



SA HEALTH

# Disability Action Plan

2008 - 2013

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## 1. Introduction

*The Promoting Independence Disability Action Plans for South Australia (2000)* is the State Government's framework for all South Australian Government portfolios and their Agencies to develop Disability Action Plans.

The SA Health Disability Action Plan supports implementation of the requirements of the *Commonwealth Disability Discrimination Act 1992 (DDA)* and the South Australian Government's policy, *Promoting Independence: Disability Action Plans for South Australia (2000)*.

The *DDA* **recognises** the rights of people with disabilities to have similar opportunities as other members of the community to access and participate in all facets of community life. It makes discrimination on the grounds of disability unlawful and protects the rights of people with disabilities and their associates to freedom from discrimination.

The *DDA* **contains** requirements for new building construction and renovations to existing buildings to be designed to accessible standards. The Act requires that the provision of goods or services that are available to the general public must also be accessible to people with disabilities. The *DDA* also covers effective communication with people with disabilities, eligibility criteria that may restrict or prevent access, and requires reasonable modifications of policies and practices that may be discriminatory.

The *DDA* **provides** for the independent investigation and conciliation or determination of complaints about discrimination by the Human Rights and Equal Opportunity Commission (HREOC). In the event of a complaint, HREOC is obliged to consider a Disability Action Plan or any other relevant factors or documents as part of a defence of unjustifiable hardship. However, an Action Plan must demonstrate a commitment to eliminate discrimination within a reasonable period of time and must be implemented. The mere existence of an Action Plan does not constitute a defence.

The purpose of this Action Plan is to provide direction for the Department of Health, the Health Regions<sup>1</sup> and Health Services in developing strategies and actions to eliminate practices that discriminate against people with disabilities who use their services or are employed by them.

Accountability for the implementation of actions will occur at all levels across Health. This will include specific initiatives around strategies, which improve collaboration and integration in decision making processes and planning of services.

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<sup>1</sup>Health Regions are incorporated hospitals under the Health Care Act 2008 that are responsible for providing health services in metropolitan and country SA.

## **2. SA Health**

The overarching objective of SA Health is to enhance the quality of life for all South Australians and to respond to those in need. It does this through government and community partnerships promoting health and wellbeing, and the development of a sustainable community and quality living standards.

### **2.1 Roles**

- 2.1.1 The Department of Health has responsibility to provide the overall leadership in the implementation of State Government policy objectives, priorities and reform.
- 2.1.2 The Health Regions have responsibility for the implementation of state-wide and regional strategies, plans and targets to achieve the Government's health policy objectives, priorities and reforms and to improve the health of client groups in SA.
- 2.1.3 As the service delivery sites of Health Regions, Health Services have responsibility for the delivery of services to the community in accordance with Government policy objectives, strategies and plans.

### 3. What is Disability

- 3.1 The definition of "disability" in the *DDA* covers a range of disabilities, which are physical, intellectual, psychiatric, sensory and neurological. A disability can affect a person's capacity to communicate, interact with others, learn or get about independently. It covers disfigurement and the presence in the body of an organism capable of causing disease. It is usually permanent or it may be episodic.
- 3.2 The *DDA* covers a disability that a person has now, had in the past (eg a past episode of mental illness), may have in the future (eg a disability that might develop because of a family history) or is believed to have (eg if it is believed that a person is HIV-positive).
- 3.3 Under Section 4 of the *DDA*, disability means:
- (a) total or partial loss of the person's bodily or mental functions; or
  - (b) total or partial loss of a part of the body; or
  - (c) the presence in the body of organisms causing disease or illness; or
  - (d) the presence in the body of organisms capable of causing disease or illness; or
  - (e) the malfunction, malformation or disfigurement of a part of the person's body; or
  - (f) a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or
  - (g) a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour.

It includes a disability that:

- (h) presently exists; or
- (i) previously existed but no longer exists; or
- (j) may exist in the future; or
- (k) is imputed to a person.

## 4. Legislative and Policy Framework

4.1 This Disability Action Plan acknowledges the context set by international conventions, legislation, and national and state policies for the recognition of human rights and more effective participation and independence for people with disabilities in the community. These are:

- United Nations International Covenant on Civil & Political Rights 1966 & 1989;
- United Nations International Covenant on Economic, Social & Cultural Rights 1966;
- United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities 1993;
- United Nations Convention on the Rights of People with Disabilities, December 2006.
- United Nations International Declaration on the Rights of Disabled Persons 1975;
- International Labour Organisation Convention 111 concerning Discrimination in Respect of Employment & Occupation 1958;
- Commonwealth Disability Services Act 1986;
- Human Rights and Equal Opportunity Commission Act 1986;
- Disability Discrimination Act 1992;
- South Australian Disability Services Act 1993;
- Promoting Independence: Disability Action Plans for South Australia 2000;
- Department of Human Services Equity of Access to Health Services for People with Disabilities: Policy Statement & Strategic Directions (October 2003);
- Iga Warta principles incorporated in the DHS Reconciliation Plan (2002);

4.2 The *Commonwealth Disability Discrimination Act 1992 (DDA)* sets the framework for the development of Action Plans. The Objects of the *DDA* are to:

- (a) eliminate, as far as possible, discrimination against persons on the ground of disability in the areas of;
  - (i) work, accommodation, education, access to premises, clubs and sport; and
  - (ii) the provision of goods, facilities, services and land; and
  - (iii) existing laws; and
  - (iv) the administration of Commonwealth laws and programs; and
- (b) ensure that people with disabilities have a right to equal treatment before the law; and
- (c) promote community understanding that people with disabilities have the same fundamental rights as the rest of the community.

4.3 The *DDA* contains five strategies for achieving these Objects:

1. discrimination on the basis of disability is made unlawful;
2. independent investigation and conciliation or determination of complaints about discrimination;
3. development of Disability Standards;
4. development of Disability Action Plans;
5. review of discriminatory laws by the Human Rights and Equal Opportunity Commission.

