



Government of Western Australia  
Child and Adolescent Health Service



# CAHS Disability Access and Inclusion Plan

## 2026-2028

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

Compassion

Excellence

Collaboration

Accountability

Equity

Respect

# Acknowledgement of Country

The Child and Adolescent Health Service (CAHS) acknowledges the Whadjuk and Binjareb people of the Noongar Nation as the Traditional Custodians of the land, sea and waters on which we work and live. We pay our respects to the Elders past and present.

Aboriginal people, as the First Peoples, have cared for this land for at least 65,000 years. We recognise and value their continuing cultural and spiritual connections to this land. CAHS acknowledges the diversity of Aboriginal people from across Western Australia who access the health services provided within CAHS.

CAHS recognises that the colonisation of this Country has come at a great cost to Aboriginal peoples and communities and the continued effects of colonisation impact on health and wellbeing today. We pay tribute to the strength, resilience, and courage of Aboriginal people who have survived the devastation of the recent past, to stand strong and proud today.

CAHS is committed to working towards a better future, where all cultures are respected and valued, and Aboriginal people take their rightful place as the First Australians.



# Acknowledgement of the CAHS Disability Access and Inclusion Advisory Group

The Child and Adolescent Health Service (CAHS) would like to acknowledge the Disability Access and Inclusion Advisory Group (DAIAG) for their contribution to this report. The DAIAG acts as an advisory group for CAHS, from both a staff and consumer perspective, 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, and audio format. For further information please contact [CAHSOrgDevelopment@health.wa.gov.au](mailto:CAHSOrgDevelopment@health.wa.gov.au)

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# Chief Executive's foreword

It is with great pride that I present the Child and Adolescent Health Service (CAHS) Disability Access and Inclusion Plan 2026-2028, which reaffirms our commitment to supporting children and young people with disability and their families in achieving optimal health and wellbeing. As Western Australia's leading paediatric health service, CAHS is equally committed to fostering a safe, inclusive, and supportive workplace for staff with disability, ensuring every team member can thrive and contribute meaningfully.

Aligned with the WA Disability Health Framework, CAHS embraces the social model of disability; recognising that it is barriers, not impairments, that limit participation. By actively identifying and removing these barriers, we empower people with disability to thrive as equal and valued members of our community.

Over the past 3 years, we have deepened our focus on equity by strengthening engagement with children and young people with disability, their families, carers and our staff. We recognise that people with disability bring invaluable insights that help shape services to be more responsive, respectful, and person-centred. Their voices are central to our journey toward becoming a truly inclusive health service.

We have made significant strides in understanding and addressing the diverse needs of people with disability. This includes collaborating with lived experience advocates, embedding inclusive design principles into infrastructure planning, and reviewing our communication tools to ensure accessibility for all. Our ongoing work through the Disability Access and Inclusion Advisory Group (DAIAG) reflects our commitment to continuous improvement and accountability. This governance is vital to sustaining our inclusive culture at CAHS. To further strengthen implementation, area leads have been identified to support actions most relevant to their professional roles and service areas. These leads will attend the DAIAG to report on progress, share feedback, and table lessons learned to support continuous improvement.

As we look ahead, CAHS remains steadfast in our commitment to creating a health system where every child, young person, and family feels recognised, understood, and supported. This plan is not just a roadmap, it's a reflection of our values, our partnerships, and our belief that inclusion strengthens care.

To everyone who contributed, thank you. Your insight, courage, and collaboration have helped shape a future where disability inclusion is not just a goal, but a lived reality across CAHS.

Together, we are building a health system where every child and family feels seen, heard, and valued.



***Valerie Buić***

***CAHS Chief Executive***



# Background

CAHS is dedicated to fostering an inclusive culture that celebrates diversity and champions equity across all aspects of our organisation, for consumers, carers, families, and our workforce. With nearly 1 in 5 Western Australians living with disability, we recognise the critical importance of removing physical, institutional, and attitudinal barriers to enable full participation and equitable access.

The CAHS Disability Access and Inclusion Plan 2026-2028 (DAIP) has been developed in alignment with the *Disability Services Act 1993* and the *Equal Opportunity Act 1984*. It reflects our enduring commitment to creating accessible services, inclusive workplaces, and fair opportunities for all. At CAHS, we strive to ensure that our environments, clinical, administrative, and community-facing services, are free from discrimination and thoughtfully designed to meet the diverse needs of every individual.

This plan builds on our previous achievements and outlines a clear, forward-looking strategy to support, respect, and empower people with disability across every facet of our organisation. It is a testament to our belief that inclusion is not just a goal, it is a shared responsibility and a core value that guides everything we do.

