

Disability Action Plan 2009-2014



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Overview: Disability Action Plan of the Department of Health

In developing its Disability Action Plan (2009-2014) (DAP) the NSW Department of Health (the Department) has attempted to maintain consistency between its vision and the outcomes sought in this plan. It will work to achieve these objectives during its implementation.

1. Vision

The Department contributes to a society in which people with disability participate as full citizens with optimum quality of life and independence.



2. Principles

- People with disability are fully valued members of the community.
- People with disability are entitled to equitable access to services provided to the general community.
- In the provision of services to people with disability the focus remains on the whole of life needs of individuals and their capacity to participate fully in the community.
- Participation of people with disability in decision making processes leads to better informed policy and outcomes for people with disability.
- The development of cultural competence is elemental to effectively support the diversity of people with disability.
- The unique needs of people of Aboriginal background with disability are recognised, respected and addressed appropriately.
- The legal rights of people with disability are recognised and protected.
- People with disability have equal right to employment and respect.



A flowchart consisting of two rectangular boxes. The top box is titled '3. Goal' and contains a paragraph of text. A downward-pointing arrow connects the bottom center of the top box to the top center of the bottom box. The bottom box is titled '4. Outcomes' and contains a numbered list of eight items. A thick grey line on the left side of the page connects the top of the top box to the top of the bottom box, forming a U-shape around the flowchart.

3. Goal

The Department provides employment and services in a non-discriminatory, equitable and efficient manner which allows people with disability to function as fully participating citizens.

4. Outcomes

- 1 The Department's policy and programs are inclusive and effective in meeting the diverse needs of people with disability.
- 2 Information provided by the Department is accessible to people with disability.
- 3 Buildings and facilities owned or leased by the Department are physically accessible to people with disability.
- 4 People with disability are assisted to effectively participate fully in public consultations and on advisory boards and committees.
- 5 Employment of people with disability within the Department is increased, supported and maintained.
- 6 Departmental decision making practices, programs and operations will positively influence other agencies to improve participation and quality of life of people with disability.
- 7 People with disability whose support needs cannot be met through mainstream services are supported by specialist / adaptive services funded by the Department.
- 8 Staff attitudes and treatment of people with disability reflect an inclusive and non-discriminatory manner.

SECTION 1

Introduction

1.1 The Role of the Department of Health

The NSW Department of Health (the Department) supports the NSW Minister for Health and the Director-General in performing their executive and statutory functions. The Department leads the development of a system-wide health policy and undertakes statewide planning and performance monitoring to ensure delivery of quality health services.

Appendix 4 provides an overview of the Department, its branches and their roles. Appendix 5 provides an overview of the Department's structure.

NSW Health is a much broader organisation than the Department of Health. In addition to the Department of Health, NSW Health comprises eight Area Health Services (AHSs), the Children's Hospital at Westmead, statutory health corporations and affiliated health organisations.

Face to face service delivery to the public is often carried out by these other areas of NSW Health, while the Department provides a policy / program development and monitoring role.

Under the Health Administration Act 1982, the Director-General is given corporate status as the Health Administration Corporation (HAC)

for the purpose of organising certain statutory functions. The Department is committed to ensuring HAC administrative units develop and maintain policies and procedures consistent with the Department's DAP.

1.2 Coverage of the Disability Action Plan

This DAP covers initiatives developed by the Department as well as buildings and services contracted by the HAC for its use. Each AHS is expected to develop and implement its own DAP so that policy and procedures each adopts are relevant and appropriate to their own organisational priorities.

The Department's previous focus has been to include strategies addressing equal participation within its broader *Diversity and Equity Plan*. Under this Plan the Department has developed initiatives to ensure equity in workplace development, recruitment, learning and development, flexible work arrangements, workforce adjustment and workplace modification. This DAP will be a 'stand alone' document and a mechanism for outlining and extending the Department's current strategic disability related priorities which will be directly implemented and monitored.

The majority of departmental staff work at North Sydney. There are also offices in Chatswood, principally accommodating HAC unit staff, two small units working at Gladesville Hospital, and the Centre for Oral Health Strategy, which is located at Westmead Hospital. The Department acts as a landlord to Non Government Organisations tenanted premises at Precinct 4 of Callan Park, Rozelle.

Each year from 2009 the Department's Annual Report will include a section reporting on the targets set in this DAP.

1.3 The people addressed by the Disability Action Plan

The Commonwealth's Disability Discrimination Act 1992 (DDA) is the major legislation developed to protect Australians against disability discrimination. The definition of disability under the DDA is principally based on a model of 'disability' that includes physical, intellectual, psychiatric, sensory and neurological impairments, learning difficulties, physical disfigurement and the presence of diseases such as HIV/AIDS.

The term, people with disability, as used in this document, refers to people who face social, architectural, environmental and/or attitudinal barriers restricting their full participation in society due to the impairments covered by the DDA.

The Department acknowledges that this is not a homogenous group and affirms the NSW Government's commitment to ensuring all its residents, regardless of impairment, are provided the same

opportunities to full participation in employment and the wider community.

People with HIV/AIDS do not necessarily classify themselves as people with disability. They have been included in this DAP as they are covered by the DDA and face similar disabling barriers to other groups covered by this DAP. Similarly, Deaf people, who have been recognised as a linguistic minority by the NSW Government, are covered in this DAP as they fall within this group.

Mental illness is not disability. It is a role of NSW Health to address the health needs of people with mental illness. This DAP has included this group as they are subject to stigma and face similar disabling difficulties to others covered by the DAP.

While not disregarding the experience of impairment and illness in the lives of some people with disability, the Department's purpose, in this DAP, is contribution to the realisation of a socially just community in which Government policy and practice reflects the lived experience of people with disability – acknowledging their rights as citizens, respecting their choices, and valuing their contributions. Those rights include the right to health, employment and equitable treatment when participating in the community.

Carers play an essential role in supporting people with disability. The NSW Carers Action Plan, 2007-2012 outlines the NSW Government's five year commitment to supporting carers in their caring role. The Department will ensure that the DAP is consistent and aligns with the NSW Carers Action Plan.

SECTION 2

Why have a Disability Action Plan

2.1 The Disability Action Plan and Legislation

Australia ratified the UN Convention on the Rights of Persons with Disabilities on 18 July 2008 and in doing so joined 29 other countries around the world aiming to promote a global community in which all people with disability are equal and active citizens.

The Disability Services Act 1993 (DSA) mandates the development of disability action plans by NSW Government public authorities and, in 1998, the NSW Government endorsed the Disability Policy Framework which provides advice on how these plans should be developed.

The Australian Human Rights Commission (AHRC) promotes the development of disability action plans to reduce unlawful discrimination against people with disability. Registered plans can provide a partial defence against claims of discrimination under the DDA.

The Department's DAP is designed to meet its obligations under both State and Commonwealth legislation.

2.2 Outcomes sought through the Disability Action Plan

The DAP's primary objective is to reduce and, where possible, eliminate discriminatory barriers to people with disability, whether they are in departmental employment, seeking employment or requiring health services provided by the Department.