## 5. What is Disability Discrimination under the *DDA*

- 5.1 **Direct discrimination** is defined under Sections 5, 7, 8 and 9 of the *DDA*:
- A discriminator treats or proposes to treat a person with a disability, or an associate of a person with a disability, less favourably than he or she treats, or would treat, a person without a disability, in the same or similar circumstances, because of the disability; or
  - A discriminator treats a person with a disability, or the associate of a person with a disability, less favourably because the person with the disability has a palliative or therapeutic device or auxiliary aid (Sec 7), is accompanied by an interpreter, reader, assistant or carer (Sec 8), or possesses or is accompanied by a guide dog, hearing assistant dog or trained animal to assist the person with a disability to alleviate the effect of the disability (Sec 9).
- 5.2 Intention to discriminate is not necessary. If a person is treated less favourably for more than one reason, only one of the reasons needs to be on the grounds of disability for the matter to come under the *DDA* (Sec 10).
- 5.3 A person who directly discriminates is not able to raise arguments that the discrimination was “reasonable”. A person who directly discriminates has the defence of “unjustifiable hardship” available.
- 5.4 **Indirect discrimination** is defined under Section 6 of the *DDA*:  
A discriminator discriminates against another person on the ground of a disability if the discriminator requires the person with a disability to comply with a requirement or condition:
- (a) with which a substantially higher proportion of persons without the disability comply or are able to comply; and
  - (b) which is not reasonable having regard to the circumstances of the case; and
  - (c) with which the aggrieved person with a disability does not or is not able to comply.
- 5.5 Intention to discriminate is not necessary. Indirect discrimination is likely to occur more frequently than direct discrimination (other than in employment). The discriminator is able to raise the question of whether the condition is reasonable. The discriminator has the defence of “unjustifiable hardship” available.
- 5.6 Section 11 of the *DDA* states that all relevant circumstances of a particular case are to be taken into account in determining what constitutes **unjustifiable hardship** as a defence, including:
- any future benefits or detriments likely to accrue or be suffered by any persons concerned; and
  - the effect of the disability of the person concerned; and
  - the financial circumstances and the estimated amount of expenditure required to be made by the person claiming unjustifiable hardship; and
  - in the case of the provision of services, or the making available of facilities - an action plan given to the Human Rights and Equal Opportunity Commission under Section 64 of the *DDA*.
- 5.7 For something to be an ‘unjustifiable hardship’ it has to be more than just an inconvenience, or a relatively minor expense - it has to be something that will really involve hardship that cannot be justified. This means that the *DDA* places a much heavier onus on providers of goods and services to make the necessary adjustments to ensure that people with disabilities do not experience less favourable treatment.

## **6. Principles Underpinning the Disability Action Plan**

### **6.1 This Action Plan is underpinned by the following principles:**

- Respect for human rights and the countering of ignorance, discrimination, misunderstanding and racism are fundamental principles;
- People with disabilities have the right to be recognised as valued and equal citizens;
- People with disabilities have the right to be treated with respect and dignity and to realise their potential to intellectual, physical, social, emotional, sexual and spiritual development;
- People with disabilities have the right to access the same services and opportunities, contribute in the same areas, and enjoy and participate in the same activities and challenges that are available to the rest of the community;
- People with disabilities have the right to access a range of services, support and information that provide them with the level and form of assistance and support that is appropriate to their individual circumstances including place of residence, cultural and socio-economic settings;
- People with disabilities have the right to be consulted and contribute to the economic, social, political and cultural life of the South Australian community.
- Aboriginal people with disabilities have the right to have their unique needs met by the provision of services that support access and equity and prevent discrimination on the basis of race and culture.

### **6.2 This Action Plan provides guidelines for SA Health to:**

- promote an increased awareness that recognises the rights, needs, potential and contribution by people with disabilities as valued members of the community;
- support access and equity for all South Australians with disabilities and prevent discrimination on the basis of age, gender, sexuality, race, ethnicity, religion, language and culture;
- undertake measures to make the physical environment accessible and provide access to information and communication for people with disabilities;
- work collaboratively with each other and in partnerships with all levels of government, service providers, professional groups, educational institutions and community organisations to ensure optimal levels of services appropriate to the needs of people with disabilities;
- promote equal opportunities for people with disabilities in the field of employment;
- ensure training of service providers involved in the planning and provision of programs and services as important elements of promoting full participation and equality for people with disabilities; and
- advance equal opportunity for people with disabilities by the continuous monitoring and evaluation of the implementation of disability action plans.

## 7. Key Outcomes for South Australian People with Disabilities

7.1 SA Health supports the development and implementation of a whole of government approach to Disability Action Plans in South Australia.

7.2 The key outcomes in *Promoting Independence: Disability Action Plans for South Australia* provide a practical framework for all Portfolios and their agencies to meet the State Government's obligations under the *DDA*. They are:

- To ensure **accessibility** to their services to people with disabilities;
- To ensure **information** about their services and programs **is inclusive** of people with disabilities;
- Provide advice and/or services to people with disabilities with **awareness and understanding** of issues affecting people with disabilities;
- Provide opportunities for **consultation** with people with disabilities in decision making processes regarding service delivery and in the implementation of complaints and grievance mechanisms;
- The Chief Executive of the Department of Health and the Chief Executive Officers of the Regions will work towards ensuring the **requirements of the *Disability Discrimination Act 1992* and the *Equal Opportunity Act 1984*** are met.
- To explore how to meet the South Australian Strategic Plan Target (T6.22) – 'to double the number of people with disabilities employed in the public sector by 2014'.

