



Government of **Western Australia**  
Department of **Health**

# South Metropolitan Health Service

## Disability Access and Inclusion Plan

2017-2022

The Disability Access and Inclusion Plan is available in alternative formats upon request including electronic format by email, in hard copy format in both large and standard print, on audio format on CD and on our website.

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# 1. Background

## 1.1 Introduction

The South Metropolitan Health Service (SMHS) is committed to ensuring all members of the community are able to access the full range of our services, facilities and information in a fair and equitable manner, including people with disabilities, their families and carers. To achieve this, SMHS has developed a Disability Access and Inclusion Plan (DAIP) to address barriers that prevent us from achieving our goal of providing equal opportunities for consumers and staff.

*The Disability Service Act 1993 (amended 2004)* defines a disability as:

“a disability –

- a) which is attributable to an intellectual, psychiatric, cognitive, neurological, sensory, or physical impairment;
- b) which is permanent or likely to be permanent; and
- c) which may or may not be of a chronic or episodic nature; and
- d) which results in –
  - i. a substantially reduced capacity of the person for communication, social interaction, learning or mobility; and
  - ii. a need for continuing support services”

The Disability Services Commission identifies that types of disability include:

**Sensory** – affecting vision and/or hearing

**Neurological** – affecting a person’s ability to control their movements, for example cerebral palsy

**Physical** – affecting mobility and/or a person’s ability to use their upper or lower body

**Intellectual** – affecting a person’s judgement, ability to learn and communicate

**Cognitive** – affecting a person’s thought processes, personality and/or memory resulting, for example, from an injury to the brain

**Psychiatric-** affecting a person’s emotions, thought processes and/or behaviour, for example, schizophrenia

The *Disability Services Act 1993*, amended in December 2004, requires all public authorities to develop and implement Disability Access and Inclusion Plans (DAIPs). Following the enacting of the Health Services Act 2016 on 1<sup>st</sup> July 2016 and the establishment of Health Service Providers as independent statutory authorities; SMHS is now required to develop its inaugural DAIP. This DAIP covers the period from 1 July 2017 to 30 June 2022.

## 1.2 About South Metropolitan Health Service

The South Metropolitan Health Service delivers hospital and community-based public health care services to a population of more than 630,000 within a catchment area stretching 3300 square kilometres across the southern half of Perth. SMHS delivers its services through hospitals and community based programs. SMHS hospitals (listed below), collectively had 201,320 Emergency Department presentations and 178,151 hospital admissions for the 2015/2016 financial year.

- Fiona Stanley Hospital – 783 bed tertiary hospital

- Fremantle Hospital – 300 bed specialist hospital
- Rockingham General Hospital – 242 bed general hospital (including Murray District Hospital)
- Murray District Hospital
- Peel Health Campus – 193 bed public and private hospital

SMHS offers care to adults and children across a range of clinical services:

- medical
- surgical
- emergency
- rehabilitation and aged care
- coronary care
- cancer care
- intensive and high dependency care
- mental health
- paediatric
- obstetric and neonatal
- palliative care
- primary and population health

SMHS is also home to several state-wide services including:

- State Adult Burns Service
- State Hyperbaric Service
- State Rehabilitation Service
- Heart and Lung Transplant

### 1.3 Planning for better access

According to the Australian Bureau of Statistics 2015 Survey of Disability, Aging and Carers (SDAC), almost 1 in 5 Australians (18.3% or 4.3 million people) reported living with a disability. The majority (78.5%) reported a physical condition, the other 21.5% reported mental and behavioural disorders.

Current evidence indicates that people with a disability are more likely to experience discrimination and barriers in health care provision. The 2015 SDAC also reported almost 1 in 12 Australians with a disability (281,100 people or 8.6%) stated they had experienced discrimination or unfair treatment because of their disability. Young people with a disability (aged 15 to 24 years) were more likely to report the experience of discrimination (20.5%) than those aged 65 years and over (2.1%). 35.1% of women and 28.1% men aged 15 years and over had avoided situations because of their disability.

It is therefore important that SMHS recognises the barriers to service for people with disability and consider remedial strategies that such as:

- increasing physical accessibility of health care services
- improving access to personal health care information for people with disability, their families and carers
- supporting the workforce to deliver culturally appropriate and inclusive services<sup>3</sup>.