The Department will seek to achieve outcomes that demonstrate our success in meeting this objective. Specifically, the Department will seek to reduce attitudinal barriers and physical access barriers, address communication difficulties, improve consultation to better utilise sector expertise, increase employment opportunity for people with disability and review and develop specialist and adaptable services when these are required.

In dealings with other NSW Health agencies, departments and the private sector the Department will seek to influence their strategies to increase opportunities and address the need for equity of people with disability; at all times striving for continuous improvement.

2.3 The Development Process

The Department has developed its DAP in accordance with the Guidelines for Disability Action Planning released by the Department of Ageing, Disability and Home Care (now Ageing, Disability and Home Care; Department of Human Services: ADHC) in late 2008.

Nominated representatives from each Branch within the Department were consulted to assist in providing strategic advice and governance, and link the DAP with projects in their respective portfolios.

A draft DAP was approved for release to stakeholders for comment. Stakeholder advice was incorporated within the final plan. A list of stakeholders consulted is at Attachment I. This final version of the DAP was submitted to ADHC in January 2010 and thereafter registered with AHRC.

A major review of the DAP will be conducted every five years with the first anticipated in 2014. Reporting of achievements and milestones will be published in the Department's Annual Report.

2.4 Developing and measuring Performance Indicators

Performance Indicators noted in the DAP have been suggested by the Department's Branch Directors, ADHC and/or stakeholders consulted.

Review will measure the DAP against its capacity to meet these Performance Indicators.

Strategies and outcomes sought

3.1 Meeting diverse needs of people with disability

OUTCOME 1

The Department's policy and programs are effective in meeting the diverse needs of people with disability

Why do we need action?

Policies and programs developed without input from people with disability often fail to meet need and can support the maintenance of barriers when requirements indirectly discriminate against people with disability. Well trained staff, by responding effectively to complaints processes to improve services and programs and consulting end users, increase high performance and demonstrate best practice.

What do we do now?

- A standard on complaint monitoring and review has been incorporated into the NSW Patient Safety and Clinical Quality Program (PSCQ). By reviewing complaints, the Department is able to identify and address systemic and individual barriers advised by service users with disability.
- Workforce Development and Leadership Branch (WDL) reduces

attitudinal barriers by supporting health workers' access to in-service education and training on values and attitudes towards people with disability, skill development (e.g. communication) and best practice in working with or providing services for people with disability.

- The Centre for Oral Health Strategy (COHS) facilitates the Oral Health Special Needs and Specialist Services Advisory Group which including representatives of consumer interest groups and peak bodies. The terms of reference for this group include the identification of, and recommendation of potential solutions to, barriers to services for people with disability.
- In July 2007 the NSW Aboriginal Mental Health and Well Being Policy 2006-2010 was launched to address the mental health and social and emotional well being of Aboriginal people in NSW.
- Transcultural Rural and Remote Outreach Project is a major mental health access and equity initiative operating in partnership with NSW Health in key locations in rural, regional and remote NSW. The Project is trialling service delivery models and

frameworks for collaborative practice to strengthen the cultural responsiveness of mainstream mental health services in rural areas.

- Transcultural Mental Health Centre (TMHC) is a specialist complementary service adding value to the mainstream mental health system by providing appropriate and effective services to culturally and linguistically diverse (CALD) communities. It acts as a specialist expert and resource unit for service providers and for carers and consumers from CALD communities.
- Primary Health and Community Partnerships Branch is in the process of developing the new NSW Youth Health Policy for implementation over the next five years. Consideration of issues for youth with disability has been included in the development of this policy.
- A Women's Health Plan is under development. The draft Women's Health Plan 2009 - 2011 includes an action to improve the availability of sexual and reproductive health information for women with an intellectual disability. Over the life of the Plan, NSW Health will give consideration to other groups of women and health issues that would benefit from targeted services.
- The *NSW Health Policy and Procedures for Identifying and Responding to Domestic Violence* (2003) includes guidelines for

workers in working with women with disability in recognition of the fact that women with disability are more likely to be the victims of domestic violence.

- The Statewide Infant Screening - Hearing (SWISH) program is aimed at identifying all babies born or residing in NSW with hearing impairment by three months and for those children to access intervention services in a timely manner. Identification is achieved through universal hearing screening of all infants. The SWISH program affects the outcomes of infants with hearing impairment by identifying them early enough to achieve significant outcomes for their speech, language and cognitive development through fast access to early intervention services.
- Though seen as a disability under the DDA, for many people HIV is a chronic, manageable condition. Aids and Infectious Diseases Branch (AIDB) funds HIV prevention for populations at risk of HIV and care and support services for people living with HIV. Strategic overview and guidance for the AIDS Program is provided by the NSW HIV/AIDS Strategy 2006-2010, an initiative of the Department. A recent mid-term review of the Strategy identified the continuing high levels of stigma and discrimination directed towards people living with HIV as an engagement priority for the remaining life of the Strategy.

- The Department was co-funder with Disability Council of NSW of the resource *Myalla: responding to people with intellectual disabilities who have been sexually assaulted* developed by for the Northern Sydney Health Sexual Assault Service.
- The Department funds 55 Health Sexual Assault Services across the state and Northern Sydney Health Sexual Assault Service has specialist expertise in assisting people with disability who have been victims of sexual assault.
- Statewide Eyesight Preschooler Screening (StEPS) Program ensures children with complex visual needs are referred to an eye health professional for comprehensive assessment. StEPS information sheets have been translated into twelve languages to reach diverse language groups. Information sheet for the StEPS consent form has been translated into 12 languages and is distributed to AHSs. Components of the NSW Personal Health Record (PHR) have been translated into 10 languages. Downloads of each are available on the Multicultural Health Website. The PHR and related fact sheets are being translated into additional languages to be available via Multicultural Health website.
- Early intervention strategies have been developed to assist in identifying impairment during pregnancy. These include the provision of the Baby Book and related brochures, the PHR and a healthy pregnancy book for Aboriginal women. The baby book and brochures have been translated into 5 languages and is distributed to AHSs. Downloads are available on the Multi-Cultural Health Website.
- The Department strives to ensure policies programs meet the needs of people with disability and acknowledges the right of people with disability with complaints about poor service to raise complaints with the Health Care Complaints Commission.

What will we do?