## 8. Key focus Areas for Disability Action Plan

8.1 The access requirements of people with disabilities vary according to the nature of the disability. Examples of what these requirements may include are as follows:

- **people with mobility disabilities** who use wheelchairs and those with ambulant disabilities require designed access paths and circulation space into and within buildings.
- **people who are deaf or have other hearing impairments** require access to communication, information, emergency warning systems and broadcast facilities.
- **people with low or no vision** require a safe and clearly identified pathway within which to travel, for example the use of tactile indicators, access to communication, information, emergency warning systems and broadcast facilities.
- **people with intellectual or psychiatric disabilities** or **people with acquired brain injuries** may require access to information and communication in plain English, clear picture/graphs or symbols or may require access to someone who can provide access to information where appropriate.
- **people with speech impairments** may require access to aids or technologies to enable communication with others, including access to communication services, people with time and patience to listen and understand and to observe their right to communicate.

8.2 The following six focus areas aim to address current issues and facilitate efforts that can contribute to eliminating discrimination against people with disabilities.

- Planning and Policy Development - analysing existing programs and policies to determine what changes, modifications and innovations may be necessary to remove barriers to work and service provision.
- Accessibility of Buildings and Facilities - recommending options to address accessibility to buildings and facilities.
- Communication and Interpreter Services - developing approaches for improving communication and interpreter services.
- Attitudinal and Cultural Awareness in Management and Services Provision - promoting a realistic view of life with a disability.
- Complaint Mechanisms - evaluating whether complaints mechanisms related to employment and service provision can and should include support for people with disabilities.
- Employment and Human Resource Practices - analysing programs related to employment and the outcomes of those programs for people with disabilities.

## 8.2.1 Planning and Policy Development

The broader portfolio focus aims to support planning and service provision that responds more effectively to people with needs which are complex and diverse, and this includes people with disabilities, their families and their associates.<sup>2</sup>

Commitment by executive management to equitable access for people with disabilities is therefore regarded as critical in order to promote the incorporation of access and equity objectives into policy and planning development. Included are corporate and business plans, research and development criteria, approaches to needs based planning, new policy proposals, legislation and regulations, procedures and guidelines.

There are a number of constraints that may limit adequate and full consideration of the needs of people with disabilities. They include:

- policy development processes do not systematically take into account the needs of people with disabilities;
- program material often refers to the needs of disadvantaged groups such as people from culturally diverse backgrounds, but consideration of people with disabilities is more limited and less consistent;
- there is insufficient utilisation of data on people with disabilities in Departmental planning systems.
- service providers are not always responsive to people who receive specialist disability services.

### **Outcome**

- Greater accessibility to health services for people with disabilities.

## 8.2.2 Accessibility of Buildings and Facilities

Accessibility to buildings and facilities is of great importance to the quality of life for people with disabilities. In practical terms, this means that new and existing buildings should be constructed or altered in a manner which, as far as is possible, does not impede the ability of a person to independently enter, move about or exit a building, or exclude them from using doors, passageways, internal transport facilities and main public entrances.

While the legislation recognises that equitable modifications to existing buildings may not be feasible in all cases, for such reasons as technical problems, prohibitive cost, or design or functional requirements, the general legislative intent is to eliminate discrimination. It also supports the principle that buildings be constructed in a manner that enables all people, including those with disabilities, to gain access to all parts of the building.

<sup>2</sup> Under the *DDA*, associate, in relation to a person, includes

- (a) a spouse of the person; and
- (b) another person who is living with the person on a genuine domestic basis; and
- (c) a relative of the person; and
- (d) a carer of the person; and
- (e) another person who is in a business, sporting or recreational relationship with the person.

Examples of possible areas of discrimination against a person with a disability, their associates or representatives that could represent breaches of the spirit of the legislation include:

- failure to provide equitable physical access to a building or the different levels of a building;
- inadequate signage for a person with a vision impairment using facilities within a building;
- failure to ensure facilities such as vending machines or counters within buildings are accessible to people with disabilities;
- failure to provide visual indicators of emergency situations such as evacuations;
- failure to provide suitable parking facilities for vehicles used by people with disabilities;
- failure to provide a clear and safe access path in a building or on a pathway;
- requiring a person with a mobility disability to gain access through a distant side entrance;
- failure to provide equal amenities to people who have disabilities
- through inadequate management practices;
- failure to provide hearing augmentation systems in an auditorium that has
- a sound amplification system;
- failure to provide non-discriminatory booking systems.

Whilst the present *Building Code of Australia (BCA)* 'calls up' specific Australian Disability Access Standards on how a building should be constructed or undergo significant refurbishment or alteration, it does not necessarily mean that premises will comply with the 'equity' requirements of the *DDA*. The Building Code does not cover the 'furniture and fit-outs' within buildings which are very important in determining whether a building is accessible.

For new large buildings and alterations to existing buildings, the expectation under the *DDA* is that the design ensures equitable access with safety and dignity to a building and all services and facilities within a building.

To assist people who are responsible for the management and operation of access to buildings and premises, the HREOC *Advisory Notes on Access to Premises* and the *Access to Building and Services: Guidelines and Information* should be read in conjunction with the BCA and the *Australian Standards AS1428.1. Australian Standards AS1428.2* is an additional mechanism to assist in ensuring that premises provide access and use by people with disabilities.

The Department for Transport, Energy and Infrastructures (DTEI), Building Management Services, advises State Government Departments on access to buildings, through their *Disability Access Guide*. This guide draws together all the relevant specifications and Australian Standards on disability access to enable facility managers and others to be accurately informed of how to achieve *DDA* compliance with buildings and facilities.

Application of the provisions of the *DDA* should also be applied as part of a management program to plan for the upgrade of the accessibility of existing buildings and to plan for the upgrade of leased premises or negotiation of new leases of premises. For example, occupiers of leased premises that are not accessible should consider when renewing lease arrangements that there be provisions to upgrade premises for accessibility or where necessary, consider moving into new premises that provide for accessibility requirements.

### **Outcome**

- People with disabilities will have improved physical access to buildings and facilities.