SMHS is dedicated to implementing purposeful strategies to meet the seven desired outcomes through the SMHS Disability Access and Inclusion Plan 2017-2022 as stated in Schedule 3 of the Disability Services Regulations, 2013:

1. People with disability have the same opportunities as other people to access the services of, and any events organised by, a public authority.
2. People with disability have the same opportunities as other people to access the buildings and other facilities of a public authority.
3. People with disability receive information from a public authority in a format that will enable them to access the information as readily as other people are able to access it.
4. People with disability receive the same level and quality of service from the staff of a public authority as other people receive from the staff of that public authority.
5. People with disability have the same opportunities as other people to make complaints to a public authority.
6. People with disability have the same opportunities as other people to participate in any public consultation by a public authority.
7. People with disability have the same opportunities as other people to obtain and maintain employment with a public authority.

## 2. Development of the SMHS Disability Access and Inclusion Plan

The Disability Services Regulations 2004 set out the minimum consultation requirements for public authorities in relation to DAIPs. *Local Government Authorities must call for submissions (either general or specific) by notice in a state-wide newspaper or on any website maintained by the public authority. Other consultation methods may also be used.*

### 2.1 Community Consultation Process

The following community consultation strategies were used to invite comment from people with disability, their families and carers, organisations representing people with disability, the general public and staff in SMHS:

- An advertisement was produced requesting comments and feedback from consumers – both individuals and organisations on any issues experienced accessing our buildings and facilities. This advertisement was printed in the following newspapers:
  - general news section of the West Australian newspaper on Wednesday 1<sup>st</sup> March 2017
  - six local community newspapers - Mandurah Coastal Times, Southern Gazette, Fremantle / Cockburn, Melville Times and Canning Times on Monday 27<sup>th</sup> February
- 30 second radio advertisements were run twice a day, over two weeks (20 in total) on Perth 990AM Information radio, commencing Monday 27<sup>th</sup> February and concluding Friday 10<sup>th</sup> March.
- Links to the SMHS DAIP feedback form were provided on the SMHS Internet and intranet websites with information regarding the consultation process and request for feedback
- Communication regarding the consultation for the DAIP with a link to the feedback form on the intranet was circulated via eBulletins.
- Messages via social media applications Twitter and Facebook on the Department of Health account were posted advising the general public of the community consultation for the DAIP and directing people to the SMHS internet site to access the Feedback Form.

Both the advertisements and feedback forms included advice on how to obtain alternative formats of the documents on request. The consultation period ran for just over eight weeks from Wednesday 1<sup>st</sup> February until Friday 31<sup>st</sup> March 2017.

## 2.2 Findings of the consultation

Although SMHS invited feedback through a number of different avenues including advertisements in the West Australian, Community Newspapers and on Information Radio only one feedback form was completed and submitted. This was from a Nurse Manager on behalf of an organisation representing people with disability.

## 3. The SMHS Disability Access and Inclusion Plan 2017- 2022

DAIP 2017-2022 outcomes and overarching strategies

<b>Outcome 1</b>	
People with disability have the same opportunities as other people to access the services and any events organised by, a public authority.	
Strategy	Timeline
Ensure that the objectives of the DAIP are incorporated into strategic business planning and budgeting processes	Ongoing
Ensure that any further Health Service developments and/or new services identify any special requirements for people with a disability	Ongoing
Ensure that people with disability are provided with an opportunity to comment in access to services	Ongoing
Ensure that venues for public events have no access barriers with regards to location, design and participation	Ongoing

<b>Outcome 2</b>	
People with disability have the same opportunities as other people to access the buildings and facilities of a public authority.	
Strategy	Timeline
Ensure that all buildings and facilities as far as practicable are physically accessible in respect of parking, external and internal access, toilets, signage and telephones.	Ongoing
Ensure signage is appropriate to people with disability.	Ongoing
Ensure patient and visitors with disabilities have assistance as required to locate destination.	Ongoing
Ensure that agents and contractors are aware of the relevant requirements of the Disability Services Act and SMHS DAIP	Ongoing

<b>Outcome 3</b>	
People with disability receive information from a public authority in a format that will enable them to access the information as readily as other people are able to access it.	
Strategy	Timeline
Ensure that all SMHS produced pamphlets meet minimum communication guidelines for people with disability.	Ongoing
Ensure staff are aware of how to access information in alternative formats.	Ongoing