Strategy	Action	Time-frame	Branch Responsible	Performance Indicators
1.1 Consultation The Department will develop and maintain partnerships with major disability service stakeholders to provide advice regarding disability related issues.	1.1.1 Consult stakeholders in the disability sector to discuss progress of DAP implementation	Annually	PHCPB	The number of stakeholders contacted
	1.1.2 Utilise existing links with existing Program Advisory Bodies (EnableNSW Advisory Committee (ENAC), Health Advisory Committee etc) seeking feedback on progress of the DAP implementation	Ongoing	PHCPB	The proportion of Advisory Bodies contacted and the proportion of those providing feedback on an annual basis
	1.1.3 Invite individuals and key disability agencies that represent the concerns of youth with disability, many of whom participated in stakeholder consultations and made submissions, to provide feedback on the Draft Youth Health Policy.	2009	PHCPB	Key disability agencies contacted
1.2 Review of Policies and Programs The Department will review its policies and programs to ensure they do not discriminate against people with disability.	1.2.1 Review Discharge Planning Standards to address issues relevant to people with disability being discharged	2009	HSQI	Planning standards are reviewed to timeline
	1.2.2 Review of the Complaints Management process and policy to incorporate consumer engagement including people with disability.	2009	CSQG	Complaints Management policy is reviewed
	1.2.3 In line with the Commonwealth Dental Health Plan, develop indicators appropriate to oral health services for the monitoring of services provided to people with disability with a wider view to contributing towards national indicators for groups of clients with special needs.	December 2011	COH	Indicators are developed

Strategy	Action	Time-frame	Branch Responsible	Performance Indicators
<p>1.2 Review of Policies and Programs</p> <p>The Department will review its policies and programs to ensure they do not discriminate against people with disability.</p>	<p>1.2.4 When the Department reviews and/or develops policy and programs their impact on people with disability will be considered to ensure inclusiveness.</p>	Ongoing	All Branches	Policies and programs reviewed and developed will ensure inclusion of people with disability
<p>1.3 Quality Staff Training</p> <p>The Department will develop and deliver quality disability related training to staff and as required</p>	<p>1.3.1 Explore staff needs for Disability Awareness Training, with particular reference to the communication skills and/or knowledge base required to fulfil roles effectively.</p>	2010	WRM	Policy and programs address communication issues and staff knowledge of issues affecting people with disability
	<p>1.3.2 Review existing Disability Awareness Training to determine if it meets staff needs.</p>	2010	WRM	Awareness Training reviewed to timeframe
	<p>1.3.3 Develop disability awareness training for all staff of the Department which includes input from people with disability.</p>	2010	WRM	Staff awareness level is improved following awareness training
	<p>1.3.4 Review the PSCQ Complaints Management process and policy incorporating engagement with, and including considerations of, issues affecting people with disability.</p>	Review and report findings to Director General monthly	CSQG	Complaints resolved Director responds to Complaints
	<p>1.3.5 Provide information to better inform staff about disability services provided through NSW Health and partnership links with ADHC</p>	2009	WDL	Staff will demonstrate an improved knowledge of disability issues and a better understanding of the role of NSW Health in disability services

Strategy	Action	Time-frame	Branch Responsible	Performance Indicators
<p>1.4 Culturally Appropriate Program delivery</p> <p>The Department will ensure Program delivered are culturally appropriate to Aboriginal people with disability and people from culturally and linguistically diverse background with disability</p>	<p>1.4.1 Develop and implement a model of service delivery under the HASI program¹ that is culturally appropriate for Aboriginal people with disability and Aboriginal people who support them, which reflects the needs of the individual and their support networks, including family / community, recognising the various social and cultural impacts on the individual's social and emotional wellbeing.</p>	2010	MHDAO	<p>Model is developed to timeline</p> <p>Model is considered appropriate by the Aboriginal people with disability and Aboriginal people who support them</p>
	<p>1.4.2 SWISH information brochures will be made accessible to people from culturally and linguistically diverse background (approximately twenty languages including English), ensuring language is appropriate for Aboriginal people. These resources support the identification of infants with hearing loss and early access of intervention services by effectively communicating the meaning and importance of screening and any follow up appointments to parents and carers.</p>	2010	PHCPB	<p>SWISH brochures are developed in collaboration with diverse cultural groups, including Aboriginal people.</p>

1. The Housing and Accommodation Support initiative (HASI) was developed to address the issues of homelessness and the lack of individualised supported accommodation for people with mental illness. HASI is about treating people with disabling mental illness as individuals, with choice about where they live and access to support in maintaining their tenancy. HASI is about connecting the people and organisations with the relevant expertise to people affected by mental illness, to provide holistic care

Strategy	Action	Time-frame	Branch Responsible	Performance Indicators
<p>1.5 Extending Existing Programs</p> <p>Programs, where appropriate will address specific disability related needs.</p>	<p>1.5.1 The SWISH program will develop initiatives regarding meeting the needs of people with disability, including:</p> <ul style="list-style-type: none"> ■ development of a SWISH DVD – a DVD is being prepared to provide families with information on the program prior to the screen in a format that is appropriate, ■ development of a comprehensive database for the SWISH program to monitor the progress of identification and follow-up. 	2010	PHCPB	<p>Each initiative is developed in collaboration with the groups whose needs they address and approved/endorsed by those groups.</p>

3.2 Information Provision and Communication

OUTCOME 2

Information provided by the Department is accessible to people with disability

Why do we need action?

Access to information is essential to ascertain the scope of a particular service and/or what options are available. Such information is elemental to informed choice. People with disability may require written information in formats other than written Standard English. Examples include Braille, electronically formatted, in Large Print or Plain English. Verbal discourse may need to be replaced (or supplemented) by Auslan to provide or elicit information.

What do we do now?

- Consumer complaints to CSQG are accepted in a number of formats. Verbal complaints are accepted. There is no insistence on complaints being in written form.
- Materials produced by CSQG are available in a range of formats including podcasts, video, PPT and written in plain English.

- To assist people from a non English speaking background with disability health related information, translated into various languages, is available from the Multicultural Health Communications Service Website at <http://www.mhcs.health.nsw.gov.au>. *Ten Tips for Safer Healthcare*, translated into a number of languages, is available at <http://www.health.nsw.gov.au/quality/10tips/index.html>.
- WDL ensures that all on-line learning programs conducted through the NSW Health Online Learning Centre, which hosts the eMedical Orientation Program, is compliant with current Screen Reader technology to allow users with vision impairments to easily access the eLearning courses. Websites established by WDL are also compliant in this regard.
- NSW Health Hearing Website has information on hearing services in NSW, the Ministerial Standing Committee on Hearing and the Statewide Infant Screening - Hearing (SWISH) program, and a resource for parents *Hearing loss and your baby: the next step* outlines the steps for parents of infants diagnosed with hearing loss within the SWISH program
- SWISH information brochures have information on the NSW Health (TTY) service

What will we do?

Strategy	Action	Time-frame	Branch Responsible	Performance Indicators
<p>2.1: Communications Strategy</p> <p>The Department will promote services in both hard copy and electronic information channels that are accessible to people with disability.</p>	2.1.1 Raise the profile of the DAP and accessible services to people with disability, their families and carers, the 2009 Annual Report being the focus of initial effort.	2009	MCB	DAP is publicised widely and available on the website
	2.1.2 Monitor the development of accessible e-commerce guidelines and information technology innovations to review applicability and implement as appropriate, maximising accessibility of electronic forms, notices, applications and commercial transactions.	Ongoing	MCB	Programs are monitored
	2.1.3 Review existing oral health informational resources to identify which resources should be provided in additional range of formats, and will ensure new resources are accessible as appropriate.	December 2010	COH	Number of oral health resources made available in a range of accessible formats
	2.1.4 Develop induction/ orientation program to prompt consideration of alternatives for people with writing difficulties re information requested in writing. Incorporate information on services available for people with disability as part of induction/orientation programs.	2009	WRM	Program is developed to timeline Pieces of information requested and/ or provided annually
	2.1.5 Department of Health intranet pages to contain message if you or a fellow staff member requires information in an alternative format (e.g. audio) etc please let us know.	2009	WRM	Page added to intranet Pieces of information requested and/ or provided annually

