

NSW Health disability inclusion action plan 2016-2019

Snapshot 2019/20



This snapshot presents NSW Health's achievements during the fourth year of implementing its [Disability Inclusion Action Plan 2016-2019](#) and covers the period 1 July 2019 to 30 June 2020.

The primary objective of the NSW Health DIAP 2016-19 is to ensure the NSW Health system provides equitable and dignified access to services and employment for people regardless of disability.

The NSW Health DIAP is underpinned by four focus areas:

1. Promoting positive attitudes and behaviours
2. Creating liveable communities
3. Providing equitable systems and processes
4. Supporting access to meaningful employment opportunities.

These focus areas are supported by the following ten strategies identified by the NSW Health DIAP Steering Committee:

1. Communicate and reflect on the importance of a culture of disability inclusion across the NSW Health system.
2. Review, amend and develop training resources to build disability confidence in our staff.
3. Embed disability inclusion as a priority in the planning and design of new and refurbished facilities.
4. Elevate the voices of people with disability, their carers and families in facility design and planning processes.
5. Identify and address key shortfalls in facility design identified by people with disability.
6. Provide support to consistently improve disability inclusion and extend existing good practice in delivering person centred care to people with disability across the system.
7. Service delivery organisations will engage meaningfully with people with disability, carers and families and relevant key partner agencies.
8. Deliver enhanced services and build greater accountability by improving our data collection and reporting on disability inclusion.
9. Ensure all users have the same access to information regarding their treatment and care.
10. Review our recruitment practices to support inclusion and increased employment of people with disability and support our employees with disability to advance their careers within NSW Health.

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The NSW Ministry for Health acknowledges the traditional custodians of the lands across NSW. We acknowledge that we live and work on Aboriginal lands. We pay our respects to Elders past and present and to all Aboriginal people.

Further copies of this document can be downloaded from the NSW Health webpage www.health.nsw.gov.au

People with disability in NSW

Disability in NSW

In 2018¹:

1,346,200 people in NSW with disability,
 16.9% of the population in 2018,
 down from 18.1% in 2015.

5.7% of people in NSW had a profound
 or severe disability.

Disability prevalence was similar for
 **males 16.8%**
 **and females 17.2%**



In Australia, an estimated **36% of people with severe or profound disability self-reported that they had mood disorders such as depression**, compared with 32% of people with other forms of disability, and 8.7% of people without disability.²

Carers in NSW³



854,300
 carers in NSW

Females were more likely to be carers than males in NSW.

 **57.9% females**  **42.1% males**

79,300  **young carers** <25 years of age

NDIS in NSW

At 30 June 2020:



There were an estimated **131,000 people with disability participating in the NDIS** with an approved case plan. This represents an **increase of almost 25%** or 26,000 more NDIS participants from the number reported at 30 June 2019.⁴

The top 5 support categories for NDIS participants

Capacity building
 Daily activity
 99,869

Core
 Daily activities
 56,337

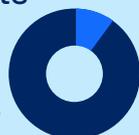
Core
 Social community and
 Civic participation
 54,946

Core
 Transport
 50,369

Capacity building
 Choice and control
 45,492

The total number of Culturally and Linguistically Diverse (CALD) participants in NSW was **12,780**⁴

10.3%



7,282
 active registered
 providers of
 support.



2,514 children aged 0-6 years with initial supports in the Early Childhood Early Intervention (ECEI) gateway.⁵

2,570 (9.7%) Aboriginal people with disability participating in the NDIS with a plan approved in 2019-20. Compared with 2018-19 where 1,558 Aboriginal NDIS participants had their plan approved, this translates to a **growth of 65.0%** or 1,012 more Aboriginal NDIS participants.⁴

Key Achievements

Many initiatives have been implemented across NSW Health organisations that focus on embedding disability inclusion and elevating the voices of people with disability and their carers. These organisations include Local Health Districts (LHD), Specialty Health Networks (SHN), Shared Services, Statewide Health Services, Pillars, and Ministry of Health.

