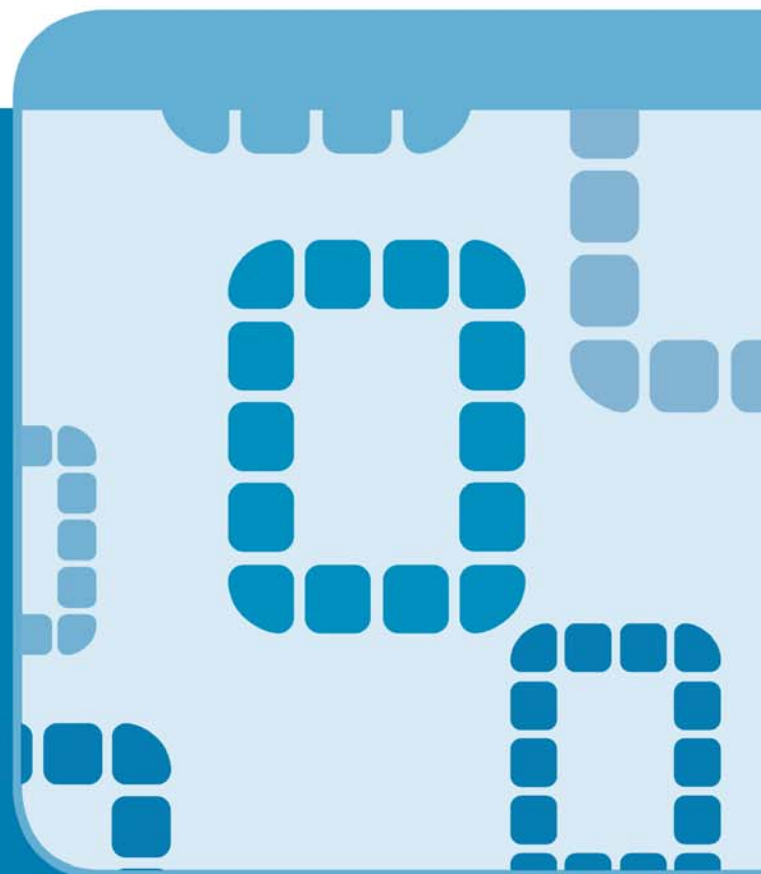


Disability Access and Inclusion Plan (DAIP) (July 2007- July 2010)

This plan is available upon request in alternative formats such as large print, electronic format (disc or email) audio or Braille.



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Disability Access and Inclusion Plan

Introduction

Child and Adolescent Health Service - Princess Margaret Hospital

Service overview

Child and Adolescent Health Service (CAHS) is part of the Western Australian Department of Health and is committed to providing quality health care to the children and adolescents of Western Australia. The service incorporates the Princess Margaret Hospital for Children and the Child and Adolescent Community Health Division.

Princess Margaret Hospital for Children (PMH) was established in 1909 and has become Western Australia's specialist children's hospital. Each year, PMH cares for over 300,000 children, who attend or stay in the 205-bed hospital.

In mid-2006, as part of ongoing health reform in Western Australia, PMH separated from the then Women's and Children's Health Service and became part of a newly formed Child and Adolescent Health Service.

In addition to providing hospital-based acute care the Child and Adolescent Health Service is committed to population health and ambulatory care programs which provide services for children and adolescents to promote life-long health. This includes preventing health problems through promoting wellbeing, early detection of diseases and intervention and provision of services in the community.

The Child and Adolescent Health Service is responsible for providing specialist paediatric services for patients aged 0 – 16 years of age.

See below for a full list of services and specialised areas available through the Child and Adolescent Health Service.