Strategy	Action	Time-frame	Branch Responsible	Performance Indicators
<p>2.1: Communications Strategy</p> <p>The Department will promote services in both hard copy and electronic information channels that are accessible to people with disability.</p>	2.1.6 Provide information on disability issues in alternative formats on request	ongoing	All Branches	Information developed in alternative formats when required
	2.1.7 Consider the issues of accessibility to information, where appropriate, as part of the development of youth health policy as current policy is being superseded.	Launch mid 2010	PHCPB	Policy includes access issues and is launched to timeframe
	2.1.8 Provide information on DVD on the SWISH program which is available to new parents prior to birth on the screening process. The DVD is to be in language that is easy to understand and will be translated into 10 languages.	2010	PHCPB	No of DVDs Provided
<p>2.2 Use of Adaptive Technology</p> <p>The Department will expand its use of suitable and available technology to enable effective communication with and for people with disability</p>	2.2.1 Develop training programs for staff in the types, use and maintenance of adaptive equipment for the workplace as and when it is introduced into the Department.	2010 As required	WRM	Training program developed and implemented
	2.2.2 Finalise EEO module (which will include a disability component) for the NSW Health medical officer e-orientation program currently on trial across NSW Health.	December 2010	WDL	EEO module finalised to timeline

Strategy	Action	Time-frame	Branch Responsible	Performance Indicators
2.3 Web upgrade Departmental content management system is to conform to level "AA" in the W3C's Web Content Accessibility Guidelines.	2.3.1 Content is migrated to the Departmental content management system to conform to level "AA" in the W3C's Web Content Accessibility Guidelines.	July 2009	MCB	Content meets "AA rating" to timeline
	2.3.2 The NSW Health Hearing Website is upgraded to provide more information for consumers of hearing services.	2009-2010	PHCPB	Upgrade completed No. and types of services provided No. of visits to the website
2.4 Promoting Communication Needs The Department will seek feedback from people with disability in promoting information needs.	2.4.1 Use solutions identified through the Walgan Tilly ² redesign process to improve access by Aboriginal people with chronic health care needs to mainstream health care services.	2009	HSPI	Services developed to timeline Increased use of mainstream chronic care services by Aboriginal people
	2.4.2 Develop culturally appropriate resources regarding services and work with partner agencies including Aboriginal Medical Services and Divisions of General Practice to ensure services to people with disability meet cultural need.	2009	HSPI	Resources developed to timeline Resource meet cultural need

2. The Chronic Care for Aboriginal People (Walgan Tilly) Clinical Services Redesign project was developed from a number of established NSW Health initiatives in an attempt to address the disparities in health care and improve access to and utilisation of chronic care services for Aboriginal people in NSW. The name is a Kamillaroi phrase for Aunty Matilda.

3.3 Access to Buildings and Facilities

OUTCOME 3

Buildings and facilities owned or leased by the Department are physically accessible to people with disability

Why do we need action?

Employment for people with disability is restricted by the lack of accessible buildings in NSW. People using wheelchairs require step-free access, and accessible facilities whether clients or staff in a building. In high rise buildings lift buttons need to be within reach of people in wheelchairs. For people with vision impairment clear access paths, with coloured or modified flooring assist access. Raised Braille on lift buttons assists blind people access appropriate floors.

Both the DDA and ADA identify access restriction as grounds for a discrimination complaint. The Commonwealth is in the process of developing an Access to Premises Standard to provide clearer advice of what constitutes illegal discrimination under the DDA. If, with the establishment of an Access to Premises Standard, access obligations are reduced under the DDA, the provision will remain legislatively contestable under the ADA.

Heritage listed buildings are not required to be made accessible under current legislation. However, where access can be provided without affecting the integrity of the heritage listed building, access provision is encouraged. A few staff work from the old Gladesville Hospital site in heritage buildings and others work from Westmead Hospital. The heritage buildings at Gladesville have not been modified to provide access.

The Department has responsibility as landlord for Precinct 4 of Callan Park at Rozelle. No departmental staff work there but properties are rented to the non Government sector at this site. Buildings at Rozelle are Heritage listed. The heritage buildings at Rozelle are not modified to provide access.

Emergency egress plans need to consider the access options for staff and clients with disability and internal way finding within a building needs to be accessible to meet obligations imposed by disability discrimination legislation.

Equity cannot be achieved unless the environment is fully accessible. Organisations committed to equal access are considering their location, nearness to accessible public transport, camber and slope of roads, as well as internal access provision, to ensure such equity is achieved.

What do we do now?

- The majority of departmental staff works in rented premises at 73 Miller St North Sydney. The building has a five year lease. It has access to the front door, with a bus stop at the door and a nearby accessible train station. There are three accessible toilets within the building.
- COHS has provided funding to support the purchase of three Diaco dental chairs, which are mechanical tilting platforms which enable a client to remain in their own wheelchair (all types of wheelchairs), rather than having to be transferred by mechanical hoist into a standard dental chair. Two chairs have so far been installed at the Westmead Centre for Oral Health Strategy, and one at Sydney Dental Hospital.

What will we do?

Strategy	Action	Time-frame	Branch Responsible	Performance Indicators
<p>3.1 Physical Access Provisions</p> <p>The Department will ensure all its projects integrate best practice in access provision.</p>	<p>3.1.1 Consider innovative solutions where heritage issues are potentially in conflict with access requirements, with an eye to address the access issues within the spirit of the DDA while maintaining the heritage listed elements of Departmental buildings (whether owned or leased).</p>	Ongoing	SPBD	Solutions identifiable
	<p>3.1.2 Employ an access auditor to review disability access issues and improvements required at sites leased by the Department. As part of the contract the auditor will interview staff and contractors with disability to establish their needs and suggestions for access improvements. The contractor will also liaise with SPBD staff in considering future needs and potential access requirements and with Local Government Areas to confirm or request public transport access points and travel paths adjacent to Departmental premises comply with Accessible Transport Standards and AS 1428.2.</p>	2010	SPBD	<p>Contract signed</p> <p>Access audit completed</p> <p>Shortcomings noted are addressed</p> <p>Ingress/Egress issues which cannot be resolved by OHS Committee are identified and reported to SPBD's building Manager to negotiate resolution.</p>
	<p>3.1.3. Identify and integrate access improvements into the Department's Capital Investment Strategic Plan (CISP) following access audits of existing facilities.</p>	2010	SPBD	Access requirements noted in CISP
	<p>3.1.4 Include physical access in its next audit of oral health service facilities.</p>	December 2009	COH	Access confirmed

Strategy	Action	Time-frame	Branch Responsible	Performance Indicators
3.1 Physical Access Provisions The Department will ensure all its projects integrate best practice in access provision.	3.1.5 Discuss access shortfalls and modifications noted in the access audit with the building owner (at North Sydney).	2010	SPBD Building Manager	Discussion with building owner completed
	3.1.6 Install Hearing Loops in meeting rooms on Level 4, Level 9 and Level 11 of 73 Miller St North Sydney. This is to ensure that the building is appropriately accessible to people who have a hearing impairment.	2010	PHCPB initiated	Installation completed
3.2 Emergency Procedures The Department will review its emergency access/ egress facilities and procedures to ensure the safe and successful evacuation of people with disability from all buildings or facilities.	3.2.1 Advise all staff of Evacuation Plans, including safe egress options for people with disability, and ensure this procedure becomes an element of all induction programs, and is reiterated at Safety Training for Floor Fire Wardens.	Ongoing	SPBD and WRM for Training	Staff advised of access procedures for people with disability
3.3 Information Technology All Information Technology protocols will ensure access for people with disability to applications and interfaces throughout the Department.	3.3.1 Select and develop business applications and user interfaces to ensure access for people with disability, as end users, and potential developers and IT support staff advised.	2010	DPE	End users with disability are able use the applications and interfaces effectively and consider they meet their needs
	3.3.2: Audit all computer applications and interfaces and set and priorities to address the software interface access requirements of people with disability.	2011	DPE and IT	Audit completed and priorities set Access requirements addressed in a timely manner

3.4 Consultation and Advisory Expertise

OUTCOME 4

People with disability are assisted to effectively participate fully in departmental public consultations and on advisory boards and committees

Why do we need action?