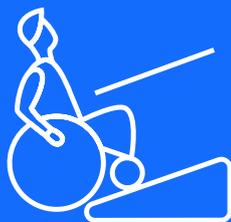
Key achievements include:

Focus area 1 Promoting positive attitudes and behaviours



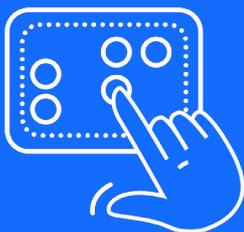
- Northern NSW Local Health District held workshops for more than 500 staff, teaching communication strategies to meet the needs of people with varying levels of health literacy, including people with cognitive impairment.
- The Ministry worked in collaboration with the Department of Disability Neuropsychiatry (3DN) at University of New South Wales (UNSW) to develop, pilot and implement online learning modules for staff to improve their capability and responsiveness when working with people with intellectual disability and mental illness, their families and carers.

Focus area 2 Creating liveable communities



- South Western Sydney Local Health District included consumers and carers as part of accessibility planning for the redevelopment of Campbelltown and Liverpool hospitals, consulting on wayfinding, bathroom facilities, ground surfaces, walkways and lighting.
- Sydney Local Health District undertook community consultation as part of the design and planning process for Concord Hospital redevelopment. These sessions operated throughout the construction phase to ensure the perspective of people with disability and carers were considered.

Focus area 3 Providing equitable systems and processes



- Hunter New England Local Health District incorporated the Recognise Engage Act Call Help is on its Way (REACH) Program through rural and regional health services. REACH provides carers a way to escalate a clinical review where a person's condition is deteriorating and they are unable to communicate this themselves.
- Clinical Excellence Commission (CEC) worked in collaboration with local health districts, pillars, and NSW Health consumers, including people with disability, to develop the NSW Health Consumers and Community Engagement Framework, obtaining feedback on care provision, with a focus on patient safety and quality.
- The Ministry conducted website accessibility training workshops with more than 200 staff attending from across the Ministry, eHealth NSW, NSW Health Pathology and local health districts.

Focus area 4 Supporting access to meaningful employment opportunities



- Central Coast Local Health District featured on the ABC documentary Employable Me. During the series, the District supported a person with disability seeking employment within the health sector. This person is now employed full time within the District.
- Cancer Institute NSW encouraged the recruitment of people with disability as part of workforce planning, to identify and develop new roles to support people with disability in the workplace.

Context

Multiple disasters including bushfires, floods and the COVID-19 pandemic, together with the drought, have had compounding impacts on NSW communities, including people with disability and health services over the past twelve months.

Supporting bushfire recovery

The bushfires of late 2019 and early 2020 devastated the east coast of NSW from Tweed Valley in the north to Bega and Merimbula in the south, across the Shoalhaven and Southern Highlands and down to the Murrumbidgee, resulting in a natural disaster being declared across much of the state.

The Ministry and LHDs worked with the National Disability Insurance Agency (NDIA) to prioritise National Disability Insurance Scheme (NDIS) participants impacted by the bushfires and ensure they could continue to receive their disability related supports, including safe accommodation, equipment replacement, additional care or therapies.

Responding to the impact of COVID-19

The advent of the COVID-19 pandemic in Australia in early 2020 meant that NSW Health needed to continually reshape and update approaches to caring and supporting the community including people with disability.

To ensure NSW Health's COVID-19 response was informed by the views of people with disability, the Ministry established a Disability Community of Practice (COP). The COP is made up of more than 150 members including people with disability, carers, peak non-government organisations, clinicians, program managers and key stakeholders.



Many issues addressed through this COP aligned with key actions in the DIAP.