Child and Adolescent Community Health Division

- Child Development Services
- Child Health Services
- School Health Services
- Youth Health Services
- Enuresis Program
- Health Promotion
- Health Equity for Aboriginal people and Refugees Team (HEART)
- Workforce Development in Child and Community Health
- Policy Division

Allied Health Services

- Occupational Therapy
- Physiotherapy
- Social Work
- Pastoral Care Unit
- School
- Nutrition & Dietetics
- Speech Pathology
- Medical Illustrations
- Library Services

Diagnostic Imaging

- Radiology
- Ultrasound
- Nuclear Medicine
- Magnetic Resonance Imaging (MRI)
- Computerised Tomography (CT)
- Cardiac Angiography
- Interventional Radiology
- General Angiography
- Intra Operative Imaging

Medical Support Service

- Medical Technology Management Unit
- Clinical Research and Education
- Pathology
- Patient Information Management Systems
- Pharmacy

Psychological Medicine

- PMH Consultation Liaison
- Eating Disorders Service
- PMH Acute Mental Health Services
- Family Pathways

Paediatric Medicine

- Child Protection Unit
- State Child Development Centre
- Adolescent Medicine
- Cardiology/Cardiothoracic
- Dermatology
- Paediatric Rehabilitation
- Endocrinology/Diabetes
- Clinical Oncology/Haematology
- Emergency
- Nephrology
- Neurology/Neurosurgery
- Respiratory Medicine
- Rheumatology
- Gastroenterology
- Rural Paediatric Service
- Ambulatory care, including Hospital in the Home, Post Acute Care and Chronic Care
- Clinical Investigation Unit (Medical Same Day Service)

Surgical Services

- Audiology
 - Newborn Hearing Screening
 - Burns
 - Cranio Maxillo Facial and Plastic Surgery
 - Cleft-Lip and Palate Service
- including Speech Pathology
- Dental
 - Continence and Stomal Therapy
 - General Paediatric Surgery
 - Paediatric Gynaecology
 - Paediatric Urology
 - Intensive Care Unit
 - Ophthalmology
 - Orthopaedics
 - Orthotics
 - ENT and Head and Neck surgery
 - Theatres/HSSD
 - Vascular Surgery
 - Same Day Procedure Unit

Aims and Objectives of the Disability Access and Inclusion Plan

Aim

The aim of the Disability Access and Inclusion Plan (DAIP) is to ensure that people with disabilities, their carers, families and representatives can access the services provided by PMH.

Towards this goal, PMH adopted its first Disability Service Plan in 1995 and has made significant progress to improving access and inclusion for people with disabilities. These achievements are outlined in Appendix 2.

Leading on from the existing Disability Services Plan, PMH has developed this DAIP in line with the Western Australian Disability Services Act 1993 (as amended 2004). As required by this Act the DAIP is applicable to all facilities and services provided by Princess Margaret Hospital. Where contracted services are provided to the public, they will be provided in a manner consistent with the DAIP.

Objectives

The objectives of the PMH Disability Access and Inclusion Plan are consistent with the six desired outcomes identified in the WA Disability Services Act 1993 (as amended 2004).

1. People with disabilities have the same opportunities as other people to access the services of, and any events organised by, a public authority.
2. People with disabilities have the same opportunities as other people to access the buildings and other facilities of a public authority.
3. People with disabilities receive information from a public authority in a format that will enable them to access the information as readily as other people are able to access it.
4. People with disabilities receive the same level and quality of service from the staff of a public authority as other people receive from the staff of that public authority.
5. People with disabilities have the same opportunities as other people when making complaints to a public authority.
6. People with disabilities have the same opportunities as other people to participate in any public consultation by a public authority.

PMH Disability Access and Inclusion Plan - Consultation Process

The Disability Services Regulations 2004 set out the minimum consultation requirements in relation to DAIP. To meet these requirements PMH undertook:

Staff Consultation

Staff consultation took place during May 2007 with information sent via global email requesting feedback. Heads of Department were encouraged to circulate the information through formal and informal networks within the PMH service.

Community Consultation

- An advertisement was published twice in the West Australian Newspaper during May 2007, inviting feedback from people with disabilities, their families and carers, community partners and the general public to identify access barriers to services and facilities provided by PMH. The advertisement advised that alternative formats were available upon request.
- The PMH website carried a link to the advertisement and a request for feedback from consumers.
- Individual members of the PMH Community Advisory Council were sent a copy of the advertisement requesting feedback.
- Over 90 community based organisations and support groups working with people with disabilities were sent the advertisement via email requesting feedback. Organisations that were contacted included:

- ACROD (WA Division);
- Autism Association of Western Australia (Inc)
- Cerebral Palsy Association of WA Ltd
- Developmental Disability Council of WA (Inc)
- Down Syndrome Association of Western Australia (Inc)
- People with Disabilities WA (Inc)
- Senses Foundation (Inc)
- Spina Bifida Association of Western Australia (Inc)
- The Genetic Support Council of Western Australia and 80 genetic support groups.