## Definitions

**Social model of disability** means recognising that disability is created by societal barriers, not by an individual's impairment. This approach aligns with Australia's Disability Strategy 2021-2031 and the Western Australian Disability Health Framework 2015-2025. It focuses on removing attitudinal, environmental, and systemic obstacles so people with disability can participate fully and equally. It challenges ableism and promotes inclusion as a shared responsibility.

**Accessibility** means events, services and information are set up to be universally accessible by all individuals, regardless of age, ability or status in life.

**Inclusion** means that people with disability have the opportunity to participate in every aspect of life to the fullest extent possible and they are afforded the opportunity to acquire the same information, engage in the same interactions, and enjoy the same services as others, in an equally effective and integrated manner. Inclusion involves creating true accessibility, rather than simply providing accommodations.



# About the Child and Adolescent Health Service

As Western Australia's leading paediatric health provider, CAHS supports children and young people from birth through to young adulthood, caring for them when they are unwell and helping them achieve their best possible health. We are a vital touchpoint for many families across the State, and we take this responsibility seriously, ensuring every child receives safe, inclusive, and high-quality care. Equally, we seek to provide an inclusive and supportive work environment for our staff, where barriers to employment are minimised and meaningful opportunities to participate and thrive in the workplace are available to all.

Our staff, volunteers, and partners are central to this mission, working across 3 key service areas:

- **Perth Children's Hospital and Neonatology** Perth Children's Hospital (PCH) is WA's only specialist paediatric hospital and trauma centre. PCH provides medical care to children and adolescents 15 years of age or under. Our neonatology service provides focused neonatal care to newborn babies and infants who need specialised treatment in the first few months of life through intensive care units at PCH and King Edward Memorial Hospital (KEMH), and the mobile Newborn Emergency Transport Service.
- **Child and Adolescent Community Health (CACH)** provide a comprehensive range of community-based early identification and intervention services to children, young people and their families across metropolitan Perth
- **Child and Adolescent Mental Health Services (CAMHS)** provides specialist public mental health services for children and adolescents with moderate to severe and complex mental health conditions. Inpatient and specialised services are based in Perth and accessible to children and young people throughout WA. Community CAMHS offers catchment-based outpatient services in metropolitan Perth

Our approach to care is grounded in connection, with families, communities, and each other. How we communicate, provide access, and deliver services forms the foundation of the Disability Access and Inclusion Plan 2026-2028.



# CAHS values and strategic priorities

## 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 priorities



### Person-centred care

We will meaningfully engage and partner with children, young people and their families. We will place them at the centre of every decision and provide care that is based on their needs and preferences.



### Prevention and early intervention

We will lead and deliver integrated, multi-disciplinary and cross-sector initiatives that target prevention and early intervention for all children and young people, and particularly in Aboriginal health and mental health.



### Inclusivity, diversity and equity

We will respect, embrace and champion the diversity of our community. We will uphold equal opportunity and we will not tolerate racism or discrimination. Our care will be culturally safe and inclusive for people who are Aboriginal, culturally and linguistically diverse, LGBTIQ+SB or who have disability, and we will work towards equal health outcomes.



### Contemporary models of care

We will plan and implement models of care that are informed by children, young people and their families, and are grounded in leading practice, research, evidence and data.



### Organisational culture

We will continue to shape our culture so we live our values, realise our aspirations, and create a workplace where our people feel safe, included, respected and valued.



### Workforce capability, capacity and development

We will plan for and grow a sustainable workforce whose skills and experiences are harnessed in the best possible way, and create an environment where our people can sustain a balanced work and personal life.



### High performance

We will continuously improve how we work by setting clearer expectations, strengthening our clinical governance, and better using data, benchmarking and performance reporting.



### External partnerships

We will develop and maintain mutually beneficial external partnerships to collectively achieve better health outcomes for children and young people.

# Purpose of the Disability Access and Inclusion Plan

The DAIP provides a strategic framework to ensure people with disability can access our services, facilities, buildings, information, and employment in ways that promote independence, opportunity, and community inclusion.

The plan guides how CAHS will plan, implement, monitor, and evaluate improvements to access, and inclusion aligned with the 7 desired outcomes outlined in the *Disability Services Regulations 2004*. These outcomes shape our strategies and reflect our belief that inclusion is strengthened through respectful language, responsive design, and genuine partnership with staff, consumers, and the community.



## Outcome 1: Events and services

People with disability have the same opportunities as other people to access the services and events of a public authority.



## Outcome 2: Buildings and facilities

People with disability have the same opportunities as other people to access the buildings and other facilities of a public authority.



## Outcome 3: Information

People with disability receive information from a public authority in a format that enables them to access the information as readily as other people.