<b>Outcome 4</b>	
People with disability receive the same level and quality of service from the staff of a public authority as other people receive from the staff of that public authority.	
Strategy	Timeline
Ensure staff are aware of the availability of the DAIP	Ongoing
Ensure awareness of disability issues in the recruitment and selection of new staff	Ongoing

<b>Outcome 5</b>	
People with disability have the same opportunities as other people to make complaints to a public authority.	
Strategy	Timeline
Ensure that SMHS complaint processes are accessible to people with disability	Ongoing

<b>Outcome 6</b>	
People with disability have the same opportunities as other people to participate on any public consultation by a public authority.	
Strategy	Timeline
Ensure all venues for public participation have no access barriers with regards to location and design.	Ongoing
Advertise opportunities to participate in public consultation giving consideration to the requirements of people with disability	Ongoing
Ensure that there is an appropriate level of representation of people with disability and/or consumers at Community Advisory Council	Ongoing

<b>Outcome 7</b>	
People with disability have the same opportunities as other people to obtain and maintain employment with a public authority.	
Strategy	Timeline
Ensure recruitment strategy incorporates equity and diversity principles. <i>WA Health Equity and Diversity Plan 2015-2020.</i>	Ongoing
Ensure employment options provide flexibility for employees with disability.	Ongoing
Promote harmonious workplace free of discrimination.	Ongoing
Increase retention of employees with disabilities or existing employees who acquire a disability.	Ongoing
Maintain current workforce diversity data for all diversity groups including people with disability, for workforce planning	Ongoing

#### **4. Responsibility for implementing the DAIP 2017-2022**

It is a requirement of the *Disability Services Act 1993* that public authorities must take all practicable measures to ensure that officers, employees, agents and contractors, implement the DAIP.

The Chief Executive and Area Executive Group are responsible for providing the resources and support required to implement the DAIP in SMHS. Site Executive Directors are responsible for implementing the DAIP in their region.

The SMHS DAIP Implementation Plan sets out who is responsible for each action. The Implementation Plan is available on the SMHS intranet site and reviewed annually during the lifetime of the SMHS DAIP.

#### **5. Agents and Contractors**

At the time of service agreement, all engineering and facilities contractors receive a contract that includes reference to the SMHS Disability Access and Inclusion Plan with details on how to access the plan. The contract also outlines the DAIP and Carers Recognition Act Reporting requirements.

#### **6. Communicating the Plan to Staff and People with Disability**

A copy of the SMHS DAIP is available electronically on the SMHS internet and intranet websites. The Plan is available in alternative formats on request.

The availability of the new DAIP will be advertised to the community and staff via publication on the intranet, eBulletins and public notice in the West Australian newspaper. Managers and supervisors are responsible for ensuring that all staff without computer access are made aware of the DAIP and are able to access it.

#### **7. Review, Evaluation and Reporting Mechanisms**

The Disability Services Act sets out the minimum review requirements for public authorities in relation to DAIPs. The SMHS DAIP will be reviewed at least every five years, however in the event the current DAIP requires amendments, community consultation will be undertaken in



accordance with the Act and the amended plan will be lodged with the Disability Services Commission. The individual SMHS site's implementation plans will be reviewed on an annual basis, and may be amended on a more regular basis to reflect progress and any access and inclusion issues that may arise.

The South Metropolitan Health Service will report on the implementation of the DAIP through its Annual Report and the prescribed progress report template to the Disability Services Commission by 30 June each year. This will outline:

- progress towards the desired outcomes of the SMHS DAIP
- progress of SMHS agents and contractors towards meeting the outcomes of the DAIP
- strategies used to inform its agents and contractors of its DAIP

Feedback will be sought from community members, people with disability and SMHS staff regarding the effectiveness of the strategies.

## **8. References**

1. Disability Services Act (Western Australia) 1993 (amended 2004).
2. Australian Bureau of Statistics. Disability, Aging and Carers Australia: Summary of Findings 2015.
3. Western Australian Department of Health. WA Disability Health Framework 2015-2025: Improving the health care of people with disability. Perth: Health Networks, Western Australian Department of Health; 2016.
4. Disability Services Regulations (Western Australia) 2004

## Appendix A – SMHS Disability Access and Inclusion Plan Achievements

### Outcome 1

#### **People with disability have the same opportunities as other people to access services and any events organised by SMHS**

- SMHS hospitals utilise admission and discharge checklists that include questions specifically related to the needs of people with a disability. These checklists facilitate effective discharge planning by assisting with transition back into the community through the organisation of community services; and providing loan of equipment and aids.
- SMHS Corporate Communications have an established process with event organisation to ensure that the venue chosen is accessible with lift or ramp access. Invitees are asked if they have any special needs and it is ensured these needs are met.
- During 2015/16 Fiona Stanley Hospital (FSH) developed a training program for Patient Centred Care, involving people with disabilities.
- Again during 2015/16 Rockingham Peel Group (RkPG) staff represented the health service via membership on the Disability Health Networks Core Capabilities Project.

