



# CAHS Disability Access and Inclusion Plan

## 2022 - 2025



Healthy kids, healthy communities

Compassion

Excellence

Collaboration

Accountability

Equity

Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital

# Acknowledgements

## Acknowledgement of country and people



The Child and Adolescent Health Service would like to acknowledge the traditional custodians of the land, the Noongar people and the Aboriginal people of the many traditional lands and language groups of Western Australia. We acknowledge the wisdom of Aboriginal Elders both past and present and pay respect to Aboriginal communities of today.

## Acknowledgement of the Disability Access and Inclusion Committee

The Child and Adolescent Health Service (CAHS) would like to acknowledge the Disability Access and Inclusion Committee (DAIC) for their contribution to this report. The DAIC acts as an advisory committee for CAHS and has responsibility for developing, implementing, monitoring and evaluating the Disability Access and Inclusion Plan.

## Alternative formats

This publication is available in alternative formats upon requests such as, electronic format, by email, on the CAHS website [www.cahs.health.wa.gov.au](http://www.cahs.health.wa.gov.au), hard copy in large and standard print, easy to read “easy English” and audio format. For further information please contact [CAHS.Consumers@health.wa.gov.au](mailto:CAHS.Consumers@health.wa.gov.au)

## Enquiries

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# Chief Executive's foreword

We are in the privileged position of caring for children and families with every person we encounter being unique. With this privilege comes responsibility. It is critical that whether that person is a colleague, young person, child, parent or carer, we strive to ensure the way we interact, the environment we work in, the services we offer, and the processes and workflows meet the needs and expectations of those individuals.

In line with the *Western Australian Disability Health Framework 2015-2025*, the Child and Adolescent Health Service (CAHS) adopts the international social model perspective to define disability. This perspective seeks to change society in order to include people living with an impairment. When barriers are removed, people with disability can be independent and equal in society. It is our responsibility to make sure this happens. CAHS is fully committed to ensuring that people with disability, their families and carers are able to fully access the range of services and facilities we provide and that our workforce is representative of the community we serve.

I would like to thank the Disability Access and Inclusion Committee (DAIC) and the many staff, consumers and members of the community who contributed to the development of the CAHS *Disability Access and Inclusion Plan 2022 – 2025*, which I am proud to endorse.

I encourage all individuals to consider ways to actively work towards meaningful changes in practice, process and our environment to ensure we are responsive to the diverse needs of our colleagues, consumers, families, carers and visitors.

*Valerie Jovanovic*

**Valerie Jovanovic**  
**Acting Chief Executive**  
**Child and Adolescent Health Service**



# Background

## Introduction

The Child and Adolescent Health Service (CAHS) values diversity within its consumers, carers, families and workforce; recognising and promoting the importance of creating a welcoming and inclusive organisational culture based on equity and respect.

In 2018 16.4% of Western Australians had disability. Disability access and inclusion plans aim to eliminate physical, institutional, and attitudinal barriers to inclusion, and empower people with disability. CAHS has developed a new Disability Access and Inclusion Plan (DAIP) 2022 – 2025 in accordance with the *Disability Services Act 1993* (amended 2004) as part of our commitment to ensure that all people with disability, as highly valued members of our community, are able to participate and have the same opportunities as others.

The process of reviewing our previous achievements and developing a new DAIP highlights our proactive approach to demonstrating our ongoing commitment to ensuring equity and access to our workplaces, facilities and services we provide.

### Definition of disability

The social model of disability is the internationally recognised way to view and address disability. This model does not deny the reality of impairment nor its impact on the individual, however it does challenge the physical, attitudinal, communication and social environment to accommodate impairment and promote access and inclusion.

Under the social model of disability, societal barriers are considered to be obstacles to participation, not a person's impairment. For example, a flight of stairs for a wheelchair user, or an employer's ignorance about mental health in relation to an employee with a psychosocial disability. The social model rejects disability as being an individual deficit, a deviation from the 'norm' or what a person cannot do or cannot be. This form of discrimination and social prejudice against people with disability is referred to as ableism.

The *United Nations Convention on the Rights of Persons with Disabilities* in 2007 marked the official paradigm shift in attitudes towards people with disability and approaches to disability concerns. In the context of the CAHS DAIP, the following definitions will apply:

- *Impairment* is a medical condition that leads to disability
- *Disability* is the result of the interaction between people living with impairments and an environment filled with physical, attitudinal, communication and social barriers.



## Disability access and inclusion in health services

The social model perspective is aligned with the *Western Australian Disability Health Framework 2021 - 2025* and *Australia's Disability Strategy 2021 – 2031*, which emphasise good health and wellbeing, including mental health, as critical determinants of a person's quality of life, especially for those with disability.

CAHS acknowledges the need to ensure health services provide equitable support to people with disability and that health services are timely, comprehensive, appropriate and effective. In the current context of COVID-19 we need to ensure that risk management plans and public emergency responses are inclusive of people with disability and support their physical and mental health and wellbeing.

## Person-first and identity-first language

Language is constantly evolving, including the language used around disability. CAHS recognises that the language used throughout this document may not align with the preferences of every individual and group. CAHS has chosen in this DAIP to continue using person-first language, which puts the person before their disability. Person-first language is used to emphasise a person's right to an identity beyond their disability.

We know that many people with disability prefer to use what is known as 'identity-first' language which puts a person's disability identity before the person, for example, 'disabled person'. CAHS recognises that many people with disability prefer to use identity-first language because they see their disability as a key part of their identity. These preferences reflect the different ways people consider their identity, their experience of disability and the attitudes of their community.

