



**South Eastern Sydney Illawarra Area Health
Service**

Disability Action Plan 2010 - 2015

April 2010

**SOUTH EASTERN SYDNEY
ILLAWARRA
NSW HEALTH**

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Thanks to SSWAHS on whose plan this is based

For a copy of the SESIAHS Disability Action Plan 2010-2015 go to:
www.sesiahs.health.nsw.gov.au

Copies of this plan in accessible formats are available on request from South Eastern Sydney Illawarra Area Health Service.

DATE: 3 May 2010

Chief Executive's Message

At a time when 20% of our population has a disability and our population is ageing rapidly, there has never been a better time to think about how we treat, care for and support people with disabilities through our health service.

There are a number of important considerations for all staff about the need to tailor services to the individual, to look beyond the disability and build on "abilities". As well as the need to consider all aspects of an individual's physical, emotional and social wellbeing. It is also important to listen and communicate, to work with the individual, their carer and other service providers to preserve and improve the health and lifestyle of people with disabilities.

South Eastern Sydney Illawarra Area Health Service (SESAHS) has been strengthening our clinical services to support people with disabilities, including services such as aged care and rehabilitation, where we know that traditionally there are a higher proportion of people with disabilities and therefore a greater level of support is required. However, we need to ensure that the needs of people with disabilities across all our services, not just disability specific specialist health services, are addressed. Disability is a mainstream issue and people with a range of disabling conditions are accessing all of our services. The challenge for all staff, clinical and non-clinical, is to provide for the needs of people with disabilities and carers in a positive and effective way.

A particular challenge for SESAHS is to ensure that the health services provided within our area are conducted in appropriate spaces. Our capital works program has continued to ensure buildings are gradually improved or replaced making them more accessible to people of all ages, and to those with a wide range of disabilities and health conditions.

This Plan will help us reduce barriers and better meet the needs of people with disabilities. We will continue to improve our services for patients and carers by listening and acting upon the feedback we receive and by building and strengthening partnerships with our consumers, carers, general practitioners, and government and community agencies.

Terry Clout

Chief Executive

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1. Introduction

The number of people with disabilities is increasing world wide due to increasing chronic disease, injuries from car crashes, falls and violence and as well as other causes such as ageing (WHO 2006). Approximately one in five Australians currently report having a disability and this figure will rise as the population ages. People of all ages and cultural backgrounds have disabilities, and the way it impacts on their lives varies enormously. Australians with disability are more likely to have lower socio-economic status, have fewer educational qualifications, be out of work, and experience more discrimination than Australians without disability.

South Eastern Sydney Illawarra Area Health Service (SESAHS) provides health services to all people in south eastern Sydney, the Illawarra and Shoalhaven. People with disabilities may come into contact with the health service in a variety of ways such as: management of health issues relating to the disability, for other acute or chronic conditions, or as participants in community programs. It is essential that health services and staff are positive, respectful, supportive and empowering and work in ways that are person-centred and flexible, while being able to adapt and communicate in ways to best meet people's needs. This focus should include not only the person with the disability but also their carers, families and support systems.

The Disability Services Act (NSW) 1993 aims to ensure that people with disabilities can achieve their maximum potential, integrate into the community, be more independent and achieve positive outcomes. Effective planning to meet the needs of people with disabilities is a requirement of all NSW Government agencies. Most agencies also have a legislative responsibility to prepare a Disability Action Plan.

The SESAHS Disability Action Plan 2010-2015 is the first Disability Action Plan for SESAHS, building on the disability plans of the former Area Health Services in South Eastern Sydney and the Illawarra. The Plan will strengthen the focus of SESAHS services and staff on the needs of people with disabilities and the way that we provide health care. It seeks to ensure that people with disability, their families and carers have the best possible interaction with all health services and facilities in SESAHS

The Plan aims to set the direction to the year 2015 and outlines the actions that need to be taken within SESAHS and in partnership with others, to improve access for people with disabilities and carers to our services, programs and facilities. It has been developed with input from a range of representative organisations, consumers, health service staff and senior SESAHS management, and considers NSW government initiatives and policy direction, as well as previous achievements of health services and facilities across the Area.

The Plan will ensure that the needs of people with disabilities and the barriers they face in their contact with the health service are considered during the planning of all future services in SESAHS. In addition, if we better meet the needs of people with disabilities, we will improve access and care for the broader community as well. For example, many people are temporarily disabled following an injury or surgery; improving physical access in buildings will help older people and parents with prams; providing information in alternative formats will also aid people with literacy and visual difficulties and improved signage will assist all visitors to our facilities.

In short, improvements to care will make services safer for all patients, staff and the community.

2. Context

2.1 The South Eastern Sydney Illawarra Area Health Service

South Eastern Sydney Illawarra Area Health Service is one of eight area health services in NSW. It is responsible for planning, coordinating and delivering local health services for SESIAHS residents and visitors to the area. The SESIAHS covers a vast and diverse geographic region:

- of 6,331 square kilometres
- including 13 Local Government Areas (City of Sydney (part of); Botany Bay, Randwick, Waverley, Woollahra, Rockdale, Kogarah, Hurstville, Sutherland, Wollongong, Shellharbour, Kiama and Shoalhaven)
- spanning from Sydney Harbour to North Durras on the south coast
- comprising a mix of major urban areas, as well as rural and remote areas such as the Shoalhaven LGA and Lord Howe Island.

Figure 1. The geographical area covered by SESIAHS.



SESAHS provides a range of health services largely through hospitals, community health centres and population health programs:

- from 21 major facilities, including seven acute hospitals – four major principal referral hospitals (Prince of Wales, St Vincent's, St George and Wollongong) and three specialised referral hospitals (Sydney Children's, Sydney/Sydney Eye and Royal Hospital for Women)
- administered through three hospital networks – Northern, Central and Southern
- from over 100 community-based facilities, administered from seven geographic locations
- including population health services, such as health promotion, disease control, multicultural health and Aboriginal health services.

SESAHS staff work with general practitioners, other health providers, government and non-government organisations and support groups to meet the needs of the patients, families and the wider community.

2.2 The South Eastern Sydney Illawarra Community

Over 1.1 million people live in South Eastern Sydney Illawarra representing 18% of the NSW population (Australian Bureau of Statistics (ABS) Census 2006).

SESIAS residents:

- are expected to reach 1.28 million by 2016, and 1.36 million by 2026, with the highest growth rate expected in the Shoalhaven LGA and lowest in the eastern suburbs of Sydney.
- are, on average, healthier than their predecessors and than their NSW counterparts.
- unequally share the burden of death and disease, with indigenous, rural and socioeconomically disadvantaged residents the most severely affected. Shoalhaven residents are the most socioeconomically disadvantaged and have the poorest health status, followed by Illawarra residents (particularly Shellharbour LGA and southern Wollongong LGA). Inner parts of Sydney have the highest rates of homelessness in NSW (NSW Government 2009).
- have unequal access to services.
- most commonly die from circulatory, cancer and respiratory disorders.
- most commonly are hospitalised for dialysis (renal failure), injury and poisoning, digestive system disorders, and circulatory disorders.

Culturally and Linguistically Diverse Populations (CALD)

SESIAS has a population born overseas higher than the NSW state average (24%) and in some LGAs (eg Botany and Rockdale) it is almost double the NSW average. Major countries of origin are China, Greece, Italy, and Macedonia. In some LGAs, nearly one in two residents were born overseas. The largest Culturally and Linguistically Diverse (CALD) populations are in the Sydney, Botany, Rockdale, Kogarah and Hurstville LGAs.

Aboriginal Population

In 2006, over 13,000 Aboriginal people lived in SESIAS, representing approximately 1.1% of the total population. Shoalhaven has the highest proportion of Aboriginal residents (3.3%) and over 3,000 Aboriginal people each live in the areas of the eastern suburbs of Sydney, the Illawarra and the Shoalhaven.

Ageing Population

Future increases in the SESIAS population are expected to be greatest among older people. By 2016 the number of people aged 60-84 years is expected to increase by 25% of the current population in that age group, while the number of people aged 85 years and over will have increased by 50%. The population in SHN, in particular Shoalhaven is ageing faster than elsewhere in SESIAS.

2.3 People with Disabilities (also see Appendix 3)

People who have some form of disability number highly amongst health service customers – from children to older people and across the continuum of care. While many services in health provide care and intervention for particular disabilities, the Disability Action Plan is about ensuring that there is equity of access and participation in all health services, programs and activities, for all people irrespective of their disability. People with disabilities can face additional barriers in accessing mainstream healthcare services with resulting consequences for their overall health.

To ensure that people in SESIAS who have disabilities can enjoy the highest possible standards of health, it is important all our services, not just specialist services, are able to cater for people with a wide range of disabilities. This plan will help SESIAS consider these wide ranging needs in developing future directions, and in providing care across all of our services.

The Plan aims to assist people with disability regardless of type to access and benefit from mainstream health services, for example, so that someone with an intellectual disability can access gynaecological and dental services.

An example of how this plan varies from a clinical service plan is that a surgical clinical service plan may address the provision of specialist eye services for people with a visual impairment, while the Disability Action Plan aims to address how people with a visual impairment access and receive care throughout our services.

The Plan also recognises that people with disabilities may come into contact with the health system in a variety of ways in addition to seeking health care for themselves. Examples include participation as a parent, or as a carer of others with disability such as a partner.

Describing disability

Disability is an umbrella term covering impairments, activity limitations and participation restrictions. There are many ways to think about disability including the way it is defined, causes and the effect on people's lives.

The *World Health Organisation* describes disability in relation to several main aspects of people's life experience: their bodily function and structures, the activities they undertake, the life areas in which they participate and environmental factors that affect these experiences (WHO 2001).

The *Commonwealth Disability Discrimination Act 1992* (DDA) has a broad definition including the "malfunction, malformation or disfigurements of a part of a person's body". The disability may also: be current, have occurred in the past or occur in the future (eg due to a genetic predisposition), or even perceived to be present (eg if people think someone has AIDS). Behaviour that is a symptom or manifestation of the disability is also covered by this definition.

The *NSW Disability Services Act 1993* defines disability as either chronic or episodic in nature and:

- attributable to an intellectual, psychiatric, sensory, physical or like impairment or to a combination of such impairments;
- permanent or likely to be permanent;
- results in a significantly reduced capacity in one or more major life activities, such as communication, learning, mobility, decision-making or self-care; and
- the person with the disability needs support, whether or not of an ongoing nature.

Types of disability

Disabilities can be grouped into broad categories based on factors such as similarities in underlying health conditions, impairment, restrictions and need for support. Major types of disabilities include:

Physical: affecting mobility or dexterity resulting in restrictions to everyday activities for example through restricted limb movements; communication and breathing difficulties; and chronic pain or discomfort.

Neurological: associated with damage to the nervous system resulting in the loss of some physical or mental functions; and may affect behaviour, capacity to move or manipulate things, express feelings and process information.

Intellectual, learning and cognitive: impacting on capacity to learn tasks, process information, express needs or participate in decision making. These features may result from developmental or acquired conditions.

Mental Health: a proportion of individuals with mental illness experience severe and persistent symptoms which impact on their level of functioning within the community.

Sensory: associated with damage or impairment of one or more of the senses for example blindness and vision impairment; deafness and hearing impairment. The sensory impairment can result in secondary difficulties such as speech, language or communication disorders.

The majority of Australians with disability report having physical conditions as their main health condition (84%). However, those with intellectual or cognitive disorders as their main condition are much more likely to need help with self care, mobility or communication (46% compared to 29%). (ABS 2004).

Disabilities may not be apparent and people may also have multiple disabilities. Having additional health conditions (that may or may not be related to the disability) can increase the range of health services needed creating complex care scenarios. As people are now living longer with disability, it is also common for people to be grappling with health issues related to ageing such as cardiovascular disease, cancer and dementia in addition to their disability (AIHW 2008, 2006).

While the types of disability listed above describe medical conditions, it is essential to consider social factors which impact on how disability is managed and experienced. Disability is complex, reflecting interactions between an individual's features and features of their environment.

Environmental factors such as negative attitudes about disability, lack of involvement in decision making or planning, poor physical access to buildings or transport or incorrect assumptions about employability can heighten the impact of a disability and potentially affect access to services. The lack of appropriate services, awareness and understanding of services available as well as reluctance to accept formal services can also have a negative impact. For many people, the stigma associated with disability can affect willingness to identify as having a disability.

Other contributing social factors that need to be considered include the over-representation of people with disability in population groups such as older people, people from lower socioeconomic backgrounds, unemployed people and homeless people.