People with disability have long been recognised for their expertise on issues with specific relevance to people with disability (e.g. aids and appliances for people with disability). They are less often recognised as competent advisers in other fields (e.g. seeking advice on fiscal matters from an auditor with disability). Boards and Committees on subjects which are not disability-specific, rarely include people with disability even though they constitute 20% of the population and bring a wealth of experience and expertise in many fields.

Public consultations on any topic demonstrate best practice when they consider the potential needs of attendees: physical access, information in alternative formats, potential need for Auslan, agendas on tape etc. Current practice does not meet this standard.

Failure to demonstrate best practice and address potential needs of participants on boards, committees and in public consultations reduces the effectiveness of the consultation process.

What do we do now?

- Advisory Bodies are supported to provide advice on issues, policy and programs relevant to people with disability (e.g. EnableNSW, commenting on the Program of Appliances for Disabled People) and the Department maintains a register of people with disability willing to serve on departmental Boards and Committees.
- The Department ensures that it caters for people with disability attending Branch meetings, committees and functions, as well as job interviews. Advice and information is sought from attendees and prospective participants prior to these events regarding specific needs and requirements. With the formation of committees and working parties, WDL ensures that people with disability are encouraged to participate. This entails ensuring that all correspondence seeking input from interested and prospective committee and working party members specifies that WDL will make provisions to accommodate persons with a disability.

- There is a nominated consumer and a nominated carer representative on the National Mental Health Consumer and Carer Forum³ (NMHCCF) NSW. NSW Health also provides financial support to the NMHCCF.
- MHDAO funds NSW CAG, a statewide incorporated NGO providing a mechanism for mental health consumer participation into policy service development, and evaluation.
- The Ministerial Standing Committee on Hearing (MSCH) is a committee dedicated to issues affecting Deaf people and those who are hearing impaired. The committee commenced in 2004. Currently the membership of the committee includes a woman who has bilateral cochlear implants and parents of children who have been diagnosed with hearing impairment.

3. The NMHCCF was established by the Australian Health Ministers Advisory Council (AHMAC) in 2002 in recognition of the continued need for mental health consumer and carer involvement at the highest level of policy development. It provides a mechanism for mental health consumers and carers to come together to foster partnerships and to ensure the input of consumers and carers into the activities of the mental health sector including the reform of mental health policy and service deliver in Australia..

What will we do?

Strategy	Action	Time-frame	Branch Responsible	Performance Indicators
<p>4.1 Access in public consultations</p> <p>The Department will ensure all its public consultations are accessible to all members of the public.</p> <p>NB Hearing loops installed in Meeting Rooms at North Sydney will facilitate this process (See item 3.1.8 above).</p>	4.1.1 Utilise list from Department of Premier and Cabinet of Venues available for public consultations noting which have wheelchair access, wheelchair facilities, include hearing loops, TTY facilities etc.	Ongoing	All Branches	List developed to timeline
	4.1.2 Confirm venue for Public Consultation is wheelchair accessible with accessible facilities, and can be accessed by public transport by wheelchair users.	Ongoing	All Branches	No. and proportion of consultations in accessible buildings or venues reported annually
	4.1.3 Make material for public consultations available in alternative formats, on cassette, in plain English on request.	Ongoing	All Branches	Material available in a range of formats
	4.1.4 Advise access and information in alternative formats are available when advertising Public Consultations.	Ongoing	All Branches	Advertising includes advice
	4.1.5 Provide interpreters for Deaf people at public consultations.	2010	All Branches	Interpreters available at public consultations
	4.1.6 Investigate the purchase of a portable hearing loop to utilise in venues without such a facility.	July 2010	SPBD	Investigation completed
<p>4.2 Participation on Advisory Boards</p> <p>The Department will demonstrate Best practice when supporting participants on Advisory Boards and/or Committees</p>	4.2.1 Organise meeting venues for advisory boards and committees in accessible venues.	Ongoing	All Branches	Meeting venues are in accessible environments
	4.2.2 Provide minutes, agendas etc in electronic format, large print if required by committee/board members.	Ongoing	All Branches	Meeting material available in alternate formats

Strategy	Action	Time-frame	Branch Responsible	Performance Indicators
<p>4.2 Participation on Advisory Boards</p> <p>The Department will demonstrate Best practice when supporting participants on Advisory Boards and/or Committees</p>	<p>4.2.3 Establish a Consumer Sub-Committee to the NSW Mental Health Program Council (MHPC). The Sub-Committee will provide advice to the MHPC on policy, planning and strategic issues relating to mental health consumers in NSW.</p>	December 2009	MHDAO	<p>Sub group established</p> <p>No. of meetings held</p>
<p>4.3 Composition of Advisory Boards</p> <p>The Department will seek people with disability as representatives on its Advisory Boards and Committees</p>	<p>4.3.1 Whether filling vacancies on existing Boards or establishing membership of new ones, utilise the Register of People with Disability who are interested in being appointed to a Government Board or Committee kept by Department of Premier and Cabinet (DPC).</p>	Ongoing	All Branches	Vacancies on Boards use DPC List
	<p>4.3.2 Include people with disability as members of all Boards and Committees discussing consumer services, policy or management.</p>	2009	All Branches	Proportion of boards and committees which include people with disability., reported annually
	<p>4.3.3 Advertise Vacancies for all Boards and Committee members on the DPC Website, noting the desire for people with disability.</p>	Ongoing	All Branches	Board and Committee vacancies advertised on DPC website

3.5 Employment

OUTCOME 5

Employment of people with disability within the Department is increased, supported and maintained.

Why do we need action?

People with disability have a much lower employment rate than others in the population. Current employment targets for NSW Government Departments has been set by the Department of Premier and Cabinet at 12% employment for people with disability and 7% employment for those who require workplace adjustment.

The Department currently provides 3% for people with disability and 0.8% for those who require workplace adjustments. Our strategy must address the attractiveness of a career with the Department, promoting it as a potential employer by advertising its policies developed to protect rights, training for people with disability to be more efficient in their work role, and training in disability awareness for co-workers to increase their understanding of aspects of communication and access.

What do we do now?