Findings

Thirteen responses from individuals and organisations were received and included:

- four emails/written submissions from community based organisations.
- three emails from consumers of service.
- six emails from staff members.

While the consultation identified achievements in access it also identified barriers that were considered in the development of strategies included in the DAIP.

Identified barriers to accessing PMH services included:

- inadequate parking facilities for people with disabilities.
- poor understanding of the language/interpreting needs of the deaf community in health settings.
- hospital based events not always meeting basic inclusion criteria for individuals with disabilities and their carers.
- signage not always clear or easy to understand.
- physical infrastructure not always meeting the needs of people with disabilities particularly those in wheel chairs.
- access needs of short statured people not always considered in public areas eg: toilets, public telephones, lifts, reception desks.

Responsibility

The PMH DAIP will be administered and reviewed by a Disability Advisory Committee (DAC). This committee will be formed to manage the plan and will include representatives from:

- PMH Executive
- Allied Health i.e. Occupational Therapy
- Physical Resources
- Corporate Staff Development
- Safety and Quality
- Customer Service Unit
- Finance
- Consumers
- Paediatric Medical Services
- Surgical Services

Where particular disability needs are to be considered, external stakeholders, including people with disabilities or representatives from their support organisations, will be invited to attend meetings.

The PMH Disability Advisory Committee will:

- oversee action plans, strategies and reports.
- review customer surveys and complaints data related to access and inclusion issues.
- consult with relevant peak bodies, people with disabilities, their families and carers.

Implementation Strategies

PMH Executive will advise hospital staff of the DAIP and it will be promoted internally via hospital newsletters and the website.

Agents and contractors of PMH will be advised of the DAIP and the requirements.

PMH will advise through the West Australian newspaper that copies of the DAIP are available to the community upon request.

Copies of the DAIP will be made available on request and in alternative formats.

Patients, families, and carers will access information via patient / client information booklets, customer service charters and the Customer Service Unit.

Printed copies of the DAIP and related information will conform to the State Government Access Guidelines for Information Services and Facilities.

A copy of the DAIP will be available to consumers via PMH website.

The DAIP will be promoted to relevant Government and community groups.

Review and Evaluation Mechanisms

There will be an annual review of the plan and its objectives by the Chairperson of the Disability Advisory Committee for PMH in conjunction with relevant committee members.

PMH will ensure an ongoing consultation process is used with relevant peak bodies, people with disabilities, their families and carers, to assist in reviewing and updating the Disability Access and Inclusion Plan.

Reporting on the Disability Access and Inclusion Plan

The Disability Services Act 1993 (as amended 2004) outlines the minimum reporting requirements for public authorities in relations to Disability Access and Inclusion Plans. PMH will report on the implementation of the DAIP through DoH annual reporting mechanisms and to the Disability Services Commission by 31 July of each year, outlining:

- its progress towards the desired outcomes of its DAIP.
- the progress of any agents and contractors towards meeting the six desired outcomes.
- the strategies it used to inform its agents and contractors of its DAIP.

Standards

The outcomes of the Disability Access and Inclusion Plan will be integrated with the standards and guidelines for the Australian Council on HealthCare Standards Evaluation and Quality Improvement Program (EQuIP). This program is an evaluation and quality improvement program run by the Australian Council on Healthcare Standards and provides a method of evaluating organisational performance against established standards and benchmarks.

The PMH DAIP will comply with the WA Health Access and Inclusion Policy which denotes all relevant legislation (Appendix 3).

Overarching Strategies to improve Access and Inclusion

Outcome 1:

People with disabilities have the same opportunities as other people to access the services of, and any events organised by PMH.