## Outcome 4: Service quality

People with disability receive the same level and quality of service from the staff of a public authority as other people receive.



## Outcome 5: Complaints

People with disability have the same opportunities as other people to make complaints to a public authority.



## Outcome 6: Consultation

People with disability have the same opportunities as other people to participate in any public consultation by a public authority.



## Outcome 7: Employment

People with disability have the same opportunities as other people to obtain and maintain employment with a public authority.

# CAHS commitment to access and inclusion

The DAIP turns CAHS' commitment to access and inclusion into meaningful action.

We are committed to ensuring that people with disability have the same rights as others to fully participate in all aspects of life, especially in accessing and using our services. We strive to deliver safe, high-quality, and inclusive care that is accessible, equitable, and responsive to the diverse needs of children, young people, and families across Western Australia.

Equally, we are dedicated to fostering a diverse and inclusive workforce that empowers people with disability and supports their full participation. We aim to create a work environment where barriers to employment are minimised, and meaningful opportunities to contribute and thrive are available to all. Through the implementation of our Inclusion and Diversity Framework and Disability Access and Inclusion Plan, we will embed inclusive practices across CAHS, enhancing outcomes for both the community we serve and the people who make our work possible.

- We are committed to providing equitable and inclusive access to our services, facilities, information, employment, volunteering opportunities, and events, regardless of individual abilities or differences.
- We will continue to actively consult with consumers, parents, carers, staff, and people with lived experience to identify and address barriers to access and inclusion in a timely and respectful manner.
- We will work in partnership with community groups and public authorities to promote the inclusion of people with disability across the broader health and social landscape.
- We will ensure that our agents and contractors align with the access and inclusion outcomes outlined in this DAIP.

To turn commitments into action, we must embed access and inclusion into every part of our organisation. Achieving this requires a flexible organisation-wide approach, that recognises and responds to everyone's unique needs, strengths, and priorities.



# Approach

Our approach is intentionally phased to ensure we continue to build strong foundations, foster growth, and embed sustainable practices aligned with the seven desired outcomes outlined in the *Disability Services Regulations 2004*. The DAIP 2026-2028 actions, which correspond to these outcomes, are structured across two key phases:

## Evolving phase – Year 1 (2026)

In the first year, our focus is on strengthening existing foundations, raising awareness, and deepening our understanding of the diverse needs of consumers and the workforce. This phase will enhance our capability in delivering accessible services and cultivating an inclusive working environment. We aim to create opportunities for continuous learning and professional growth, in partnership with our children, young people, carers and staff with lived experience.

The actions in this phase are grounded in the social model of disability, which drives CAHS to create environments that support the individual and diverse needs of both staff and consumers.

## Emerging phase – Year 2 and 3 (2027-2028)

In the second and third years, our focus shifts to deepening engagement, refining inclusive processes, and embedding inclusive practices across all levels of CAHS. This phase will consolidate early progress, scale successful strategies, and ensure that disability access and inclusion is not only sustained but actively championed throughout the organisation.

This phase represents a culture shift embedding inclusion not as a standalone initiative, but as a shared responsibility and enduring organisational commitment.



# Progress to date

During the 2022-2025 DAIP, CAHS made meaningful progress across all 7 outcome areas, strengthening access, inclusion, and equity for people with disability. These improvements reflect our commitment to creating a health service that is more responsive, welcoming, and inclusive for every child, young person, family, and staff member.

By fostering accessible environments and reducing barriers to participation, we continue to build a culture where people with disability, whether accessing care or contributing as part of our workforce, are supported to thrive.

The achievements from this period have laid a strong foundation for the next phase of our journey, as outlined in the DAIP 2026-2028.

## **Outcome 1: People with disability have the same opportunities as other people to access the services of, and any events organised by, CAHS**

CAHS has strengthened inclusive access to services and events by implementing an accessible event planning guideline and hosting a range of inclusive celebrations such as Mental Health Week and Neurodiversity Celebration Week. These events have fostered community engagement and attracted new members to the DAIAG, which continues to meet monthly and report regularly to ensure accountability and progress.



## **Outcome 2: People with disability have the same opportunities as other people to access the buildings and other facilities of CAHS**

CAHS has embedded disability access requirements into infrastructure planning through its Minor Works Program and Strategic Asset Plan. Clear reporting pathways for access issues have been promoted, and ongoing improvements across Perth Children's Hospital and community sites are regularly reviewed. Collaboration between Facilities Management and Communications ensures accessibility updates are consistently shared with the public.



### **Outcome 3: 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 has enhanced information accessibility through initiatives like the Neurodiversity Care Program, which supports children and young people with tailored resources in the Emergency Department. Staff receive ongoing guidance to create inclusive materials, and improvements to patient information systems are underway to better meet the needs of families with disability.