## Intersectionality and diversity

Intersectionality recognises that a person or group of people can be affected by multiple forms of discrimination and disadvantage due to their race, sex, gender identity, sexual orientation, impairment, class, religion, age, social origin, and other identity markers. CAHS aims to implement the DAIP 2022 – 2025 with an intersectional and diversity lens to ensure intersectional discrimination is proactively addressed and marginal groups are able to access tailored resources, services and supports.



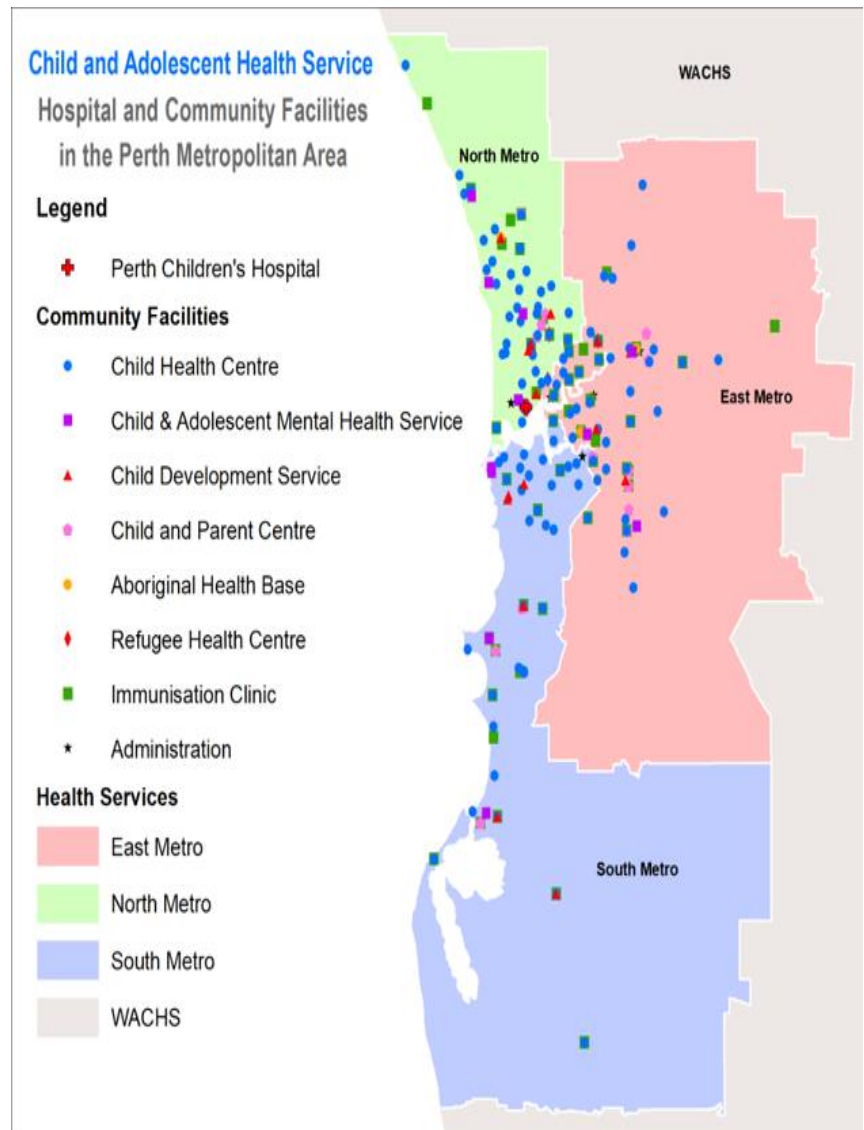
# About the Child and Adolescent Health Service

The Child and Adolescent Health Service is made up of **Neonatology, Community Health, Child and Adolescent Mental Health Service and Perth Children's Hospital**. We provide a comprehensive service to support the health, wellbeing and development of Western Australian babies, children and young people aged from 0-18 years.

**Neonatology** provides state-wide tertiary neonatal services to critically ill newborn babies and infants from across Western Australia.

**Community Health** offers a range of services to all babies, children and young people in Perth, including child health (purple book appointments), immunisations and school health. Community Health also provide extra services for families who may need them, including Aboriginal and refugee families, and the Child Development Service for children who need extra support with their development.

The **Child and Adolescent Mental Health Service** provides mental health services to infants, children, adolescents and their families across the Perth metropolitan area. Services include community-based programs as well as inpatient care and a range of specialised services for children with complex mental health conditions across Western Australia.



**Perth Children's Hospital** is Western Australia's only dedicated children's tertiary hospital and provides services to children and young people up to 16 years of age, from across the state.



## Our vision

# Healthy kids, healthy communities

## Our values

### Compassion

I treat others with empathy and kindness.

### Collaboration

I work together with others to learn and continuously improve our service.

### Equity

I am inclusive, respect diversity and aim to overcome disadvantage.

### Excellence

I take pride in what I do, strive to learn and ensure exceptional service every time.

### Respect

I value others and treat others as I wish to be treated.

### Accountability

I take responsibility for my actions and do what I say I will.