Strategy	Timeline
Establish a Disability Access Committee (DAC) to guide the implementation and ongoing review of the Disability Access and Inclusion Plan (DAIP).	December 2007.
Ensure that the objectives of the DAIP are incorporated into PMH strategic business planning, budgeting processes and any other relevant plans and/or strategies.	June 2008
Ensure that people with disabilities are provided with opportunity to comment on access to PMH services.	June 2007
Review and evaluate the PMH DAIP to ensure it supports ongoing equitable access to services by people with disabilities throughout the continuum of care.	Annually
Ensure that events organised by PMH are accessible to people with disabilities.	December 2007 and ongoing
Ensure that PMH staff, agents and contractors are aware of the relevant requirements of the DAIP.	July 2007

Outcome 2:

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

Strategy	Timeline
Ensure that all PMH buildings and facilities are physically accessible to people with disabilities.	July 2008
Ensure that all new, redevelopment or maintenance work within PMH provides access to people with disabilities as required.	July 2007
To provide information regarding accessibility of buildings and facilities to people with disabilities.	December 2007
Ensure all signage meets the needs of people with disability.	December 2008
Ensure all infrastructure related to transport facilities meet the needs of people with disabilities.	July 2008

Outcome 3:

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

Strategy	Timeline
Ensure that all documentation regarding PMH services and facilities uses clear and concise language and is available in alternative formats upon request.	July 2008
Develop community awareness that information is available in alternative formats.	July 2008
Develop staff awareness of accessible information needs and how to obtain information in other formats.	July 2008
Ensure that the PMH website addresses the needs of people with disabilities.	July 2007

Outcome 4:

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

Strategy	Timeline
Develop staff awareness of disability and access issues through ongoing staff education.	July 2008
Identify and develop an awareness of disability issues for staff through JDF, recruitment, selection and performance management processes.	December 2007
Provide ongoing disability awareness training for staff.	July 2008
Ensure that all subcontracted services are informed of and conform to the principles of the Disability Services Act (1993).	July 2007

Outcome 5:

People with disabilities have the same opportunities as other people to make complaints to PMH.

Strategy	Timeline
Ensure that people with disabilities are informed about the complaint process.	December 2007
Ensure that the complaint mechanism is accessible to people with disabilities and that communication aids are available where appropriate.	December 2007
Ensure staff knowledge of how to facilitate the receipt of complaints from people with a disability.	July 2008
Ensure all complaints are registered, recorded and responded to in a way that is accessible to people with disabilities.	December 2007

Outcome 6:

People with disabilities have the same opportunities as other people to participate in public consultation by PMH.

Strategy	Timeline
Ensure that people with disabilities are informed of planned public forums and consultative processes.	July 2007
Seek views on disability and access from people with disabilities and from the community.	June 2007
Ensure access for people with disabilities to established consultative processes of PMH i.e. Community Advisory Council.	July 2008
Ensure that people with disabilities are included in service review and planning.	June 2007