Other examples where people with disability and participants of the NDIS were supported by NSW Health during the pandemic included:

- introduction of NDIS Hospital Liaison Officers in local health districts
- implementation of a new escalation protocol for use by NSW Health staff to raise matters with the NDIS to resolve urgent or complex NDIS participant issues experienced by patients in NSW hospitals
- collation of an interim register of specialist disability accommodation providers who had vacancies during COVID-19 to assist with the safe and timely discharge of patients with a disability from hospitals
- provision of disability-related public health messaging via websites, webinars, Easy Read resources, videos and virtual NDIS service provider forums.

Supporting the Royal Commission into Violence Abuse, Neglect and Exploitation of People with Disability

A Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability was established on 5 April 2019 in response to community concern about widespread reports of violence against, and the neglect, abuse and exploitation of, people with disability.

Dr Nigel Lyons, Deputy Secretary, Health System Strategy and Planning appeared as a witness at *Public Hearing 3: The provision of health care or services for people with cognitive disability*. This hearing was held in Sydney during 18 – 28 February 2020. NSW Health provided advice on:

- the process for implementing its policies, procedures and staff training programs – such as *Responding to Needs of People with Disability during Hospitalisation*, the NSW Health Disability Inclusion Action Plan, and work of the Agency for Clinical Innovation including the *NSW Health Service Framework to improve health care of people with intellectual disability* and *The Essentials* tool kit
- data collection and performance monitoring systems
- progress in implementing the Specialised Intellectual Disability Health Teams, and
- NSW Health's contribution to national initiatives such as the *National Roadmap for Improving Health Services for People with Intellectual Disability* and the *Roundtable on the Mental Health of People with Intellectual Disability*.

DIAP FOCUS AREA 1: Promoting positive attitudes and behaviours regarding disability inclusion

NSW Health is committed to using a person-centred approach when responding to the health needs of people with disability. This recognises the critical importance of placing people with disability, their carers and families at the centre of decision making regarding their care, and to ensure the right to independence, choice, control and inclusion are upheld.

DIAP Strategy 1.2: Strongly encourage executive and senior managers throughout the system to actively support and promote disability inclusion.

There is commitment at the executive and senior level to embed disability inclusion in NSW Health entities and improve awareness of support for people with disability.



Achievements

- ✓ *Illawarra Shoalhaven LHD* appointed the Executive Director of Allied Health, Disability Inclusion and NDIS to oversee disability inclusion. This role reports relevant issues and initiatives to the Executive. The LHD is also in the process of finalising a disability team to coordinate the DaNCE committee (Disability and NDIS Capacity Building and Engagement).
- ✓ *Southern NSW LHD* nominated two members of the senior leadership team to promote disability inclusion across the organisation. The Director, People and Performance ensures that the principles of inclusion are embedded through the attraction, recruitment and retention of staff. The General Manager, Ambulatory and Integrated Care provides leadership across a number of disability and inclusion initiatives. These include overseeing the organisation's NDIS projects and the provision of services within community health.
- ✓ *Mid North Coast LHD* presented recent patient stories where their disability has been a contributing factor to their patient experience to the LHD Board for its review. The Board actively monitors the NDIS rollout within Mid North Coast LHD to maintain an awareness of access to health care for community members with disability.

DIAP Strategy 2: Review, amend and develop training resources to build disability confidence in our staff.

NSW Health is committed to staff training that supports patient centred care, and inclusive and equitable workplaces for people with disability.



Achievements

- ✓ *The Health and Training Institute (HETI)* provides a series of training modules on the My Health Learning platform, that are specific to disability inclusion and awareness including:
 - Let's Talk Disability
 - Employment: People with Disability
 - Intellectual Disability Mental Health eLearning, and
 - Responding to the Needs of People with Disability in Hospital.
- ✓ Workshops delivered by the *NSW Education Centre Against Violence* across 2019 – 2020 included topics such as:
 - Finding a Way Interagency Forum: Advocating for and supporting children and adults with a disability who have experienced sexual assault
 - Improving service accessibility for children and adults with a disability who have experienced sexual assault

In addition to the HETI training modules, other training undertaken during the year included webinars on the NDIS/ Health interface and events held during the International Day of People with Disability where consumer perspectives and patient stories were presented. Some examples of these activities are highlighted below.

