



# **Disability Access and Inclusion Plan**

## **Country Health SA Local Health Network**

### **2017-2022**

## **ABOUT THE LOCAL HEALTH NETWORK**

The Country Health SA Local Health Network (CHSALHN) comprises of 61 public hospitals. Country South Australia covers 983 776 square kilometres, which is 99.8 per cent of South Australia and one of the largest Local Health Networks in Australia. The estimated resident population living in the country South Australia catchment in 2017 was 496 635 people or 28.9 per cent of the state. The population is projected to increase by 3.9 per cent between 2016 and 2021, which is slightly less than the projected increase of 4.5 per cent across South Australia. 48 per cent of the total Aboriginal population of South Australia lives in country South Australia (16 476 Aboriginal people).

CHSALHN's strategic plan outlines a vision to be the best rural health service with a mission of growing better services in country and keeping people well at home.

The focus for the next five years is to:

- Develop our services in regional centres and provide more services closer to home.
- Continue to view our Local health network as 'one service, many campuses'.
- Prioritise a customer focus which 'wraps' health services around the user.
- Continue to integrate our health care system by leveraging technology and embracing telehealth.

The core values to guide the way we work with our communities and each other are a customer focus, collaboration, care, creativity and courage.

A significant component of CHSALHN services provided are additional to what is traditionally understood to be health services. CHSALHN is a large provider of Commonwealth funded Aged Care services including:

- Commonwealth Home Support Programme
- Home Care Packages
- Transitional Care Packages
- Residential Respite and Permanent Care.

CHSALHN also provides Multipurpose Services in a number of locations. Multipurpose Services are funded jointly by the State and Commonwealth and provide for integrated health and aged care services for smaller, remote communities.

CHSALHN is also contracted by other State Government Departments such as Department for Communities and Social Inclusion to provide services on their behalf. One of these areas is SA Home and Community Care which provides a range of community based services to support people aged under 65, or 50 for those of Aboriginal or Torres Strait Islander background, to enable them to remain living as independently as possible in their homes.

There are a number of reforms occurring across the disability sectors which CHSALHN is monitoring and actively engaging in to ensure clients of our services are supported throughout the transitions associated with the reforms. The majority clients to which CHSALHN provides services for, will be people who have a lived experience of, or caring for someone who has, a temporary or permanent disability that impacts on their daily life. Ensuring services are cognisant of and cater for the needs of people with a disability is core business for CHSALHN.

## **STAFF PROFILE**

CHSALHN employs over 8 000 people and contributes around \$800 million per year to the local economy, mostly in rural and remote locations. Our staff are often members of our local country communities and there are strong connections between CHSALHN staff and the communities served. With a head office based on King William Street in Adelaide, CHSALHN staff also maintain strong connections and networks with metropolitan services and governing departments across the health, aged care and disability sectors.

As of June 2015, Country Health SA Local Health Network had 71 employees with a declared disability equating to 0.86% of the total workforce (8 225). These include disability requiring workplace adaptation (56), physical (2), psychological (1), intellectual (0) and sight (2) or a combination of those abovementioned.

## **CONSULTATION PROCESS**

The CHSALHN Disability Access and Inclusion Plan (DAIP) 2017 – 2022 was developed by the Ageing and Disability directorate under the guidance of a steering group and in consultation with key directorate areas within CHSALHN including Workforce, Corporate, Aboriginal Health, Mental Health and Executive directorates. The steering group comprised of staff from various regions of CHSALHN and included a consumer (carer) representative.

## **ABORIGINAL IMPACT STATEMENT**

1. Is the proposal linked with any Aboriginal-specific initiatives? No
2. Will the proposal have an Aboriginal impact? (nil, low, or high) Explain. Yes, this Disability Access and Inclusion Plan is applicable to all CHSALHN employees and will cover the inclusion of employees from an Aboriginal and Torres Strait Islander background.
3. Have Aboriginal stakeholders been engaged in the development of the CHSALHN DAIP and will they continue to be? Yes

## **EXAMPLES OF PREVIOUS ACHIEVEMENTS**

This is the first overarching whole of CHSALHN DAIP. Previous achievements have been under the regional DAIPs.

