



Government of **Western Australia**
WA Country Health Service

Disability Access and Inclusion Plan

2024-2027



Alternative formats

The information in this document is available in alternative formats on individual request. Please contact:
WACHS.SafetyQualityandPerformance@health.wa.gov.au

Acknowledgement of Country

The WA Country Health Service (WACHS) acknowledges the traditional custodians throughout Western Australia and their continuing connection to the land, waters, and community. We pay our respects to all members of the Aboriginal communities and their cultures, and to Elders both past and present.

The first step in living alongside and working with the Aboriginal community is built upon establishing respectful relationships. Crucial to these respectful relationships is acknowledging the history of Aboriginal people and recognising the importance of connection to family, culture, and country.

Acknowledgements

WACHS wishes to acknowledge everyone within WACHS and the community, particularly those with lived experience of disability, who have contributed to the development of this Disability Access and Inclusion Plan.

Electronic copies of this plan are available on the WACHS website at wacountry.health.wa.gov.au.

Feedback

Any feedback or comments relating to this document can be sent to WACHS.SafetyQualityandPerformance@health.wa.gov.au

Contents

Introduction	5
Social model of disability	5
People with disability in rural and remote Western Australia – Overview	7
About WA Country Health Service	8
Development of the WA Country Health Service Disability Access and Inclusion Plan	9
Consultation process and data analysis	9
Disability Access and Inclusion Plan 2024-2027 outcomes and strategies	10
Outcome 1: Services and events.....	10
Outcome 2: Buildings and facilities.....	11
Outcome 3: Information and communication	12
Outcome 4: Quality of service	13
Outcome 5: Feedback	13
Outcome 6: Consultation	14
Outcome 7: Employment.....	14
Promoting the Disability Access and Inclusion Plan.....	15
Implementation and monitoring.....	15
Reporting	15

Foreword

The WA Country Health Service (WACHS) is proud to present the Disability Access and Inclusion Plan 2024–2027.

WACHS is committed to ensuring that people with disability, their families and carers can access the full range of services, facilities, and information available across WACHS services. We aspire to provide an environment that is readily accessible to all people to ensure that no individual is adversely affected.

WACHS continues to work in partnership with community groups and other public authorities to facilitate access and inclusion for people with disability. I am confident that we will continue to build on the existing achievements we have made for people with disability.

We will consider and use this plan in undertaking all our activities to ensure we continue to provide the access and inclusion that our stakeholders rightly expect of us and that we commit to deliver in our workplaces.

Jeff Moffet
CHIEF EXECUTIVE

Introduction

WA Country Health Service (WACHS) is committed to ensuring that people with disability, their families and carers can access the full range of services, facilities, and information available across rural and remote communities in Western Australia; and have equitable opportunity in recruitment processes and career progression.

To achieve this, we have developed the WACHS Disability Access and Inclusion Plan (DAIP) 2024-2027 in accordance with the *Disability Services Act 1993* (WA) to guide our efforts over the next three years. By aligning our DAIP with 'A Western Australia for Everyone: State Disability Strategy 2020 - 2030' we have created a solid foundation to achieve the outcome areas in a more meaningful and person-centred way.

The WACHS DAIP 2024-2027 aligns to our commitment to ensuring we are inclusive, respectful, and considerate in the way we deliver healthcare services to country WA. It also captures our passion for equity in healthcare for all Western Australians, especially the most vulnerable and disadvantaged people and communities.

The following strategic drivers have been considered in the development of this DAIP:

- *Disability Discrimination Act 1992* (Cth)
- *Disability Services Act 1993* (WA)
- *Equal Opportunity Act 1984* (WA)
- A Western Australia for Everyone: State Disability Strategy 2020-2030
- Public Sector Commissions' Workforce Diversification and Inclusion Strategy 2020–2025
- WA Health Policy Framework for Substantive Equality
- WACHS Strategic Plan 2019-2024
- Sustainable Health Review – Strategy 4 'People-centred, equitable, seamless access'

Social model of disability

This plan uses the United Nations Convention on the Rights of Persons with Disabilities definition of disability, which describes people with disability as people who have long-term physical, mental, intellectual, or sensory differences that, when interacting with inaccessible communities and environments, prevent full and equal community participation. This is often called the social model of disability. The social model of disability is an important way of perceiving inequality because it views disability as stemming from communities, services and spaces that are not accessible or inclusive.