### **Outcome 4: 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**

CAHS has strengthened inclusive service delivery by providing staff with comprehensive training modules covering disability awareness, inclusive language, and unconscious bias. Updates to internal systems and resources, such as the Learning Management System and intranet, support respectful workplace behaviours and equitable care. Staff training has been enriched through co-facilitation with consumers and carers with disability, while a clear complaints process ensures microaggressions and discrimination are addressed appropriately.



### **Outcome 5: People with disability have the same opportunities as other people to provide feedback to CAHS**

CAHS enhanced feedback opportunities for people with disability by promoting clear escalation pathways and updating the complaints process in partnership with consumers. Flexible response formats were introduced to improve accessibility, and service improvements were shared through “You Said/We Did” communications, closing the feedback loop and strengthening trust with consumers and disability organisations.



## **Outcome 6: People with disability have the same opportunities as other people to participate in any public consultation by CAHS**

CAHS has strengthened inclusive public consultation by embedding lived experience into decision-making through diverse advisory groups like DAIAG, Youth Advisory Group, Lived Experience Advisory Group, and Consumer Leadership Council. Best practice guidelines and updates to project and policy frameworks ensure people with disability and their carers are actively involved at every stage. Co-designed consultations and the Community Ambassador Program further reinforce CAHS' commitment to meaningful engagement and responsive service design.



## **Outcome 7: People with disability have the same opportunities as other people to obtain and maintain employment with CAHS**

CAHS is committed to equitable employment opportunities for people with disability. A forthcoming partnership agreement with Disability Employment Services will support inclusive recruitment and help remove barriers to meaningful employment. Workplace support is reinforced through tools like the Reasonable Adjustment Portal, Disability Awareness Training, and flexible work arrangements. Inclusion is embedded in workforce planning and celebrated through awareness events, with resources such as the Neurodiversity Guideline helping foster understanding and highlight the strengths of neurodiverse staff.

# Development of the DAIP 2026-2028

The CAHS DAIP 2026-2028 was developed in close partnership with consumers and staff. A phased collaborative process was followed to identify themes and actions that will lead to improved disability access and inclusion across CAHS (see Figure 1. and Table 1.)

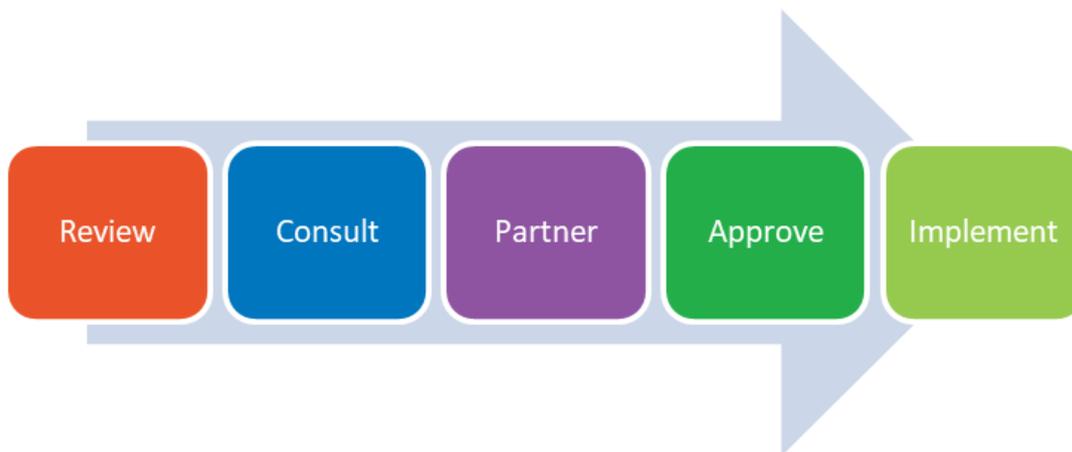


Figure 1: Development of the DAIP 2026-2028 stages of review through to approve

## Review of existing information, consumer data and strategic alignment

The development of the new DAIP began with a comprehensive internal review and feedback process. This included:

- Analysis of progress and key achievements from the CAHS DAIP 2022-2025, in collaboration with the DAIAG.
- A thematic review of consumer data received over the past 2 years, including complaints, compliments, consumer experience surveys, and escalations.
- Alignment with key legislation, national strategies, and internal frameworks that uphold the rights of people with disability to access services, buildings, and information equitably. Guided by the *Disability Services Act 1993 (WA)*, the DAIP reflects our legal and ethical responsibility to embed inclusion across all areas of service delivery.
- Strategic alignment with CAHS priorities and the *National Safety and Quality Health Service Standards*, ensuring best practice in disability inclusion across health services (see Figure 2).