## Our strategic objectives



Care for children, young people and families



Value and respect our people



Provide high-value healthcare



Promote teaching, training and research



Collaborate with our key support partners





## CAHS Commitment

The Child and Adolescent Health Service is focused on ensuring that people with disability are provided with the same rights as others to fully participate in all aspects of life, and in particular access to and use of CAHS services:

- CAHS is committed to ensuring all people have equitable and inclusive access to our services, facilities, information, employment and volunteering opportunities and events regardless of an individual's abilities or differences.
- CAHS is committed to consulting with consumers, parents, carers and staff to ensure barriers to access and inclusion are addressed appropriately and in a timely way.
- CAHS is committed to working in partnership with community groups and other public authorities to facilitate the inclusion of people with disabilities.
- CAHS is committed to ensuring its agents and contractors work towards the desired access and inclusion outcomes in the DAIP.

Processes and outcomes associated with access and inclusion require a flexible organisational approach across the organisation to ensure an individual's unique needs, strengths and priorities are taken into consideration.

## Purpose of the DAIP

The *Disability Services Act 1993* (amended 2004) requires all state government agencies to develop a DAIP. The purpose of the DAIP is to ensure people with disability can access services, facilities, buildings, information and employment provided by public authorities in Western Australia, in a way that facilitates increased independence, opportunities and inclusion within the community.

*CAHS needs to ensure ongoing oversight of all areas of operation to ensure people with disability have access. This is far more than ramps and walkways, it extends to attitudes and understanding*  
**CAHS Consumer**

This document provides strategic direction and a framework for CAHS to plan, implement monitor and evaluate improvements to access and inclusion across the seven outcome areas, in partnership with staff, consumers and members of the community.



# Achievements from the previous DAIP 2018 – 2022

CAHS implemented significant achievements to improving disability access and inclusion across the seven outcome areas during the 2018 – 2022 DAIP. This included:



**Outcome One: People with disability have the same opportunities as other people to access the services of, and any events organised by, CAHS**

- The PCH Volunteer Service assists people with disability attending the hospital. For example, providing information on access or transporting children and visitors with disability on the 'Stitches Shuttle' from the QEII carpark to the PCH main entrance.
- PCH provides a National Disability Insurance Scheme (NDIS) Coordinator to support families and children to access the NDIS. This includes assisting families to navigate NDIS processes and ensuring clinical teams include all appropriate supporting information.

**Outcome Two: People with disability have the same opportunities as other people to access the buildings and other facilities of CAHS**



- PCH Kids Bridge (Kulunga Bridge): The DAIC participated in the design and development of the bridge from PCH to Kings Park to ensure access and inclusion for all children, families, staff and visitors.
- The CAHS Infrastructure and Facilities Management team work to ensure all new sites or building projects comply with both building codes for disability access and meet functional requirements for the clinical services being delivered and the consumers who access them. The Infrastructure and Facilities Management team is developing plans for the Midland and Murdoch Hubs which will replace some of the existing CAHS buildings and facilities which do not have adequate disability access.



**Outcome Three: People with disability receive information from CAHS in a format that will enable them to access the information as readily as other people are able to access it**

- CAHS launched a new website in late 2019, developed on templates aligned with the Digital Services policy framework and the WA Government's web accessibility standards to meet all WCAG 2.0 Level A guidelines, and as many Level AA guidelines as practicable.



This makes CAHS' information available to as many people as possible, including people with disabilities who may use assistive technologies, and people with slower internet connections such as those in country areas or using older computers. The information on the CAHS and PCH websites is available in alternative formats on request for a person with a disability.

- Every publication developed by CAHS is produced with multiple needs in mind. The service uses Plain English and branding to identify as CAHS, with neutral images that are relatable to all people. Publications are carefully spaced to make them easy to read and diagrams are used to promote communication. Images are selected to reflect diversity and realistic scenarios.

#### Outcome Four: People with disability receive the same level and quality of service from the staff of CAHS as other people receive from the staff of CAHS



- In 2019/20 the Child Development Service (CDS) conducted a review into how it carries out Autism Spectrum Disorder (ASD) diagnostic assessments to identify methods to provide the service in a more timely and efficient way. A revised pathway contributed to a significant reduction in waiting times for ASD assessments within the CDS with a 40% decrease in wait times for children under 7 years old and a 50% reduction in wait times for children over 7 years old.
- A new disability access and inclusion e-learning package has been developed with input from consumers and staff on the DAIC and is made available through the CAHS Learning Management System for all staff to access.
- New staff are advised of the importance of disability access and inclusion during the CAHS corporate induction.



#### Outcome Five: People with disability have the same opportunities as other people to make complaints to CAHS

- All staff are available to assist people with disabilities to provide feedback, with a dedicated Consumer Engagement Service also available during office hours. Comments, complaints, and suggestions may be made via the CAHS website or sent via email, and suggestion boxes are also available throughout CAHS facilities. Feedback related to disability access and inclusion is processed and managed through the Consumer Engagement Team and discussed at the DAIC to ensure any changes to policy or services have consumer input.



- In 2020 the Your Experience of Service (YES) and Carer Experience of Service (CES) surveys were implemented within the Child and Adolescent Mental Health Services (CAMHS) which include questions relating to access to services. The surveys are available in multiple formats - paper, online, differing languages and can be offered verbally or support provided to complete - to promote access and inclusion.

### Outcome Six: People with disability have the same opportunities as other people to participate in any public consultation by CAHS



- The CAHS Consumer Engagement Strategy and Framework was developed through an inclusive co-design process with young people, families and carers, including people with a disability. The strategy has components about direct clinical care and consumer feedback where it outlines actions for how CAHS can improve engagement and participation for people with disability and their families.
- Recruitment of consumers to both the Youth Advisory Council (YAC) and Consumer Advisory Council - Parent and Carer (CAC) has increased membership of consumers with disability (or a parent/carer of a child with disability) in the key CAHS consumer advisory committees.