The Department currently:

- addresses disability specific needs of interviewees;
- provides new and existing employees with work-related adjustment/health assessments;
- includes disability awareness training on the Learning and Development calendar;
- advertises its commitment to the protection of rights and promotion of best practice (see Attachment II);
- provides specialist consultation that monitors and supports the consumers in public mental health services through the employment and educational process, via the Vocational Education, Training and Employment Program, to ensure the mental health program and employment/education program are integrated and cohesive through the ongoing collaboration between the sectors;
- provides the Aboriginal Mental Health Workforce Program which is aimed at further building a workforce of Aboriginal mental health workers – Aboriginal people who are working for and with Aboriginal people⁴;

4 This was a key recommendation of the Bringing Them Home Report: the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families. The Aboriginal Mental Health Workforce Training Program takes local Aboriginal people from the community and trains them up to become qualified Aboriginal mental health workers.

- funds AMH Clinical Leadership which will see the roll out of Aboriginal Clinical Leadership positions into key AHSs across NSW which will ensure the effective development of the NSW Aboriginal mental health program into the future;
- provides a workplace adjustment fund to ensure costs are met for identified disability related workplace adjustment.

What will we do?

Strategy	Action	Time-frame	Branch Responsible	Performance Indicators
5.1 Consultation The Department will consult with directors, managers and staff, and other NSW Health agencies to ensure thorough awareness of current expectations and best practice in the employment of people with disability.	5.1.1 Develop and distribute an employee survey for staff and contractors with disability to ensure future strategies are informed by current experience.	2009	WRM	Greater employment of people with disability and participation in high profile departmental initiatives
	5.1.2 Modify current intranet page to allow staff and contractors with disability to provide comments and suggestions.	2009	WRM	Intranet modified to timeline
	5.1.3 Develop and promote a Staff with Disability Network to: <ul style="list-style-type: none"> ■ provide staff development opportunities; ■ raise awareness of disability issues in employment; and ■ provide peer support opportunities. 	May 2010	WRM and PHCPB	Staff with Disability Network developed Staff with Disability Network promoted

Strategy	Action	Time-frame	Branch Responsible	Performance Indicators
<p>5.1 Consultation</p> <p>The Department will consult with directors, managers and staff, and other NSW Health agencies to ensure thorough awareness of current expectations and best practice in the employment of people with disability.</p>	<p>5.1.4 Use the Staff with Disability Network to survey needs and periodically review and advise on recruitment, selection and employment practices and processes.</p>	Ongoing	WRM and PHCPB	<p>Staff with Disability Network has formal mechanism to provide input.</p> <p>Improvement strategies arising from advice reported annually</p>
	<p>5.1.5 Develop relationships with organisations to assist with reasonable adjustments including adaptive technology required by staff with disability to create independent access to all aspects of information technology. Survey needs on adaptive technology.</p>	Ongoing	WRM and PHCPB	<p>Organisations listed</p> <p>Survey completed</p>
	<p>5.1.6. Conduct and report on an audit of reasonable adjustments provided to staff across the Department to inform strategy.</p>	2010	WDL and WRM	Audit completed to timeline
<p>5.2: Review of Employment Practices</p> <p>The Department will ensure its employment practices meet AHRC Disability Standards on employment and the Department's EEO policies and EEO Strategic Management Plan.</p>	<p>5.2.1 Review key criteria of each position to be advertised to ensure they are not discriminatory and match the inherent requirements of the position.</p>	Ongoing	WRM	Formal review process established and implemented
	<p>5.2.2 Offer staff with disability selection committee training.</p>	Ongoing	WRM	Selection committee training offered to staff with disability
	<p>5.2.3 Require contracted recruitment agencies to demonstrate thorough disability awareness to ensure non-discriminatory practices, both direct and indirect, are employed.</p>	2010	WRM	Formal documentation created requiring agencies to demonstrate non-discriminatory practices employed.

Strategy	Action	Time-frame	Branch Responsible	Performance Indicators
<p>5.2: Review of Employment Practices</p> <p>The Department will ensure its employment practices meet AHRC Disability Standards on employment and the Department's EEO policies and EEO Strategic Management Plan.</p>	<p>5.2.4 Update Guidelines Promoting a Fair and Equitable Workplace which will consolidate the current workplace equity policy into one document and form part of the broad range of documents dealing with conduct at work and the effective management of workplace issues.</p>	<p>2010</p>	<p>WRM</p>	<p>Fair Trading guidelines completed to timeline</p>
	<p>5.2.5 Further endorse issues relating to disability discrimination and Fair and Equitable Workplace procedure, promoting these in future training sessions on Staff Selection Techniques.</p>	<p>Ongoing</p>	<p>WRM</p>	<p>Issues relating to Disability discrimination and fair trading included in training programs.</p>
	<p>5.2.6 Monitor improvements to the number of staff with disability employed over the five years of the DAP</p>	<p>Ongoing</p>	<p>WRM</p>	<p>Percentage of people with disability increase</p>

3.6 Influencing Government Strategies

OUTCOME 6

Departmental decision making practices, programs and operations will positively influence other agencies to improve participation and quality of life of people with disability.

Why do we need action?

The Department should demonstrate Best Practice as a lead agency linking strategies, programs and operations to the overall goal of improving the life experience of people with disability, as enunciated by the *NSW State Plan: a new Direction for NSW and Better Together, A New Direction to Make NSW Government Services Work Better for People with a Disability and their Families (2007-2011)*.

What do we do now?

- The Department has a broad role in monitoring and influencing policy and programs in other areas of NSW Health, including Area Health services, Health Infrastructure, Health systems support, among others.
- Meetings of the Senior Officers Group and meetings between Directors' General ensure interagency planning.
- The Oral Health Special Needs and Specialist Services Advisory Group includes representatives from peak bodies and other government agencies and COHS has found this forum useful in both collecting information, and

in disseminating and promoting oral health to other sectors.

- The Department funds prevention programs to reduce the incidence of disability including Kid Safe (a Non Government organisation dedicated to preventing injury among children) and planning for the development of a new state-wide falls prevention document to prevent injury associated with falls.
- PHCB has funded specific projects to improve the quality of life for people with disability (most recently it has funded CERA to develop information for Women with Intellectual Disability, their formal and informal carers and medical practitioners in the field to explain general health issues and matters arising at changes in the life cycle).
- Mental Health Clinical Partnership Program, established by the Department, ensures a comprehensive, integrated and coordinated approach to care across various systems.
- MHDAO funds Justice Health to improve assessment and detection of disability by mental health screening of adolescents to assist in mapping pathways of service provision for young people with co-morbid mental health and intellectual disability who are in contact with the criminal justice system.
- The Departmental Executive Committee (DEC) oversees the HASI program from both a policy and an operational effectiveness perspective. The committee meets monthly and comprises

representatives from both NSW Health and Department of Housing.

- The May 2008 version of the NSW Child PHR incorporates a number of changes which were identified through a process of clinician and parent review. The printed version, distributed at birth to each baby born in NSW, includes the Parent Evaluation of Developmental Status (PEDS) in each health check from 6 months. The PEDS does not appear in the electronic version.
- Ministerial Standing Committee on Hearing has membership from the NSW Department of Education

and Training (DET) so that there is collaboration between departments on hearing impairment.