- ✓ *Western Sydney LHD* was a pilot site for Cultural Competency material being developed by the Ministry of Health in 2019. During the year the NDIS Coordinator worked with facilities across the LHD to identify information and education needs. A number of face to face targeted information sessions were held with nursing staff and key clinical teams and close partnerships were developed with allied health staff, specifically social work and occupational therapy. An intranet page was refreshed with access to key information and education options for staff.
- ✓ *Mental Health Branch* worked with the Department of Disability Neuropsychiatry (3DN) to develop, pilot and roll out online learning modules for health and disability staff to improve their capability and responsiveness when working with people who have an intellectual disability and mental illness, and their families. As of November 2019, 15 modules were available through My Health Learning.
- ✓ *Northern NSW LHD* held workshops across the region for more than 500 staff. The workshops taught communication strategies to meet the needs of people in care with varying levels of health literacy. Staff attending workshops reported a significant increase in awareness of health literacy issues and the impact it can have on health outcomes. Nearly all staff who attended (98 per cent) reported that they intended to implement at least one health literacy strategy following the workshop.
- ✓ *South Eastern Sydney LHD's* Disability Support Unit developed four training modules related to NDIS fundamentals, access and eligibility, plan development and plan implementation. These training modules are frequently rolled out across the district. As part of the celebrations associated with International Day of People with Disability, teams with the highest number of training completions were encouraged to enter a draw to receive a prize.

DIAP FOCUS AREA 2 : Creating liveable communities for people with disability



DIAP Strategy 3: Embed disability inclusion as a priority in the planning and design of new and refurbished facilities.

NSW Health buildings are required to comply with legislation regarding disability inclusion, including *Disability (Access to premises – Buildings) Standards 2010*, *Building Code of Australia* for all new builds, the *Disability Discrimination Act* and the *Australasian Health Facility Guidelines Part C – Design for Access, Mobility, Safety and Security*.

Organisations continued to consider and incorporate the needs of people with disability when designing or refurbishing facilities.

Achievements

- ✓ *South Western Sydney LHD* involved consumers and carers of people with disability in all stages of redevelopment projects. Accessibility planning was considered for the redevelopment of Campbelltown and Liverpool Hospitals and this included paths of travel, floor and ground surfaces, walkways and ramps, stairways, car parking, signage/wayfinding, lighting, sanitary facilities including change tables and furniture and fittings. Campbelltown hosted a disability specific Project User Group to discuss accessibility options in the new build.
- ✓ *eHealth and HealthShare NSW* endorsed the establishment of a Reference Group for staff to provide input to the internal fit out and immediate surrounds of the new NSW Health facility at 1 Reserve Road St Leonards. A number of improvements were undertaken to support staff and visitors with disability including: redesign of entrance ways and corridors, additional automatic doors and wayfinding enhancements, accessible toilets, allocated car parking and provision of appropriate work stations.



DIAP Strategy 4: Elevate the voices of people with disability, carers and families in facility design and planning processes.

Front-line health delivery organisations use a range of strategies to involve people with disabilities and their carers in the design and planning process for new or refurbished facilities. Consultation activities have included people with disability, families, carers and local consumer groups through to advocacy and support groups such as Vision Australia, Hearing Australia and Spinal Cord Injuries Australia.