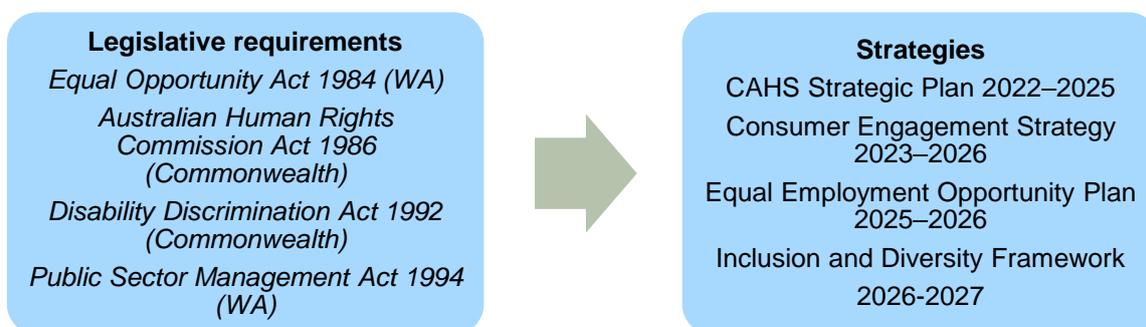


Figure 2. CAHS process of taking legislative requirements along with our CAHS strategies to create an aligned DAIP 2026-2028.



## Consultation process

Throughout August and September 2025, a series of specific consultations were held in person with consumers, carers, staff and community groups to explore priorities and shape the direction of the new DAIP (see Table.1). A public survey was developed and distributed to ensure data saturation was achieved and no new themes emerged. A range of strategies were used to encourage public participation and gather diverse perspectives, including:

- A public news article on CAHS website and social media channels inviting feedback via an online survey.
- Survey distribution via CAHS Consumer Engage Network, CAHS Consumer Advisory Groups, CAHS Community Ambassadors and partner organisations such as Kiind, Office of Multicultural Interests, Mental Health Commission WA and Kin Disability Advocacy.
- A notice in *The West Australian* encouraging community involvement.
- QR codes distributed at key CAHS sites, with staff available to assist consumers in completing the survey.
- Internal communications and staff e-newsletters with an invitation to staff to provide input via focus groups and the survey.

Disability Discrimination Act 1992	CAHS DAIP 2022-2025	CAHS Inclusion and Diversity Framework	Ministerial Taskforce into Public Mental Health Services Report	Staff Group Consultation	DAIAG Review
Australian Human Rights Commission Act 1986	Disability Access and Inclusion Advisory Group (DAIAG) minutes	Consumer Experience Survey – Community Health	Consumer feedback data – Complaints and Compliments	Consumer Leadership Council	CAHS Executive Review of draft DAIP 2026-2028
Equal Opportunity Act 1984 (WA)	CAHS Consumer Engagement Strategy 2023-2026	Consumer Experience Survey – CAMHS	CAHS DAIP 2026-2028 staff and community survey	Review with CAHS DAIP 2026-2028 action leads	CAHS Strategic Governance Executive Committee endorsement
Public Sector Management Act	CAHS Equal Employment Opportunity Management Plan 2023-2026	Consumer Experience Survey – PCHN	DAIAG Consultation	CAHS DAIP 2026-2028 Consumer consensus workshop	CAHS Board endorsement

Table 1: Specific groups and resources we used to develop, review and endorse the DAIP 2026-2028

## Partnering with consumers, carers, and staff

A diverse range of individuals participated in the consultation process. The survey received strong engagement, with 29 per cent of respondents identifying as consumers and another 29 per cent as CAHS employees, volunteers, or contractors (see Chart 1).

Following these consultations, 47 proposed actions were developed across the 7 DAIP outcomes. These actions were then prioritised in partnership with consumers, carers, and staff during Consensus Workshops. Participants reviewed and commented on all actions, identified any gaps, and collaboratively set the priority order. The final set of prioritised actions was then presented to the DAIAG for review and endorsement.