### Outcome Seven: People with disability have the same opportunities as other people to obtain and maintain employment with CAHS

- The CAHS Disability Advisory Council was reviewed and is now the CAHS DAIC with both an advisory function and role in monitoring the DAIP and facilitating its implementation.
- CAHS uses inclusive recruitment practices and encourages people with disability to apply for positions advertised across the organisation. CAHS is working with disability employment providers to actively recruit and employ people with disabilities and ensure that workplaces are tailored to employee needs. People with disabilities are employed in a variety of roles at CAHS. In 2020/21 CAHS submitted its Equal Opportunity Plan to the Director of Equal Opportunity in Public Employment (DEOPE) setting out workforce targets to increase current representation of employees with a disability to 4.2% by 2025.



# Development of the DAIP

## Legislative, policy and strategic context

People with disability, their families and carers have the same rights as others to access services, buildings and information within the community. Their rights are protected by State and Commonwealth legislation which make it unlawful to discriminate against a person with a disability and to ensure they have the same opportunities and choices as the rest of the community.

Public authorities in Western Australia are required to have a DAIP under the [Disability Services Act 1993](#).

Other legislation, strategies and reports underpinning access and inclusion includes the:

- *Equal Opportunity Act 1984* Western Australia
- *Australian Human Rights Commission Act 1986* Commonwealth
- *Disability Discrimination Act 1992* Commonwealth
- *Public Sector Management Act 1994* Western Australia
- *Carers Recognition Act 2004* Western Australia
- *Convention on the Rights of Persons with a Disability 2007* United Nations
- *Sustainable Health Review 2019* Western Australia
- *WA State Disability Strategy 2020 – 2031* Western Australia
- *Australia's Disability Strategy 2021 – 2031* Commonwealth

Implementation plans will be responsive to current legislation and the National Safety and Quality Health Standards relating to best practice in the area of disability.

The DAIP is supported by CAHS strategic documents including:

- CAHS Strategic Plan 2018 – 2023
- Consumer Engagement Strategy 2020 – 2022
- CAHS Digital Technology Roadmap 2019 – 2023.

The CAHS DAIP 2018 – 2022 was reviewed to determine progress and identify any outstanding or ongoing actions requiring further development. The areas for revision were:

- Accessibility of buildings and other facilities
- Staff training and skills in provision of an equitable service to families with disability
- Equal opportunities to obtain and retain employment.



## Review of consumer feedback

CAHS consumers have several mechanisms to provide feedback on the services they receive. These include:

1. The CAHS Consumer Feedback form to lodge a formal complaint, contact or provide a compliment.
2. The Ministerial process to raise issues directly with the Minister for Health or Minister for Disability Services
3. A post on the Care Opinion website to anonymously provide feedback on health services.

As part of the development of the DAIP, consumer feedback received from all the above mechanisms was reviewed from January 2020 until October 2021. The feedback highlighted several focus areas for CAHS including:

- Issues with access to treatment, adequate care and support
- Long wait times for an appointment or assessment
- Breakdowns in communication between staff or departments and with consumers.

## Consultation Process

To inform the development of the DAIP 2022 – 2025, staff, consumer and community consultation took place and was an essential process. A variety of consultation processes were undertaken to ensure the views of CAHS consumers, staff, key stakeholders and the community were included.

### Disability Access and Inclusion Committee

The CAHS Disability Access and Inclusion Committee (DAIC) acts as an advisory committee for CAHS and has responsibility for developing, implementing, monitoring and evaluating the DAIP. The DAIC meets monthly and plays a key role in establishing initiatives to increase organisational knowledge and skills in working with and providing care to those with disability, increasing awareness of barriers that people with disability face, and providing practical advice to improve disability access and inclusion across all CAHS services.

Committee members have personal and/or professional knowledge of disability and include consumers and carers as well as representatives from across Perth Children's Hospital, Community Health and Mental Health; CAHS People, Capability & Culture, Consumer Engagement team, the CAHS NDIS Coordinator; and Kalparrin.



On the 11<sup>th</sup> November 2021 a workshop was conducted with DAIC members to answer the open question: *What might be the broader vision and priorities for CAHS Disability Access and Inclusion in the next 3-5 years?* Committee members then identified the access and inclusion priorities under each of the seven outcomes from their different perspectives. The findings of this workshop highlighted:

- Need for accessibility audits to inform improvements
- Consideration for the intersections between disability and other diverse groups
- Appropriate communication mechanisms (between staff and consumers, between staff and services) to ensure provision of safe and inclusive care
- Health and disability systems are complex to navigate
- Difficulties for rural and remote consumers accessing centralised services
- Robust processes are required for consultation with consumers, families and staff to inform improvements
- The importance of creating a safe culture for CAHS staff with disability and diverse or complex needs.

*Transition from child to adult services has been a parental concern for many years and requires a concerted effort and plan to improve in this area*  
**CAHS Consumer**

An anonymous survey was developed for staff, consumers and members of the community to select the most important strategy for CAHS under each domain and potential actions to accomplish this. The strategy options in this survey were developed with input from the review of the CAHS Disability Access and Inclusion Plan 2018 - 2022, the CAHS Consumer Engagement Strategy 2020 - 2022, consumer feedback data in 2020/2021 and the DAIC workshop. The survey was sent to DAIC members and key CAHS staff for feedback prior to wider distribution. All changes suggested were incorporated into the final DAIP survey.