There are a number of key factors that need to be considered by our Area Health Service when planning for and delivering health services (ABS Survey of Disability & Carers 2003):

- *One in 5 people in NSW have a disability*
- *One in 12 people in NSW have an impairment that requires assistance with communication & cognitive skills*
- *One in 16 people in Australia have a severe disability needing assistance in core activity of self care, mobility or communication*
- *Almost half of people with a disability require an aid or equipment to assist with daily living*
- *Over 25% of people with disabilities experienced difficulties with their health care*
- *Disability rates increase with age.*

Role of Carers

The Australian Institute of Health and Welfare (AIHW) has identified that:

- the number of people with a disability will continue to grow
- life expectancy continues to increase
- the impact on carers will continue to increase. (AIHW 2006)

Carers play a vital role in supporting people with a disability and for many people with disabilities it would be impossible to live in the community without their assistance. Consequently the pressure on carers can be unrelenting. Carers are mostly women, are commonly family members, and may experience significant health issues themselves related to the high levels of stress involved. Many carers are also ageing. About 10% of people aged 15 years and over report having caring responsibilities. (ABS 2004)

Populations with special needs

Some population groups warrant additional consideration regarding access to services in that they have higher rates of disability or social circumstances which place them at further disadvantage. Of particular note are people from Aboriginal and CALD backgrounds, children in out of home care and women.

People from Aboriginal and CALD backgrounds face many additional challenges in accessing services including social, cultural and linguistic barriers on top of those linked to disability. Factors such as financial vulnerability, lack of accessible information or transport; and system problems such as services not being culturally appropriate, being poorly targeted or poorly located can all have a negative impact. (ADN 2007, HREOC 2000)

While people from Aboriginal and CALD backgrounds are significantly under-represented on a population basis in community support and disability services, it is felt that this lower-level of usage may indicate under-reporting, and not reflect the real situation in the communities. Unwillingness to identify as having a disability due to the associated stigma within many communities, especially if cultural discrimination is also perceived, may be a contributing factor. Caring responsibilities can be a significant burden on family networks in Aboriginal communities and some CALD communities, especially refugee communities. (MDAA 2008, ADN 2007)

In Aboriginal people it has been identified that the rate and severity of disability, and the proportion of people with caring responsibilities, is considerably higher than in non-Aboriginal people.

From the ABS 2006 census it has been identified that:

- *the prevalence of disability among Aboriginal people is higher at all ages than in other Australians*
- *Aboriginal people are almost twice as likely as other Australians to require assistance with core activities*
- *Aboriginal people were also more likely than other Australians to be caring for another person with disability.*

People from CALD backgrounds are estimated to make up one in four people with disability (MDAA 2008). While migrants to Australia generally have a lower incidence of chronic health issues and disability at arrival and during their early years of residence due to health screening, this health advantage is reduced with increasing length of time in Australia. Workplace injuries are a significant health concern and cause of disability amongst immigrants. (AIHW 2002)

Children and young people living in out-of-home-care are also a vulnerable population with a higher rate of health related problems than those in the general population. A significant number also have physical and intellectual disability. (DOCS 2008, RACP 2006)

Women have particular needs with regard to disability as they are likely to experience more years of disability due to their longer life expectancy than men. They also carry associated health consequences from their major caring role in the community. Women aged 80 years and over report a 50% higher rate of profound or severe core-activity limitation compared with males of the same age. (ABS 2004)

People covered by the Disability Action Plan

This Disability Action Plan uses the term 'people with disabilities' to describe people who face barriers restricting their ability to participate fully in society that might be social, architectural, environmental and/or attitudinal due to impairments as defined by the *Commonwealth Disability Discrimination Act 1992* (DDA). It needs to be remembered that this is a very heterogeneous group.

The Plan will also apply to groups who are not necessarily classified as having a disability, but who may face similar disabling difficulties and stigma as people with disabilities as defined in the DDA. People living with a mental illness or HIV/AIDS may be considered in this category.

2.4 SESIAHS Population Living with Disability (also see Appendix 4)

Based on the ABS Survey of Disability and Carers 2003, an estimated 225,000 people with disabilities live in South Eastern Sydney and Illawarra.

It was reported in the 2006 Census that:

- 44,300 SESIAHS residents had a profound or severe disability (ie requiring help or assistance in one or more of the three core activity areas of self-care, mobility and communication)
- comprising 2700 children aged 0-14 years, 1600 young people aged 15-24 years, and 40,000 adults over 25 years
- representing approximately 4% of all South Eastern Sydney Illawarra residents
- females aged 75 years and over were much more likely than males to report having a disability
- over 90,000 SESIAHS residents had caring responsibilities. (ABS 2006)

The 2006 Census also reported that nearly 700 Aboriginal people in SESIAHS had profound or severe disabilities. However, this is likely to be a considerable underestimate of the number of people affected and of the impact on the community. The community's complex care needs, exacerbated by social factors including distance from services and limited availability of culturally specific disability services to support people with disabilities and carers, underscore the need for a holistic approach to care. Recent establishment of service provider networks and availability of internet resources through the National Disability Services NSW Aboriginal Resources and Pathways Project has the potential to increase coordination and appropriateness of care for Aboriginal people with disability across SESIAHS.

It is estimated from the 2006 Census that there could be over 60,000 CALD people who have some level of disability in SESIAHS (MDAA 2008). The range of cultural backgrounds as well as types and levels of disability represented would have an immense impact on the access to and availability of appropriate services. Communication needs, especially for older people and for refugee and newly emerging communities in the SESIAHS area create additional challenges.

It is very likely that the level of disability and the number of carers in the population are considerably higher than indicated by self-reported Census data. Consequently, the number of people in the SESIAHS area requiring health services and the complexity of their needs may also be much greater than indicated. There is little information on the overall number of patients with disabilities using SESIAHS services.

SESIAS staff

SESIAS employees also include people with disabilities. Information about staff with disabilities is obtained on a voluntary basis when people start employment. As at 30 June 2007, 205 SESIAHS employees (1%) reported having a disability and 53 required a work related adjustment (SESIAS 2007b). Information on specific disabilities and types of work-related adjustment is not currently available.

2.5 Policy Context and Legislation (also see Appendix 5)

All sections of government, including area health services, are required to abide by legislation covering people with disabilities. Australian laws are based on the human rights principles that people with disabilities must have the same opportunities to participate in society as other people. The policy and legislative context relating to disability is derived from a number of international, national and state strategies and legislation. These include the *United Nations Convention on the Rights of Persons with Disabilities* ratified in 2008, the *Commonwealth Disability Discrimination Act 1992*, the *NSW State Plan* and the *NSW Government Disability Framework*. In addition, a *National Disability Strategy* will be released in 2010 which will impact on the range and type of services available for people with disabilities.

The *SESAHS Disability Action Plan 2010 - 2015* needs to be delivered in a context that considers these broader strategies as well as relevant initiatives in SESAHS.

The Disability Action Plan will link to the *SESAHS Area Strategic* and *Area Healthcare Services Plans* for 2010 - 2015, by focusing on issues that impact on people with disabilities across the health service in all clinical, environmental and cultural settings. These plans incorporate the NSW Health vision 'Healthy People – Now and in the Future' and the four goals of the NSW Health system: to keep people healthy; to provide the health care that people need; to deliver high quality services; and to manage services well. These goals are to be achieved through seven strategic directions:

1. Make prevention everybody's business
2. Create better experiences for people using health services
3. Strengthen primary health and continuing care in the community
4. Build regional and other partnerships for health
5. Make smart choices about the costs and benefits of health services
6. Build a sustainable health workforce
7. Be ready for new risks and opportunities.

The Disability Action Plan will also support and complement a range of other plans including:

- *NSW State Plan and Caring Together – the Health Action Plan for NSW*
- *SESAHS Carers' Action Plan 2007- 2012* and *SESAHS Mental Health Rehabilitation Strategy* which outline models for disability support that involve working closely with NGOs providing relevant services
- *SESAHS Aboriginal Health Strategic Plan 2010 - 2015* and *Aboriginal Mental Health Action Plan 2007- 2010* which outline strategies for addressing chronic and disabling conditions in Aboriginal people
- local service plans addressing relevant target groups or health issues such as Multicultural Health, Women's Health, Falls Prevention and Chronic Disease.

2.6 SESAHS Disability Services

Clinical services in SESAHS provide assessment, diagnosis, treatment and/or case management, and coordinate with general practitioners and community services to provide care for all people including those with disabilities. Some services such as Aged Care, Chronic Care, Neurosciences, Spinal injury and Rehabilitation have a greater level of involvement with people who have disabilities, as do emergency departments, hand and eye surgery, palliative care and community health services.

SESAHS has particular expertise in some areas of disability, providing a number of highly specialised services – some with statewide reach and only available in a few locations in NSW, while others provide outreach services to other parts of NSW. Statewide services include: Spinal Injuries; Neuropsychiatric; Mood and Anxiety Disorders; AIDS Dementia and HIV Psychiatry. These services are mostly clustered in the Northern Hospital Network. SESAHS also has a number of research hubs focusing on aspects of disability.

Specific expertise is also provided in diagnosis and treatment of less commonly occurring illnesses and disabilities in children and adolescents. Sydney Children's Hospital (SCH), in partnership with Children's Hospital Westmead, provides highly specialised services for children including Brain Injury Rehabilitation, Cerebral Palsy and Spina-Bifida. Two sites in SESAHS are part of the NSW Brain Injury Rehabilitation Network: one of the two designated paediatric inpatient units for NSW at SCH and the other primarily outpatient service for the SESAHS southern hospital network.

Working closely with external agencies such as ADHC and schools, specialised clinics such as the Kogarah Diagnostic and Assessment Service and multidisciplinary services linked to the SESAHS Developmental Disability Network care for children and adolescents with a developmental delay/ disability and their families across the Area. Clinics are also provided in SESAHS for children and young people living in out-of-home care where disability problems are more common.

Sydney Children's Hospital is also the tertiary hub for GESCHN (Greater Eastern Southern Child Health Network – a network of SESIAHS, Greater Southern, Northern Sydney Central Coast Area Health Services and the ACT), one of three child health networks established to promote access to paediatric services across NSW. The Network also has a Transition Care Coordinator funded through NSW Health (via the Greater Metropolitan Clinical Taskforce - GMCT) to facilitate continuity of care for young people with chronic illnesses or disabilities as they move from child to adult health services.

To address complex co-morbidities in adolescents and adults with intellectual disability, the St George Hospital Multidisciplinary Disability Consultancy pilot has been established. Collaboration of hospital clinicians with the specialised Kogarah Diagnostic and Assessment Service, has developed protocols and policy relating to the presentation and management of people with intellectual disability to hospital, while also building the capacity of mainstream services in Central Hospital Network.

Health care is networked across SESIAHS to improve local coordination and access to services. Collaborations with many other services and organisations are instrumental in extending the range and number of services available for people with disabilities and carers in SESIAHS. These include

- NSW government agencies such as Housing NSW, Department of Community Services, Department of Education and Training, Motor Accident Authority NSW and Lifetime Care and Support Authority. SESIAHS also receives funding from other government departments including Department of Human Services NSW (eg Ageing, Disability and Home Care), and the Commonwealth Department of Health and Ageing, (eg through programs such as Home and Community Care - HACC) to further enhance specific services.
- non-government organisations (NGOs) catering to the needs of a broad range of people in the community, including people with disabilities. SESIAHS maintains strong formal links with a number of NGOs, the majority being managed under the NSW Health NGO Grant Program.

Support to assist people in SESIAHS with disabilities is available through services managed by *EnableNSW* including Program of Appliances for Disabled People (PADP), Artificial Limb Service (ALS) and the NSW Home Respiratory Program (HRP). Equipment Loan Pools and limited assisted transport for people with disabilities requiring access to health services are also available in the Area.

SESIASHS addresses disability across the continuum of care ie provides services focusing on prevention of disabilities and early intervention as well as treatment and rehabilitation services outlined above. Examples include screening programs for developmental, vision and hearing problems in children and coordination of therapy services when problems are identified; injury prevention programs such as preventing falls in older people in community, hospital and residential aged care settings; and participating in community education programs. Some of the many initiatives that have been implemented in SESIAHS to increase access to services for people with disabilities and carers across the continuum of care are listed in Section 4.

Challenges for service delivery

Consideration of social factors as well as medical factors is crucial in providing appropriate services to all people, irrespective of their disability, and to carers. The size of SESIAHS and the distribution of the population present challenges such as

- significant distances to travel for treatment (especially for specialist services) which has implications for transport needs and for support of carers. For instance in the Southern Hospital Network: distances to services may be large; accessible public transport is minimal and socioeconomic status is the lowest in SESIAHS, but the proportion of people requiring support may be high (given the high proportions of Aboriginal people and older people where rates of disability are known to be higher); and the
- availability of culturally and linguistically appropriate services for the range of population groups across the Area. For instance, the Northern and Central Hospital Networks are home to over two thirds of the SESIAHS population which is also very diverse comprising many different cultural and language groups.

Additional demands on SESIAHS' health services into the future will include the ageing population and expected increase in chronic disease. Older people tend to have complex, co-morbid health problems and need more complex care. Increasing demand in SESIAHS is already apparent for services such as rehabilitation and palliative care, rheumatology and acute psychiatric care, consistent with the increasing trends in rates for chronic disease such as diabetes, arthritis and mental health problems. These trends in increasing prevalence of diseases requiring complex and chronic care strongly support that the demand for disability services will increase in SESIAHS in the future.