- The Department funds the Education Centre Against Violence which includes specific training on responding to people with disability who have been sexually assaulted. Training is offered to NSW Health and interagency professionals working with children and adults who have experienced sexual assault domestic or Aboriginal family violence and/or physical and emotional abuse and neglect. An understanding of Aboriginal, cultural and community diversity is promoted.

What will we do?

Strategy	Action	Time-frame	Branch Responsible	Performance Indicators
6.1 Workforce Initiatives The Department will address workforce initiatives that, while not aimed specifically at improving employment for people with disability, may enhance their quality of life.	6.1.1 Promote leave entitlements for carers of people with disability to meet carer responsibilities (consistent with the <i>NSW Carers Action Plan 2007 - 2012</i>).	Annually	WRM	Information provided to managers and employees
6.2 Interagency Planning The Department will continue to discuss planning with other Government agencies and develop and/or extend interagency plans.	6.2.1 Following the third Progress Report of the Interagency Action Plan for Better Mental Health, develop a new Interagency Action Plan, lead by the Department.	2010	MHDAO	Interagency action plan developed to timeline
	6.2.2 Extend the NSW Housing and Human Service Accord to include a Mental Health Agreement addressing issues for people with mental illness in public housing.	2011	Director-General's signature	Accord extended to include Mental health Agreement

What will we do?

Strategy	Action	Time-frame	Branch Responsible	Performance Indicators
<p>6.2 Interagency Planning</p> <p>The Department will continue to discuss planning with other Government agencies and develop and/or extend interagency plans.</p>	<p>6.2.3 Continue interagency planning and improving policy outcomes for people with disability through meetings of the Senior Officers Group and meetings between Directors' General.</p>	Ongoing	Director-General	Meetings continue
	<p>6.2.4 Include a question in the NSW Patient survey, delivered by NSW Health agencies, which asks if people identify as having a disability.</p>	2014	HSPI	<p>Survey question added</p> <p>Returned questionnaires, collated, analysed and publicly reported.</p>
<p>6.3 Training and Education of funded agencies</p>	<p>6.3.1 Contribute to the development and implementation of an on-line learning tool for mental health professionals on meeting needs of people with mental illness.</p>	2010	MHDAO	On line learning tool is developed
<p>6.4 Monitoring and influencing NSW Health agencies</p>	<p>6.4.1 Liaise with NSW Health related 'public authorities' to assist and support development, registration and improvement of Disability Action Plans that effectively address the needs of people with disability.</p>	2009 onwards	PHCPB	No of NSW Health 'public authorities' to develop and register effective Disability Action Plans
	<p>6.4.2 Liaise with HAC administrative units to encourage policies and procedures consistent with the department's DAP</p>	2009 onwards	PHCPB	No of HAC administrative units developing policies and procedures consistent with the Department's DAP.

3.7 Specialist and Adapted Services

OUTCOME 7

Specialist or adaptive services are funded by the Department when mainstream services are not responsive or adequate to meet the needs of people with disability

Why do we need action?

The Department funds and monitors specialist and adaptive services addressing the needs of people with disability. In keeping with Best Practice these services need to be continually monitored and revised to ensure they meet existing need in the most cost effective manner and function efficiently.

What do we do now?

- EnableNSW established under the auspice of HealthSupport to integrate and manage the statewide administrative functions of five disability support programs, the Program of Appliances for Disabled People, Home Oxygen Service, Artificial Limb Service, Ventilator Dependent Quadriplegia program and Children's Home Ventilation program.

- The Department funds:
 - Centre for Disability Studies (CDS) which provides research and clinical services to people with Developmental Disability;
 - The Family and Carers Mental Health Program providing respite and support to people with mental health disorders, their families and carers;
 - Dementia / Delirium Clinical Nurse Consultants functioning from each Area Health Service and the Dementia Behaviour Management and Assessment Service provides a phone link to people with mental health disorders and their families to assist with behaviour management;
 - specialist clinical services for children and adolescents with complex intellectual disability and mental health issues, run from the Developmental Psychiatry Clinic at the Children's Hospital Westmead;
 - major special care oral health units at Sydney Dental Hospital and Westmead Centre for Oral Health providing state-wide services, taking referrals from all Area Health Services.

- NSW Health with the Lifetime Care and Support Authority, ADHC and Housing NSW are committed to an Interagency Agreement on care and support pathways for people with an acquired brain injury (ABI). The agreement outlines the roles and responsibilities of key agencies involved in the provision of services and those agencies whose clients are significant potential users of ABI Services.
- The Department funds Statewide Eyesight Preschooler Screening (StEPS) program which assists 'Children with Special Needs' who have complex visual needs and receive, or are referred, to an eye health professional for a comprehensive vision assessment.

What will we do?

Strategy	Action	Time-frame	Branch Responsible	Performance Indicators
7.1 Improving oral health care Specialist Oral Health Care services will be monitored and improved.	7.1.1 Continue to monitor and improve, where necessary, specialist oral health services for people with disability.	Ongoing	COHS	Consumer satisfaction with level of specialist oral health services provided.
7.2 Improve health outcomes for people with intellectual disability Strategies to improve health care for people with intellectual disability will be developed, monitored and improved.	7.2.1 Explore implementation options of a Service Framework for health services for people with intellectual disability- a tiered level of service including specialised local teams and a state-wide specialist centre leading research and best practice in providing services for people with intellectual disability.	December 2009	PHCPB	Service framework is implemented to timeframe
	7.2.2 Conduct an economic appraisal to assist in the development of a business case which will be submitted to the Minister for Health for consideration.	December 2009	PHCPB	A business case is submitted to the Minister for Health.
	7.2.3 Evaluate the effectiveness of existing drug and alcohol programs for people with intellectual disability and, if appropriate, refocus or expand programs to better meet their needs.	2010	MHDAO	Evaluation completed

<p>7.3 Improving experiences for people with disability using health services</p> <p>The Department will develop policies that address the need to improve people with disability's experience of hospitalisation and health services.</p>	<p>7.3.1 NSW Health policy: PD 2008-10 People with a disability responding to needs during hospitalisation outlines a number of steps towards providing improved healthcare provision and outcomes for people with a disability.</p>	<p>December 2009</p>	<p>PHCPB</p>	<p>Outcome achieves improved service delivery for people with intellectual disability.</p>
<p>7.4 Coordinating service provision in NSW for people with acquired brain injury.</p> <p>The Department will develop policies that address the need to improve health care of people with acquired brain injury.</p>	<p>7.3.2 The Department will work in collaboration with ADHC to develop interagency protocols to address the particular concerns of residents of group homes or Large Residential Centres (LRCs) in the event of hospitalisation of these clients.</p> <p>7.4.1 Develop an interagency workplan and schedule for implementation to accompany the Interagency Agreement on the care and support pathway for people with an acquired brain injury (ABI) with Housing NSW, Lifetime Care and Support Authority and ADHC.</p>	<p>2010</p> <p>Completed Implementation of workplan by June 2011.</p>	<p>PHCPB and ADHC</p> <p>PHCPB</p>	<p>Interagency workplan by December 2009.</p> <p>Implementation completed to timeframe</p>

SECTION 4

Implementing the Disability Action Plan

4.1 **Branch responsibility and the Disability Action Plan**

Branch Directors will be responsible for reporting annually on their implementation of generic strategies and local initiatives which reflect the purpose of the DAP to PHCPB. An announcement that the plan has been endorsed will be sent to all staff following its endorsement by the Director-General. A copy of the Plan will be available on the Department's Intranet.