## Community consultation

An engagement and consultation process took place between late 2021 and early 2022 using several methods. These included:

- An advertisement was placed in The West Australian newspaper on Saturday 8<sup>th</sup> January 2022 with a request for members of the community to complete the DAIP survey via a QR code
- A Facebook post was published on the PCH page on Monday the 10<sup>th</sup> January 2022 with a link to the DAIP survey



- The DAIP survey was sent to Kalparrin for distribution to their networks
- PCH volunteers distributed the QR code and information about the DAIP survey to PCH inpatients and outpatients and parents and carers during the week of 15<sup>th</sup> to 19<sup>th</sup> January 2022. PCH volunteers completed the DAIP survey with consumers, parents and families on pre-loaded tablets as required
- The CAHS website was updated with information about the DAIP review and a link to the DAIP survey.

### CAHS staff consultation

CAHS staff were notified of the DAIP review on the 3<sup>rd</sup> December 2021, International Day of People with a Disability, via a CAHS global email 'Message from the Chief Executive' and were invited to participate.

Links to the DAIP survey were also distributed via:

- CAHS HealthPoint Disability Access and Inclusion page update
- PCH Headlines on the 10<sup>th</sup> January 2022
- CAMHS and Community Health Headlines January 2022
- Disability Access and Inclusion Committee member networks.

*There is a need to 'close the loop' on actions, to make sure the daily things that promote inclusivity occur, and those who contribute feel they are being heard.*

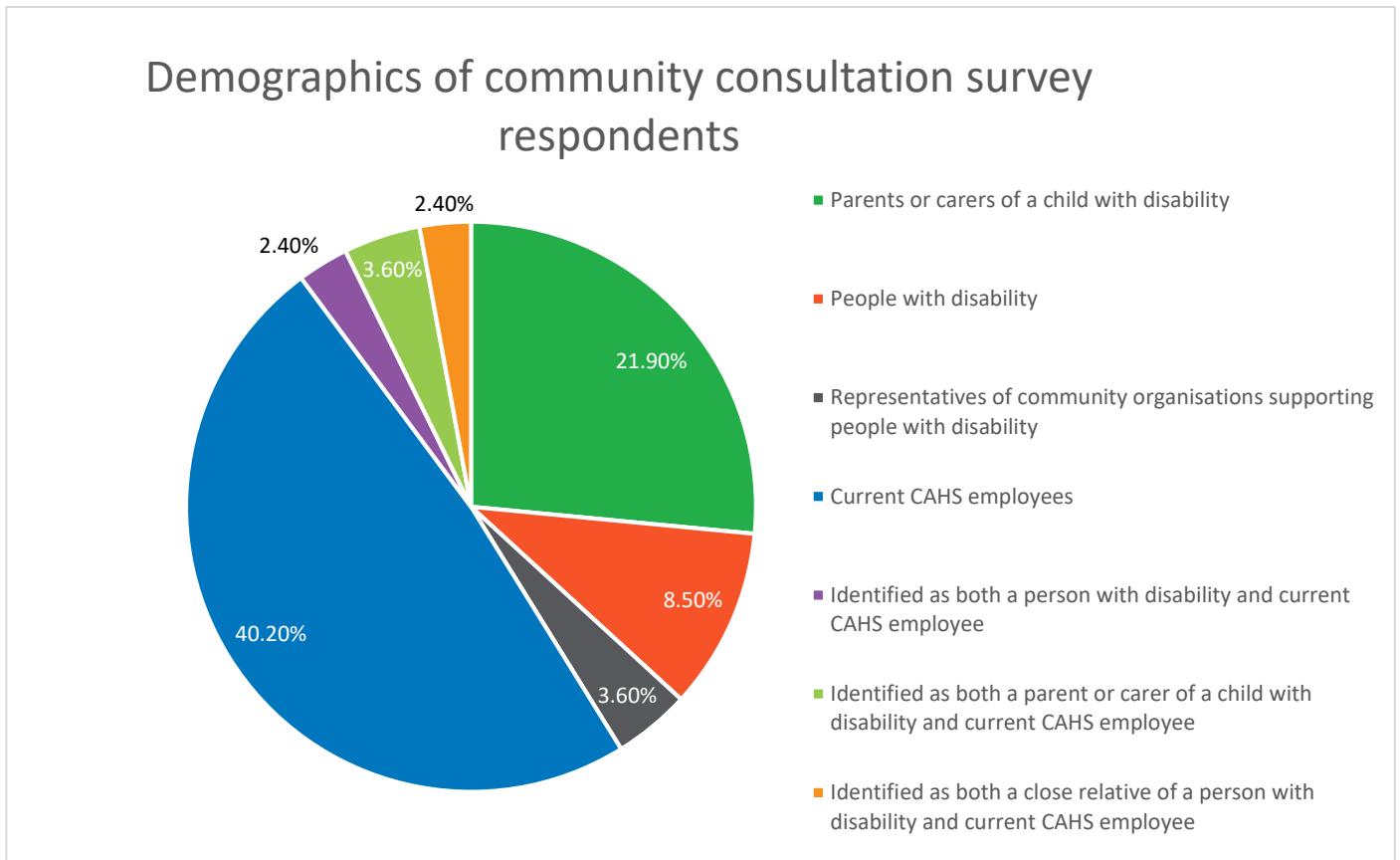
**CAHS staff member**





## DAIP Survey

CAHS developed its community consultation survey using Microsoft Forms and received 82 responses from a cross-section of the Western Australian community and staff from CAHS. The survey was available in alternative formats on request by contacting the CAHS Consumer Engagement Team via phone or email.