Further challenges will be created by the need to enhance access to SESIAHS services as much as possible within limited new resources. Strategies to extend reach of services and develop innovative, person-centred models of care might include: working in partnership with other government and non-government organisations including disability support services; and utilising expertise available to build capacity of mainstream services in SESIAHS. Advocacy by health staff eg in dealings with other organisations, is also central to ensuring that both the health system and the broader environment are supportive of people with disabilities and carers.

3. Our SESIAHS Disability Action Plan

3.1 Our Commitment

SESI AHS is committed to promoting full and equal access for people with disabilities and their carers to all its services, programs and facilities; providing high quality specialised health services that are fair, responsive and appropriate to the individual needs of people with disabilities; and to improving community participation for people with disabilities.

SESI AHS is also committed to improving the employment opportunities for people with disabilities as outlined in the NSW State Plan Priority F2, and recognises the important role we can play in this regard. SESI AHS is committed to ensuring that employees with a disability can use their skills effectively and can contribute fully in their role.

3.2 Our Principles

SESI AHS has adopted and built on the NSW Government Principles of an Inclusive Society contained within the NSW Government Disability Policy Framework (NSW Government 1988):

- People with disabilities are full and valued members of the community
- People with disabilities will have access to services provided to the general community
- When we deliver services to people with disabilities we will consider the whole of life needs of individuals in their own communities
- We will strive to achieve better outcomes for people with disabilities through collaboration among service providers and with the active participation of people with disabilities
- Our services will support, and be sensitive to, the diversity of people with disabilities, including those from culturally and linguistically diverse communities
- The unique needs of Aboriginal people with disabilities will be recognised
- The unique requirements of children and young people with special needs, and their carers, will be recognised
- People with disabilities will have the right to self determination.

3.3 Developing our SESIAHS Disability Action Plan

The *SESI AHS Disability Action Plan 2010 - 2015* was developed by a working group with input from a range of health staff from across SESI AHS. Staff and services have provided suggestions and recommendations including detailed comment about achievements, current initiatives, broad strategies and actions. There was targeted consultation in developing and reviewing the draft plan with advice provided through SESI AHS Community Participation structures, including the SESI AHS Area Health Advisory Council and representatives from local disability organisations and specialty services. An Aboriginal Health Impact Statement was also completed to ensure the Plan's appropriateness for the Aboriginal community.

The Plan builds on the disability plans of the former Area Health Services in South Eastern Sydney and the Illawarra. Consideration has been given to best practice in other health services and government departments, advice from earlier consultations with consumers, carers and service organisations and achievements of the various services and facilities within SESI AHS.

In the process, the SESI AHS plan considered legislation and planning and policy direction set by the NSW Government and NSW Health. These include recommendations of the 2006 NSW Health review into the implementation of the NSW Health Policy *People with Disabilities: responding to their needs during hospitalisation* which recommended a stronger emphasis on quality health care for people with disabilities, the need for a respectful, flexible and adaptable service, and policy revision.

Development of the *SESIAHS Area Strategic Plan 2010 - 2015* and the *Area Healthcare Services Plan for 2010 - 2015* will further inform Area directions. The *SESIAHS Disability Action Plan 2010 - 2015* will assist Clinical Streams and Networks to address needs of people with disabilities, their carers and families as part of their service planning in 2010.

As the first Disability Action Plan for SESIAHS, it aims to set strategic objectives to direct future planning for the Area, and also provide a basis for the review and monitoring of how well the Area responds to people with disabilities, their families and carers within the required seven priority areas. Feedback will be sought from consumers, carers and representative organisations and incorporated into later revisions of the Plan to improve the capacity of SESIAHS to address disability issues as part of core business.

Feedback from consultation processes will be also used to inform and influence implementation and monitoring of the Plan.

While the Plan's focus is to enable more equitable access and participation in SESIAHS services programs and activities for people with disabilities, it should also enable SESIAHS to provide a quality and inclusive service to all people. For example:

- improving physical access in buildings will help older people and help parents with prams;
- providing information in alternative formats will help people with literacy and visual difficulties
- improved signage will assist all visitors and
- improvements to care will make services safer for patients, staff and the community.

3.4 Priorities for Action

This Plan outlines the methods by which SESIAHS will address the seven priority areas of the NSW Government Disability Framework (DADHC 2008):

1. Identifying and removing barriers to services for people with a disability
2. Providing information in a range of formats that are accessible to people with a disability
3. Making Government buildings and facilities physically accessible to people with a disability
4. Assisting people with a disability to participate in public consultations and to apply for and participate in government advisory boards and committees
5. Increasing employment participation of people with a disability in the NSW public sector
6. Using government decision-making, programs and operations to influence other agencies and sectors to improve community participation and quality of life for people with a disability
7. Providing quality specialist and adapted services where mainstream services are not responsive or adequate to meet the needs of people with a disability.

4. Priority Action Areas: SESIAHS past and current initiatives

As part of its commitment to providing quality health care and employment opportunities for people with disabilities, SESIAHS implements a range of activities across all seven priority areas of the NSW Government Disability Planning Framework. Section 4 outlines some of SESIAHS' current and recent initiatives that have been identified in these areas.

Priority 1. Identifying and removing barriers to services for people with a disability

- Developed Area-wide Clinical Streams to support improved care and expertise, and commenced development of clinical plans to guide service delivery
- Developed Area plans to guide service delivery for significant target groups affected by disabling health problems eg Mental Health Rehabilitation Strategic Plan; Carers' Action Plan 2007- 2012
- Supported access to ComPacks, a program which assists frail older people and people with disabilities and reduces avoidable delays in hospital discharge
- Introduced the Transitional Aged Care Program providing time-limited support and low level rehabilitation following discharge from hospital, to people who would have otherwise been placed in residential care. This program helps a number of people with disabilities
- In Southern Hospital Network, developed Policy/ Procedures for a range of disabilities and made them available to SESIAHS staff through the intranet
- In Central Hospital Network, developed an Aged Care screening tool for cognition, vision and hearing for use on admission
- Provided alternate care models to improve access to services for people with disabilities eg increased provision of in-home assessments and after hours clinics
- Included educational information and advice about disability in staff education programs for SESIAHS and other organisations
- Provided education programs to clinical staff on specific health problems and disabling conditions eg caring for people with HIV/AIDS, and management of people with dementia
- Commenced annual Patient/ Carer Surveys which seek feedback on all aspects of health care
- Developed Community Child and Adolescent Services to streamline multidisciplinary diagnostic, assessment and intervention services
- Commenced local implementation of statewide initiatives to identify potential problems in young children including Personal Health Record (Blue Book) containing an assessment tool for parent use; 'SWISH' program to detect hearing problems and 'StEPS' program for vision problems.

Priority 2. Providing information in a range of formats that are accessible to people with a disability

- Developed a SESIAHS Website linked to the NSW Health Website
- Provided resources in a variety of formats for special needs groups including
 - Auslan interpreters for people who are deaf
 - Aphasia friendly resources in key languages
 - “*My life story*” dementia aids in Greek and Italian languages
 - transplantation information in different languages and in audio format
- Assisted families and carers of children with developmental disabilities. Examples include:
 - promoting early intervention services through the Sydney Children’s Hospital website
 - translating resources for newly emerging language groups to help parents identify and manage developmental delay and disabilities in children and information on how to access services
 - formation of parent support groups
- Sought input from peak disability and consumer groups to develop appropriate information and resources
- Developed screening tools which assist in assessing the level of pain in patients with dementia who are unable to communicate.

Priority 3. Making SESIAHS buildings and facilities physically accessible to people with a disability

- Ensured that features to improve disability access were included in new and refurbished health facilities including: La Perouse Aboriginal Community Health Centre, Shellharbour Adolescent Mental Health Day Facility, non-acute Mental Health Units at Sutherland and Shellharbour hospitals, specialist Mental Health Services Older Persons Unit at Wollongong Hospital, Sutherland Hospital Renal Dialysis Unit, Illawarra Brain Injury Service Port Kembla Hospital and Outpatient Cancer Services Unit at Milton-Ulladulla Hospital
- Ensured that disability access is included in the planning of major new facilities catering for children and adolescents with disabilities at Sydney Children’s and Wollongong Hospitals
- Improved existing buildings and facilities, including more accessible parking spaces, upgraded signage and improved access for people with visual and hearing impairments
- Purchased specialised equipment to increase the range of services available to people with disabilities eg special eye examination facilities for use by people in wheelchairs
- Worked with local councils to improve access for people with disabilities in areas surrounding health facilities eg safe road crossings.

Priority 4. Assisting people with a disability to participate in public consultations and to apply for and participate in government advisory boards and committees

- Developed and implemented a Community Participation Framework which enables SESIAHS consumers, carers and the community to be involved in the planning and operation of health services eg Area Health Advisory Council and local Consumer Advisory Committees
- Included people with disabilities and carers on consumer advisory committees and on aged care and rehabilitation service steering committees
- Involved people with disabilities in volunteer activities within hospitals, community health centres and other health services. This includes working with local agencies to identify ways in which people with moderate to profound disabilities can participate in SESIAHS Community Participation activities
- Reviewed consumer participation structures for people with mental health disability
- Advocated for disability services through support of peak organisations and representative groups. Examples include membership of boards and facilitation of funding submissions.

Priority 5. Increasing employment participation of people with a disability in SESIAHS

- Training delivered to Human Resources/ Workforce Services staff in managing employees with disabilities
- Provided information to Managers through the Managers Help Centre (web portal) about their responsibilities and options for supporting employment of staff with a disability
- Developed workforce development resources that are readily accessible for people with a disability (eg SESIAHS employment website, online learning resources)
- Services such as Area Mental Health Services and Rehabilitation Services provide work opportunities for people with disabilities and actively help people return to work
- Community Health facilities contract agencies such as Sylvanvale (an employment service for people with disabilities) for activities such as catering.

Priority 6. Using SESIAHS decision-making, programs and operations to influence other agencies and sectors to improve community participation and quality of life for people with a disability

- In Southern Hospital Network, developed Memorandums of Understanding (MoUs) with DADHC to improve support for people with disabilities requiring health care
- Participated in a range of interagency forums to improve coordination of services
- Established the position of NGO Program Manager to improve communication with Health-funded NGOs and ensure effective coordination, planning and accountability
- Implemented services in partnership with other agencies for people with disabilities and participated in support activities such as children's camps
- Increased awareness of disability issues in the community eg through
 - provision of information and education to community and school groups
 - participation in local government planning committees
- Conducted eye screening programs for community groups
- Implemented early intervention, diagnostic and assessment programs for young children in partnership with schools, preschools and child care centres.

Priority 7. Providing quality specialist and adapted services where mainstream services are not responsive or adequate to meet the needs of people with a disability

- Provided highly specialised services for a range of disabilities in adults and children
- Established a pilot project to coordinate access to SESIAHS Child Youth and Family services for young children identified with potential developmental problems
- Supported the appointment of a Professor in Intellectual Disability Mental Health at the University of NSW who has an active role in developing expertise in SESIAHS and across NSW
- Enhanced service delivery for people with intellectual/ developmental disabilities eg by initiating
 - guidelines for children requiring dental services
 - a psychology service to allow clinical psychotherapy for adults
 - a consultancy service of specialists and social work for adolescents and adults with challenging behaviours and complex co-morbidities
- Formed a Transition Care working group and developed initiatives to improve services for young people with a chronic illness/ disability moving from paediatric to adult health care
- Conducted an audit of implementation of NSW Health policy on responding to needs of people with disabilities during hospitalisation
- Established a Disability Working group to improve coordination and networking of diagnostic, assessment and intervention services for children and adolescents across SESIAHS.

5. Implementation

The Action Table in Section 6 identifies performance indicators, responsibilities and timeframes of strategic actions identified for implementation in SESIAHS. The following section considers communication, governance and reporting structures to ensure that the Action Plan is implemented and the key initiatives and recommendations are achieved.

5.1 Communication Strategy

The *SESI AHS Disability Action Plan 2010 - 2015* will be promoted through the SESIAHS newsletter, Community Participation structures including the Area Health Advisory Council (AHAC), the SESIAHS website and intranet, and in staff orientation programs.

All senior managers have been briefed about the Plan and have identified areas for further discussion. The Plan will be provided to Hospital Network General Managers, Facility Executive Directors, Stream Directors and Service Managers for implementation and for dissemination to relevant groups such as Access Committees and Consumer Participation Committees. The Plan will be further promoted to Clinical Streams and Networks to facilitate development of clinical strategies as part of SESIAHS Healthcare Services planning in 2010.

Innovative approaches adopted within SESIAHS to improve access to services for people with disabilities and carers will be acknowledged in SESIAHS media and communications such as newsletters and websites.

One of the key initiatives in the Plan is for the identification of a senior clinical manager to oversee development of policies and practices within each Hospital Network. This manager will be responsible for supporting the initial phases of implementation by developing relevant clinical guidelines, ensuring training with regards to disability management is made available to clinicians, managers and staff if required, and advocating for the improvement of resources and tools to improve care.