The annual progress reports will inform the Annual Report.

SECTION 5

Monitoring and Evaluating the Disability Action Plan

5.1 Monitoring the Disability Action Plan

The Department has put substantial effort into preparing the DAP, is committed to its implementation and will continue to monitor its implementation and respond effectively to challenges encountered.

Strategic objectives and performance indicators are outlined throughout the DAP.

Branch Directors are responsible for progressing the outlined actions and for monitoring the DAP.

A report will be prepared annually for the Director General by PHCPB noting progress as advised by Branches.

Key initiatives and progress will be reported in the Annual Report.

The DAP is to be reported on annually with a major review in 2014.

5.2 The Evaluation Process and External stakeholder liaison

Monitoring the plan provides an indication of whether strategies have been implemented. It is also necessary to address the issue of whether the implementation of strategies has addressed access and equity issues for people with disability.

The Department will strengthen its links with external agencies as part of its ongoing review process. An evaluation of the plan will be undertaken each twelve months by inviting feedback from the stakeholders commenting on the initial plan regarding reported progress.

Ultimately, the stakeholders in this DAP and its outcomes are the people of New South Wales. Non-discriminatory and supportive services for people with disability are what the New South Wales community expects and their provision will benefit everyone in the society.

The evaluation strategy will engage the Department's stakeholders when assessing the DAP's performance and will work positively with them to enhance its efforts.

Appendix 1

Sector Services Consulted Regarding the Disability Action Plan

Aboriginal Disability Network (ADN)

Aboriginal Health & Medical Research Council (AHMRC)

Blind Citizens Association (NSW)

Brain Injury Association (NSW)

Carers NSW

Deaf Society of NSW

Disability Council of NSW

Mental Health Coordinating Council

Multicultural Disability Advocacy Association NSW

NCOSS

NSW Consumer Advisory Group Mental Health Inc

NSW Council Intellectual Disability (CID)

People with Disability Australia

Positive Life (NSW)

Physical Disability Council of NSW (PDCN)

Vision Australia

Policies to Protect Rights and Promote Best Practice

1 PD2006_059 Recruitment and Selection Policy and Business Processes – NSW Health Service

removes barriers to the employment of people with disability by requiring employers to actively encourage people with disability to apply for positions, fully consider reasonable adjustment to the workplace options and ensure the selection criteria process does not directly or indirectly disadvantage people with disability.

2 GL2007_011 Bullying – Prevention and Management of Workplace Bullying: Guidelines for NSW Health

highlights that a person cannot be treated less favourably than someone else on the basis of disability.

3 PD2005_626 NSW Health Code of Conduct

must be agreed to and signed by all health employees on employment. It incorporates statements that people in the workplace must be treated with dignity and respect. Unacceptable behaviour under the Code includes discrimination on the basis of disability.

4 PD2005_584 Grievance Resolution (Workplace): for the Dept of Health and Public Health Organisations

outlines a process for managing allegations of misconduct, serious performance issues or inappropriate behaviour by NSW Health. Such complaints would include discrimination on the basis of disability. Proven breaches of NSW Health policy would lead to the staff member being formally disciplined.

5 PD2005_328 Injury Management and Return to Work

(NSW Health Policy and Procedures for) provides for a staged return to work of a NSW Health employee who has been seriously injured outside of work, as well as at work.

6 PD2009_050 Sick Leave Management - Policy, Procedures and Eligibility

provides for paid sick leave for a staff member with a disability to attend legitimate therapy, training, counselling or rehabilitation provided evidence of need and attendance is supplied.

7 PD2005_032 Employment of People with Physical Disabilities in The Department, AHSs and Public Hospitals is currently being integrated into an Equitable Workplace Guideline.

8 PD2005_186 Employment Health Assessments: Policy and Guidelines requires an employer to provide any service or facility needed by a person with disability to carry out the inherent job requirements and job demands of a position unless this would cause the employer “unjustifiable hardship”. Note that the defence of unjustifiable hardship only applies in relation to prospective or dismissed employees.

Glossary

ADA Anti Discrimination Act 1977

ADHC Ageing Disability and Home Care,
Department of Human Services

AHRC Australian Human Rights
Commission

AHS Area Health Service

AIDB AIDS and Infectious Diseases Branch

CAH Centre for Aboriginal Health

CAPS Coaching and Performance System

CISP Capital Investment Strategic Plan

COHS Centre for Oral Health Strategy

CSQG Clinical Safety, Quality and
Governance Branch

DAP Disability Action Plan

DDA Disability Discrimination Act 1992

DPE Demand & Performance Evaluation
Branch

DSA Disability Services Act 1993

HAC Health Administration Corporation

HARP HIV and Related Programs

HPIB Health Service Performance
Improvement Branch

HSPI Health System Quality Performance
Improvement Branch

IGFS Inter-Government and Funding
Strategies Branch

MCB Media and Communication Branch

MHDAO Mental Health and Drug and
Alcohol Branch

NGOs Non Government organisations

PHCPB Primary Health and Community
Partnerships Branch

PSCQ NSW Patient Safety and Clinical
Quality Program

SPBD Strategic Procurement & Business
Development Branch

SSD State-wide Services Development
Branch

SIM Strategic Information Management
Branch

StEPS Statewide Eyesight Preschooler
Training Program

SWISH Statewide Infant Screening –
Hearing Program

The Department NSW Department
of Health

WDL Workforce Development &
Leadership Branch

WRM Workplace Relations and
Management Branch

The Role of the Department of Health

The Department of Health has statewide responsibility for providing:

- Advice to government and other support to the Minister for Health and the Ministers Assisting the Minister for Health (Cancer and Mental Health Services) in the performance of their role and functions;
- Strategic planning and statewide policy development in areas such as inter-Government relations, funding, corporate and clinical governance, clinical redesign, health service resources and workforce development;
- Community participation by liaising and fostering partnerships with communities, primary health, health professionals and other bodies;
- Improvements to public health through early intervention, health promotion, preventative health, management of emerging health risks and protective regulation;
- Performance management by measuring the health services against key performance indicators and improvement strategies such as performance agreements, statewide reporting, and managing property, infrastructure and other assets;
- Strategic financial and asset management, as well as coordinating business and contracting opportunities and provides financial accounting policy for NSW Health;
- Employee relations by negotiating and determining wages and employment conditions, as well as developing human resource policies for the NSW health system;
- Workforce development by working in collaboration with other agencies and stakeholders to improve health workforce supply and distribution;
- Managing licensing, regulatory and enforcement functions to ensure compliance with the Acts administered by the health portfolio;
- Providing advice and support for the Legislative Program and Subordinate Legislative Program for the health portfolio;
- Providing advice, support and coordination for sound corporate governance across the health system;
- Corporate support, through the provision of resources and support to enable Department staff effectively fulfil their roles.

The Structure of the Department of Health