Appendix 1

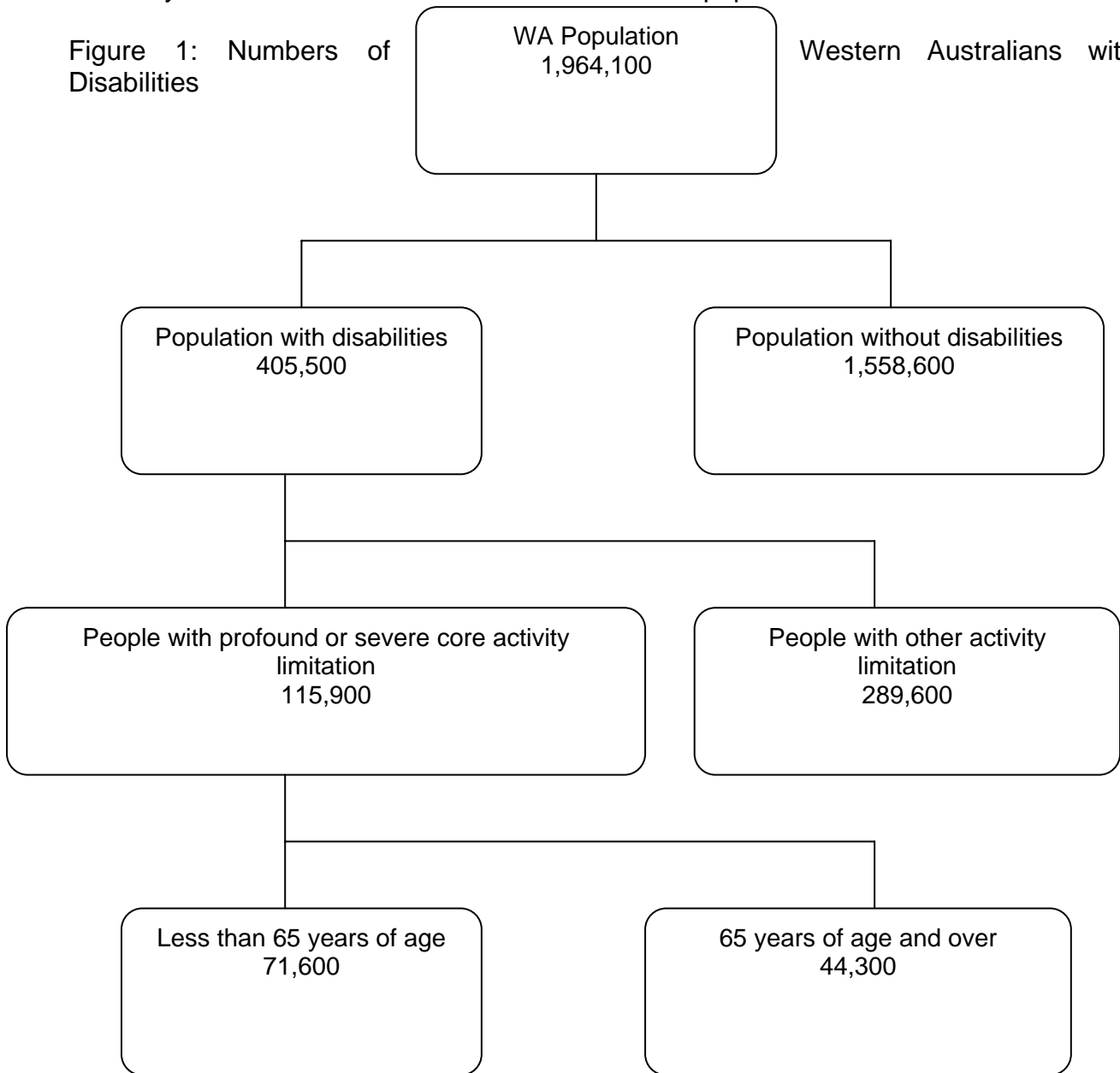
Disability an Overview

Disability in Western Australia

Disability affects one third of the Western Australian population.

Figure 1: Numbers of Disabilities

Western Australians with



Definitions of disability

The Australian Bureau of Statistics (ABS) defines a disability as a limitation, restriction, or impairment, which has lasted or is likely to last, for at least six months and restricts everyday activities. Detailed information on disabilities, statistics, trends and projections is included in Appendix 1.

“An impairment is any loss or abnormality of psychological, physiological or anatomical structure or function; a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being; a handicap is a disadvantage for a given individual, resulting from an impairment or a disability, that prevents the fulfilment of a role that is considered normal (depending on age, sex and social and cultural factors) for that individual” (WHO, Geneva, 1980).

The Disability Services Act of Western Australia (1993) defines a disability as a functional deficit which:

- is attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of those impairments.
- is permanent or likely to be permanent.
- may or may not be of a chronic or episodic nature.

and results in:

- a substantially reduced capacity of the person for communication, social interaction, learning or mobility.
- a need for continuing support services.

An estimated total of 405,500 Western Australians have disabilities (20.6 percent of the total population).

An estimated 246,800 Western Australians are carers for people with disabilities (12.6 percent of the total population).

One in every 17 Western Australians aged 15 and over (91,600 people) has a disability or is a carer of a person with a disability.