### Outcome 2

#### **People with disability have the same opportunities as other people to access buildings and facilities of SMHS.**

- All SMHS sites and services regularly review external and internal access to facilities and make improvements as necessary.
- Fiona Stanley Hospital installed a pedestrian crossing on Barry Marshall Parade between FSH and St John of God Murdoch Hospital.
- Arrangements have been established for long term patients attending treatment to have easier access to their appointment location e.g. Allied Health Gymnasium at FSH.
- The State Rehabilitation Service multi deck car park at FSH has highest room height to allow for ease of wheelchair removal from vehicle roof.
- Fiona Stanley and Rockingham General Hospitals exceed the number of Acrod car park bays required for the sites.
- Rockingham Peel Group introduced a concierge service and mobility equipment to assist visitors with a disability.
- Access issues at Fremantle Hospital were evaluated by Fremantle Hospital and Health Service (FHHS) Disability Access Committee (DAC), with representatives from DAC

participating in working groups regarding building works and signage during reconfiguration.

- Toilets in B4 North and South in Fremantle Hospital were refurbished with disability access; three with assistive rails and one with wheelchair access. Toilets were also fitted with hands free sensor taps.

### Outcome 3

**People with disability receive information from relevant public authority in a format that will enable them to access the information as readily as other people are able to access it.**

- SMHS internet and intranet websites remain up-to-date and continue to meet relevant accessibility requirements. Random internal audits are also undertaken to monitor compliance with usability and clarity for consumers.
- People with disability receive information from SMHS in a format that will enable them to access the information as readily as other people are able to access it.
- Information regarding the Disability Access Committee at FHHS is available on intranet and internet sites.
- A “Disability Services at Fremantle Hospital” brochure has been developed and is provided to consumers.

### Outcome 4

**People with disability receive the same level and quality of service from the staff at SMHS**

- All SMHS sites and services continue to provide information regarding disability access and inclusion to all staff at induction and orientation.
- All sites monitor and report on complaints related to service provision for consumers with disabilities in order to identify learning and development opportunities.
- Fremantle Hospital had a display on International day of people with disability to promote issues related to disability and role of Fremantle Hospital Disability Access Committee.

### Outcome 5

**People with disability have the same opportunities as other people to make complaints to SMHS.**

- At SMHS hospitals, complaints received from consumers with disabilities are managed by the Patient Family Liaison Service and brought to the attention of the Consumer Advisory Committees and Disability Access Committees when required.
- Complaints can be made to SMHS hospitals via letter, feedback form, email, website, telephone or in person. Complaints related to disability are recorded in the Complaints Management Database, enabling identification.
- Rockingham General Hospital have installed a desk that is as the correct height specific for wheelchairs to ensure people in wheelchairs feel comfortable making complaints.

### Outcome 6

**People with disability have the same opportunities as other people to participate on any public consultation by SMHS.**

- Consumer Advisory Committees and Disability Access Committees at SMHS hospitals include a diverse range of health consumers from the local area, for example, those who are chronically ill, from culturally and diverse groups, youth, Aboriginal, the elderly and

people with a disability. Efforts are made to ensure all groups are reflected in the membership and are provided with a voice to improve the delivery of care.

- These committees work closely with the Patient Family Liaison Service to ensure appropriate community feedback is obtained. Any information that is disseminated to the community is available in alternative formats such as larger print or conversion to audio.

## **Outcome 7**

### **People with disability have the same opportunities as other people to obtain and maintain employment.**

- Employment strategies in WA Health incorporate quality and diversity principles in JDFs, code of conduct and Equal Employment Opportunities principles.
- Policies and processes are in place to modify work environments to accommodate employee needs related to disability, and flexible work arrangements can be made.
- Workplace inspections are regularly undertaken to ensure health and safety issues are identified and managed effectively.

**This document can be made available in alternative formats  
on request for a person with a disability.**

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