## **Policies and Procedures**

CHSALHN follows the SA Health suite of policies and procedures. Below are the CHSALHN specific policies and procedures that relate to disability, access and inclusion:

- Access and Equity Foundation Policy
- Access and Entry Procedure (Mental Health)
- Advanced Care Planning Procedure
- Bushfire Safety and Catastrophic Fire Danger Rating Days Procedure
- Care Continuum Foundation Policy
- Consumer Partnerships: Safety and Quality Consumer Reporting Procedure
- Consumer Rights and Responsibilities procedure
- Managing Workplace Fatigue
- Manual Tasks Risk Assessment Guideline
- Open Disclosure
- Staff Selection Procedure
- Training and Induction
- Work Health Safety and Injury Management Policy and Procedure Manual

## NATIONAL SAFETY AND QUALITY HEALTH SERVICE STANDARDS (NSQHS)

The National Safety and Quality Health Service Standards (NSQHS) drive the implementation of safety and quality systems and improve the quality of health care in Australia. The key accreditation program for health services is the Evaluation and Quality Improvement Program (EQuIP National) of the Australian Council of Healthcare Standards (ACHS) and incorporates the NSQHS standards. Relevant EQuIP National criteria are as follows:

2.1 Establishing governance structures to facilitate partnership with consumers and/or carers	11.6 Establishing the needs of the community in order to meet legislative requirements, inform the delivery of services and assess whether those needs are met.
2.2 Implementing policies, procedures and/or protocols for partnering with patients, carers and consumers in: <ul style="list-style-type: none"> <li>• strategic and operational/services planning</li> <li>• decision making about safety and quality initiatives</li> <li>• quality improvement activities</li> </ul>	13.4 Meeting and ensuring compliance with: <ul style="list-style-type: none"> <li>• legislation</li> <li>• jurisdictional policy / regulations</li> <li>• organisational policy / guidelines</li> </ul> for recruitment, selection and appointment in a healthcare setting.
2.4 Consulting consumers on patient information distributed by the organisation	11.7 Ensuring that diverse populations are provided with care and services that meet their needs.
2.5 Partnering with consumers and/or carers to design the way care is delivered to better meet patient needs and preferences	12.3 Care planning and delivery based upon assessment of consumer / patient needs.
2.6 Implementing training for clinical leaders, senior management and the workforce on the value of and ways to facilitate consumer engagement and how to create and sustain partnerships	12.10 Implementing systems to provide continuing care to consumers / patients with ongoing needs or who require care by multiple service providers as inpatients and/or outpatients.
2.9 Consumers and/or carers participating in the evaluation of patient feedback data and development of action plans	13.12 Implementing strategies to create a workplace culture that fosters and encourages staff.
11.1 Informing consumers / patients and the community about services accessible through the organisation.	13.13 Facilitating access to an effective system to provide support to the workforce.
11.3 Meeting the needs of consumers / patients and the community for admission / entry.	15.3 Establishing processes of governance that comply with relevant legislation.
11.4 Demonstrating that the consent process is managed through systems of governance which are consistent with organisational, jurisdictional and legislative requirements.	15.17 Ensuring that physical access to the organisation's facilities meets the identified needs of the community.

## **OUTCOMES**

Ensuring that the rights of people living with disability are upheld is the responsibility of the whole community and requires a state-wide response. People with disability should also be able to access and participate in all aspects of our society, including using mainstream services and programs. Social inclusion is fundamental to one's quality of life and critical to achieving positive life outcomes across all domains.

The DAIP recognises the importance of including and being accessible to everyone, has a welcoming attitude and employs well informed staff who are aware of the needs of people with disability.

The South Australian DAIP strategy specifies the following outcome areas:

### **Outcome 1. Inclusive and accessible communities**

People with disability live in accessible and well-designed communities with opportunity for full inclusion in social, economic, sporting and cultural life.

### **Outcome 2. Economic security and employment**

People with disability, their families and carers have economic security, enabling them to plan for the future and exercise choice and control over their lives.

### **Outcome 3. Rights protection, justice and legislation**

People with disability have their rights promoted, upheld and protected.

### **Outcome 4. Personal and community support**

People with disability, their families and carers have access to a range of supports to assist them to live independently and actively engage in their communities.