Achievements

- ✓ *Central Coast LHD* established carer user groups with representatives from staff, clinicians, consumers and carer support and Work, Health and Safety. The district's Patient Engagement Manager, Carers' Support Manager and Disability Inclusion Manager facilitated a connection between local area advocacy group Voices for Central Coast Disability (Voiccd) and the Wyong Hospital Redevelopment team. User groups and consumers were given the opportunity to view and provide feedback. Separate consultations ensured the inclusion of adult change room facilities in Gosford Hospital which included a toilet equipped with hoist and shower to provide a purpose-built environment where carers can attend to the personal needs of those in their care. The Carers Team was heavily involved in this process.
- ✓ *Mid North Coast LHD* consulted with consumer representatives to identify alternative hand dryers in the public toilet facilities to ensure suitability for wheelchair bound members of the community at Coffs Harbour Health Campus.
- ✓ *Sydney LHD* organised community consultation sessions throughout the design and planning process for the Concord Hospital redevelopment. These involved consumers and members of the public with disability. Their input contributed to various aspects of the redevelopment, including a former hospital patient with disability who helped with the design of the new Infusion Centre. These sessions will continue to operate through the planning, design and construction phases to ensure the perspective of people with a disability and their carers are always considered.

DIAP Strategy 5: Identify and address key shortfalls in facility design identified by people with disability.

Good wayfinding in hospitals and health buildings requires a coordinated group of aids to help people know where they are, follow the best route to their destination and recognise it on arrival. Having clear, accurate and easily understood wayfinding is critical to assisting people with disability navigate health buildings safely and efficiently.

Another way to assist people with disability and their families and carers is to provide accessible bathroom facilities. NSW Health supports *Changing Places*, a voluntary global initiative which aims to improve access to full sized change tables, hoists and access to public toilets to meet the needs of people with severe and profound disability.

In an effort to provide an inclusive experience for both visitors and staff, future areas of work will focus on:

- Accessible garden spaces
- More assistance at mealtimes
- Co-ordination of accommodation options post-discharge
- Improved accessibility and availability of parking
- Partnering with multi-cultural health services to help CALD communities understand the NDIS
- Improved office accommodation for staff.

Achievements

- ✓ *Murrumbidgee LHD* introduced wayfinding as part of the Wagga Wagga Base Hospital Redevelopment and MPS 5 Program. Wayfinding considerations were also part of the Wagga Wagga Base Hospital Ambulatory Care hub and the Tumut and Griffith hospital redevelopment projects. Tactiles, improved signage, braille, volunteers, land marks, coloured or themed areas now have common application at these sites.
- ✓ *Sydney LHD* installed three Wayfinding Kiosks in Royal Prince Alfred Hospital to provide details of accessible routes and availability of services such as disabled toilets and parking facilities. The hospital also implemented an alternative transport shuttle pick up and drop off service for patients and their carers across the RPA campus, which included access to a purpose designed cart with the capacity to transport wheelchairs.
- ✓ *Northern NSW LHD* included ceiling mounted lifts in new facilities, or mobile lifts where ceiling mounted lifts could not be accommodated. Wayfinding, colour-coded signage, braille signs and recognisable toilet seats are being fitted to new facilities and retro-fitted to existing facilities undergoing renovations.

DIAP FOCUS AREA 3: Providing equitable systems and processes

DIAP Strategy 6: Provide support to consistently improve disability inclusion and extend existing good practice in delivering person centred care to people with disability across the system

Service equity requires providing genuine person centred care to every patient, regardless of their ability. By committing to person centred care, NSW Health is helping to connect each patient with disability to the care team they need. This ensures ongoing, holistic care across the health system by linking up various health professionals including GPs, allied health, specialists and community health services with the aim to improve health outcomes for individuals.

A number of NSW Health programs promote person centred care for people with disability and their carers. These programs include:

- Admission2Discharge Together
- Top 5
- Essentials of Care
- In Safe Hands.