In the social model of disability, it is society that places limits on a person, not their disability.

Types of disability include:

Sensory

Affecting a person's sense, including those affecting vision and/or hearing

Neurological

Affecting a person's ability to control their movements, for example, cerebral palsy

Physical

Affecting mobility and/or a person's ability to use their upper or lower body

Intellectual

Affecting a person's judgement, ability to learn and communicate

Cognitive

Affecting a person's thought processes, personality and memory resulting, for example, from an injury to the brain

Psychiatric

Affecting a person's emotions, thought processes and behaviour, for example, schizophrenia and bipolar disorder.

People may have more than one disability, and people with disability may experience additional disadvantage in relation to intersectional factors, including but not limited to race, culture, gender, sexuality, gender identity, remote living location and age.

People with disability in rural and remote Western Australia – Overview

1 in 5
Western Australians
have disability



In Western Australia:
3 in 10 Aboriginal people with disability
did not access a health provider when they needed to



1 in 39 (68,000)



Western Australians
are the primary carer for a
friend or family member
with disability

1.5%



**Public sector
employees in WA**
are living with disability

In outer regional and remote* WA:



8% of all people



report disability
related schooling or
employment limitations

Compared with 7% in major cities

In outer regional and remote* Australia:

32% Australians with disability



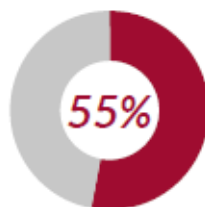
face difficulties caused by lack of
communication between health
professionals
Compared with 19% in major cities

8% Australians with disability

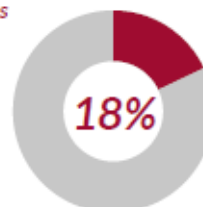


experience discrimination from
health staff (GP, nurse, hospital
staff)
Compared with 3% in major cities

Aboriginal Australians 1.9x
more likely to experience disability



Aboriginal Australians
aged 55+ years have
disability



have severe or
profound disability



* excludes locations classified as inner regional or very remote as per Australian Statistical Geography Standard

Data sources:

1. Australian Bureau of Statistics (ABS) 2018 Survey of Disability, Ageing and Carers (SDAC)
2. Australian Institute of Health and Welfare. Aboriginal and Torres Strait Islander Health Performance Framework 2020 key health indicators—Western Australia. Cat. no. IHPF 9. AIHW; 2020.

About WA Country Health Service

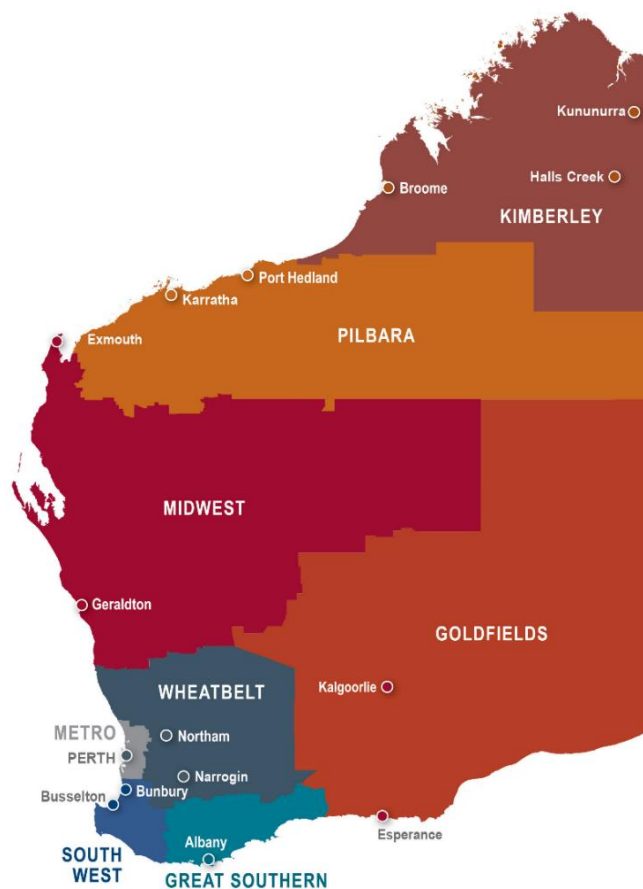
WA Country Health Service (WACHS) provides hospital and community-based care to a population of 566,731 people across an area of more than 2.55 million square kilometres. Over 11 per cent of these people (63,904) identify as Aboriginal.