### **Outcome 5. Learning and skills**

People with disability achieve their full potential through their participation in an inclusive high quality education system that is responsive to their needs. People with disability have opportunities to continue learning throughout their lives.

### **Outcome 6. Health and wellbeing**

People with disability attain highest possible health and wellbeing outcomes throughout their lives.

## CHSALHN DISABILITY ACCESS AND INCLUSION PLAN

### Outcome 1. Inclusive and Accessible Communities

People with disability live in accessible and well-designed communities with opportunity for full inclusion in social, economic sporting and cultural life.

	<b>Actions</b>	<b>Responsibility</b>	<b>Timeframe</b>	<b>Measurable Target</b>
<b>1</b>	Maintain CHSALHN section of the SA Health website to ensure people with a range of disabilities can access the information they require.	Corporate Services	Annually review content and accessibility	SA Health Online Policy Directive and Web Accessibility Guidelines.  Alignment with Web Content Accessibility Guidelines (WCAG) 2.0.
<b>2</b>	Maintain CHSALHN intranet (Country Health Hub) to ensure people with a range of disabilities can access the information they require.	Corporate Services	Annually review content and accessibility	Alignment with Web Content Accessibility Guidelines (WCAG) 2.0.  Staff surveys about access and usability of intranet
<b>3</b>	Ensure all publications and information materials comply with the SA Health Corporate Identity Policy Directive and Design Standards Manual and the CHSALHN Style Guide, are written in plain language, reviewed by consumers when appropriate, and available in different formats on request. This includes abbreviated or simpler formats, such as 'easy English', to suit the needs of carers and people with a disability.	Communications	Annually review content and accessibility	Publications are reviewed for compliance with SA Health Corporate Identity Policy Directive and Design Standards Manual and the CHSALHN Style Guide.  Evidence of feedback sought from consumers.

4	Events organised by CHSALHN are accessible and inclusive to meet the needs of all participants.	People and Culture	As per event requirements	Develop a checklist in line with the Accessible Events Guide.
5	Ensure all owned and leased buildings meet accessibility standards	Corporate Services	Review 3 yearly	Audits of buildings are conducted against the accessibility standards e.g. Condition of Asset reports, Triennial Fire Review. Evidence of resolution of any complaints. High priority items from audits are actioned.  Maps of facilities available publicly (including disability access needs such as parking and ramp access).
6	Ensure the Disability (Access to Premises – buildings) Standard 2010 and Australian Standard AS1428 are applied to building redevelopments, new fitouts and refurbishments.	Corporate Services	As appropriate to redevelopment timeframes	Review of redevelopments, new fit outs and refurbishments against the standard.
7	Ensure evacuation procedures and emergency plans (including training) are designed to meet the requirements of people with a range of disabilities.	Corporate Services Site Managers	Annual review	Evacuation procedures and emergency plans have evidence of consideration of people with disabilities.
8	Signage, assistive technologies, recharge points for electric devices (communication and mobility) and rest stations.	Site managers	Annual review	Audits of signage, assistive technology, recharge point and rest station availability.
9	Role descriptions note compliance with accessibility standards and guidelines.	People and Culture	Annual review	All Role descriptions note compliance.

10	Disabled parking available at all CHSALHN facilities and are adjusted according to demand.	Site managers	Annual review	Disabled parking available at each site.
11	Aids and equipment are available to appropriately deliver services to people with a disability.	Site managers	Annual review or as new staff require	Communication material available that describes aids and equipment available.

## Outcome 2. Economic Security

People with disability, their families and carers have economic security, enabling them to plan for the future and exercise choice and control over their lives.

	<b>Actions</b>	<b>Responsibility</b>	<b>Timeframe</b>	<b>Measurable Target</b>
<b>1</b>	Review and ensure Workforce policies and procedures support accessibility and inclusion	People and Culture	As required per policy review schedule	Workforce policies and procedures are reviewed on a regular basis
<b>2</b>	Support the employment of people with a range of disabilities through recruitment practices and resources once employed by CHSALHN e.g. within interview and engagement processes, workplace assessments, and modifications prior to commencement or return to work.	People and Culture	Annual review	Numbers of people with a disclosed disability employed by CHSALHN
<b>3</b>	Encourage and support staff with a disability to participate in development programs (for example as mentor or mentee) for professional development, leadership and peer support opportunities through performance review and development process.	All Sites and Directorates	Annual review	Number of staff with a disability participating in development programs.
<b>4</b>	Information about flexible working arrangements for people with a disability are available in workforce materials.	People and Culture	Annual review	Evidence of the availability of flexible working arrangements in workforce materials e.g. fact sheets and all position advertisements.