Achievements

- ✓ *Mid North Coast LHD* distributed *Say Less Show More* resources as part of a disability inclusion Project. *Say Less Show More* uses a series of visual aids to explain medical procedures to people with disability. The resources were shared with community based, surgical and pediatric teams as well as with disability service providers within the local region.
- ✓ *Systems Performance Support Branch* delivered the Safe and Supported at Home (SASH) Program. Non-clinical home support services such as personal care, domestic assistance, meal preparation, shopping, transport and respite for carers are provided for people with disability who are unable to access the NDIS.
- ✓ *Hunter New England LHD* incorporated the *Recognise Engage Act Call Help is on its Way* (REACH) Program through rural and regional health services to enable carers of people with a communication disability to escalate the need for a clinical review if they believe that the person's condition is deteriorating, but the person is unable to express this themselves. This includes a follow-up phone call to enable the person/carer the opportunity to reflect and report on their hospitalisation and on-going needs.
- ✓ *Health and Social Policy Branch* hosted the Integrated Service Response (ISR) program on behalf of the NSW Government. The initiative helped teams of local providers to coordinate care and identify new solutions when helping a person with complex support needs. ISR was funded \$2.1 million for 2019/20 and supported the resolution of complex problems for 198 referred cases, and a further 32 cases were assisted as at 3 June 2020. ISR supported over 600 staff across Commonwealth, State and non-government organisations to work together to deliver sustainable improvement in the lives of people with disability.

DIAP Strategy 7: Service delivery organisations engage meaningfully with people with disability, their carers and families and relevant key partner agencies.

NSW Health organisations routinely involve people with disability, and their carers and families in the design and delivery of services. A range of engagement methods are used, including: the use of consumer reference groups, Patient Reported Experience Measures (PREM), consumer engagement frameworks and the development of patient stories to invite and report on meaningful engagement with people with disability and their carers.

Achievements

- ✓ *South Western Sydney LHD* created an innovative Communication and Assistive Technology Clinic for patients with neurological impairments at Liverpool Hospital. The Speech Pathology and Occupational Therapy teams created the clinic and report a high proportion of clients with Motor Neurone Disease (MND). Consumer and carer feedback is critical to the service delivery model. The clinic prescribes alternative communication and adaptive equipment for environmental control for individuals and makes adjustments as requirements change. The program is being evaluated to determine its impact on the quality of life of individuals with MND and their carers.
- ✓ *NSW Ambulance* consulted FACS Disability (prior to NDIS transition), the Agency for Clinical Innovation and the Northcott Group (since NDIS transition) on the development of the DISAB handover tool for disability support workers (non-clinicians). The sessions were undertaken across the Sydney metropolitan area including South West Sydney, Sydney and South East Sydney, North Sydney and Western Sydney. Training sessions were facilitated with Group Home Team leaders to discuss handover and the paramedics' scope of practice.
- ✓ *Northern NSW LHD* launched a new community engagement framework which included establishing seven local community advisory groups and a district-wide engagement council. Membership of these groups include people with quadriplegia, paraplegia, hearing impairment and persons with chronic illness, as well as carers of people with disability. Enabling the community to share opinions and experiences, and to contribute to decision making will culminate in a better health service and a healthier community.
- ✓ *Justice Health and Forensic Medicine Health Network* reviewed the Centralised Group Program to ensure a major focus on consumer involvement in design and implementation and facilitation of therapeutic groups. The program has successfully designed three groups through consumer consultation. The Patient Led Barista Group, Patient Led Horticulture Group and Peer Patient Co-facilitator Program are facilitated by consumers with the support of staff.
- ✓ *Clinical Excellence Commission* worked in collaboration with LHDs, Pillar agencies and NSW Health Consumers to develop the NSW Health Consumers and Community Engagement Framework. Engagement with a range of communities with diversity is an important aspect of promoting quality and safety in NSW. The CEC engages with consumer advisors, including people with disability, in order to gain expert feedback on elements of care provision with a focus on safety and quality.

DIAP Strategy 8: Deliver enhanced services and build greater accountability by improving our data collection and reporting on disability inclusion.

NSW Health has invested significant resources to enhance its data capability and collection related to people with disability and NDIS participants, at the local level and systemwide. The following elements of the NDIS Monitoring and Evaluation Operational Framework (NMEOF) have been enhanced:

- **Waiting for What (W4W)** – W4W identifiers in the patient's electronic record allows for graphical and statistical reports to be generated on NDIS-related delays affecting inpatients in hospital.
- **NDIS Status** – this a flag that identifies a patient's NDIS status on the patient's electronic medical record (EMR), which is visible in the Patient Administration System (PAS).

