



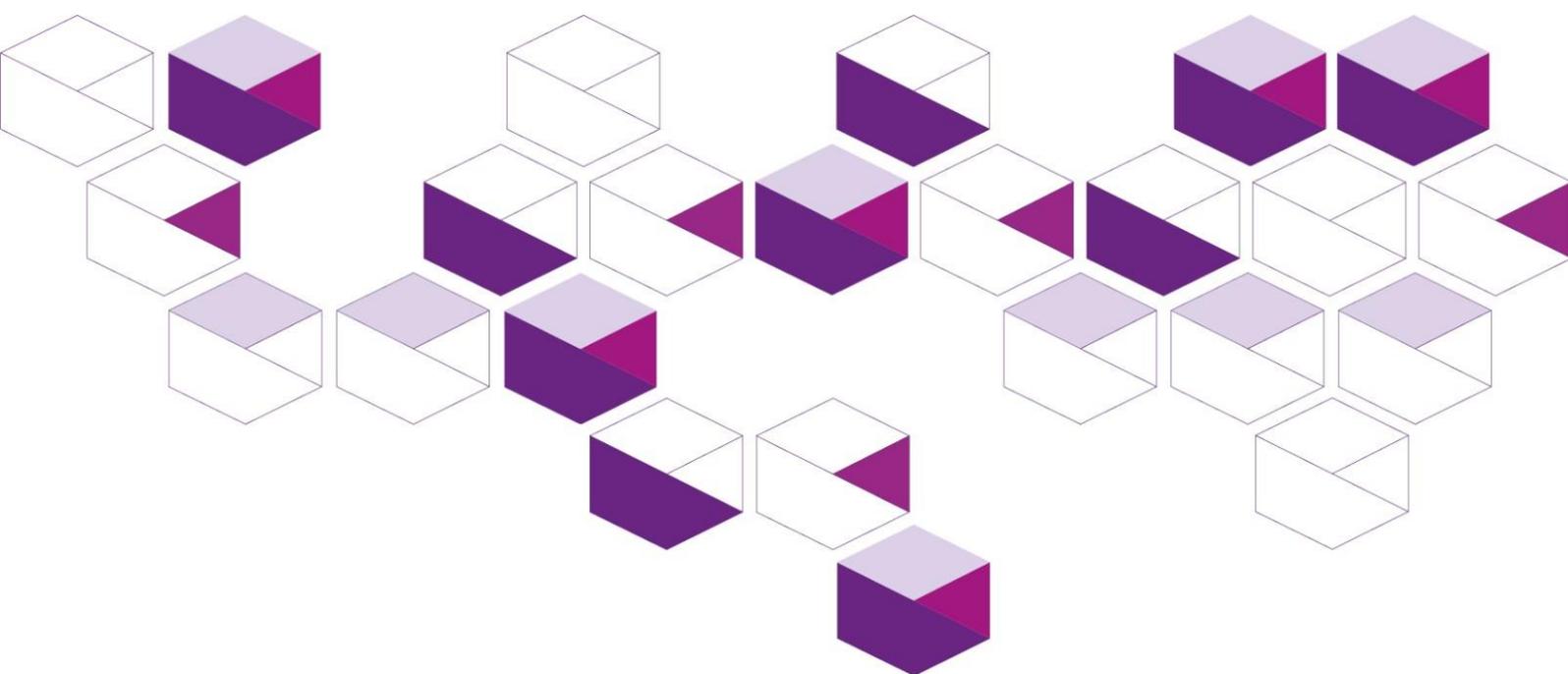
Government of **Western Australia**
South Metropolitan Health Service

South Metropolitan Health Service

Disability Access and Inclusion Plan

2022-2027

The SMHS Disability Access and Inclusion Plan 2022-2027 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 can access its full range of services, facilities and information in a fair and equitable manner, including people with disability, 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 the goal of providing equal opportunities for consumers and staff.

The Disability Service Act 1993¹ (amended 2004) defines disability as that which:

- a) is attributable to an intellectual, psychiatric, cognitive, neurological, sensory, or physical impairment;
- b) is permanent or likely to be permanent; and
- c) may or may not be of a chronic or episodic nature; and
- d) 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”

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 develop and implement DAIPs. Following the enacting of the *Health Services Act 2016* on 1st July 2016 and the establishment of Health Service Providers as independent statutory authorities, SMHS developed its inaugural DAIP for the period 2017-2022. This plan covers the next period of 2022-2027.

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 660,000 within a catchment area stretching 3300 square kilometres across the southern half of Perth.

SMHS provides clinical care at the following locations:

- Fiona Stanley Hospital – 783 bed tertiary hospital
- Fremantle Hospital – 300 bed specialist hospital
- Rockingham Peel Group - 242 bed general hospital (including Murray District Hospital)
- Peel Health Campus – 193 bed public and private hospital
- Rottnest Island Nursing Post
- community-based health services

In addition, SMHS provides subacute services, known collectively as REACH, to facilitate early discharge from hospital by supporting individuals to remain independent in the community, including Rehabilitation in the Home; Complex Needs Coordination Team; and Community Physiotherapy Service.

Collectively SMHS attended to 218,000 people who needed emergency care, had in excess of 173,000 hospital admissions and saw in excess of 179,500 people at more than 825,000 outpatient appointments.

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, alcohol and other drug services
- 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, lung and renal transplant

1.3 Planning for better access

According to the Australian Bureau of Statistics 2015 Survey of Disability, Aging and Carers (SDAC)², almost 1 in 5 Australians (18.3% or 4.3 million people) reported living with disability. The majority (78.5%) reported a physical condition, the other 21.5% reported mental and behavioural disorders.

