clients to appointments at Concord Hospital
The Settlement - Muralappi	Innovative Services for Homeless Youth	Awareness and understanding of health and cultural issues amongst the Aboriginal community and young people at risk of homelessness
After Care Association Administration	Mental Health	Administration and financial support to the After Care Association
After Care Association Ashfield / Parramatta	Mental Health	Supported accommodation and residential support for people with a mental illness
After Care Association Biala	Mental Health	Supported accommodation and residential support for people with a mental illness
After Care Association Psychological Support Service	Mental Health	Psychological support services for people with a mental illness
Co.As.It	Mental Health	Linguistically and culturally appropriate counselling service for the Italian community
GROW Community – Dual Diagnosis	Mental Health & Drug and Alcohol	Residential rehabilitation service for those with a psychiatric disorder or dual disorder
GROW in NSW	Mental Health	Self-help groups to assist people with mental health illnesses
The Richmond Fellowship of NSW	Mental Health	Supported accommodation services for people with a mental illness
Bankstown Women's Health Centre	Women's Health	Clinical, counselling and health education services for women in the Bankstown area
Benevolent Society of NSW - Centre for Women's Health	Women's Health	Services for older women, women experiencing domestic violence, Aboriginal women and women with disabilities in the Macarthur area
Centacare Services	Women's Health	Group activities and practical outreach support for pregnant women and mothers aged 16 to 25 years
Dympna House	Women's Health	State-wide specialist child sexual assault counselling, information, education and resource centre
Family Planning NSW - Fairfield Multicultural Services	Women's Health	Reproductive and sexual health services for people of CALD backgrounds and cross cultural training to service providers
Family Planning NSW – Women's Health Grant	Women's Health	State-wide organisation providing a range of reproductive and sexual health services
Immigrant Women's Health Service	Women's Health	Health prevention and information services for NESB immigrant and refugee women in the Fairfield area

Organisation Name	Program Area	Service description
Leichhardt Women's Community Health Centre	Women's Health	Traditional, alternative and preventative health strategies for women in relation to sexual, reproductive, emotional and social issues
Liverpool Women's Health Centre	Women's Health	Clinical, counselling and health education services for women in the Liverpool area
NSW Rape Crisis Centre	Women's Health	State-wide 24 hour telephone crisis intervention, support counselling and referral service for women who have experienced sexual violence
Older Women's Network Inc	Women's Health	Age appropriate activities to promote health and well being in older women
Sydney Women's Counselling Centre	Women's Health	Counselling and referral services for women who experience a variety of mental health and social issues such as depression, anxiety and domestic violence
WILMA Women's Health Centre	Women's Health	Clinical, counselling and health education services for women in the Macarthur area
Women's Incest Survivors Network	Women's Health	Bi-monthly newsletter for women who were sexually assaulted as children, information provision, community education and networking

### Third Schedule Funding to NGOs (Not included in the NSW Health NGO Program)

Name of Organisation	Funding program	Service Description
Benevolent Society of NSW – Central Sydney Scarba	Third Schedule	Tertiary child protection services to families in central Sydney and the inner west
Benevolent Society of NSW – South West Sydney Scarba	Third Schedule	Tertiary child protection services to families in the Campbelltown and Liverpool LGAs

### Contract grants to NGOs (Not included in the NSW Health NGO Program)

Name of Organisation	Funding program	Service Description
After Care Association	Housing & Accommodation Support Initiative (HASI)	Low level disability support for people with mental illness living in public housing
NEAMI	HASI	High level disability support for people in Department of Housing accommodation
New Horizons	HASI	Very high level disability support to people living in Department of Housing accommodation
Illawarra Disability Trust	Mental Health	Non-clinical support to people with mental illness in Wingecarribee and Campbelltown areas
New Horizons	Mental Health	Prevocational rehabilitation in Miller
New Horizons	Supported Accommodation	Non-clinical support to people with mental illness in Bankstown and Liverpool areas

## **Appendix D: SSWAHS Disability Action Plan Steering Committee Terms of Reference**

This committee met from early 2006 to 2008. The Terms of Reference are as follows:

### **Purpose**

To provide advice to Sydney South West Area Health Service regarding the development, implementation, monitoring and evaluation of the SSWAHS Disability Action Plan.

### **Reporting To**

Chief Executive SSWAHS

### **Responsibilities and Activities**

1. Determine an appropriate process for developing the SSWAHS Disability Plan
2. Establish the framework for the development of the plan.
3. Identify the main priority areas for action for SSWAHS
4. Review each identified priority area for action to identify gaps and barriers in the provision and delivery of services to people with disabilities
5. Develop an Action Plan that includes goals, performance indicators, strategies, resources needed and timeframes
6. Make recommendations for the process for monitoring and evaluating effectiveness of the implementation of the SSWAHS Disability Action Plan

### **Chairperson**

Director, Population Health Planning and Performance Management

### **Membership** will include:

- Representatives from each facility
- Representative from Health Services Planning
- Representative from Area Human Resources
- Representation from disability groups
- Consumer/Carer representatives
- Aboriginal representation
- Non Government Organisation representation
- Local Council representation
- General Managers
- Clinical Council

### **Review of TOR**

Every 12 months

### **Frequency of Meetings**

Every three months for 2 hours (or more frequently, if required).