The collection of this information assists NSW Health and services to:

- monitor and reduce the acute pressure on the public hospital system from preventable admissions and discharge delays that may be experienced by NDIS participants
- work with the NDIS to escalate and resolve issues impacting patients with a disability and to secure appropriate supports for participants to live safely in the community.

Achievements

- ✓ *Illawarra Shoalhaven LHD* asks all people accessing services if they are NDIS participants. This data is collected to help consumers receive the right support required and to assist with future planning of services. NDIS status is recorded as an alert in the Patient Administration System (iPM PAS).
- ✓ *Hunter New England LHD* added additional NDIS alerts to its systems in 2019. Prompts to check and /or create NDIS alerts have been embedded in tools such as the NDIS Risk Assessment matrix and, if required, alerts identified through other measures are manually added to iPM to ensure that iPM is the source of truth for data. Implementation of specific financial classifications to capture disability-related health services and activity provided by Hunter New England LHD has occurred. Monitoring the correct use of financial classifications for initiatives such as the Safe and Supported at Home (SASH) assists services to accurately monitor the need and uptake of this program in the community.
- ✓ *Western NSW LHD* collects data for inpatients who have an interaction with the NDIS through 'Waiting for What'. The Disability Strategy Manager collects this data and circulates a report to senior managers so that strategies can be put in place to manage or escalate NDIS-related discharge delays experienced by patients with a disability.
- ✓ *Justice Health and Forensic Medicine Health Network* records disability in the electronic Justice Health System as a health condition and it is then mapped to a sub category of disability as an alert in the Patient Administration System (PAS). A system generated alert is placed in PAS on any patient who has one of the following health conditions: physical disability, speech impairment, visual impairment, acquired brain injury, hearing impairment and/or mobility impairment. These alerts also flow into Corrective Services NSW (OIMS) and Juvenile Justice NSW (CIMS) systems. These alerts aim to improve the care provided to patients with a disability and support information collected on the health status of people with disability in the justice system.

DIAP Strategy 9: Ensure that all NSW Health service users have the same access to information regarding their treatment and care.

NSW Health continues to improve the availability of resources and information that are accessible to people with disability by:

- Ensuring NSW Health websites are 'AA compliant' with the Web Content Accessibility Guidelines (WCAG). AA compliance measures include, but are not limited to, providing alternatives for time-based media, creating content in different ways without losing information, making it easier for users to see, hear, absorb and use content and ensuring all functionality from a keyboard.
- Developing a range of resources that are accessible to people who may have a cognitive, vision or hearing impairment. This includes content that has been written in Easy English and accessible audiovisual formats that include captions, transcripts, Auslan interpretation and screen readers.

Achievements

- ✓ *eHealth NSW* has developed its websites and intranets with accessibility in mind. The designs, colours, features and actual web pages are WCAG level AA compliant. Information is provided on websites about how to produce accessible web content and the benefits of doing so for people with and without disability. eHealth has also provided accessible development training, facilitated by Disability Employment Network members, to web content designers.
- ✓ *Strategic Communications and Engagement* conducted a website accessibility training workshop in 2019. More than 200 people completed the course including staff from the Ministry, eHealth, NSW Health Pathology and several LHDs.
- ✓ *Bureau of Health Information (BHI)* designed its website to comply with Web Content Accessibility Guidelines (WCAG) level AA. While the graphs and tables on the interactive data portal, Healthcare Observer, are not currently accessible due to the software used, BHI has begun to change to designated accessible colours in this portal and it will be redesigned in line with BHI's digital strategy.
- ✓ *Cancer Institute NSW* has designed its web content to be screen reader friendly and all videos provide a caption option. Easy Read information is included, where possible, and work continues to produce more content in simple English.
- ✓ *Health Education Training Institute (HETI)* has implemented a *Writing for the Web Style Guide* consistent with NSW Guidelines. These tools assist with the organisation, design and implementation of Easy Read strategies. Close captions and transcripts are progressively being rolled out.
- ✓ *Strategic Reform and Planning Branch* ensures most of its web content is available in html format. This makes it easier for screen readers to recite the text. All content is user-friendly and clear. Heading structures are used to divide the text and decorative images are used sparingly. All online videos have closed captions and transcripts are available for some videos, with the aim to complete transcripts for all videos. All colours comply with the Ministry's brand guidelines and have the correct level of contrast.