In addition to capturing priority strategies for the DAIP, qualitative data analysis identified key themes:

- Consumer and staff consultation at all levels
- Regularly report on actions and achievements
- Ensure the appropriate information is widely available
- Better use of patient records for capturing disability and complex needs.

Following a review of the DAIP survey results, the DAIP strategies, actions, timeframes, deliverables and accountability were finalised in consultation with the DAIC and key CAHS stakeholders.



# The CAHS DAIP 2022 – 2025



Outcome One: People with disability have the same opportunities as other people to access the services of, and any events organised by, CAHS.

## 1.1 CAHS will use processes to ensure events organised or promoted by our health services are considerate of, and accessible to, people with disability

Actions	Timeframe	Accountability	Deliverables and Indicators
Develop a guideline on <i>Planning accessible events for CAHS consumers and staff</i>	December 2022	Consumer Engagement Team (CET)	A guideline is developed and endorsed by DAIC

## 1.2 The Disability Access and Inclusion Committee will regularly review the DAIP and support the implementation of actions

Actions	Timeframe	Accountability	Deliverables and Indicators
Implement a monitoring and evaluation framework for the DAIP which is reviewed biannually	Ongoing	DAIC Chair	Review is tabled at DAIC and % actions completed within timeframes reported
Promote and monitor the CAHS staff online form ' <i>Suggestions for the Disability Access and Inclusion Committee</i> ' on the Diversity and Inclusion HealthPoint hub	Monitor monthly	People, Capability & Culture (Workforce)	Promote online form in CAHS-wide communications twice per year  Item on DAIC agenda



Outcome Two: People with disability have the same opportunities as other people to access the buildings and other facilities of CAHS.

**2.1 CAHS will develop a clear process for improving access issues highlighted by consumer and staff feedback**

Actions	Timeframe	Accountability	Deliverables and Indicators
Disability and access requirements are added to the Minor Building and Works Program (MBWP) request to Department of Health and Treasury	Annually	Infrastructure and Facilities Management	MBWP includes disability access requirements
Include disability access and inclusion in the CAHS Strategic Asset Plan	Annually	Infrastructure and Facilities Management	CAHS Strategic Asset Plan updated and reported to DAIC
Identify current pathways for consumers and staff can use to highlight and escalate access issues	October 2022	CET / Infrastructure and Facilities Management	Pathways document tabled at DAIC. CAHS-wide and consumer communications

**2.2 CAHS will review accessibility of PCH and community sites and make improvements to support the inclusion of people with disability**

Actions	Timeframe	Accountability	Deliverables and Indicators
Complete audit of CAHS sites to ensure safe and accessible building and facilities	July 2023	Infrastructure and Facilities Management	Audit is complete and tabled at DAIC



Outcome Three: People with disability receive information from CAHS in a format that will enable them to access the information as readily as other people are able to access it.

**3.1 CAHS will develop practical supports to help families understand how to access available health and disability systems**

Actions	Timeframe	Accountability	Deliverables and Indicators
<p>Review the CAHS website in partnership with CAHS consumers and families, to ensure health and disability information:</p> <ul style="list-style-type: none"> <li>- Can be easily accessed</li> <li>- Has appropriate linkages to current and available health and disability services, consumer navigation supports and advocacy</li> <li>- Identifies key CAHS personnel who can assist staff and families to access available health and disability systems</li> </ul>	July 2023	DAIC membership CET	Consultation is complete and website is reviewed
<p>Make modifications and updates to CAHS website as required and promote available resources to staff, consumers and families</p>	Ongoing	Communications	Website is updated and communicated to consumers and CAHS wide
<p>Provide advice to CAHS staff in the planning, design, implementation or evaluation of resources for children and families to ensure these are inclusive and accessible to people with disability</p>	Ongoing	DAIC membership Communications CET	DAIC will provide advice to CAHS staff in the development of resources on request and as required

**3.2 CAHS will advocate for patient information management systems which are integrated, support information sharing between services and capture the unique needs of families with disability**

Actions	Timeframe	Accountability	Deliverables and Indicators
Review current patient information management systems across CAHS and their ability to capture the unique needs of families with disability	July 2023	DAIC	Review report is tabled at DAIC
Consult with staff and consumers on the key alerts which are and/or could be most beneficial to capture unique needs of families with disability	December 2023	DAIC Chair CET	Consultation is complete
Provide results to CAHS Executive committees for escalation through existing channels	July 2024	DAIC Chair	Report is submitted to PCCEC and action plan tabled at DAIC



**Outcome Four: People with disability receive the same level and quality of service from CAHS staff as other people receive from CAHS staff.**

**4.1 CAHS will eliminate ableism, harassment and discrimination within the health service**

Actions	Timeframe	Accountability	Deliverables and Indicators
Include ableism definition and examples in the CAHS Disability Access and Inclusion staff training	December 2022	People, Capability and Culture	Information is included
Reinforce commitment from CAHS towards zero tolerance for discrimination and harassment	June 2025	People, Capability and Culture	Staff are clear on behaviours that are not tolerated
Develop resources to support clear information on how staff can raise issues and concerns around micro-aggressions, discrimination and harassment	June 2025	People, Capability and Culture	Materials are accessible in plain language
Implement a process to identify and report consumer complaints or concerns around micro-aggressions, discrimination and harassment	June 2023	CET	Process for utilising and reporting on Datix CFM identifiers is implemented