5.2 Action Plan Governance

An Executive Sponsor for each Priority Action area in the Plan has been identified. Implementation will be overseen by the Area Executive Team and the Area Clinical Council. Progress against Key Performance Indicators will be reported and reviewed on an annual basis. A reporting template will be developed to assist the process.

To set new directions and review progress, it is anticipated that clinical services, people with disabilities and carers (including peak agencies) and local agencies will be consulted regarding effectiveness of the Plan's implementation, and to identify issues and potential strategies for incorporation into later iterations.

At a local level, hospitals and community health services are expected to develop and build on existing organisational structures to support implementation, monitoring and reporting. These structures should also link with clinical governance and quality processes and structures.

During 2015, the Action Plan will be reviewed and updated as part of the SESIAHS Area Healthcare Services planning cycle.

5.3 Reporting

A copy of this Plan will be submitted to Ageing, Disability and Home Care who will also be advised of any significant amendments to the Plan.

Progress in implementing the SESIAHS Disability Action Plan will be reported in the SESIAHS Annual Report, with a copy of the relevant section forwarded to ADHC. Employment outcomes will also be detailed in the Annual SESIAHS Equal Employment Opportunity (EEO) report.

Progress reports will be sent to relevant SESIAHS executive and advisory groups including Area Clinical Council, Area Health Advisory Council, Allied Health Forum, Directors of Nursing Meeting and the Senior Medical Staff Executive Council.

6. Summary Action Table

The following Table summarises the actions for implementation by SESIAHS to facilitate access for all people with disabilities to SESIAHS services. Identified through consultation with staff and a range of stakeholder organisations, these represent strategic initiatives and include performance indicators, responsibilities and timeframes.

Specific initiatives will be developed at clinical stream, facility and service levels across SESIAHS. For instance, Clinical Streams and Networks will be asked to consider disability as a core issue to address during SESIAHS Healthcare Services planning to be undertaken from 2010.

For a number of initiatives, responsibility has been attributed to more than one position. This has occurred where initiatives have different applications across SESIAHS and are not the domain of only a single facility, stream or service. In these instances, it is anticipated that nominated positions will be responsible for the implementation of actions within their specific domains, and will coordinate and communicate activities such as planning and reporting with the relevant Executive Sponsors as required.

Unless otherwise specified, actions will be achieved from within existing resources.

The Summary Action Table expands on, and complements the current and recent initiatives identified in Section 4. It may not list all the potential strategies to be undertaken over the next five years.

Priority 1. Identifying and removing barriers to services for people with a disability

Executive Sponsors: Primary: Director Nursing & Midwifery Services; Secondary: Director, Clinical Operations

Ref.	Actions	Performance Indicator	Responsibility	Target Date
1.1	<p>Develop local policies, procedures and practices which ensure coordinated care and compliance with NSW Health Policy that relate to people with disabilities and carers eg</p> <ul style="list-style-type: none"> ▪ People with Disabilities: Responding to their needs during hospitalisation (PD 2008_010) ▪ Discharge Planning for Adult Mental Health Inpatient Services (PD 2008_005) ▪ Discharge Planning: Responsive Standards (revised) (PD 2007_092) 			
1.1.1	<p>Identify senior clinical managers within Networks/Facilities or Streams who will have responsibility to:</p> <ul style="list-style-type: none"> ▪ ensure staff are aware of NSW Health policies ▪ oversee development, implementation and compliance with relevant policies, procedures and practices within each Network / facility 	<ul style="list-style-type: none"> ▪ Person responsible identified within 6 months ▪ Recommended actions identified to comply with policies and timeframes for implementation developed 	<p>Hospital Network GMs/ Facility Executive Directors</p> <p>Stream Directors / Service Managers</p>	<p>2010</p> <p>As per Action Plan</p>
1.1.2	<p>Ensure preadmission and discharge planning processes adequately identify and address needs of people with disabilities and involve carers as partners in care</p>	<ul style="list-style-type: none"> ▪ Current practices in admitting, caring for, and discharging inpatients with moderate-profound disabilities are identified ▪ Appropriate tools to promote a consistent approach to assessing patients with disabilities are identified ▪ Identification of clients with special needs (eg intellectual disability) is improved ▪ Carers are identified and involved in planning care needs 	<p>Hospital Network GMs/ Facility Executive Directors</p> <p>Area Manager Access & Redesign</p>	<p>2012</p>
1.1.3	<p>Ensure all new and revised strategic plans and operational plans for Services and Streams address special needs of people with disability and carers and respond to relevant policies and the Area Disability Action Plan</p>	<ul style="list-style-type: none"> ▪ All Stream plans completed as part of Area Healthcare Services Plan 2010 – 2015 review & address disability as part of core service provision ▪ Where the need is identified, service plans with a focus on disability are implemented, monitored and reviewed eg Area Mental Health Rehabilitation Strategic Plan 	<p>Stream Directors / Service Managers</p> <p>Hospital Network GMs/ Facility Executive Directors</p> <p>Executive Manager Strategy & Planning</p>	<p>2010</p>
1.1.4	<p>Ensure SESIAHS service planning proformas and templates include consideration of disability issues</p>	<ul style="list-style-type: none"> ▪ Proformas and templates developed & made available on the intranet within 6 months for use in AHS planning 	<p>Executive Manager Strategy & Planning</p>	<p>2010</p>

Priority 1. Identifying and removing barriers to services for people with a disability

Executive Sponsors: Primary: Director Nursing & Midwifery Services; Secondary: Director, Clinical Operations

Ref.	Actions	Performance Indicator	Responsibility	Target Date
1.2	Improve access to SESIAHS services and facilities for people with complex needs and their carers			
1.2.1	Ensure a mechanism is available for people with a variety of disabilities to have local input to all facilities and services (eg disability access committee, annual consultation forum) Also see Priority 4.1.6	<ul style="list-style-type: none"> Mechanism established & outlined to Director Clinical Operations Annual reporting of outcome of mechanism 	Hospital Network GMs/ Facility Executive Directors	2012 Annually
1.2.2	Increase capacity of mainstream services to provide models of care that are sensitive and responsive to needs of people with disabilities and carers eg 'Inreach', supported transport, phone and computer based services	<ul style="list-style-type: none"> Priority areas identified Models of care reviewed (at least 2 annually) Number and type of alternate/enhanced service models implemented 	Hospital Network GMs/ Facility Executive Directors Stream Directors / Service Managers	Implementation ongoing and reported annually
1.2.3	Ensure that a variety of mechanisms to provide feedback about SESIAHS services are available to people with disabilities and their carers Also see Priority 2	<ul style="list-style-type: none"> Feedback mechanisms are available in a range of formats Information provided to service users Feedback received is used to develop strategies to improve the care experience <p>Opportunities investigated for gathering information about experiences of people with disabilities and their carers through the Patient Journey evaluation process</p>	Hospital Network GMs/ Facility Executive Directors Director Clinical Governance Stream Directors / Service Managers Director Communications & Executive Services Area Manager Access & Redesign	Implementation ongoing and reported annually
1.2.4	Ensure programs and services are culturally appropriate to people with disabilities and their carers from Aboriginal and CALD backgrounds	<ul style="list-style-type: none"> Programs and services in areas where significant proportions of the population are from Aboriginal and CALD backgrounds develop culturally appropriate strategies (at least 2 annually) Relevant services and partner agencies are consulted 	Stream Directors / Service Managers Hospital Network GMs/ Facility Executive Directors Area Manager Aboriginal Health Area Manager Multicultural Health	Implementation ongoing and reported annually

Priority 1. Identifying and removing barriers to services for people with a disability

Executive Sponsors: Primary: Director Nursing & Midwifery Services; Secondary: Director, Clinical Operations

Ref.	Actions	Performance Indicator	Responsibility	Target Date
1.2.5	Review SESIAHS application form for new and replacement vehicles to ensure predicted disability needs of users are considered	<ul style="list-style-type: none"> Application form reviewed & item included on form 	Manager, Fleet	2010 Ongoing
1.2.6	Investigate options to extend and rollout Central Hospital Network Volunteer observer and feeding program across SESIAHS	<ul style="list-style-type: none"> Program reviewed and options investigated Recommendation made about appropriateness for Area wide roll out 	Director, Aged Care & Rehabilitation Clinical Stream Area Director Allied Health	Commence 2010
1.2.7	Ensure that people with disabilities and carers have access to appropriate information about healthy behaviours and screening programs eg for hearing, oral health, mammograms, sexual and reproductive health, healthy lifestyle etc	<ul style="list-style-type: none"> Health education included in clinical audits People with disabilities included in target groups for population health services 	Director Population Health, Planning & Performance Stream Directors / Service Managers	Implementation ongoing and reported annually
1.2.8	Ensure availability of the SESIAHS Disability Action Plan (DAP) and related resources to staff and consumers	<ul style="list-style-type: none"> DAP is publicised DAP is published on Intranet and Internet DAP is available in a number of different formats 	Director Communications & Executive Services	2010 & maintained
1.3	Ensure workforce development and education programs provide information on people with disabilities and complex needs			
1.3.1	Ensure training is available to SESIAHS staff on topics such as <ul style="list-style-type: none"> types and impact of disability identifying people with disabilities and responding to their needs adapting services to meet needs of people with co-existing disabilities and other health issues planned and unplanned admissions of people with disabilities use of specialised equipment rights of people with disabilities working with carers and other agencies range and type of services available 	<ul style="list-style-type: none"> Existing training programs reviewed Revised training programs designed Training programs made available & marketed across SESIAHS Training programs evaluated Number and categories of people trained 	Director Workforce Development Hospital Network GMs/ Facility Executive Directors Stream Directors / Service Managers Manager Carers Program	Framework determined 2011 Training implemented 2012

Priority 2. Providing information in a range of formats that are accessible to people with a disability.

Executive Sponsor: Director, Communications & Executive Services

Ref.	Actions	Performance Indicator	Responsibility	Target Date
2.1	Provide quality health information in a range of formats			
2.1.1	When developing/reviewing health information ensure predicted needs of potential users are considered (eg information on audio CD, colour coded medication, large print, language that is easy to understand, pictorial brochures, translations, Braille)	<ul style="list-style-type: none"> ▪ Facilities and services review health information needs ▪ Representatives from relevant groups such as people with disabilities, advocacy groups and carers forums are consulted when new health information material is developed ▪ New health information formats introduced as required 	Hospital Network GMs/ Facility Executive Directors Stream Directors / Service Managers Director Population Health, Planning & Performance Director Communications & Executive Services	Implementation ongoing and reported annually
2.1.2	Review practices as specified in <i>Memorandum C2008-10 Assistance of people with writing difficulties</i> to prevent breach of anti-discrimination act by SESIAHS staff by <ul style="list-style-type: none"> ▪ promoting memorandum to staff ▪ considering non-written formats such as verbal feedback form to allow scribing, on line submission etc 	<ul style="list-style-type: none"> ▪ Information provided to staff (eg in CE newsletter) ▪ Practices are reviewed & identified where non-written formats may be implemented eg application for some positions ▪ New practices introduced 	Hospital Network GMs/ Facility Executive Directors Director Workforce Development Director Communications & Executive Services	Practices reviewed 2010 Implementation ongoing and reported annually
2.1.3	Improve accessibility of SESIAHS documents (eg Annual Reports), by promoting availability in a range of formats (eg disk- ASCII format, audio, large print, language that is easy to understand, pictorial brochures, Braille).	<ul style="list-style-type: none"> ▪ Annual Report be available in alternate formats on request ▪ Where appropriate, health information is provided in alternative formats 	SESIAHS Executive Director Communications & Executive Services	Implementation ongoing and reported annually
2.2	Improve accessibility to SESIAHS websites			
2.2.1	Ensure web content management systems conform with at least level AA in the W3C's Web Content Accessibility guidelines. Promote improved web design. Explore options for voice activated website function	<ul style="list-style-type: none"> ▪ Current systems are reviewed ▪ New policy established to ensure compliance with level AA ▪ Requirement promoted to staff (eg in CE newsletter) ▪ Web design compliant with level AA 	Director Communications & Executive Services	Review 2010 Develop policy 2011
2.3	Adopt information technology that is accessible to consumers and staff			

Priority 2. Providing information in a range of formats that are accessible to people with a disability.