DIAP FOCUS AREA 4: Supporting access to meaningful employment opportunities

DIAP Strategy 10: Review our recruitment practices to support inclusion and increase employment of people with disability and to support employees with disability to advance their careers within NSW Health.

NSW Health has policies, recruitment processes, staff capability and training that support disability inclusion in the NSW Health workforce. Measures used by NSW Health organisations to recruit and support employees with disability have included:

- mentoring programs
- partnerships with Jobsupport (an Australian employment service for people with intellectual disability) and other disability employment networks
- targeted traineeships for school leavers with disability
- establishment of Diversity Employment Committees and Network Groups tasked with actively recruiting people with disability
- fostering direct relationships with advocacy and support organisations such as Vision Australia, Disability Management Services and The Deaf Society
- adaptations made to workstations, including visual and auditory aids, adaptive computer access, standing desks and alternative seating.



Achievements

- ✓ *Central Coast LHD* featured on the 2019 season of the ABC documentary *Employable Me* which highlighted the experience of Eric Barrett, a 20 year old Central Coast resident with cerebral palsy, and his challenges getting full time employment in the health sector. Eric is now a permanent employee of the district and is a valuable member of the Workforce and Culture Team working in the Customer Service area.
- ✓ *Work Place Relations Branch* collects and monitors data via the Recruitment and Onboarding (ROB) system. Data is used to monitor the percentage of candidates with a disability applying for Ministry of Health roles and throughout the stages of the recruitment process (interview, recruitment pool and successful/hired). In June 2019, 1.7% of NSW Health staff were recorded as having a disability.
- ✓ *Northern Sydney LHD* launched a Diversity Inclusion and Belonging Committee in 2019. The Committee's plan includes employment of people with disability as one of the key elements of diversity that contribute to a progressive and healthy organisation.

Future focus and next steps

The NSW Health DIAP was developed for the period of 2016-2019. This timeframe represented a period of significant change in the disability sector, which included the national rollout of the National Disability Insurance Scheme (NDIS) across Australia from 2016.

The emergence of the COVID-19 pandemic in early 2020 also resulted in unprecedented impacts on NSW communities, including people with disability and health services.

NSW Health has undertaken to extend the period covered by the DIAP until several external reviews in the area of disability are completed. These include:

- the Australian Government review of the *National Disability Strategy 2010-2020*
- the NSW Department of Communities and Justice review of the *Disability Inclusion Act 2014 (NSW)*

The outcomes of these reviews will inform future areas of focus in the next DIAP and ensure NSW Health strategies and local level actions in service delivery are in line with state and national priorities for people with disability.

Under the extension of the current DIAP, NSW Health organisations will continue to support and promote disability inclusion.

Due to the immense system-wide response to the COVID-19 pandemic, the DIAP Snapshot for 2020/21 will focus on the activities that NSW Health has put in place to support people with disability, their families and carers and disability service providers. The DIAP Steering Committee has also identified other focus areas that include:

1. Employment of people with disability.
2. Promote patient based models of care in service delivery organisations.
3. Engage meaningfully with people with disability, their carers and families and relevant key partner agencies.
4. Deliver enhanced services and build greater accountability by improving our data collection and reporting on disability inclusion.
5. Build disability confidence in staff.

References

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