Our services include:

- Six large regional health campuses located at country regional centres; and
- 15 district health campuses that act as hubs for sub-regional health district services.

These health campuses support:

- 51 small hospitals
- 42 health centres and nursing posts
- 24 community-based mental health services
- Four dedicated inpatient mental health services
- Over 170 facilities where population health teams are based
- 38 Multi-Purpose services
- One residential aged care facility.



Development of the WA Country Health Service Disability Access and Inclusion Plan

The *Disability Services Regulations 2004* sets out the minimum consultation requirements for public authorities in relation to DAIPs.

Consultation process and data analysis

To develop the DAIP 2024-2027, the following consultation processes were used:

- Notice of the development of the DAIP 2024-2027 was published on the WACHS public website.
- Notice of the development of the DAIP 2024-2027 was published on the WACHS social media accounts via Facebook inviting community feedback.
- An email was sent to the following community groups inviting feedback:
 - Disability Health Network
 - Carers WA
 - Health Consumers Council WA
 - Health and Disability Services Complaints Office (HaDSCO).
- A notification was published on the WACHS internal staff website encouraging input into the development of the DAIP.
- Staff were invited to forward feedback to the Safety Quality and Performance team by telephone, email, in person or by submitting a separate written response.
- WACHS staff consultation was facilitated via the established regional DAIP Coordinator distribution lists to engage with place-based care teams and provide written feedback to the Safety Quality and Performance team.

A review of progress against the previous WACHS DAIP (2015-2020) was undertaken to identify areas for improvement, as well as an analysis of data sources such as compliments and complaints, Care Opinion stories, and Your Voice in Health staff survey results.

An implementation plan will be developed to outline the actions, timeframes, and responsibilities to achieve the DAIP outcomes.

Disability Access and Inclusion Plan 2024-2027 outcomes and strategies

WACHS is committed to furthering the principles and objectives of the *Disability Services Act 1993* (WA) by addressing the seven outcomes of the DAIP.

Outcome 1: Services and events

People with disability have the same opportunities as other people to access the services of, and any event organised by, WACHS.

Strategy	Accountability
Effectively communicate the range of WACHS information, services and supports available to people with disability, their families, and carers	Patient Experience and Consumer Engagement
Systems, including checklists, are in place to ensure that events organised or promoted by WACHS are considerate of, and accessible to, people with disability	Patient Experience and Consumer Engagement
All staff, agents, and contractors who provide services to WACHS are aware of and conduct their business in accordance with the WACHS DAIP 2024-2027 and other relevant legislation	People Capability and Culture

Outcome 2: Buildings and facilities

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

Strategy	Accountability
New buildings and refurbishments will consider access to amenities and staff areas for employees with disability	Infrastructure and Environment
Prior to making any changes or refurbishments to accommodation, WACHS will consider the needs of people with disability when purchasing equipment (such as furniture)	Infrastructure and Environment
Work Health and Safety (WHS) will ensure that all fire wardens are trained in the evacuation procedures for people who have requested or may require support	Work Health and Safety
Ensure that regular access audits of all buildings and facilities are conducted	Work Health and Safety
When planning for people who have intellectual, cognitive, and psychiatric disabilities, design and service provision considerations will include: <ul style="list-style-type: none">• need for clear signage• need for clear pathways through a building• provision of information with clear instructions• service provision through personal assistance• well-planned, uncluttered environments.	Infrastructure and Environment