Executive Sponsor: Director, Communications & Executive Services

Ref.	Actions	Performance Indicator	Responsibility	Target Date
2.3.1	Ensure availability of specialised equipment and technology to assist customers and staff with communication difficulties and that staff are trained in its use	<ul style="list-style-type: none"> ▪ Audit completed ▪ Purchase plan developed ▪ Evidence of progress towards plan 	Hospital Network GMs/ Facility Executive Directors	<p>Progress towards audit and plan 2010</p> <p>Implementation ongoing and reported annually</p>

Priority 3. Making SESIAHS buildings and facilities physically accessible to people with a disability

Executive Sponsor: Director, Financial and Corporate Services

Ref.	Actions	Performance Indicator	Responsibility	Target Date
3.1	Improve physical access to SESIAHS buildings and facilities			
3.1.1	Ensure that new capital developments comply with BCA (Building Codes of Australia) Disability standards and legislation; involve Occupational Therapists where appropriate	<ul style="list-style-type: none"> Buildings are disability access compliant – BCA certification and Post Occupancy Evaluation reports 	Director Financial & Corporate Services	Ongoing, Project specific
3.1.2	Incorporate relevant considerations for disability access when planning minor and medium refurbishments (eg. consideration of physical access and needs of people who have vision and hearing impairment or intellectual disability); involve Occupational Therapists where appropriate	<ul style="list-style-type: none"> Plans document how the planning processes have addressed the needs of people with disabilities. Building modifications / refurbishments comply with BCA. 	Director Financial & Corporate Services	Ongoing
3.1.3	Ensure disability access standards are considered for all commercial and leased rental properties in light of planned use of facility	<ul style="list-style-type: none"> Mechanism developed to ensure consideration Standards considered each time 	Director Financial & Corporate Services	2010 Ongoing
3.1.4	Develop a rolling program of signage improvement and audit across SESIAHS to improve compliance with relevant standards Also see Priority 3.3.1	<ul style="list-style-type: none"> Each Network/Facility has a plan for improvement of signage Improved signage installed Incorporate considerations of CALD issues in review 	Hospital Network GMs/ Facility Executive Directors Director Financial & Corporate Services Area Manager Multicultural Health	Demonstrate progress 2011 and then annually
3.1.5	Review local access to facilities to ensure provision of safe access for people with disabilities (eg safe crossing zones) and raise identified issues with relevant groups such as local councils and transport services Also see Priority 6.1.8	<ul style="list-style-type: none"> Review as required and/or in line with existing audit and review processes eg EQUiP accreditation Issues raised with local council or other relevant group Evidence of improvements 	Hospital Network GMs/ Facility Executive Directors	Ongoing
3.2	Provide equipment that is adaptive and meets the needs of people with disabilities to maximise safety and patient independence			
3.2.1	Ensure equipment is appropriate for special needs / diagnostic groups (eg for bariatric patients, height adjustable tables, specialised wheelchairs)	<ul style="list-style-type: none"> Develop mechanism for reviewing equipment purchases Develop procurement strategy for equipment purchased Equipment purchases meet requirements during capital building developments 	Hospital Network GMs/ Facility Executive Directors Stream Directors / Service Managers	2011 Ongoing
3.3	Increase awareness of accessible facilities and services			

3.3.1	Develop disability access maps (including accessible routes, toilets, parking, safe drop off points etc.) for all facilities and make them available to SESIAHS users eg at facilities and on web pages	<ul style="list-style-type: none"> ▪ Disability access reviews conducted at two facilities each year ▪ Volunteer Information Services and Local Government consulted in preparation of maps and involved in their dissemination ▪ Maps made available on website within 12 months 	<p>Hospital Network GMs/ Facility Executive Directors</p> <p>Director Communications & Executive Services</p>	Two facilities annually
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Priority 4. Assisting people with a disability to participate in public consultations and to apply for and participate in SESIAHS advisory committees

Executive Sponsor: Director, Communications and Executive Services

Ref.	Actions	Performance Indicator	Responsibility	Target Date
4.1	Strengthen participation of people with disabilities in decision making			
4.1.1	Develop a register of people who have a disability or are carers, and who are interested in collaborating with SESIAHS on core business issues eg in an advisory role	<ul style="list-style-type: none"> ▪ Peak agencies consulted (including Aboriginal and CALD organisations) ▪ Register developed within 12 months ▪ Participation of consumers in advisory roles 	Director Communications & Executive Services	2011 Annually
4.1.2	Engage consumers in steering committees for specific projects focusing on disability	<ul style="list-style-type: none"> ▪ Two projects identified annually ▪ Consumers engaged 	Director Communications & Executive Services	Annually
4.1.3	Implement consistent consumer participation structures for services focusing on people with disabilities (eg Rehabilitation) and evaluate participation using appropriate tools	<ul style="list-style-type: none"> ▪ Priority services identified within 12 months ▪ Participation structures established ▪ Structures and participation evaluated within 3 years 	Director Communications & Executive Services Stream Directors / Service Managers	2011 Evaluation in 2014
4.1.4	Continue to obtain consumer feedback and utilise to inform development of services focusing on people with disabilities Also see Priority 1.2.3	<ul style="list-style-type: none"> ▪ Priority services identified within 6 months ▪ Feedback obtained and utilised 	Hospital Network GMs/ Facility Executive Directors Stream Directors / Service Managers	2010 2013
4.1.5	Utilise SESIAHS community participation structures eg AHAC to present views of consumers with disabilities and carers	<ul style="list-style-type: none"> ▪ Minutes of AHAC meetings ▪ At least one issue presented to AHAC annually ▪ Members of AHAC who identify as having disabilities or as carers 	Stream Directors / Service Managers Director Communications & Executive Services	Implementation ongoing and reported annually
4.1.6	Explore options to enable participation of people with disabilities and carers in SESIAHS consultation processes by <ul style="list-style-type: none"> ▪ identifying appropriate processes eg alternative formats ▪ providing appropriate supports and assistance eg transport, respite 	<ul style="list-style-type: none"> ▪ Consultation processes identified and implemented ▪ Number and type of support services provided ▪ Recommendations included in SESIAHS guidelines eg consumer participation and conduct of public meetings ▪ Number of people involved in consultations 	Director Communications & Executive Services	2011 Ongoing

Priority 5. Increasing employment participation of people with a disability in SESIAHS

Executive Sponsors: Primary: Director, Workforce Development; Supporting: Director, Nursing & Midwifery Services

Ref.	Actions	Performance Indicator	Responsibility	Target Date
5.1	Increase employment of people with disabilities in the SESIAHS workforce			
5.1.1	Ensure compliance with EEO policy in all services of SESIAHS and in relation to recruitment of new staff and retention of current staff	<ul style="list-style-type: none"> ▪ Compliance with policy ▪ Increased numbers of staff who identify as having a disability 	Director Workforce Development Director Nursing & Midwifery	Implementation ongoing and reported annually
5.1.2	Ensure comprehensive EEO statistical data in regard to disability is obtained at recruitment	<ul style="list-style-type: none"> ▪ Information on staff identifying as having a disability obtained at recruitment ▪ Data used to inform service development and planning for future needs 	Director Workforce Development	Implementation ongoing and reported annually
5.2	Increase support to employees with disabilities			
5.2.1	Enhance employment options for people with a disability by eg <ul style="list-style-type: none"> ▪ developing a workplace reasonable adjustment policy ▪ promoting Workplace Injury management and rehabilitation programs for staff who have long term or permanent restrictions ▪ collaborate with providers such as Commonwealth Rehabilitation Service to provide work opportunities 	<ul style="list-style-type: none"> ▪ Existing policies and programs reviewed ▪ Revised policies and programs developed and implemented ▪ Policies and programs promoted to staff eg CE newsletter ▪ Work opportunities provided ▪ Uptake of available options 	Director Workforce Development	2012
5.2.2	Increase disability awareness amongst all staff to demystify disability issues and foster positive attitudes eg <ul style="list-style-type: none"> ▪ by ensuring disability awareness training is included in orientation and mandatory education programs ▪ participating in public awareness campaigns (eg International Day of People with a Disability, Harmony Day, Diabetes week) ▪ promoting stories of staff with disabilities 	<ul style="list-style-type: none"> ▪ Orientation programs reviewed and required revisions made ▪ Participation in public awareness campaigns ▪ Stories published eg in CE newsletter 	Director Workforce Development Director Communications & Executive Services	2011 Ongoing

Priority 6. Using government decision-making, programs and operations to influence other agencies and sectors to improve community participation and quality of life for people with a disability.

Executive Sponsor: Director, Population Health, Planning and Performance

Ref.	Actions	Performance Indicator	Responsibility	Target Date
6.1	Improve services through a stronger focus on partnerships with other agencies			
6.1.1	<p>Ensure coordination of services for people with specific and complex needs by collaborating with other government and non-government agencies eg</p> <ul style="list-style-type: none"> ▪ maintaining involvement in Regional Coordination Managers Groups ▪ participating in Interagency planning and networking forums ▪ re-establishing the SESIAHS/ ADHC Senior Executive liaison group ▪ establishing multi-agency escalation processes to ensure timely and appropriate care for clients who have very complex needs or fall outside guidelines. 	<ul style="list-style-type: none"> ▪ Number of meetings attended ▪ Record of meetings ▪ Joint activities implemented by SESIAHS with member organisations 	<p>Director Population Health, Planning & Performance</p> <p>Area Director Primary & Community Health</p> <p>Stream Directors/ Service Managers</p>	Implementation ongoing and reported annually
6.1.2	<p>Ensure optimal service provision for clients of ADHC requiring healthcare from SESIAHS by</p> <ul style="list-style-type: none"> ▪ implementing the (draft) MoU between Southern Hospital Network and ADHC re ongoing care needs of people with disability in hospital ▪ exploring options to extend the MoU across SESIAHS <p>Also see Priority 1.1, 7.1.3</p>	<ul style="list-style-type: none"> ▪ MoU implemented within SHN ▪ Options for extension explored ▪ Recommendation made about appropriateness for Area wide rollout 	<p>Area Manager Access & Redesign</p> <p>Hospital Network GMs/ Facility Executive Directors</p> <p>Stream Directors/ Service Managers</p> <p>Director SESIAHS Developmental Disability Network</p> <p>SHN Network Manager, Aged Care & Rehabilitation</p>	<p>MoU implemented in SHN by 2012</p> <p>Options to extend the MoU explored by 2014</p>
6.1.3	<p>Develop local response to Mental Health Services framework and MoU documents currently under development between ADHC and NSW Health when available</p>	<ul style="list-style-type: none"> ▪ Local response developed 	<p>Area Director Mental Health</p>	When documents available

Priority 6. Using government decision-making, programs and operations to influence other agencies and sectors to improve community participation and quality of life for people with a disability.

Executive Sponsor: Director, Population Health, Planning and Performance

Ref.	Actions	Performance Indicator	Responsibility	Target Date
6.1.4	Enhance integrated pathways for identification, early intervention and treatment of people with disabilities through collaboration with external agencies such as ADHC, GPs, Aboriginal Medical Services, GMCT and the education sector	<ul style="list-style-type: none"> Systems and procedures developed with external agencies to support people with special and complex needs Collaborative services provided with other agencies 	<p>Director SESIAHS Developmental Disability Network</p> <p>Stream Directors/ Service Managers</p> <p>Area Director Primary & Community Health</p> <p>Area Director Allied Health</p>	<p>Plan/ Framework developed by 2012</p> <p>Implementation ongoing and reported annually</p>
6.1.5	Identify opportunities to engage with specialist non-government agencies (eg Noah's Ark (in Shoalhaven), Parkinson's Australia, Northcott Disability Services) to enhance services available for people with disabilities	<ul style="list-style-type: none"> Programs identified for consideration Partner organisations identified Recommendations and resource requirements identified Implementation plan developed (based on approval /resources available) Collaborative services provided 	<p>Stream Directors/ Service Managers</p> <p>Hospital Network GMs/ Facility Executive Directors</p> <p>Director SESIAHS Developmental Disability Network</p>	<p>Implementation ongoing and reported annually</p>
6.1.6	Identify opportunities to engage with services and agencies targeting Aboriginal people with disabilities and carers in SESIAHS	<ul style="list-style-type: none"> Services and agencies identified Relationships established Collaborative services provided where appropriate 	<p>Stream Directors/ Service Managers</p> <p>Area Director Primary & Community Health</p> <p>Area Manager Aboriginal Health</p>	<p>Implementation ongoing and reported annually</p>
6.1.7	Build capacity of other agencies to participate in health care of people with disabilities eg by implementing education programs and training that can be accessed by service providers including Affiliated Health Organisations, NGOs, GPs, Disability Support workers	<ul style="list-style-type: none"> Need for programs identified Programs designed Programs implemented and evaluated 	<p>Stream Directors/ Service Managers</p> <p>Director Communications & Executive Services</p>	<p>Implementation ongoing and reported annually</p>

Priority 6. Using government decision-making, programs and operations to influence other agencies and sectors to improve community participation and quality of life for people with a disability.