The 2015 SDAC also reported almost 1 in 12 Australians with disability (281,100 people or 8.6%) stated they had experienced discrimination or unfair treatment because of their disability. Young people with 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:

- increase physical accessibility of health care services
- improve access to personal health care information for people with disability, their families and carers
- support the workforce to deliver culturally appropriate and inclusive services³.

SMHS is dedicated to implementing purposeful strategies to meet the seven desired outcomes through the SMHS Disability Access and Inclusion Plan 2022-2027 as stated in Schedule 3 of the Disability Services Regulations, 2004⁴:

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 within the SMHS:

- An advertisement requesting comments and feedback from consumers, both individuals and organisations, about issues experienced accessing our buildings and facilities was run in the general news section of the West Australian newspaper on Wednesday 9th March 2022.
- A survey was developed to invite the thoughts and suggestions of people with disability, their families and carers on how the SMHS can improve and promote access to our services and facilities and reduce barriers to participation. The survey was made available in different formats and included a QR code to allow access via smart phones. The survey was promoted via:
 - public display boards at Fiona Stanley, Rockingham General and Fremantle hospitals
 - SMHS internet, intranet, and Facebook

- flyer and notice distribution across Fiona Stanley, Rockingham General and Fremantle hospitals
- annual SMHS International Day of People with Disability event, attended by staff and members of the community.
- emails to government and non-government organisations and other relevant stakeholder groups for wider circulation.

The consultation period ran between November 2021 and March 2022.

2.2 Findings of the consultation

Feedback was received from patients and carers using Rockingham Peel Group, Fiona Stanley Fremantle Hospitals Group and Community Mental Health Services. Common themes included access to buildings and facilitates, and communication. Strategies to explore and address these opportunities to improve access for people with disability are outlined in this plan.

3. The SMHS Disability Access and Inclusion Plan 2022- 2027

DAIP 2022-2027 outcomes and overarching strategies

Outcome 1	
People with disability have the same opportunities as other people to access the services and any events organised by a public authority.	
Strategy	Timeline
In consultation with key stakeholders, review processes to identify the additional requirements for people with disability that should be considered during the creation or development of health services.	30 June 2027
Review processes to ensure services and venues within the health service have no access barriers with regards to location, design and participation.	30 June 2027

Outcome 2	
People with disability have the same opportunities as other people to access the buildings and facilities of a public authority.	
Strategy	Timeline
Review processes that ensure all buildings and facilities are, as far as practicable, physically accessible with regards to parking, external and internal access, toilets, signage and telephones.	30 June 2027
Establish a program in collaboration with key stakeholders to identify gaps and opportunities for improvement in accessibility of buildings and facilities.	30 June 2027
Ensure agents and contractors are aware of the relevant requirements of the <i>Disability Services Act 1993</i> and SMHS DAIP	30 June 2027

Outcome 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.	
Strategy	Timeline
Ensure systems are in place to support clinicians to communicate effectively with people with disability to support the delivery of safe, patient centred care.	30 June 2027
Ensure staff are aware of how to access information in alternative formats.	30 June 2027

Outcome 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.	
Strategy	Timeline
Review systems used to identify patients with disability.	30 June 2027
Ensure systems are in place to consider and accommodate a person's disability during shared decision making and goal setting.	30 June 2027
People with disability are provided with clinical care in accordance with agreed goals of care.	30 June 2027
Measures are in place to evaluate the safety and quality of care provided to people with disability and identify areas for improvement.	30 June 2027
Staff are provided with the education and training required to deliver safe, high quality health care to people with disability.	30 June 2027

Outcome 5	
People with disability have the same opportunities as other people to make complaints to a public authority.	
Strategy	Timeline
Review SMHS complaint processes to ensure they are accessible to people with disability.	30 June 2027

Outcome 6	
People with disability have the same opportunities as other people to participate on any public consultation by a public authority.	
Strategy	Timeline
Review processes for consumer engagement and consultation to ensure they are accessible and consider people with disability.	30 June 2027
Improve consumer awareness of their right to participate in consumer engagement and consultation opportunities.	30 June 2027

Outcome 7	
People with disability have the same opportunities as other people to obtain and maintain employment with a public authority.	
Strategy	Timeline
Promote acceptance and accommodation of people with disability to increase retention of employees with disabilities or existing employees who acquire a disability.	30 June 2027
Review SMHS recruitment strategies to identify opportunities to increase employment of people with disability.	30 June 2027
Ensure employment options provide flexibility for employees with disability.	30 June 2027
Maintain current workforce diversity data for all diversity groups including people with disability.	30 June 2027

4. Responsibility for implementing the DAIP 2022-2027

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 SMHS Chief Executive and executive group are responsible for providing the resources and support required to implement the DAIP across the health service. Site Executive Directors are responsible for implementing the DAIP in their sites.

A SMHS DAIP Implementation Plan 2022-2027 will be developed in consultation with key stakeholders and will identify responsibility for each action. The implementation plan, when completed will be available on the SMHS intranet site and reviewed regularly 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 *Carer Recognition Act 2010* Reporting requirements.

6. Communicating the SMHS DAIP 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 SMHS 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 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 1993 (the 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 Department of Communities, Office of Disability. 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.

SMHS will report on the implementation of the DAIP through the annual report and the prescribed progress report template to the Department of Communities, Office of Disability after 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), 2013.

This document can be made available in alternative formats on request.

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