### **8.2.3 Communication and Interpreter Services**

Many people with disabilities are disadvantaged through a reliance on print media and verbal communication. This includes a number of people with a vision, hearing or intellectual impairment, acquired brain injury or a psychiatric disability.

When considering how to best communicate with and disseminate information to people with a range of disabilities, it may be necessary to present the message in a number of different formats to take account of varying needs. Particular attention must be given to communication needs of people with disabilities from Aboriginal and Torres Strait Islander and culturally diverse backgrounds, including people from rural and remote locations.

There are a number of accessible formats for communication and the presentation of information that are suitable for a wide range of people, including those with disabilities. Some formats will cater to the needs of more than one disability group, and most of these will also be of benefit to the community in general.

These formats include; audio cassette, Braille; diskette; large and illustrated print; plain English; internet (utilising non-discriminatory information technology); radio; video (including captions); free call telephone numbers; telephone typewriter (TTY); and National Relay Service.

It is important that people who are deaf or have hearing impairment have access to appropriate interpreters. The provision of interpreters is the primary responsibility of providers and employers not the responsibility of the person with the disability or their family members. Signing interpreters are available for hire through the Royal South Australian Deaf Society Inc.<sup>3</sup>

A lack of knowledge about services can preclude people from accessing the full range of services that would enhance their abilities. As a result it is important that providers promote their services in a range of media to enable people with disabilities to be aware of their service options.

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<sup>3</sup>Site-specific language service funds are allocated to all Health Services for the provision of language services

Alternatives to mainstream media for promotion include free call telephone numbers; electronic information; internet advertising; peak disability bodies; departmental CE Checks; and Regional information devices; National Library of Australia, Disability Services Section. Information on the physical accessibility of buildings and facilities should be provided by services and programs as an integral part of information provision.

To assist services to provide accessible information and effectively communicate with people with disabilities the Commonwealth Department of Family and Community Services has published a comprehensive booklet *Better Information and Communication Practices* (ISBN 0-642-44856-6). The booklet provides comprehensive overview of the information and communication needs of different disability groups, use of language, accessible formats and the effective dissemination of information.

The Commonwealth Disability Strategy web site also contains a range of resources on disability and discrimination including facts sheets, training resources and a list of agencies that can provide alternative formats and interpreting services. The site can be found at:  
[http://www.facs.gov.au/disability/cds/cds/cds\\_index.htm](http://www.facs.gov.au/disability/cds/cds/cds_index.htm)

### **Outcome**

- That all communications regarding services are made available in the full range of formats and actively promoted.

### **8.2.4 Attitudinal and Cultural Awareness in Management and Service Provision**

The whole of Government *Promoting Independence: Disability Awareness & Training Framework* (December 2004) provides the basis for government agencies to develop in-service education and training for staff so that they have the skills and awareness necessary to ensure that access and services are inclusive and do not discriminate against people with disabilities.

The training will enhance a holistic view that goes beyond medical factors to encompass and emphasise psychological, social and cultural issues associated with living with a disability and which recognises that disability does not necessarily equate with illness or ill health.

It will also promote improved knowledge about the *DDA* and non-discriminatory attitudes towards disability, and be consistent with the principles of active consumer participation in their own wellbeing and care. Key components of this approach include effective communication, opportunities for active participation as partners in service provision and respect for human needs such as dignity and privacy.

Awareness and understanding of issues for people with disabilities needs to be part of an organisation's management plan that involves senior management and on line supervisors. It needs to address the principles of the *DDA* and their obligations as service providers and employers to eliminate discriminatory practices. An improved awareness will also recognise and promote the positive contribution that is made by people with disabilities and that includes acknowledgment of their rights to independence, self respect and inclusion into all aspects of society.

Disability awareness training has been shown to improve confidence of staff and competence in subsequent dealings with people with disabilities. This training will include information about the nature of the most common types of disability combined with practical hints on how to communicate most effectively.

Involvement of people with disabilities at all levels of the development and provision of training is an important factor that contributes to the success of training programs. Training planners and providers should therefore establish appropriate measures to better involve and represent people with disabilities. By doing so, they can provide powerful messages about the impact of the attitudes and beliefs of others on life opportunities.

### **Outcome**

- Demonstrated awareness and understanding by staff and volunteers of the needs of people with disabilities.

### **8.2.5 Complaints Mechanism**

SA Health recognises that part of creating an accessible and non-discriminatory service involves having effective, speedy and mediatory complaints resolution procedures that can deal with complaints.

Experience has shown that the resolution of complaints is more likely to be successful if the concerns are addressed at the earliest opportunity and at the local level in accordance with agreed procedures. This includes transparency, speed, confidentiality and impartiality in complaints handling and the participation of consumers throughout the processes. The process should reflect a culture of mutual respect and collaborative problem solving.

SA Health also recognises people's right to access external complaints procedures such as lodging complaints with HREOC. In investigating any complaint that appears to involve an unlawful act of discrimination, HREOC will attempt to reach a settlement by conciliation. If unresolved, orders can be made by the Federal Court that can result in payment of damages; reinstatement or promotion; an apology; and/or changes in policies or practices. Similarly, people can lodge a complaint with the South Australian Equal Opportunity Commission and if unresolved, the matter can be determined in the SA Equal Opportunity Tribunal. Most health services will have some mechanism for documenting and handling complaints.

The Office of the Health and Community Services Complaints Commissioner can help service users, including people with a disability, resolve complaints about health and community services. There is a statutory obligation for the Commissioner to develop a Charter of Health and Community Services Rights in consultation with consumers and providers.

For the public health system, the *Charter for South Australian Public Health System Consumers (Your Rights and Responsibilities)*, sets out the rights and responsibilities of consumers for service provision and incorporates a commitment for appropriate complaint handling procedures within health services.