Executive Sponsor: Director, Population Health, Planning and Performance

Ref.	Actions	Performance Indicator	Responsibility	Target Date
6.1.8	<p>Raise awareness of disability issues in local government and regional planning eg</p> <ul style="list-style-type: none"> ▪ by participating in strategic processes such as membership of relevant committees ▪ providing input and feedback on development proposals <p>Also see Priority 3.1.5</p>	<p>Consultations with local government eg</p> <ul style="list-style-type: none"> ▪ Membership of committees ▪ Process developed to ensure where SESIAHS input is provided, comment about disability access is included 	<p>Hospital Network GMs/ Facility Executive Directors</p> <p>Director Population Health, Planning & Performance</p> <p>Executive Manager Strategy & Planning</p>	<p>Implementation ongoing and reported annually</p>
6.2	Engage in activities which promote people with disabilities within the wider community			
6.2.1	<p>Increase disability awareness in the community to demystify disability issues and foster positive attitudes eg</p> <ul style="list-style-type: none"> ▪ by participating in public awareness campaigns (eg International Day of People with a Disability, Carers' week, NAIDOC week, Diabetes week) ▪ promoting stories of people with disabilities and carers ▪ promoting support groups in SESIAHS eg Carers program 	<ul style="list-style-type: none"> ▪ Participation in public awareness campaigns ▪ Stories published eg in local paper, CALD and Area publications ▪ Topic included in group discussion/face-to-face sessions where appropriate eg with people from Aboriginal and CALD backgrounds ▪ Membership of support groups 	<p>Director Communications & Executive Services</p> <p>Stream Directors / Service Managers</p> <p>Area Director Primary & Community Health</p> <p>Area Manager Aboriginal Health</p> <p>Area Manager Multicultural Health</p> <p>Diversity Health Coordinators</p>	<p>Implementation ongoing and reported annually</p>
6.2.2	<p>Encourage NGOs supported by SESIAHS to address special needs of people with a disability in service provision</p>	<ul style="list-style-type: none"> ▪ Provisions addressed in NGO funding agreements 	<p>Director Communications & Executive Services</p>	<p>Implementation ongoing and reported annually</p>

Priority 7. Providing quality specialist and adapted services where mainstream services are not responsive or adequate to meet the needs of people with a disability.

Executive Sponsors: Primary: Director, Clinical Operations; Secondary: Director, Nursing & Midwifery Services

Ref.	Actions	Performance Indicator	Responsibility	Target Date
7.1	Provide highly specialised services for people with a range of disabilities			
7.1.1	<p>Ensure that specialist consultant /referral services for disability are accessible to people in SESIAHS by participating in management of statewide services eg</p> <ul style="list-style-type: none"> ▪ <i>EnableNSW</i> (operates services such as Program of Appliances for Disabled People (PADP), Home Respiratory Program for adults and children requiring long term ventilation ▪ <i>BIRP</i> (Brain Injury Rehabilitation Program) providing services at Sydney Children's Hospital and in Illawarra 	<ul style="list-style-type: none"> ▪ Participation in program management ▪ Access to Programs from SESIAHS 	<p>Stream Directors/ Service Managers</p> <p>Area Director Primary & Community Health</p>	<p>Implementation ongoing and reported annually</p>
7.1.2	<p>Identify opportunities to enhance service provision for people with highly specialised and multiple needs eg Epilepsy and Intellectual Disability; Dementia and ageing in people with disabilities; Rehabilitation for children after neurosurgery for epilepsy</p>	<ul style="list-style-type: none"> ▪ Special needs services identified ▪ Options for enhancement explored 	<p>Director Clinical Operations</p>	<p>Services identified by 2013</p> <p>Options for enhancement explored by 2015</p>
7.1.3	<p>Increase capacity of mainstream services to manage clients with multiple and complex needs by</p> <ul style="list-style-type: none"> ▪ evaluating the St George Hospital Multidisciplinary Disability Consultancy pilot project for intellectual disability and co-morbidities ▪ exploring options to extend the St George model to other settings in SESIAHS 	<ul style="list-style-type: none"> ▪ Pilot study evaluated including assessment of capacity of mainstream services and cost savings ▪ Potential application across SESIAHS reviewed ▪ New projects implemented where appropriate 	<p>Stream Directors/ Service Managers</p> <p>Director SESIAHS Developmental Disability Network</p> <p>Area Director Primary & Community Health</p> <p>Area Director Allied Health</p>	<p>Evaluation conducted by 2012</p> <p>Potential applications explored by 2014</p>
7.1.4	<p>Contribute to knowledge in the field by participating in high level research and service</p>	<ul style="list-style-type: none"> ▪ Seek partnerships for research and evaluation eg with UNSW, ADHC and NSW 	<p>Area Director Research Governance</p>	<p>Implementation ongoing and</p>

Priority 7. Providing quality specialist and adapted services where mainstream services are not responsive or adequate to meet the needs of people with a disability.

Executive Sponsors: Primary: Director, Clinical Operations; Secondary: Director, Nursing & Midwifery Services

Ref.	Actions	Performance Indicator	Responsibility	Target Date
	reviews.	<ul style="list-style-type: none"> Health ▪ Funding obtained for research from bodies such as ARC, NHMRC, Rotary ▪ Research outcomes published 	<ul style="list-style-type: none"> Area Director Mental Health Chair Intellectual Disability Mental Health, UNSW/PoWH 	reported annually
7.2	Provide adapted services that are responsive to special needs of people with a disability			
7.2.1	Improve access to, and availability of SESIAHS services for children and adolescents by <ul style="list-style-type: none"> ▪ enhancing coordination to ensure smooth pathways between identification, early intervention and treatment services ▪ strengthening disability networks across SESIAHS that target pre-school and school-aged children ▪ developing and implementing Transition practice guidelines across SESIAHS to support young people with chronic illness and/or disability moving from paediatric to adult care ▪ exploring options to enhance Transition care for young people with intellectual disability 	<ul style="list-style-type: none"> ▪ Links established between SESIAHS services addressing disability in children ▪ Resources and expertise shared across SESIAHS services ▪ Opportunities to enhance service provision identified for priority groups eg <ul style="list-style-type: none"> ○ Aboriginal children ○ children and young people in out of home care ○ Transition care ▪ Number of clients with Transition plans in place ▪ Transition guidelines promoted through CE Newsletter and Disability Services 	<ul style="list-style-type: none"> Director SESIAHS Developmental Disability Network Area Director Allied Health Area Director Primary & Community Health Chair of the SESIAHS Transition Care Committee GMCT Transition Care Coordinator Stream Directors/ Service Managers Area Manager Aboriginal Health 	<ul style="list-style-type: none"> Implementation ongoing and reported annually Framework for sharing of information and establishing better linkages implemented by 2011 Opportunities to enhance services identified by 2012
7.2.2	Identify services that provide support for people with complex needs from Aboriginal backgrounds	<ul style="list-style-type: none"> ▪ Solutions identified through the Walgan Tilly process to improve access by Aboriginal people with chronic health care needs to mainstream health care services ▪ Increased use of mainstream chronic care services by Aboriginal people 	<ul style="list-style-type: none"> Stream Directors / Service Managers Area Manager Aboriginal Health 	Implementation ongoing and reported annually
7.2.3	Ensure a range of communication resources and formats are available for use with and by	<ul style="list-style-type: none"> ▪ Available communication resources and formats identified 	Hospital Network GMs/ Facility Executive Directors	Implementation ongoing and

Priority 7. Providing quality specialist and adapted services where mainstream services are not responsive or adequate to meet the needs of people with a disability.

Executive Sponsors: Primary: Director, Clinical Operations; Secondary: Director, Nursing & Midwifery Services

Ref.	Actions	Performance Indicator	Responsibility	Target Date
	people with specific disabilities to support their interaction with the health service eg pictorial aids, Auslan interpreters for people who are unable to hear	<ul style="list-style-type: none"> A range of resources and formats utilised 	Stream Directors / Service Managers	reported annually
7.2.4	Identify services that provide support for people with complex needs from CALD backgrounds	<ul style="list-style-type: none"> Referral pathways identified from SESIAHS Multicultural and Diversity Health Program for people with identified disability 	Stream Directors / Service Managers Area Manager Multicultural Health	Ongoing Implementation ongoing and reported annually
7.2.5	<p>Increase options for people with disabilities to exercise safely. For example</p> <p>in SHN:</p> <ul style="list-style-type: none"> expanding gym based fitness program at Wollongong Hospital for children with mild disability increasing access to falls prevention exercise programs for older people with additional needs eg people with hearing impairment continuing post discharge fitness programs for complex disabilities with support of health related transport <p>in NHN:</p> <ul style="list-style-type: none"> expanding specialised exercise programs for people in wheelchairs eg 'Burn Rubber Burn' <p>Investigate options to extend programs across SESIAHS</p>	<ul style="list-style-type: none"> Programs established and reviewed Options for expansion investigated Recommendations made about appropriateness for Area-wide rollout Develop and implement plan for Area-wide rollout based on recommendations if appropriate 	<p>Director, Aged Care & Rehabilitation Clinical Stream</p> <p>Area Director Allied Health</p> <p>Director, Population Health, Planning & Performance</p> <p>Hospital Network GMs/ Facility Executive Directors</p>	<p>Review of programs by 2012</p> <p>Further options implemented by 2013 and 2015</p>
7.2.6	Facilitate creation of safe environments for people with disabilities eg support of programs such as the NSW Fire Brigades in-home smoke alarm installation for older people with hearing difficulties	<ul style="list-style-type: none"> Eligible participants identified Program implemented Results reported eg in NSW Population Health survey 	<p>Director, Aged Care & Rehabilitation Clinical Stream</p> <p>Director, Population Health, Planning & Performance</p>	Implementation ongoing and reported annually

Appendix 1: References

Aboriginal Disability Network of New South Wales Incorporated, (2007). *Telling it Like it Is: a report on community consultations with Aboriginal people with disability and their associates throughout NSW, 2004-2005*. Website: <http://www.pwd.org.au/adnsw/news.html>

Australian Bureau of Statistics (2004). *Survey of Disability and Carers 2003, Commonwealth of Australia, Canberra*. Website: [http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/978A7C78CC11B702CA256F0F007B1311/\\$File/44300_2003.pdf](http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/978A7C78CC11B702CA256F0F007B1311/$File/44300_2003.pdf)

Australian Bureau of Statistics, *Census of Population and Housing (2006)*, Commonwealth of Australia, Canberra. Website: <http://www.abs.gov.au>

Australian Bureau of Statistics, Australian Institute of Health and Welfare, (2008). *Health and Welfare of Australia's Aboriginal And Torres Strait Islander Peoples*, Chapter 5, Disability and Carers. Website: [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/51B575E133A75C6DCA2574390014EDFE/\\$File/47040_2008.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/51B575E133A75C6DCA2574390014EDFE/$File/47040_2008.pdf)

Australian Institute of Health and Welfare, (2002) *Australian Health Inequalities*, Website: <http://www.aihw.gov.au/publications/aus/bulletin02/bulletin02.pdf>

Australian Institute of Health and Welfare, (2006). *Disability and Disability Services in Australia*. Website: <http://www.aihw.gov.au/publications/index.cfm/title/10250>

Australian Institute of Health and Welfare, (2008). *Disability in Australia: trends in prevalence, education, employment and community living*. Bulletin no. 61. Cat. no. AUS 103. Canberra: AIHW. Website: <http://www.aihw.gov.au/publications/aus/bulletin61/bulletin61.rtf>

Australian Institute of Health and Welfare, (2009a). *The geography of disability and economic disadvantage in Australian capital cities*. Website: <http://www.aihw.gov.au/publications/index.cfm/title/10703>

Australian Institute of Health and Welfare, (2009b). *Disability in Australia: multiple disabilities and need for assistance*. Website: <http://www.aihw.gov.au/publications/index.cfm/title/10788>

Australian Institute of Health and Welfare, (2009c). *Australia's Welfare 2009. Chapter 4 Disability and disability services*. Website: <http://www.aihw.gov.au/publications/index.cfm/title/10703>

Commonwealth Disability Discrimination Act, 1992. Website: <http://www.austlii.edu.au/au>

Department of Families, Housing, Community Services and Indigenous Affairs (2008), *Commonwealth Disability Strategy: Better Information and Communication Practices*. Website: <http://www.fahcsia.gov.au/sa/disability/pubs/policy/Documents/cds/bicp/default.htm>

Department of Families, Housing, Community Services and Indigenous Affairs (2009). *National Disability strategy*. Website: <http://www.fahcsia.gov.au/sa/disability/progserv/govtint/Pages/nds.aspx>

Enable NSW. Website: <http://www.enable.health.nsw.gov.au>

GMCT Transition Care Network. Website: www.health.nsw.gov.au/gmct/transition

Human Rights and Equal Opportunity Commission, (2000). *On the sidelines: Disability and people from non-English speaking background communities*.

Website: http://www.hreoc.gov.au/racial_discrimination/on_the_sidelines/index.html

KPMG, (2009). *NSW Health: Analysis of costs and benefits of options for developing specialised intellectual disability health services and enhanced clinical leadership*

Multicultural Disability Advocacy Association of NSW, (2008).

Website: <http://www.mdaa.org.au/faqs/figures.html>

National Disability Services - NSW Aboriginal Resources and Pathways Project (2009)

Website <http://www.nds.org.au/projects/article/68>

NSW Anti-Discrimination Act, 1977. Website:

http://www.austlii.edu.au/au/legis/nsw/consol_act/aa1977204/

NSW Department of Ageing, Disability and Homecare, (2006). *NSW Stronger Together: A New Direction for Disability Services 2006-2016*.