### **Quorum:** Five

### **Minutes**

Distribution list will include: Committee Members; Chief Executive; Director Clinical Operations; General Managers; Clinical Council

## Appendix E: SSWAHS Disability Action Plan Steering Committee and Working Party Membership

The following people participated on the SSWAHS Disability Action Plan Steering Committee:

Dr Greg Stewart	Director, Population Health Planning and Performance (Chairperson)
Ms Ann Kelly	General Manager, Balmain Hospital
Ms Anne Axam	Patient Liaison Officer, Campbelltown Hospital
Ms Barbara Wright	Consumer/Community Representative
Mr Brendon Kelaher	Deputy Director, Aboriginal Health
Mr Denis Thomas	General Manager, Bowral Hospital
Ms Dee Dee San Jose	Aged and Disability Worker, Bankstown City Council
Mr David Connell	Director Corporate Services, Canterbury Hospital
Ms Di Peers	Director of Corporate Services, Royal Prince Alfred Hospital
Ms Diana Kelecevic	Clinical Nurse Consultant Rehabilitation, Liverpool Hospital
Ms Dorothy Shipley	Aboriginal Health Manager, Aboriginal Health
Ms Eve Bigelow	A/Director, Fairfield Community Health
Ms Gai Stackpool	Health Promotion Officer, Population Health
Mr Garry Clarke	Business Manager, Community Health
Ms Gay Horsburgh	Senior Planner, SSWAHS Health Services Planning
Mr Greg Driver	A/Area Manager Human Resources
Ms Janine Masso	Nursing Unit Manager Aged Care Assessment Team, Bowral Hospital
Mr Jean Jacques Dath	Occupational Therapy Manager, Balmain Hospital
Mr Jerry McNamara	General Manager, FRANS Inc
Mr Joseph Jewitt	A/Director Corporate Services, Royal Prince Alfred Hospital
Ms Judith Neville	Area Manager, Human Resources
Ms Julie Deane	Ageing and Disability Coordinator, Campbelltown City Council
Ms Kate Wade	Paediatric Physiotherapy Advisor, Community Health
Ms Keren Kiel	Strategic & Planning Performance Manager, Drug Health Services
Ms Leisa Rathborne	Director Corporate Services, Bankstown-Lidcombe Hospital
Ms Loren Sharrock	Nurse Manager Mental Health Recruitment & Retention, Rozelle Hospital
Mr Luke Coombes	A/Director Corporate Services, Canterbury Hospital
Ms Margaret Brown	Director of Nursing, Bankstown-Lidcombe Hospital
Ms Margaret Dunford	Patient Liaison Officer, Campbelltown Hospital
Ms Margot Stivens-Elliffe	NSW Council for Intellectual Disability Representative
Ms Melinda Dimarco	Senior Occupational Therapist, Fairfield Hospital
Ms Miriam Johnston	Area Project Officer Child Development, Community Health
Dr Natalie Oprea	Head Special Care Dentistry Unit, Oral Health Services
Ms Norah McGuire	Consumer/Community Representative
Ms Patricia Thomson	Consumer/Community Representative
Ms Paula Caffrey	Senior Speech Pathologist, Community Health
Mr Phil Escott	Consumer Consultant Coordinator, Mental Health Services
Ms Robyn Toohey <sub>AM</sub>	Consumer/Community Representative
Dr Roger Blackmore	Paediatrician, Community Health
Dr Ross Hawthorne	Head of Department Rehabilitation Medicine, Concord Hospital
Ms Sharon Peters	Service Development Officer, Division of Population Health
Mr Steven Gal	Manager Planning Metro South, Department Ageing Disability & Home Care
Mr Tony Lane	Consumer/Community Representative

**SSWAHS Disability Action Plan Steering Committee – Working Party**

The following people participated on the Working Party of the SSWAHS Disability Action Plan Steering Committee.