Chart 1: Which description describes you best? Choose all that apply:

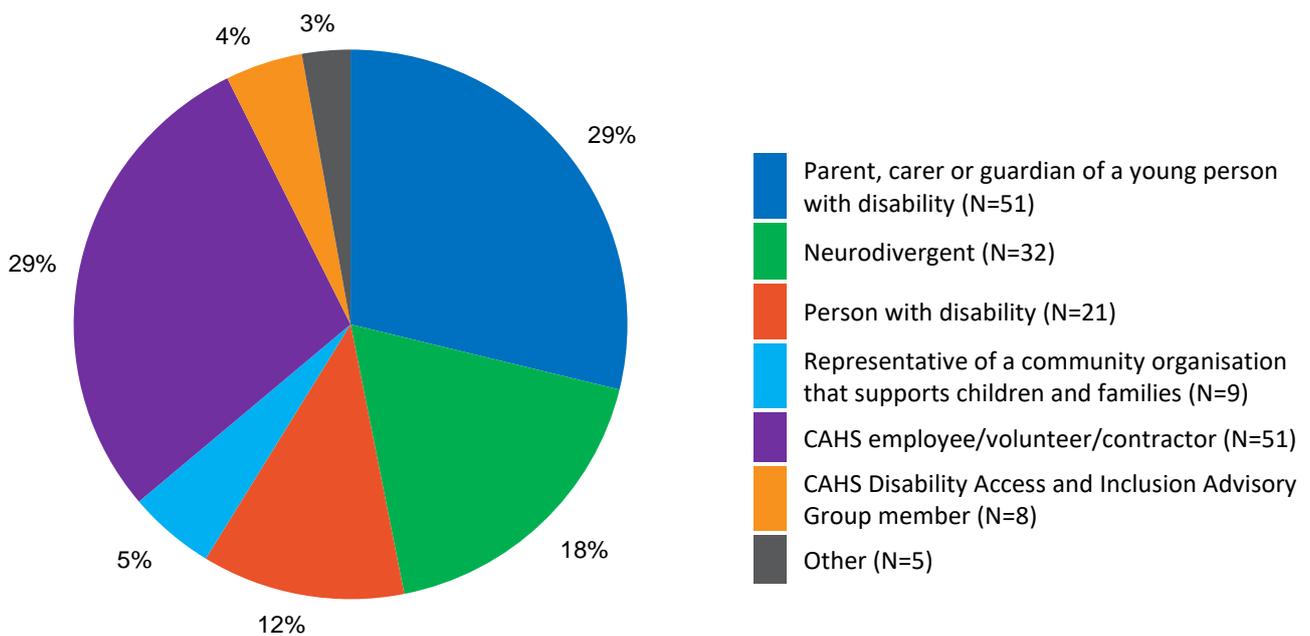


Chart 1. Pie chart illustrating the demographic composition and group affiliations of the 115 survey respondents, highlighting intersectionality across categories.



## Key themes from the consultation

The consultation process provided valuable insights into the experiences and expectations of our staff, consumers, carers, and community members, helping to shape the priorities and actions of the new DAIP.



Improving accessibility including clearer signage, low-sensory spaces.



Inclusive employment pathways and onboarding processes.



Enhancing staff awareness and training on disability inclusion and neurodiversity.



Strengthen consumer feedback loop processes to drive continuous improvement.



Improved information ensuring information is available in accessible formats and channels.



Service delivery is inclusive, with accessibility needs proactively considered.



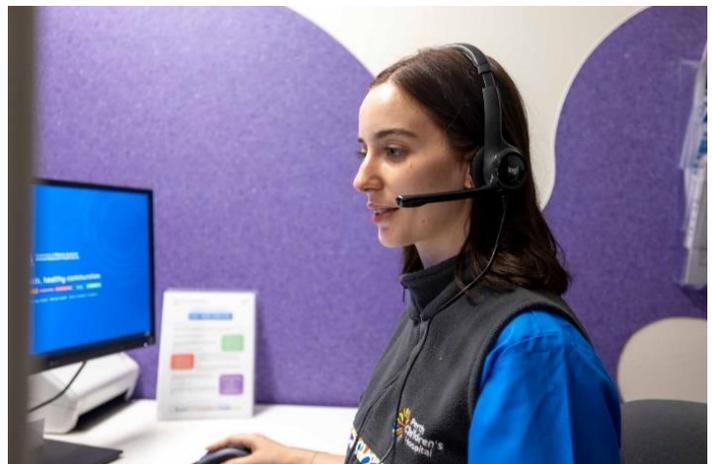
Feedback and complaints processes are accessible, fair and actioned

As the CLC Co-Chair I found the Consensus Workshop both affirming and insightful. It provided me an opportunity to share my wisdom and lived experience (16 years) as a parent/carer. Furthermore, I gained insight into other significant matters of importance for both young people and carers/parents. For example, increasing the provision of more change facilitates for children and young people, access to the hospital and community hubs in all weather conditions and the need for staff training across services to include trauma informed practice and unconscious bias and the promotion of "The Sunflower program" for those living with a hidden disability. Together, our combined efforts, conversations and contributions have paved the way for many positive changes and strategic direction to improve the lives of people living with disability.