**4.2 CAHS will support staff to have adequate skills, training and assistance to provide an equitable service to those families with disability including promoting knowledge of the Carers Recognition Act**

Actions	Timeframe	Accountability	Deliverables and Indicators
Consider which elements of staff training relating to provision of services to families and children can be co-facilitated by consumers with disability and carers	Ongoing	Service stream Learning and Development (L&D) teams CET	Training for staff is co-facilitated by consumers and carers with disability
Introduce the CAHS Disability Access and Inclusion staff training package as an essential part of staff induction	December 2022	People, Capability & Culture (L&D)	Proportion of new staff who complete the training
Incorporate training modules which acknowledge the value of diversity and support an inclusive organisational culture in CAHS leadership development programs	December 2022	People, Capability & Culture (L&D)	Training modules are incorporated in CAHS leadership development programs
Promote the Diversity and Inclusion HealthPoint hub for staff to review at key times during the year	Ongoing	DAIC Chair Communications	Included in CAHS communications twice per year
Promote external education opportunities which relate to developing skills in providing quality care to consumers with disability	Ongoing	L&D teams	Number of times external education opportunities are promoted

<b>4.3 CAHS will facilitate safe and seamless transitions between CAHS services and to youth and adult services for people with disability</b>			
<b>Actions</b>	<b>Timeframe</b>	<b>Accountability</b>	<b>Deliverables and Indicators</b>
Identify current transition processes for relevant CAHS services and ensure key elements to facilitate safe transitions are included	July 2023	DAIC CET	Current transition processes are identified and tabled at DAIC
Consult with families and staff to understand the key elements required to facilitate safe transitions between CAHS services and youth/adult services	December 2023	DAIC membership	Consultation has occurred





Outcome Five: People with disability have the same opportunities as other people to make complaints to CAHS.

**5.1 CAHS will enhance the process for escalating disability access and inclusion issues identified in consumer feedback to executive committees and the CAHS Board**

Actions	Timeframe	Accountability	Deliverables and Indicators
Confirm the escalation pathway for access and inclusion issues between CAHS staff and consumers and the CAHS Board	July 2022	People Capability and Culture (Workforce) DAIC Chair CET	Escalation pathway will be documented and tabled at DAIC
Promote and monitor the escalation pathway to CAHS staff, consumers and families	December 2022	Communications DAIC	Consumer and staff feedback is escalated to the CAHS Board as needed Included in CAHS wide and consumer communications twice per year

**5.2 CAHS will review complaints process to ensure inclusion of consumer feedback into improvements is communicated back to consumers and the wider community**

Actions	Timeframe	Accountability	Deliverables and Indicators
<p>Conduct a review of the CAHS complaints process in partnership with consumers to investigate if:</p> <ul style="list-style-type: none"> <li>- Information is easy to find and accessible on the CAHS website</li> <li>- The complaints form meets readability and accessible formats</li> <li>- Consumers making complaint can choose the format of complaint response</li> </ul>	July 2023	CET (Complaints)	Review is completed and reported to DAIC
<p>Implement changes from review of the CAHS complaints process in partnership with consumers</p>	December 2023	CET (Complaints)	Complaints process is updated
<p>Share lessons learned and celebrate You Said/We Did service improvements in response to complaints with CAHS staff, consumers and key non-government disability organisations to ensure broader community is informed</p>	Biannually	Safety and Quality CET DAIC Chair Communications team	Lessons learned are shared and celebrated at least twice per year



**Outcome Six: People with disability have the same opportunities as other people to participate in any public consultation by CAHS.**

<b>6.1 CAHS will identify and use methods of consultation that are inclusive of people with a disability</b>			
<b>Actions</b>	<b>Timeframe</b>	<b>Accountability</b>	<b>Deliverables and Indicators</b>
Review literature and consult with staff and consumers with disability, disability advocates and non-government disability organisations to guide best practice inclusive consultation for CAHS	December 2022	CET/DAIC membership	Consultation has occurred
Develop access and inclusion best practice guidelines for CAHS to follow when organising consumer consultations	December 2022	CET	Best practice guidelines are developed and tabled at DAIC
<b>6.2 CAHS will develop a process for including consumer consultation, disability awareness and impact into policy and project planning development</b>			
<b>Actions</b>	<b>Timeframe</b>	<b>Accountability</b>	<b>Deliverables and Indicators</b>
Review CAHS project management framework to ensure appropriate stakeholder consultation is a consideration in the planning, development, implementation and evaluation of a project	July 2022	Project Management Office (PMO)	Stakeholder consultation is documented within the project management framework
Include a Statement of Commitment in the CAHS Policy template to ensure consumers with disability and/or carers are involved in the review and development of relevant policies	July 2022	CAHS Policy	Statement of Commitment is updated. Number of co-designed consultations reported to DAIC
Identify opportunities for co-designed consultations with people with disability	Ongoing	CAHS Policy PMO CET	Documentation of co-design in Policy documents



**Outcome Seven: People with disability have the same opportunities as other people to obtain and maintain employment with CAHS.**