Ms Anne Axa	Patient Liaison Officer, Campbelltown Hospital
Mr Garry Clarke	Business Manager, Community Health
Ms Gay Horsburgh	Senior Planner, SSWAHS Health Services Planning
Ms Janine Masso	Nursing Unit Manager Aged Care Assessment Team, Bowral Hospital
Ms Leisa Rathborne	Director Corporate Services, Bankstown-Lidcombe Hospital
Ms Patricia Thomson	Consumer/Community Representative
Mr Phil Escott	Consumer Consultant Coordinator, Area Mental Health Services
Ms Robin Toohey <small>AM</small>	Consumer/Community Representative

## Appendix F: Clinical Guidelines for People with Disabilities – Preliminary Coverage

Guidelines will be developed to assist clinical services and facilities improve the health care and support provided to children, adolescents and adults with disabilities. At a minimum, these guidelines will cover:

- NSW Government legislation and NSW Health and SSWAHS policies.
- Definitions of disability and target populations, and the impact of sensory, mobility issues, mental health and intellectual disabilities on assessment, and ongoing care.
- Use of the biopsychosocial model for considering the influence of environment and other factors on people with disabilities.
- Common problems experienced by people with disabilities in using health services, and the additional barriers experienced by disadvantaged groups such as Aboriginal people, people whose first language is not English, and hidden groups such as parents or carers with disabilities, and children as carers.
- Importance of good communication and coordination. Ensuring a key coordination point/person within each facility/service to ensure effective care, and building clinical service capacity to provide improved care. Critical points for communication and information transfer ie admission (intake), assessment, transfer between services, case discussions, discharge planning, and handover between shifts.
- Admission including effective assessment which involves the patient and includes identification of disabilities, skills and abilities, and support needs. If there is a carer, the importance of identifying the carer and the community services which support the patient, including the guardianship and advocacy.
- Effective consultation with the person with a disability, carer (or advocate), and community services, in developing and implementing the patients care plan.
- Consent, guardianship, determining capacity and building capacity to make informed decisions.
- Tools such as the patient's "blue book", "red book" and the community care plan which will inform diagnosis and guide care planning, and pictures which may support care.
- Supporting disadvantaged populations such as Aboriginal people and people from a non-English speaking background.
- Safety issues such as behavioural issues, and seizures.
- Clinical practice in caring for people with moderate-profound disabilities, including providing additional support/personal care for people with difficulty in communication, mobility and/or self-care, and methods for assisting communication.
- Timely discharge planning and the importance of multidisciplinary and multiagency case discussions, communication and education post discharge for carers and paid support staff in medication, therapeutic techniques, appropriate care and safety.
- Ensuring access to and use of hospital equipment (such as hoists) and the patients own equipment.
- Local disability organisations, services and support groups and partnerships.
- Considerations at key access points, such as emergency departments and preadmission clinics.
- Outpatient and community appointments and implications for administrative staff, individual clinicians, and multidisciplinary health teams. Consideration of issues such as transport, existing community programs/services and the carers' needs and working with community services.
- Prevention and early intervention considerations.

## 8. Abbreviations

ABS	<i>Australian Bureau of Statistics</i>
AC&RS	<i>Aged Care and Rehabilitation Service</i>
ACAT	<i>Aged Care Assessment Team</i>
AHIS	<i>Aboriginal Health Impact Statement</i>
AMHS	<i>Area Mental Health Service</i>
ASET	<i>Agedcare Services Emergency Team</i>
Auslan	<i>Australian Sign Language</i>
BIRU	<i>Brain Injury Rehabilitation Unit</i>
BCA	<i>Building Code of Australia</i>
CACP	<i>Community Aged Care Package</i>
CALD	<i>Culturally and Linguistically Diverse</i>
CEWD	<i>Centre for Education and Workforce Development</i>
CHVP	<i>Children's Home Ventilation Program</i>
CRGH	<i>Concord Repatriation General Hospital (Concord Hospital)</i>
DADHC	<i>NSW Department of Ageing, Disability and Home Care</i>
DAP	<i>Disability Action Plan</i>
DAPI&AC	<i>Disability Action Plan Implementation and Advisory Committee</i>
DDA	<i>Disability Discrimination Act</i>
DoHA	<i>Commonwealth Department of Health and Ageing</i>
DSU	<i>Disability Specialist Unit</i>
ED	<i>Emergency Department</i>
ELP	<i>Equipment Lending Pool</i>
GPs	<i>General Practitioners</i>
HACC	<i>Home and Community Care Program</i>
IRO	<i>Institute of Rheumatology and Orthopaedics</i>
LGA	<i>Local Government Area</i>
OH&S	<i>Occupational Health and Safety</i>
NGO	<i>Non-Government Organisation</i>
PADP	<i>Program of Appliances for Disabled People</i>
RPAH	<i>Royal Prince Alfred Hospital</i>
SDAC	<i>Survey of Disability, Ageing &amp; Carers</i>
SDH	<i>Sydney Dental Hospital</i>
SEIFA	<i>Socioeconomic Index for Areas</i>
SSWAHS	<i>Sydney South West Area Health Service</i>
TACP	<i>Transitional Aged Care Program</i>
TAFE	<i>Technical And Further Education</i>
TTY	<i>Telephone Text Typewriter</i>
VDQ	<i>Ventilator Dependent Quadriplegic</i>
W3C	<i>World Wide Web</i>

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