**CAHS Consumer Leadership Council**

Member

To support implementation, discussions were held with departments across CAHS to identify leads responsible for delivering specific actions. These action holders worked collaboratively to define measurable outcomes, ensure accountability, and embed inclusive practices within their respective areas, with actions reviewed and approved by relevant teams, and further endorsed by the Executive.



# Implementation and promotion

## Implementing the plan

In accordance with the *Disability Services Act 1993*, public authorities are required to take all practical measures to ensure their DAIP is implemented by officers, employees, agents, and contractors. At CAHS, implementation is a shared responsibility, every staff member, across all directorates and services, plays a vital role in embedding inclusive practices and driving meaningful change.

To support implementation:

- Service area leads will be identified to lead and support specific actions in the DAIP. These leads will attend the DAIAG to report on progress, share feedback, and table lessons learned to inform continuous improvement.
- Staff will be made aware of their responsibilities through targeted internal communication strategies. Clear messaging and regular updates will reinforce the importance of disability access and inclusion in everyday work.
- All relevant contracts and agreements will include provisions requiring agents and contractors to report on their actions in relation to the DAIP.
- The DAIP will be reviewed annually to monitor progress, maintain relevance, and ensure it remains responsive to the evolving needs of CAHS consumers, families, and staff.



# Monitoring, evaluation and reporting

The DAIAG will lead the monitoring, evaluation, and reporting of the DAIP, ensuring it remains responsive to the needs of people with disability, their families, and staff.

## Monitoring

Monitoring will include:

- ongoing consultation with stakeholders, consumers, families, and staff
- review of data relating to complaints, compliments, contacts and clinical incidents relating to disability access and inclusion
- DAIAG meetings every 8 weeks.

*Knowing how impactful proactive, collaborative and equitable working arrangements can be, I am grateful for the opportunity to represent not only staff with disabilities but the lived experience (peer) workforce at CAHS, bringing more than my wisdom into my contributions to this important advisory group.*

**CAHS staff member**

## Evaluation

Evaluation will involve feedback from staff, consumers, and carers through annual surveys and ad hoc QR code submissions at key CAHS locations.

## Reporting and accountability

In line with the *Disability Services Act 1993*, the DAIP is formally reviewed every 5 years. However, to demonstrate CAHS' commitment to continuous improvement, this plan has been developed as a 3-year framework, ensuring CAHS remains responsive, accessible, and inclusive.

CAHS will report annually on DAIP implementation using the Department of Communities progress report template, submitted by July and published on both the CAHS internet and intranet sites.

## Additional reporting includes:

- twice-yearly updates to the CAHS Executive and annual reporting to the Department of Communities
- inclusion of CAHS service area leads in DAIAG from January 2026
- formal action updates provided by service areas in June and December each year
- biannual reporting to the Strategic Executive Committee, with escalation to the CAHS Board as required
- participation in NSQHS reviews to document progress against disability-related criteria
- communication of key achievements via global email, intranet, CAHS websites, and social media channels.

## Communicating the plan

The DAIP 2026-2028 will be promoted to staff and the community in the following outlets:

**Publication on the CAHS website**

**Promotion via social media**

**Publication on CAHS internal intranet**

**Distribution of the new DAIP to all agents and contractors who were involved in the development of the DAIP**



# The CAHS Disability Access and Inclusion Plan 2026-2028

**Outcome 1: People with disability have the same opportunities as other people to access the services of, and any events organised by, CAHS**

		<b>Lead</b>	<b>Timeframe</b>
<b>1.1</b>	Explore opportunities with CAHS services and consumers for improved and streamlined referral pathways, aiming to reduce confusion and duplication for families accessing care.	Consumer Engagement Team (CET)	2027
<b>1.2</b>	Explore opportunities to improve CAHS-wide appointment processes to support the early identification of accessibility needs prior to presentation.	CET	2027
<b>1.3</b>	Review and promote the PCH Neurodiversity Care Plan and review potential opportunities to expand CAHS-wide.	Allied Health	2027
<b>1.4</b>	Review and update the inclusive event planning checklist to ensure it effectively supports the accessibility needs of consumers and staff.	CET	2026
<b>1.5</b>	Collate feedback received through engagement, consultation, and implementation activities, and share it with relevant service areas to inform existing reform programs and support continuous improvement.	People Capability and Culture (PCC), CET & Service Areas	2026

**Outcome 2: People with disability have the same opportunities as other people to access the buildings and other facilities of CAHS**