As a secondary function, a complaints mechanism also provides valuable feedback for the improvement of services as a continuous improvement tool linked to quality assurance and evaluation activities. Complaints can inform service providers about how to deal with problems and how to avoid them. The narratives from those complaints can potentially provide the richest source of information about the incident, the responses, the circumstances, the resolution process and the outcomes. Analysis of complaints can also assist providers to understand the system issues that cause consumers to complain and to develop strategies to improve services.

Service providers have a responsibility to specifically address the coverage, information available and adequacy of existing complaints handling mechanisms, as well as satisfaction and access to these processes by people with disabilities. Barriers that may exist for people with disabilities seeking to access complaints mechanisms will need to be identified and strategies implemented so that people with disabilities are able to easily access quality complaints handling mechanisms.

This Action Plan encourages service providers to promote appropriate internal complaints handling mechanisms that are accessible and provide support and advocacy for people with disabilities.

### ***Outcome***

- People with disabilities will have appropriate access to complaint handling procedures within services and to independent complaint authorities. Effective and active consideration of the issues raised will enable systemic improvements in service delivery.

## 8.2.6 Employment and Human Resource Practices

For many people with disabilities, the main barrier to equal opportunity, participation and performance at work is not their disability in itself, but some feature of the work situation that could readily be altered. Most workplace adjustments and job designs to remove barriers are simple, cost very little and frequently benefit all employees.

Equal employment opportunities for people with disabilities are also influenced by the impact of factors often beyond the immediate work environment. These factors include:

- skills and knowledge formation;
- accessible transport;
- accessible premises; and
- accessible communications and information systems.

In addition, there is a paucity of data and knowledge about people with disabilities in the workplace. An important element in the effective management of workplace diversity is the availability of workforce data that is both reliable and enables meaningful comparisons to be made with other sectors within the Department of Health, the Regions and the Health Services.

The South Australian Government *Strategy for the Employment of People with a Disability in the SA Government Public Sector* provides people with disabilities an opportunity to seek employment with the South Australian public sector. The strategy is implemented through the Office of Public Employment and enables people with a disability, who are not currently employed in the public sector, to apply for positions advertised on the Notice of Vacancies system, and to compete for such positions on the basis of merit.

In January 2007, the State Government released the updated South Australian Strategic Plan which includes a target (T6.22) 'to double the number of people with disabilities employed in the public sector by 2014'.

### **Outcome**

- Improved equity and equal opportunity for people with disabilities and explore how SA Health can meet the South Australian Strategic Plan Target T6.22 to double the number of people with disabilities employed in the public sector by 2014.

## 9. Monitoring and Evaluation

Under Section 61(e) of the *DDA*, an Action Plan must include provisions for evaluating the policies and strategies designed to eliminate discrimination.

The Department of Health will have responsibility for the ongoing monitoring and evaluation of the SA Health Disability Action Plan.

It is the responsibility of the Department of Health, the Regions and Health Services to implement the SA Health Disability Action Plan, report on progress and/or completed actions, and set timeframes for ongoing actions. Annual progress reports will be included in Annual Reports and a consolidated SA Health Annual Progress Report will be provided to the Department for Families and Communities (DFC) as required by *Promoting Independence Disability Action Plans for South Australia (2000)*.

The requirement to implement the Action Plan and provide annual progress reports will be included in the performance agreements between the Department of Health and the Health Regions.

Disability Action Plan strategies are to be incorporated into the business plans of the Department of Health, the Regions and the Health Services.

Evaluation of the Action Plan and review of the appropriateness of the strategies will measure whether the strategies have achieved the desired outcome for people with disabilities, whether as clients or as staff and service providers. A range of mechanisms for feedback can be used including the expanded use of existing client surveys and other mechanisms.

Evaluation may involve development of specific performance indicators to assess the success and effectiveness of the strategies and actions in achieving the Plan's outcomes. The outcomes will be assessed against the performance indicators and will provide the basis for any recommended changes to the strategies and actions. Consideration needs to be given to expanding the current accreditation processes to include improved outcomes for people with disabilities.

## 10 SA HEALTH DISABILITY ACTION PLAN – IMPLEMENTATION TABLE

### 10.1 PLANNING AND POLICY DEVELOPMENT

#### OUTCOME

- Greater accessibility to health services for people with disabilities.

| STRATEGY   | TARGET   | RESPONSIBILITY   | TARGET DATE                                  |
|--|--|--|--|
| 10.1.1<br>Establish & maintain policies and protocols in relation to equitable access for people with disabilities to mainstream services.   | Policies and programs will be reviewed annually to ensure services are accessible, non-discriminatory and meet the needs of people with disabilities.  | DH Divisions, Regions,   | Ongoing monitoring & updating                |
| 10.1.2<br>Incorporate the interests of people with disabilities into corporate and operational planning.   | Corporate and operational planning will include access and equity objectives.<br><br>Requirements to implement the Disability Action Plan will be incorporated into performance agreements or other equivalent arrangements.   | DH Divisions, Regions, Health Services<br><br>Operations to lead. Regions, Health Services                                     | Ongoing<br><br>Annually                      |
| 10.1.3<br>Review and adapt services and programs to ensure that people with disabilities are not excluded and do not experience discrimination as users of services, as service providers or as staff. | Services and programs will be monitored to determine whether they are being used and accessed by people with disabilities.<br><br>Recommendations will be made and actions developed to improve access.<br><br>Appropriate consultations with people with disabilities will occur as part of planning for new services and programs, including people with disabilities from Aboriginal and Torres Strait Islander and culturally diverse backgrounds. | DH Divisions, Regions, Health Services<br><br>DH Divisions, Regions, Health Services<br>DH Divisions, Regions, Health Services | Ongoing monitoring<br><br>Ongoing<br>Ongoing |

## 10.2 ACCESSIBILITY OF BUILDINGS AND FACILITIES

### OUTCOME

- Improved physical access to buildings and facilities for people with disabilities.