**CAHS will support flexible workplace arrangements to accommodate staff with disability and carers**

Actions	Timeframe	Accountability	Deliverables and Indicators
Develop workplace adjustment guideline to ensure CAHS staff are provided with appropriate adjustments as required	December 2022	People, Capability & Culture (Work Health Safety & Wellbeing [WHSW] and L&D)	Workplace adjustment guideline developed and tabled at DAIC
Develop specific promotional materials to increase understanding of the Flexible Work Policy and communicate availability to CAHS staff, including those with disability and those that are carers	December 2022	People, Capability & Culture (Workforce)	Promotional materials are developed, circulated and tabled at DAIC
Provide managers with information to understand the benefits of working from home and other ways to support inclusive work practises	Ongoing	People, Capability & Culture (Workforce)	Proportion of managers provided with information reported to DAIC

**CAHS will actively seek to adopt more inclusive recruitment practices and remove employment barriers for people with disability.**

Actions	Timeframe	Accountability	Deliverables and Indicators
Embed inclusive recruitment practices, including inclusive language and assessment adjustments into selection processes	June 2024	People, Capability & Culture	Inclusive recruitment practices are documented, and audit demonstrates use in selection processes

Establish partnerships and work collaboratively with Disability Service Providers to identify, promote and advertise suitable job opportunities	December 2024	People, Capability & Culture (Workforce)	Number of job opportunities identified with Disability Service Providers and advertised
Review essential criteria for managers/supervisors to require demonstration of incorporation of inclusive practices and safety in relation to the Equal Opportunity Act, Workplace Health and Safety Act and Disability Services Act	July 2023	People, Capability & Culture (Workforce)	Essential Selection Criteria updated

<b>CAHS will identify ways to engage with staff who have a disability in the development of work health, safety and wellbeing plans</b>			
<b>Actions</b>	<b>Timeframe</b>	<b>Accountability</b>	<b>Deliverables and Indicators</b>
Review the principles of Inclusive Work Design and implementation process for CAHS, ensuring a collaborative process with staff	December 2024	People, Capability & Culture (WHSW)	Review is complete
Undertake a Thrive at Work audit and survey to identify and consolidate opportunities and activities which promote health and wellbeing of CAHS staff	December 2024	People, Capability & Culture (WHSW)	Thrive at Work audit and survey is complete
Ensure development and documentation of a Personal Emergency Evacuation Plan (PEEP) process is incorporated into induction and onboarding for new employees	December 2023	Emergency Management Unit  People, Capability & Culture (L&D and WHSW)	Proportion of new employees with documented PEEP

## Implementation of the DAIP

The *Disability Services Act 1993* requires that CAHS takes all practical measures to ensure the DAIP is implemented by its employees, agents, service providers and contractors. CAHS is committed to working alongside people with disability, families and staff to implement this DAIP in a coordinated way to deliver real changes.

All areas in CAHS play a role in the inclusion and support of people with disability and their families. The responsibility of implementing the DAIP therefore lies with all CAHS directorates, services and staff members. By working together collaboratively, we can ensure all services and workplaces in CAHS are inclusive and accessible.

The DAIP outlines broad actions, deliverables, timelines and key areas of accountability. An internal implementation and monitoring plan using Microsoft Planner will detail specific actions that are responsive to the changing needs of CAHS consumers, families and staff.

## Monitoring, Evaluation and Reporting

The Disability Access and Inclusion Committee (DAIC) will coordinate the monitoring, evaluation and reporting of the DAIP.

The monitoring process will incorporate:

- Consultation with key stakeholders, consumers, families and staff
- Review of complaints, compliments and contacts to CAHS relating to disability access and inclusion
- Review of clinical incidents relating to people with disability to identify additional barriers to access and inclusion not already documented.

Evaluation of the implementation of the DAIP will include the following:

- Annual review of the engagement of staff with disability and any related findings in the 'Your Voice in Health' Survey
- Staff, consumers and carers will be given opportunities to provide feedback on how well strategies are working and to make suggestions for improvement. This will be in the form of annual surveys and ad hoc feedback opportunities via QR codes at key locations in PCH and community sites.

CAHS will report on the implementation of the DAIP 2022 – 2025 through the Department of Communities progress report template by 30 June each year, as per the reporting requirements of the *Disability Services Act 1993 (amended 2004)*. This report will be published on our internet and intranet websites.

Additional reporting will include:

- CAHS staff responsible for DAIP implementation strategies will provide biannual progress updates to the DAIC.
- The DAIC will report DAIP progress biannually to the People, Capability and Culture Executive Committee. The DAIP Progress Report will identify any internal implementation barriers and request guidance and resources as required. The report will be escalated to the CAHS Board via the PCC Board Subcommittee.
- The DAIC will participate in the periodic National Safety and Quality Health Standards (NSQHS) review process to document CAHS' progress and achievement against the criteria relating to people with disability.
- The DAIC will report to CAHS staff, consumers and the community any significant achievements or progress made in removing barriers to access and inclusion for people with disability via CAHS global email, Healthpoint, CAHS internet page, the CAHS Engage Network and social media accounts.

## Communicating the DAIP

The CAHS DAIP is available electronically via the CAHS internet and intranet websites. Publication of the DAIP will be communicated to CAHS staff, the community, contractors, agents and service providers by existing communication channels, including but not limited to global CAHS staff emails, Healthpoint, the CAHS Engage Network and consumer committees. The DAIP will be made available in accessible formats upon request.



# Child and Adolescent Health Service

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