		<b>Lead</b>	<b>Timeframe</b>
<b>2.1</b>	Expand the welcoming environment audit piloted in CAMHS to include a broader range of CAHS facilities, identifying consumer accessibility needs to inform future facility planning and upgrades.	CET	2026
<b>2.2</b>	Investigate the feasibility of quiet zones and sensory-friendly environments across CAHS sites to support diverse sensory needs through stakeholder consultation.	CET	2026
<b>2.3</b>	In collaboration with key stakeholders, identify gaps in the accessibility of buildings and facilities, including wayfinding and signage to inform the minor works program, subject to available funding.	Infrastructure Facilities Management	2027



**Outcome 3: 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**

		<b>Lead</b>	<b>Timeframe</b>
<b>3.1</b>	Identify and promote disability-inclusive communication approaches to support identification of consumers communication needs and understanding of health information.	CET	2027
<b>3.2</b>	Expand the formats used to ensure CAHS information is accessible to people with disability and their carers (e.g. visual aids, social stories, videos and voice notes)	CET	2027

**Outcome 4: 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**

		<b>Lead</b>	<b>Timeframe</b>
<b>4.1</b>	Develop and support all CAHS staff with education and resources, where applicable, to build awareness and understanding of disability and neurodivergence, and to promote inclusive service delivery.	PCC	2026
<b>4.2</b>	Explore and consider the implementation of the Hidden Disabilities Sunflower Program to support identification and understanding of people with invisible disability.	PCC and CET	2028
<b>4.3</b>	Explore and identify opportunities to improve the transition process for young people moving from paediatric to youth and adult services, to ensure information is accessible, inclusive, and provides adequate preparation for continued care.	CAHS Transition Service	2027
<b>4.4</b>	Formalise a process for summarising complaints related to disability at DAIAG to support the identification of trends and inform recommendations for quality improvement initiatives across CAHS services.	CET, Child and Family Liaison Service (C&FLS), Clinical Services Streams	2026



## Outcome 5: People with disability have the same opportunities as other people to provide feedback and complaints to CAHS

		<b>Lead</b>	<b>Timeframe</b>
<b>5.1</b>	Empower children, young people, and families with disability by providing accessible information and support to understand their health care rights, and advocate for themselves confidently within the health system.	CET	2026
<b>5.2</b>	Provide comprehensive training to CAHS staff on managing consumer complaints, feedback processes, and advocacy principles, with a focus on respectful, inclusive communication and responsive service delivery.	C&FLS, PCC	2027
<b>5.3</b>	Ensure the CAHS feedback and complaints process is accessible and inclusive for people with disability by reviewing existing mechanisms, removing barriers, and providing multiple options for submitting feedback or complaints in preferred formats.	C&FLS	2026

## Outcome 6: People with disability have the same opportunities as other people to participate in any public consultation by CAHS

		<b>Lead</b>	<b>Timeframe</b>
<b>6.1</b>	Review consumer engagement frameworks to ensure consultation opportunities for people with disability are accessible, inclusive, and aligned with contemporary best practice guidance.	CET	2027
<b>6.2</b>	Establish a standardised and accessible 'You Said, We Did' feedback loop process to ensure people with disability understand how their input informs and contributes to improvements in CAHS services.	CET	2027
<b>6.3</b>	Ensure expressions of interest and registration forms for consumer consultation include options to request support or assistance to meet accessibility needs.	CET	2026



## Outcome 7: People with disability have the same opportunities as other people to obtain and maintain employment with CAHS

		Lead	Timeframe
7.1	Enhance inclusive recruitment at CAHS by developing and implementing a pilot program that enables safe and supported disclosure of accessibility needs during the interview process.	PCC	2027
7.2	Develop a pilot program through partnership with disability service providers working collaboratively to identify, promote, and advertise suitable job opportunities for people with disability.	PCC	2026
7.3	Actively promote the Reasonable Adjustment Portal to ensure all CAHS staff are aware of available workplace adjustments and know who to contact for support and guidance.	PCC	2026
7.4	Expand inclusive career pathways by offering flexible options to improve access, participation, and retention for people with disability.	PCC	2028
7.5	Strengthen inclusive onboarding by engaging people with lived experience to guide team readiness, ensuring accessible work setups are in place before start dates, and equipping managers with inclusive workplace training.	PCC	2026
7.6	Explore accreditation as a Carer Friendly Workplace to formally recognise and strengthen support for staff with caring responsibilities.	PCC	2028

### Acronyms

**CAHS** = Child and Adolescent Health Service  
**CAMHS** = Child and Adolescent Mental Health Services  
**CACH** = Child and Adolescent Community Health  
**PCH** = Perth Children’s Hospital  
**DAIAG** = Disability Access and Inclusion Advisory Group  
**DAIP** = Disability Access and Inclusion Plan  
**PCC** = People Capability and Culture  
**C&FLS** = Child and Family Liaison Service  
**CET** = Consumer Engagement Team



# Child and Adolescent Health Service

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