| STRATEGY  | TARGET  | RESPONSIBILITY  | TARGET DATE                           |
|---|---|---|---------------------------------------|
| 10.2.1<br>Improve the understanding of Disability Access requirements for Health owned buildings.                         | DH Asset Services will improve the understanding of disability access issues and solutions for owned buildings through: <ul style="list-style-type: none"> <li>its participation in the Centre for Health Assets Australasia and the Health Facility Guidelines</li> <li>its activities as an adviser to the Department, Regions and Health Services</li> <li>use of its Intranet site to improve the understanding of disability access requirements and issues.</li> </ul>                                      | Asset Services<br><br>Asset Services<br>Asset Services  | Ongoing<br><br>Ongoing<br>Ongoing     |
| 10.2.2<br>Existing owned public buildings used by the DH, Regions and Health Services will continue to be access audited. | DH will continue to assess disability access for both compliance and condition.<br><br>Hospitals and State Managed Aged Care Facilities will continue to have disability access assessed and managed through existing external accreditation arrangements.  | Asset Services, Regions & Health Services<br><br>Regions and Health Services  | Ongoing<br><br>Ongoing                |
| 10.2.3<br>Leased Buildings  | Asset Services will continue its advisory services to ensure that disability access is considered in leasing decisions.<br><br>DH will risk manage access issues for existing leases, providing for the levels of access where and when required to meet the needs of clients and staff, consistent with access guidelines.   | Asset Services<br><br>Asset Services, DH Divisions, Regions & Services  | Ongoing<br><br>Ongoing                |
| 10.2.4<br>Upgrade disability access within the owned and leased health property portfolio.                                | New health facilities will continue to be designed compliant with the Disability Discrimination Act [1992] and relevant codes and guidelines.<br><br>Substantial refurbishments of existing buildings will, as far as practicable, comply with the Disability Discrimination Act and relevant codes and guidelines.<br><br>The upgrading of disability access to and within existing buildings will continue to be addressed by the Department, Regions and Health Services within existing funding arrangements. | Asset Services, Regions & Health Services<br><br>Asset Services, Regions & Health Services<br><br>Asset Services, Regions & Health Services | Ongoing<br><br>Ongoing<br><br>Ongoing |

| STRATEGY  | TARGET  | RESPONSIBILITY            | TARGET DATE |
|---|---|---------------------------|-------------|
| 10.2.5<br>Booking of venues                       | <ul style="list-style-type: none"> <li>• Ensure all venues booked are accessible.</li> <li>• Develop and maintain a list of accessible venues.</li> <li>• Registrations and/or response forms will include access requirements, eg hearing loop, sign interpreter, dietary requirements.</li> </ul> | All                       | Ongoing     |
| 10.2.6<br>Mobile Units<br>(e.g. Breast Screen SA) | <ul style="list-style-type: none"> <li>• All mobile units purchased will be accessible.</li> <li>• Existing mobile units will be assessed to determine whether they can be retrofitted to make them accessible.</li> </ul>  | Regions & Health Services | Ongoing     |

## 10.3 COMMUNICATION AND INTERPRETER SERVICES

### OUTCOME

- All communications to be made available in the full range of formats.

| STRATEGY   | TARGET  | RESPONSIBILITY  | TARGET DATE              |
|--|---|---|--------------------------|
| 10.3.1<br>Ensure information and communication strategies include equitable access for people with disabilities.               | Communication strategies to consider people with a range of disabilities that may require different formats or communications, including traditional Aboriginal people and people from culturally diverse backgrounds.  | Communications Division to lead.<br>DH Divisions<br>Regions, Health Services  | Ongoing                  |
| 10.3.2<br>Ensure all SA Health publications are available in various formats.  | The SA Health Corporate Identity Standards Manual will specify mandatory requirements regarding communication materials such as brochures (& others where appropriate) to include TTY Number, and a generic email address for people to request the material in a different format. | Communications Division to lead.<br>DH Divisions<br>Regions, Health Services  | Ongoing                  |
|  | An information kit that provides a list of contacts for SA Health staff to prepare materials in alternative formats will be available.  | Communications Division   | Available when requested |
|  | The Disability Information and Resource Centre (DIRC), the Office of Disability and Client Services, (Department for Families and Communities) will be engaged where targeted strategies are required.  | Communications Division to lead.<br>DH Divisions<br>Regions, Health Services  | As required              |
| 10.3.3<br>Ensure all electronic information and communication provision are accessible to people with a range of disabilities. | Contact details will include either TTY numbers or the National Relay Service details to enable people who are deaf and those with communication difficulties, to have access. <a href="http://www.aceinfo.net.au">http://www.aceinfo.net.au</a>                                    | Communications Division to lead.  | Ongoing                  |
|  | The Online Services Project will introduce a new governance framework for all SA Health web sites that will ensure compliance with necessary WC3 accessibility guidelines:<br><a href="http://www.w3.org/TR/WAI-WEBCONTENT/">http://www.w3.org/TR/WAI-WEBCONTENT/</a>               | Online Services Project -<br>Communications Division                          | June 08                  |
|  | All newly constructed web sites will meet necessary WC3 accessibility standards   | Communications Division to lead.<br>DH Divisions, Regions,<br>Health Services | Ongoing                  |

## 10.4 ATTITUDINAL AND CULTURAL AWARENESS IN MANAGEMENT AND SERVICE PROVISION

### OUTCOME

- Demonstrated awareness and understanding by staff and volunteers of the needs of people with disabilities.