### Outcome 3. Rights Protection, Justice and Legislation

People with disability have their rights upheld, promoted and protected.

	<b>Actions</b>	<b>Responsibility</b>	<b>Timeframe</b>	<b>Measurable Target</b>
<b>1</b>	Ensure staff feedback processes are simple, flexible and accessible for all.	People and Culture	As required	Review staff feedback and satisfaction with current process to ensure it is accessible, eg. Staff survey
<b>2</b>	Promote participation opportunities directly to people with a disability for their involvement in consultations to help shape health services.	All Directorates	As required	Evidence of consultation with people with disabilities in health service planning.
<b>3</b>	Encourage Health Advisory Councils (HACs) to engage with and strongly advocate for people with disabilities.	Communications	As required	SA Health Guide for Engaging with Consumers and the Community adapted for use by Country Health SA and HACs.  Specific references to engaging with people with disabilities to be included in Country Health SA Community and Consumer Engagement Strategy when it is updated in 2018.
<b>4</b>	Support stakeholder collaboration at executive level through systems and processes that foster positive relationships with disability service providers including Department of Communities and Social Inclusion and Disability SA, Non-government organisations, and Aboriginal	All Directorates	As required	Evidence of collaboration, shared system development and information sharing where appropriate.

	Community Controlled Organisations.			
<b>5</b>	Staff engaged in the further development and review of the DAIP actions and consultation.	All Directorates	Jan 2022	Staff survey. Engagement with HACs for feedback to inform ongoing monitoring of the DAIP.

## Outcome 4. Personal and Community Support

People with disability, their families and carers have access to a range of supports to assist them to live independently and actively engage in their communities.

	<b>Actions</b>	<b>Responsibility</b>	<b>Timeframe</b>	<b>Measurable Target</b>
<b>1</b>	Policies are in place to recognise and support carers.	People and Culture	As required	Review of existing policies for identification of supports for carers, eg. Staff selection procedure and flexible working arrangements
<b>2</b>	<p>CHSALHN partners with carers to support those with disabilities through:</p> <p>4.2.1 Care delivery and discharge planning inclusive of carer consideration and involvement.</p> <p>4.2.2 Valuing carer expertise and knowledge by actively communicating, consulting and engaging with carers.</p> <p>4.2.3 Supporting the carer role e.g. overnight stays, use of family/multi-purpose rooms. This is supported by SA Health Fees and Charges schedule which accommodates boarders.</p>	Site managers	As required	<p>Documentation processes to support carer involvement.</p> <p>Availability and use of services and facilities to support carers.</p>

## Outcome 5. Learning and Skills

People with disability achieve their full potential through their participation in an inclusive, high quality, education system that is responsive to their needs. People with disability have opportunities to continue learning throughout their lives.

	<b>Actions</b>	<b>Responsibility</b>	<b>Timeframe</b>	<b>Measurable Target</b>
<b>1</b>	Provide training and development programs and resources that are accessible and inclusive, and take into account the needs of participants.	People and Culture	Annual review	Development of DVD or online training options to support those with disabilities. For example SLS incidents and complaints staff training to be updated.
<b>2</b>	Ensure profiles of staff in newsletters e.g. Cooee or other internal communication channels represent a diverse range of people, including people with disabilities.	Communications All Directorates	As required per publication	Profiles of people with disabilities included in internal communications.
<b>3</b>	Encourage and support staff with a disability to participate in development programs (for example as mentor or mentee) for professional development, leadership and peer support opportunities through performance review and development process.	All Sites and Directorates	As required	Number of staff with a disability participating in development programs.

## Outcome 6. Health and Wellbeing

People with disability are supported to attain the highest possible health throughout their lives.

	<b>Actions</b>	<b>Responsibility</b>	<b>Timeframe</b>	<b>Measurable Target</b>
<b>1</b>	Consult with staff about their information needs about services and supports available.	All Sites and Directorates	As required	Focus groups to inform communication about services and supports.