Website: http://www.dadhc.nsw.gov.au/dadhc/Publications+and+policies/stronger_together.html

NSW Department of Ageing, Disability and Homecare, (2006). *NSW Better Together: A New Direction to make NSW Government Services work better for people with a disability and their families 2007-2011*.

Website: <http://www.dadhc.nsw.gov.au/dadhc/Publications+and+policies/Better+Together.html>

NSW Department of Ageing Disability and Homecare,(2008). *Guidelines for Disability Action Planning by NSW Government Agencies*. Website:

<http://www.dadhc.nsw.gov.au/NR/rdonlyres/998B6A21-F698-4219-9E73-8B8EC492C882/3828/DAPGuidelines.pdf>

NSW Department of Community Services, (2008.) Health needs of children and young people in out-of-home care. Website:

http://www.community.nsw.gov.au/docswr/_assets/main/documents/fostercare_health_needs_fact.pdf

NSW Department of Health (2002). Framework for Rehabilitation for Mental Health

Website: <http://www.health.nsw.gov.au/pubs/2002/pdf/rehabilitation.pdf>

NSW Department of Health, (2004). *NSW Health and Equity Statement: In All Fairness - Increasing Equity in Health in NSW*. Website: <http://www.health.nsw.gov.au/pubs/2004/pdf/fairness.pdf>

NSW Department of Health, (2006). *Future Directions for Health in NSW – Toward 2025 Fit for the Future*. Website: http://www.health.nsw.gov.au/pubs/2007/pdf/future_directions.pdf

NSW Department of Health, (2006). *New South Wales: A New Direction for Mental Health*.

Website: http://www.health.nsw.gov.au/pubs/2006/pdf/mental_health.pdf

NSW Department of Health, (2006). *NSW State Health Plan: A New Direction for NSW Towards 2010*, Website: http://www.health.nsw.gov.au/pubs/2007/pdf/state_health_plan.pdf

NSW Department of Health, (2006). *Review of the Program of Appliances for Disabled People*.

Website: http://www.health.nsw.gov.au/pubs/2006/pdf/program_of_appliances.pdf

NSW Department of Health, (2007). *NSW Carers Action Plan 2007 – 2012*.

Website: http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_018.pdf

- NSW Department of Health, (2007). *NSW Government Response to the Review of the Program of Appliances for Disabled People*. Website:
http://www.health.nsw.gov.au/pubs/2007/pdf/gov_response_padp.pdf
- NSW Department of Health, (2007), *NSW Aboriginal and Mental Health Well Being Policy 2006 – 2010*. Website: http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_059.pdf
- NSW Department of Health (2008). *NSW Community Mental Health Strategy 2007-2012 – From prevention to early intervention to recovery*. Website:
http://www.health.nsw.gov.au/pubs/2008/mh_strategy.html
- NSW Department of Health, (2009). *2008 Report on Adult Health from the New South Wales Population Health Survey* Website:
http://www.health.nsw.gov.au/resources/publichealth/surveys/hsa_08.pdf
- NSW Department of Health, (2009). *Culturally and Linguistically Diverse (CALD) Carers Framework: Strategies to Meet the Needs of CALD Carers*. Website:
http://www.health.nsw.gov.au/policies/gl/2009/pdf/GL2009_018.pdf
- NSW Government, (1998). *Disability Policy Framework Communication Handbook*.
- NSW Government, (1998). *Disability Policy Framework*.
- NSW Government, (2006). *State Plan, A New Direction for NSW*.
Website: http://www.nsw.gov.au/sites/default/files/pdfs/stateplan/State_Plan_complete.pdf
- NSW Government, (2009). *A Way Home: Reducing Homelessness in NSW: NSW Homelessness Action Plan 2009 – 2014*. Website: <http://www.housing.nsw.gov.au/NR/rdonlyres/070B5937-55E1-4948-A98F-ABB9774EB420/0/ActionPlan2.pdf>
- NSW Government, (2009). *Caring Together – the Health Action Plan for NSW*. Website:
<http://healthactionplan.nsw.gov.au/>
- NSW Guardianship Act 1987*. Website:
http://www.austlii.edu.au/au/legis/nsw/consol_act/ga1987136/
- NSW Mental Health Act 2007*. Website:
http://www.austlii.edu.au/au/legis/nsw/consol_act/mha2007128/
- Royal Australasian College of Physicians, (2006). *Health of children in “out- of- home” care*.
Website: <http://www.racp.edu.au/page/policy-and-advocacy/paediatrics-and-child-health>
- Schenker M, (2008). *Work-related injuries among immigrants: a growing global health disparity*
J. Occup Environ Med 2008;**65**:717-718
- South East Health (2003), *Healthier Women: Strategic directions to advance the health of women in South East Health 2003-2008*.
- South Eastern Sydney Illawarra Area Health Service (2007a), *Carers Action Plan 2007-2012*.
- South Eastern Sydney Illawarra Area Health Service (2007b), *South Eastern Sydney Illawarra Health Annual Report 2006-2007*. Website:
http://www.sesiahs.health.nsw.gov.au/Publications/Annual_Reports/Documents/Our_people.pdf
- South Eastern Sydney Illawarra Area Health Service, (2006). *Area Clinical Services Strategic Plan 2006-2009*.

South Eastern Sydney Illawarra Area Health Service, (2006). *Mental Health Program Rehabilitation Strategic Plan 2006- 2010: Developing capacity and promoting recovery.*

South Eastern Sydney Illawarra Area Health Service, (2007). *Mental Health Program Aboriginal Mental Health Action Plan 2007- 2010.*

Sydney South West Area Health Service, (2008). *Disability Action Plan 2008-2011.*

WHO (World Health Organisation) (2001). *International classification of functioning, disability and health.* Geneva: WHO. Website: <http://www.who.int/classifications/icf/en>

WHO (World Health Organisation) (2006). *Disability and rehabilitation: WHO action plan 2006-2011* Website: http://www.who.int/disabilities/publications/dar_action_plan_2006to2011.pdf

Appendix 2: Abbreviations

<i>ADHC</i>	<i>Ageing, Disability and Home Care, formerly DADHC (now part of Department of Human Services NSW)</i>
<i>AHAC</i>	<i>Area Health Advisory Council</i>
<i>ABS</i>	<i>Australian Bureau of Statistics</i>
<i>ADN</i>	<i>Aboriginal Disability Network NSW</i>
<i>AIHW</i>	<i>Australian Institute of Health and Welfare</i>
<i>AMS</i>	<i>Aboriginal Medical Service</i>
<i>ARC</i>	<i>Australian Research Council</i>
<i>BCA</i>	<i>Building Code of Australia</i>
<i>BIRP</i>	<i>Brain Injury Rehabilitation Program</i>
<i>CALD</i>	<i>Culturally and Linguistically Diverse</i>
<i>ComPacks</i>	<i>Community Packages</i>
<i>DADHC</i>	<i>NSW Department of Ageing, Disability and Home Care</i>
<i>DAP</i>	<i>Disability Action Plan</i>
<i>DDA</i>	<i>Disability Discrimination Act</i>
<i>DOCS</i>	<i>NSW Department of Community Services (now part of Department of Human Services NSW)</i>
<i>EEO</i>	<i>Equal Employment Opportunity</i>
<i>EQUIP</i>	<i>Evaluation and Quality Improvement Program`</i>
<i>FaHCSIA</i>	<i>Department of Families, Housing, Community Services and Indigenous Affairs</i>
<i>GMCT</i>	<i>Greater Metropolitan Clinical Taskforce</i>
<i>GPs</i>	<i>General Practitioners</i>
<i>HACC</i>	<i>Home and Community Care Program</i>
<i>HREOC</i>	<i>Human Rights and Equal Opportunity Commission</i>
<i>LGA</i>	<i>Local Government Area</i>
<i>MDAA</i>	<i>Multicultural Disability Advocacy Association of NSW</i>
<i>MoU</i>	<i>Memorandum of Understanding</i>
<i>NDS</i>	<i>National Disability Service</i>
<i>OH&S</i>	<i>Occupational Health and Safety</i>
<i>NAIDOC</i>	<i>National Aboriginal and Islanders Day Observance Committee</i>
<i>NGO</i>	<i>Non-Government Organisation</i>
<i>NHMRC</i>	<i>National Health and Medical Research Council</i>
<i>PoWH</i>	<i>Prince of Wales Hospital</i>
<i>RACP</i>	<i>Royal Australasian College of Physicians</i>
<i>SCH</i>	<i>Sydney Children's Hospital</i>
<i>SDAC</i>	<i>Survey of Disability, Ageing & Carers</i>
<i>SESIAHS</i>	<i>South Eastern Sydney Illawarra Area Health Service</i>
<i>UNSW</i>	<i>University of New South Wales</i>
<i>WHO</i>	<i>World Health Organisation</i>
<i>W3C</i>	<i>World Wide Web</i>

Appendix 3: Disability in Australia

The ABS Survey of Disability and Carers from 2003 provides the most comprehensive information about people with disabilities and their carers in Australia. In this survey a disability was considered to be a condition that limited activity or restricted participation for at least 6 months and restricted everyday activities. A severe or profound core activity limitation is defined as sometimes or always requiring personal assistance or supervision with self-care, mobility or communication (ABS 2004).

In addition the 2006 Census collected information for the first time on:

- disability (measured as profound or severe core-activity limitation ie needing assistance with self-care (eating, washing, dressing or toileting), physical mobility or communication and
- the number of Australians aged 15 years and over who provided unpaid care, help or assistance to another person because of their disability, long-term illness or problems related to old age. (AIHW 2008)

Significant health findings reported by participants in the 2003 survey of Disability and Carers were:

- approximately one in five* people in NSW had a disability, and one in 12 people had an impairment resulting in the need for assistance with communication and cognitive skills
- about one in 16 people had a severe disability needing assistance in the core activities of self care, mobility or communication; almost half the people with disabilities required an aid or equipment to assist in their daily living
- for those with profound or severe core-activity limitations, leading conditions of disability were back problems and arthritis. Hearing difficulties were also significant
- over 25% of people with disabilities experienced difficulty with their health care
- the majority had physical conditions as their main health condition (84%), while the remaining 16% had a mental or behavioural disorder as their main condition. However, mental or behavioural disorders were more likely to be linked to profound or severe core-activity limitation compared to physical conditions (46% compared to 29%)
- the disability rate increased with age: 51% over the age of 60 years reported disability and 19% had a profound or severe core-activity limitation. While 26% of people over 60-69 years reported needing assistance to manage health conditions or cope with everyday activities, this increased to 84% for people aged 85 years and over, reaching 92% for those aged 90 years and over.
- disability rates were similar for males and females (approx 20%). However, rates of disability and profound or severe core-activity limitation for male children aged 5-14 years (12.4% and 6.5%) were almost double those for 5-14 year old females (7.5% and 3.3%). In contrast, females aged 80 years and over had a much higher rate of profound or severe core-activity limitation (52%) than males of the same age (34%).

Important findings related to carers include:

- informal care was provided by family, friends and neighbours, particularly for those with severe or profound core-activity limitations: 65% rely entirely on informal assistance for their core activities and 39% for other activities
- primary carers were mainly female (71%), commonly took on the role due to a family responsibility (58%), had lower labour force participation (39%) and spent long hours caring ie 37% cared for more than 40 hrs/wk. This impacted significantly on their health resulting in stress and depression and their capacity to be employed.
- carers made up approximately 10% of the population aged over 15 years.

*(the proportion is even greater if the broader DDA definition of disability is used)

The data also indicated that people with disabilities aged 15 - 64 years were less likely to be employed than people without disabilities (53% vs 81%) and had lower levels of formal education: 30% had completed year 12 and 13% a bachelor degree or higher compared with 49% and 20% for people with no disability.

Although specific data are limited, the impact of disability on women is particularly significant since they have potentially more years lived with disability due to their increased life expectancy compared with men, their higher rates of disability in older age groups, and their predominance as primary carers and the associated health impacts.

It is very likely that self-reported data such as the census underestimate the level of disability and the number of carers in the population eg some people may not want to disclose a disability due to the potential stigma attached, some may not perceive that they have a disability and some may have had difficulty with the questions.

However, analysis of disability trends between 1981 and 2003 indicates a growing number of people with disabilities and that this will continue. Gains in life expectancy have been accompanied by increased years of life lived with disability, improved diagnosis and data collection has increased reporting, especially for children. As more people are now living for longer with greater levels of disability and living in the community, there is an increased need for support from family, carers and community based assistance services. The impact on carers is also increasing – as the population grows and ages, primary carers, wives and husbands, or children who are caring also age. As a result, it is becoming common for carers aged over 65 years to be caring for someone who is over 85 years old. It is also not uncommon for older people to be primary carers of adult children with disabilities. (AIHW 2008, 2006)

Groups with special needs

Some population groups such as people from Aboriginal and CALD backgrounds face many additional challenges including social, cultural and linguistic barriers on top of those linked to disability. Lack of awareness and understanding of the services available, language barriers, poor cultural relevance and lack of appropriate services as well as reluctance to accept formal services may all impact on access to services. This is exacerbated by the greater levels of disadvantage and poorer health outcomes that are likely to already be present in these groups. (HREOC 2000)

The need for services in these communities is even more likely to be underestimated due to lack of reliable data and under-reporting in surveys. Also, lower levels of service utilisation may mean that services are not appropriate rather than not needed.