| STRATEGY  | TARGET  | RESPONSIBILITY  | TARGET DATE   |
|---|---|---|---|
| <p>10.4.1<br/>Use the South Australian Disability Awareness and Discrimination Training Framework to educate and train staff and volunteers with the skills and awareness necessary to ensure there are inclusive services for people with disabilities across SA Health. Web link – <a href="http://www.dfc.sa.gov.au/promotingindependence">www.dfc.sa.gov.au/promotingindependence</a></p> | <ul style="list-style-type: none"> <li>• The Framework will be implemented in all locations according to their needs and responsibilities.</li> <li>• Aim to provide disability awareness training for 20% of staff per year.</li> <li>• Use Information and training resources that demonstrate:               <ul style="list-style-type: none"> <li>➢ Involvement and remuneration of people with disabilities in the development and delivery of training.</li> <li>➢ The integration of disability awareness training needs with existing and new training programs.</li> </ul> </li> <li>• Monitor and evaluate the implementation of the South Australian Disability Awareness and Discrimination Training Framework as part of the annual reporting arrangements for the Disability Action Plan.</li> </ul> | <p>Workforce Development to lead. DH Divisions, Regions, Health Services</p> <p>Workforce Development to lead. DH Divisions, Regions, Health Services</p> <p>Workforce Development to lead. DH Divisions, Regions, Health Services</p> <p>Workforce Development</p> | <p>Ongoing</p> <p>Review Annually</p> <p>Ongoing</p> <p>Ongoing</p> |

## 10.5 COMPLAINTS MECHANISMS

### OUTCOME

- People with disabilities will have appropriate access to complaint handling procedures within services and to independent complaint authorities.

| STRATEGY   | TARGET  | RESPONSIBILITY  | TARGET DATE  |
|--|---|---|--|
| <p>10.5.1<br/>Develop and promote internal complaint handling procedures by service providers.</p>   | <ul style="list-style-type: none"> <li>• The use of accessible and participatory complaints procedures for people with disabilities will be provided as part of the broader complaints handling processes.</li> <li>• Complaints personnel and key staff will be informed of the relevant policies and will apply those policies to ensure appropriate redress for people with disabilities and their associates/advocates.</li> <li>• Complaints processes and outcomes will be included as part of annual reporting requirements.</li> <li>• Complaints procedures will be incorporated into induction training for all new staff and will be widely communicated throughout their agency.</li> <li>• Complaints procedures to include a role for recommending improvements in the delivery of services.</li> </ul> | <p>DH Divisions, Regions, Health Services</p> <p>DH Divisions<br/>Regions, Health Services</p> <p>DH Divisions<br/>Regions, Health Services</p> <p>DH Divisions<br/>Regions, Health Services</p> <p>DH Divisions<br/>Regions, Health Services</p> | <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> |
| <p>10.5.2<br/>Ensure information about the Health and Community Services Complaints Commissioner (HCSCC) as an independent complaint agency is accessible to people with disabilities.</p> | <ul style="list-style-type: none"> <li>• Health Services to promote HCSCC as an independent complaints agency available to provide advice and/or follow up on complaints</li> <li>• Health Services to work with the HCSCC to address access and discrimination issues.</li> </ul>  | <p>Regions, Health Services</p> <p>Regions, Health Services</p>   | <p>Ongoing</p> <p>Ongoing</p>  |

## 10.6 EMPLOYMENT AND HUMAN RESOURCE PRACTICES

### OUTCOME

- Improved equity and equal opportunity for people with disabilities in the health workforce.

| STRATEGY   | TARGET  | RESPONSIBILITY  | TARGET DATE |
|--|---|---|-------------|
| 10.6.1<br>Ensure policies and strategies support the SA Strategic Plan Target T6.22 – to double the number of people with disabilities employed in the public sector by 2014 | <ul style="list-style-type: none"> <li>Work with DFC to develop an employment strategy to meet the SASP Target T6.22.</li> </ul>  | Workforce Development                                   | June 08     |
|  | <ul style="list-style-type: none"> <li>Work with DFC to establish a baseline figure of the number of people with a disability employed in the Public Service in order to meet the SASP Target T6.22.</li> </ul>   | Workforce Development                                   | June 08     |
| 10.6.2<br>Promote improved awareness and equity in the employment of people with disabilities to eliminate direct and indirect discrimination.                               | <ul style="list-style-type: none"> <li>Equal Employment Opportunity policies will provide for the employment of people with a disability, taking into account the HREOC Advisory Notes on Employment &amp; the OPE Disability Recruitment Program.</li> </ul> | Workforce Development to lead. Regions, Health Services | June 08     |
|  | <ul style="list-style-type: none"> <li>An advisory and consultancy service will be provided on the development and review of job and person specifications.</li> </ul>  | Workforce Development to lead. Regions, Health Services | Ongoing     |
|  | <ul style="list-style-type: none"> <li>Job and person specification information packages will be developed that includes best practice examples of well designed job and person specifications.</li> </ul>  | Workforce Development to lead. Regions, Health Services | Ongoing     |
|  | <ul style="list-style-type: none"> <li>Requirements for positions will not discriminate against people with a disability.</li> </ul>  | Workforce Development to lead. Regions, Health Services | Ongoing     |
| 10.6.3<br>Ensure that workplace strategies provide an equal opportunity for employees with a disability.   | <ul style="list-style-type: none"> <li>Advice will be provided on appropriate audit procedures on workplace adjustments for people with disabilities.</li> </ul>  | Workforce Development to lead. Regions, Health Services | Ongoing     |
|  | <ul style="list-style-type: none"> <li>Examine and modify as appropriate, policies and practices in relation to flexible working arrangements to meet the needs of people with a disability.</li> </ul>   | Workforce Development to lead. Regions, Health Services | Ongoing     |

| STRATEGY   | TARGET   | RESPONSIBILITY   | TARGET DATE  |
|--|--|--|--|
| <p>10.6.4<br/>Ensure that workforce policies and procedures provide an inclusive work environment that attracts and retains employees with a disability.</p>       | <ul style="list-style-type: none"> <li>• DH in consultation with OPE will provide support to management in the development and review of procedures and techniques for:</li> <li>• Advertising positions</li> <li>• Providing job information</li> <li>• Arranging and conducting interviews</li> <li>• Setting and applying selection criteria</li> <br/> <li>• Training and developmental opportunities for employees with a disability will be provided and their career plans will be closely monitored.</li> <br/> <li>• Workforce profile information will be used to identify, review and upgrade environmental factors, which may inhibit employment opportunities.</li> </ul> | <p>Workforce Development to lead. Regions, Health Services</p><br><p>Workforce Development to lead. Regions, Health Services</p><br><p>Workforce Development to lead. Regions, Health Services</p> | <p>Ongoing</p><br><p>Ongoing</p><br><p>Ongoing</p> |
| <p>10.6.5<br/>Raise awareness of grievance procedures and ensure that they are accessible in a variety of formats appropriate for employees with a disability.</p> | <ul style="list-style-type: none"> <li>• Grievance procedures and processes for termination of employment or dismissal to be made available in the full range of formats to ensure they are inclusive of people with a disability.</li> </ul>  | <p>Workforce Development to lead. DH Divisions, Regions, Health Services</p>   | <p>Available on request</p>                        |