Outcome 3: Information and communication

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

Strategy	Accountability
Information is provided in ways that are meaningful and useful to people with disability, recognising that not everyone can access written, audible, or online information	WACHS Communications
Websites and publications meet accessibility standards and information is available in alternative formats upon request for people with disability, and where necessary, their carers	WACHS Communications
Accessible information requirements are considered when designing and delivering external communication campaigns to ensure people with disability are included	WACHS Communications
Checklists for alternative communication formats for people with disability are available to staff when developing new resources, policies, and templates i.e. the Digital Accessibility Guide	WACHS Communications

Outcome 4: Quality of service

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

Strategy	Accountability
Ensure that disability awareness and zero tolerance for discrimination training is available for all staff and includes information in the Induction and Orientation programs and Learning and Development events	People Capability and Culture
Stories and achievements of people with disability are highlighted in internal and external communications, including annual and other reports, to showcase the diverse skills and achievements of people with disability	WACHS Communications

Outcome 5: Feedback

People with disability have the same opportunities as other people to make complaints to WACHS.

Strategy	Accountability
Complaint systems are easy to find, easy to access and easy to use for people with disability	Patient Experience and Consumer Engagement
Increase awareness of complaint and feedback mechanisms for people with disability and their carers	Patient Experience and Consumer Engagement

Outcome 6: Consultation

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

Strategy	Accountability
Engage people with disability and their carers in WACHS consultative processes	Strategy and Change
Actively encourage involvement of people with disability and carers in WACHS committees and advisory groups	Patient Experience and Consumer Engagement

Outcome 7: Employment

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

Strategy	Accountability
Review recruitment practices to ensure they are inclusive and accessible for people with disability	People Capability and Culture
Improve support provided to WACHS staff with disability	People Capability and Culture
Identify and implement actions to attract more candidates with disability to WACHS	People Capability and Culture
Monitor workforce statistics regarding employment and retention of people with disability within WACHS to inform further action	People Capability and Culture

Promoting the Disability Access and Inclusion Plan

The WACHS DAIP 2024-2027 will be made available on the WACHS website and intranet. Printed copies will be available, as well as alternative formats on request. A communications plan will be developed to inform staff, consumers, carers and contractors about our DAIP strategies, progress, and achievements. Disability access and inclusion at WACHS will be particularly acknowledged and celebrated each year on International Day of People with Disability (3 December).

Implementation and monitoring

A DAIP implementation plan with timelines and responsibilities will detail how the organisation will implement the strategies outlined above. The implementation of strategies in each region is the responsibility of the respective regional Executive Director.

Contracted service providers are required to declare in their service agreements that they are enacting their own Disability Access and Inclusion Plan.

Progress against the WACHS DAIP 2024-2027 will be monitored by a WACHS Equity Diversity and Inclusion Committee to assess whether the strategies and actions are appropriate, achievable, and effective and will assist with amending the actions to achieve the desired outcome of the DAIP.

Should the WACHS DAIP be amended, a copy of the amended document will be lodged with the Department of Communities. WACHS will review and update implementation plans bi-annually and the WACHS DAIP will be reviewed after three years, or sooner if required.

Reporting

WACHS will submit an annual report to the Office of Disability Services each financial year on the prescribed Progress Report template by 30 June each year. The Progress Report will outline:

- progress towards the desired outcomes of its DAIP
- progress of its agents or contractors towards meeting the outcomes of its DAIP
- strategies used to inform its agents or contractors of its DAIP through associated procurement and contract documentation.

This report will also be tabled at WACHS Executive Committee and WACHS Audit and Risk Management Committee. Key achievements will also be highlighted in the WACHS Annual Report.

WA Country Health Service

🏠 233 Stubbs Terrace, Shenton Park WA 6008

☎ (08) 6553 0824

✉ WACHS.SafetyQualityandPerformance@health.wa.gov.au

🌐 wacountry.health.wa.gov.au

© WA Country Health Service 2024