Aboriginal People

In 2003, Aboriginal people made up 2.4% of the total Australian population but carried 3.6% of the total Australian burden of disease, despite having a younger population structure.

The prevalence of disability among Aboriginal people is higher at all ages than in other Australians. Around two thirds of Aboriginal people report at least one long term health condition (eg eye/sight problems, back/disc disorders and ear/hearing problems) with over 60% of people aged 45 and over reporting three or more long term conditions. Compared with other Australians, Aboriginal people used both disability and aged care services at younger ages, consistent with their poorer health status and high mortality rates. (ABS, AIHW 2008)

In the 2006 Census, after taking account of age differences between Aboriginal people and other Australians, Aboriginal people were almost twice as likely as other Australians to require assistance with core activities of self care, mobility and communication. Among those needing assistance, the median age for Aboriginal males was 41 years, and for females, 49 years. The corresponding median ages for non-Aboriginal males and females who needed assistance were 61 years and 75 years respectively. The need for assistance with core activities increased from about 35 years of age onwards for both Aboriginal men and women.

This is consistent with the patterns for chronic long-term health conditions such as heart/circulatory diseases and diabetes, which show onset approximately ten years earlier among Aboriginal populations than among other Australians (ABS 2006).

While Aboriginal people are generally disadvantaged when compared with other Australians, those needing assistance with core activities were likely to experience further social and economic disadvantage such as lower levels of work force participation, living on lower incomes and lower school completion rates.

Aboriginal People were also more likely than other Australians to be caring for another person with disability, long-term illness or problems related to old age. The median age of Aboriginal carers was 12 years less than the median age of non-Aboriginal carers (37 years vs 49 years). In addition, Aboriginal carers were between one-and-a-half and three times as likely as non-Aboriginal carers to need assistance with core activities themselves. (ABS, AIHW 2008)

Aboriginal people with disabilities also face major barriers in accessing health services. Community consultations with Aboriginal people with disabilities in NSW in 2004 reported significant deficiencies in culturally appropriate health, community and support services. Participants reported that a lack of accessible transport, accommodation and information as well as a lack of awareness of services that were available all impacted negatively on their lives. (ADN 2007)

The National Disability Services NSW Aboriginal Resources and Pathways Project has recently established service provider networks and internet resources across the state to increase coordination and appropriateness of care for Aboriginal people with disability (NDS 2009).

People from CALD backgrounds

There is very limited data currently available about people from CALD backgrounds with disability in Australia and the information that is available is not very reliable eg disability rates vary enormously between countries of birth reported by people participating in the 2003 national survey (ABS 2004). Peak disability organisations such as the Multicultural Disability Advocacy Association of NSW (MDAA) and the National Ethnic Disability Alliance (NEDA) have used the 2003 survey and census data to estimate that people from CALD backgrounds make up one in every four people with disability in Australia and also approximately 25% of carers (eg MDAA 2008).

Migrants to Australia generally have a lower incidence of chronic health issues and disability at arrival and during their early years of residence which is attributed to health screening. However, this health advantage is reduced with increasing length of time in Australia. (AIHW 2002) Although there are lower levels of usage of disability services by people from CALD backgrounds this is now thought to reflect under-reporting of disability rather than a lower level of need. Workplace injuries are a significant health concern and cause of disability amongst immigrants (Schenker 2008).

Common barriers to accessing services for CALD communities include lack of accessible information; access to interpreters; a lack of familiarity with the system, especially for refugees; and fear and stigma in seeking assistance (MDAA 2008). Language and communication issues can also be difficult for older people from CALD backgrounds.

Appendix 4: Disability in SESIAHS

Based on the *ABS Survey of Disability and Carers 2003*, an estimated 225,000 people who have disabilities live in South Eastern Sydney Illawarra (ABS 2004).

The *2006 ABS Census* indicates that approximately 44,000 SESIAHS residents have a profound or severe disability (ie requiring help or assistance in one or more of the three core activity areas of self-care, mobility and communication because of a disability, long term health condition (present for more than six months) or old age. This represents approximately 4% of people living in South Eastern Sydney Illawarra. (ABS 2006)

SESIAS data are consistent with national and state data in that the level of disability increases with age, is higher in areas of socioeconomic disadvantage and in rural areas and that males and females have similar rates of disability for most age groups except those aged over 75 years where it is much higher in women than men.

SESIAS residents with profound or severe disabilities comprise approximately 2,700 children aged 0-14 years, 1600 young people aged 15-24 years, and 40,000 adults over 25 years. The rate of disability is similar for males and females. Exceptions are 0-19 years where it is higher in males than females, notably 5-14 years (2.2% vs 1.1%); and in older people where it is much higher in females than males 75-84 years (21% vs 16.4%) and especially those aged 85 years and over (50.7% vs 36.3%).

Special needs in SESIAHS

Analysis of the geographic spread of severe disability in Sydney residents aged 0-64 years showed the proportion in the south eastern Sydney part of SESIAHS ranged from <1% to 3%. The average in Sydney is 2% (range 0.75%-4%). This study also confirmed strong links between rates of disability and economic disadvantage in the community. (AIHW 2009a)

Receipt of pensions in South Eastern Sydney and Illawarra is lower than the NSW state average and is one of the lowest for all health areas (114,940 aged pensions, 65.8% of the eligible population; 54,896 disability and sickness benefit recipients, 6.6% of the eligible population, NSW Health 2009). However, this would be unevenly spread across the Area – LGAs in SESIAHS with the highest rates of economic disadvantage are Shoalhaven, Wollongong and Botany Bay.

In NSW, approximately 10% of the population over 15 years reported involvement in caring activities in the two weeks prior to the 2006 census. In SESIAHS, the percentage reporting caring responsibilities was greater than the state average in the Southern Hospital Network (Shoalhaven 11.9% and Illawarra 11.7%) with Central Hospital Network closer to the state average and Northern Hospital Network lower (<9%). The peak age range of caring responsibilities in SESIAHS is 45-54 years which is comparable to NSW and national data. (SESIAS 2007a)

While approximately 680 Aboriginal people in SESIAHS were reported in 2006 to have profound or severe disabilities (ABS 2006), this is likely to be a significant underestimate of the number of people affected and of the impact on the community. With a total Aboriginal population of approximately 13,200 people, the impact of disability would be significant in the community since Aboriginal people are almost twice as likely as other Australians to require assistance with the core activities and also be more likely to have a caring role. In addition, older Aboriginal people are more likely than other older Australians to not be living in aged care accommodation, further increasing the impact on carers in the SESIAHS community. (ABS, AIHW 2008)

Aboriginal health workers in SESIAHS note difficulties for local community members with disabilities accessing health services include:

- a lack of accessible transport compounded by the distances of some communities from services and lower levels of car ownership
- the need for transport and accommodation that allows for participation of carers and extended family
- the need for accessible information and facilities
- challenges of dealing with multiple government and non-government service providers eg to obtain accessible accommodation.

The complexity of community situations that influence health services for Aboriginal people underscore the need for a holistic approach to care. As well as negative Impacts on the community, additional pressures are placed on the health system eg through missed appointments and potentially large burdens on health workers managing caseloads.

Available data for CALD people with disabilities is less detailed than for Aboriginal people. In SESIAHS however it is a much larger group - estimated at possibly over 60,000 people. The range of cultural backgrounds as well as types and levels of disability represented would have an immense impact on the access to and availability of appropriate services across the Area, especially in the Northern and Central Hospital Networks where populations are largest and most diverse. The presence of refugee and newly emerging communities places additional demands on service provision including ensuring that all language groups have accessible information about services available and also have access to interpreters.

The figures presented for numbers of people with disabilities and the number of carers may substantially underestimate the number of people in the SESIAHS area requiring health services and the complexity of their needs. There is little information on the overall number of patients with disabilities using SESIAHS services.

Appendix 5: The Policy Context

Following is a selection of International, National, and State Policies, Plans and Frameworks that provide the context in which the SESIAHS Disability Action Plan 2010- 2015 sits.

International

- The United Nations (UN) *Convention on the Rights of people with Disabilities* was ratified by Australia in July 2008. Specific articles of the convention relate to health and rehabilitation.
- The World Health Organisation is developing a five year action plan titled *Disability and rehabilitation: WHO action plan 2006-2011*.

National

- The *Commonwealth Disability Discrimination Act (DDA) 1992* makes discrimination on the grounds of disability unlawful. The act covers private and public agencies and major life activities, including employment, education, sport, goods and services, and facilities.
- A *National Disability Strategy* is due for release by the Australian Government in 2010. The Strategy is viewed as an important mechanism in ensuring that the principles underpinning the *U N Convention on the Rights of Persons with Disabilities*, are integrated into policies and programs affecting people with disabilities, their families and carers. Nearly one third of submissions from consumers and peak agencies reported problems with health care (FaHCSIA 2009).

NSW State Legislation

- The *Anti-Discrimination Act (NSW) 1977* also makes it unlawful to discriminate against people with disabilities in certain areas of public life (such as employment, premises and access to goods and services). It enables people with disabilities to lodge complaints with the Anti-Discrimination Board. It also requires government authorities to prepare management plans on employment practices for a range of disadvantaged populations including people with disabilities.
- The *NSW Guardianship Act 1987* protects the legal rights of people over the age of 16 years, who have a disability which affects their capacity to make decisions. Guardians are appointed to make lifestyle decisions on behalf of another adult who has a disability and can make decisions in areas including accommodation (deciding where a person may reside), medical and dental treatment, health care and services.
- The *Disability Services Act (NSW) 1993* promotes the provision of services which will enable people with disabilities to maximise their potential, integrate into the community and achieve positive outcomes. It requires NSW government departments and agencies to develop a *Disability Action Plan* and report annually on progress.

NSW Government Plans and Frameworks

As well as meeting its legal obligations, SESIAHS has a responsibility to meet and implement NSW Government and NSW Health plans. The main plans include:

- The *NSW State Plan: A New Direction for NSW* has made increased customer satisfaction with government services a key priority. Priorities include improved employment and community participation for people with disabilities (including people with mental illnesses and disorders) and reduced readmission rates for people with mental health illnesses (Priorities F2, F3).
- The *NSW State Health Plan: A New Direction for NSW Towards 2010* reflects the health priorities in the NSW Government's State Plan. It contains strategies to be implemented by NSW Health to address these goals, with equity in health a fundamental principle.

- *Future Directions for Health in NSW – Toward 2025 Fit for the Future* outlines seven long-range future directions for the NSW health system over the next twenty years. The strategies focus on equity in health care including the needs of people with disabilities, and how we can work in partnership with other agencies and the community.

The *NSW Government Disability Policy Framework 1998* supports government agencies to meet their responsibilities under the *NSW Disability Services Act*. The framework's goal is to achieve "A society in which individuals with disabilities and their carers live as full citizens with optimum quality of life, independence and participation". The NSW Department of Ageing, Disability and Homecare (DADHC) released the new *Guidelines for Disability Action Planning by NSW Government Agencies* in September 2008.

NSW Government plans that focus on people with disabilities (and carers) include:

- The *NSW Stronger Together: A New Direction for Disability Services 2006 - 2016* provides direction and commitment to specialised disability services.
- The *NSW Government Better Together: A New Direction to Make NSW Government Services Work Better for People with a Disability and Their Carers 2007 - 2011* is a whole of government plan focusing on delivering better services for people with a disability, their families and carers. Improved coordination is a key aim of the plan.
- The *NSW Health NSW Carers Action Plan 2007 - 2012* outlines the NSW Government's commitment to carers over the next five years.
- The *NSW Health and Equity Statement: In All Fairness (2004)* provides direction regarding health inequities, including people with a disability.
- The *Framework for Rehabilitation for Mental Health* and the *NSW Community Mental Health Strategy 2007 - 2012* articulate links between mental health services and NGOs to provide disability support.

NSW Health Policies and Frameworks

The NSW Health Department provides guiding principles and policies for the NSW Health system.

- The main NSW Health policy focused on people with disabilities PD2008_010 *Disability – People with Disabilities: responding to their needs during hospitalisation (revised Jan 08)* aims to increase the sensitivity and adaptability of services provided during hospitalisation.
- Other recent NSW Health policies include:
 - PD2007_092 *Discharge Planning: Responsive Standards (revised Nov 2007)* which seeks better identification and ongoing care of patients with disabilities and/or other support needs from the point of admission, and
 - PD 2008_005 *Discharge Planning for Adult Mental Health Inpatient Services* which provides a process for ensuring safe and successful transition of people with a mental illness and co morbid intellectual/ physical disability.
- The NSW Health *Development of a Service Framework to Improve Health Care of People with Intellectual Disabilities: Discussion Paper* (released January 2007) outlines possible models for service development and improvement for people with intellectual disability. Additional frameworks and NSW Health plans guide the development of specific health services and specialties.