## Summary of Relevant Documents and Resources

### Promoting Independence: Disability Action Plans for SA (2000)

This is the 'Whole-of-Government' policy for compliance with the *DDA* and lays the foundation for the SA Health Disability Action Plan.

[www.dfc.sa.gov.au/promotingindependence](http://www.dfc.sa.gov.au/promotingindependence)

### Disability Discrimination Act Action Plans: Guide for State and Territory Government Departments and Agencies (1998)

[http://www.hreoc.gov.au/disability\\_rights/action\\_plans/index.html](http://www.hreoc.gov.au/disability_rights/action_plans/index.html)

This guide is taken directly from the Human Rights and Equal Opportunity Commission's Disability Rights web page and is a practical guide for State Departments and their agencies on how to develop a Disability Action Plan.

### Inclusive Consultation: A practical guide to involving people with disabilities.

[http://www.ce.communitiesscotland.gov.uk/stellent/groups/public/documents/webpages/scrcs\\_006737.hcsp](http://www.ce.communitiesscotland.gov.uk/stellent/groups/public/documents/webpages/scrcs_006737.hcsp)

This guide has been developed by the Commonwealth Department of Family and Community Services to provide practical advice on how to consult with people with disabilities. It also offers strategies that are relevant for all consultations in order to cater for the broad needs of the whole community.

### Better Information and Communication Practices Commonwealth of Australia (2003)

[http://www.facs.gov.au/disability/cds/pubs/ic/ic\\_index.htm](http://www.facs.gov.au/disability/cds/pubs/ic/ic_index.htm)

This booklet is a guide to help you find ways to get your message out to everyone who needs to receive it. The booklet also includes:

Different types of disabilities such as visual and manipulatory, and how they affect communication;

Appropriate language when talking about or with people with disabilities;

Good formats to use to get your message across and organisations that can assist you with those formats;

World Wide Web Access Guides to making web sites accessible to the broadest possible audience;

AusInfo guidelines to current good practice in electronic publishing;

Information on the National Relay Service to assist in communicating to people who may be deaf or who have speech/communication disabilities.

### Plain English

[http://in.health.sa.gov.au/filestore/plain\\_english\\_guide.pdf](http://in.health.sa.gov.au/filestore/plain_english_guide.pdf)

<http://www.visionaustralia.org.au>

<http://www.plainlanguageaustralia.com>

<http://www.plainenglishfoundation.com>

### Fair Treatment for all Australians – The basis of our laws about disability discrimination.

[http://www.facs.gov.au/disability/cds/fs/fs\\_01.pdf](http://www.facs.gov.au/disability/cds/fs/fs_01.pdf)

Commonwealth Disability Strategy. Fact sheets that cover: International and Commonwealth laws on disability discrimination;

Facts and figures about people with disabilities in Australia;

What is Disability?

Making information about your programs and services accessible;

Inclusive language tips;

Resources to assist you improve access for people with disabilities.

## USEFUL WEB SITES

The Department for Families and Communities' page on the *Promoting Independence* strategy

[www.dfc.sa.gov.au/promotingindependence](http://www.dfc.sa.gov.au/promotingindependence)

The Disability Information and Resource Centre (DIRC)

<http://www.dircsa.org.au/>

Human Rights and Equal Opportunity Commission (HREOC) – Disability Rights

[http://www.hreoc.gov.au/disability\\_rights/index.html](http://www.hreoc.gov.au/disability_rights/index.html)

The Disability Discrimination Act (DDA) 1992:

[http://www.austlii.edu.au/au/legis/cth/consol\\_act/DDA1992264/](http://www.austlii.edu.au/au/legis/cth/consol_act/DDA1992264/)

South Australian Equal Opportunity Act 1984

[http://www.austlii.edu.au/au/legis/sa/consol\\_act/eoa1984250/index.html](http://www.austlii.edu.au/au/legis/sa/consol_act/eoa1984250/index.html)

Disability Action Plans and Guides in developing plans:

[http://www.hreoc.gov.au/disability\\_rights/action\\_plans/index.html](http://www.hreoc.gov.au/disability_rights/action_plans/index.html)

Commonwealth Disability Strategy

[http://www.facs.gov.au/disability/cds/cds/cds\\_index.htm](http://www.facs.gov.au/disability/cds/cds/cds_index.htm)

The Australian Federation of Disability Organisations

[www.afdo.org.au](http://www.afdo.org.au)

Disability Discrimination Act Standards

<http://www.hreoc.gov.au/disability/standards/standards.html>

Australian Association of the Deaf

<http://www.aad.org.au>

Blind Citizens Australia

<http://www.bca.org.au>

Deafness Forum of Australia

<http://www.deafnessforum.org.au>

National Council on Intellectual Disability

<http://www.ncid.org.au>

National Ethnic Disability Alliance

<http://www.neda.org.au>

Women with Disabilities Australia

<http://www.wwda.org.au>

Physical Disability Council of Australia

<http://www.pdca.org.au>

## ACAA Accredited Access Consultants

<http://www.access.asn.au/members.htm>