Of the 405,500 Western Australians with disabilities, 115,800 people have profound or severe core activity limitation, 71,600 of these are under 65 years of age.

Profound limitation refers to when a person is unable to do or always requires assistance with a core activity task.

Severe limitation refers to when a person sometimes needs help with a core activity task; or has difficulty understanding or being understood by family or friends or can communicate more easily using non-spoken forms of communication.

Most people with disabilities experience some form of limitation or restriction due to their disability. This is defined in terms of the impact of the disability on selected activities of daily living.

Core activities include:

- self care, such as bathing or showering; dressing; eating; using the toilet and managing incontinence.
- mobility, such as moving around at home and away from home; getting into or out of a bed or chair; bending and picking up an object from the floor; and using public transport.
- communication, that is understanding and being understood by others, including strangers, family and friends.

Three quarters (74.2 percent) of Western Australians with disabilities (approximately 300,900 people) have core activity limitation; that is they need personal help, have difficulty, or use aids or equipment in connection with at least one of the tasks comprising the core activities of self care, mobility or communication.

Other activities:

- schooling restriction where there is difficulty at school; attendance is affected; there is a need for at least one day a week off school on average; and/or a special school or special classes are attended.
- employment restriction where employment is precluded or limited by the disability; special assistance or equipment is required; there is restriction in the number of hours they can or could work; and/or assistance from a disability job placement program or agency is required.

About 11 percent of Western Australians with disabilities (approximately 46,000 people) are restricted in their ability to participate in schooling or employment only.

Persons who experience an activity limitation in either a core activity area or in schooling or employment are described by the Australian Bureau of Statistics (ABS) as having a “specific limitation or restriction”. 85.5 percent of Western Australians with disabilities (346,900 people) experience specific restrictions or limitations due to their disability.

Trends in Disability

Disability in 1998 and 2003

The ABS conducts regular surveys on disabilities to report the extent of disability in Australia, the need for support and the adequacy of support and the contribution of informal care.

The ABS reports that for disability in Western Australia:

- age-specific rates show no significant differences over the five year period from 1998 to 2003.

- the increases in numbers are entirely a result of population increase and population ageing

For Western Australians of all ages:

- the estimated number of people with disabilities has increased from 355,500 in 1998 to 405,500 in 2003.
- the estimated number of people with profound or severe core activity limitation has increased from 101,400 in 1998 to 115,800 in 2003.

For Western Australians aged under 65 years:

- the estimated number of people with disabilities has increased from 249,000 in 1998 to 283,200 in 2003.
- the estimated number of people with profound or severe core activity limitation has increased from 62,400 in 1998 to 71,600 in 2003.

Disability Projections: 2006-2026

Disability projections can be accurately forecast by applying current ABS reported age-specific disability rates to ABS population projections.

Over the 20 year period from 2006-2026 most of the increase in the numbers of Western Australians with disabilities will be a result of population ageing.

The number of older Western Australians with disabilities will increase substantially as the 'baby boomers' move into age groups in which disability is more prevalent. There will be an overall increase of 115.7 percent from 136,700 in 2006 to 294,800 in 2026. The overall increase for those aged under 65 years is only 18.0 percent, representing an annual increase of 0.8 percent, slightly less than the total population increase of 1.1 percent.

Sources:

Disability Services Commission. (2005). *Trends and projections in disability in WA*. Perth, WA: Disability Services Commission. Retrieved December 2005 from <http://www.dsc.wa.gov.au/1/85/48/Disabilitynbsp.pm>

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Disability Services Commission. (2005). *Types of disability*. Perth, WA: Disability Services Commission. Retrieved December 2005 from <http://www.dsc.wa.gov.au/default.aspx?et=2&ei=295&subSiteID=48>

Appendix 2

Women's and Children's Health Service WCHS Disability Access Plan 1995-2006

Progress under the WCHS Disability Service Plan/Diversity Management Plan included the following.

- In 1995 a Disability Services Plan Reference Group was convened to develop a Disability Service Plan for The King Edward Memorial and Princess Margaret Hospitals. The preparation of the document was to be in accordance with the Disability Services Act (1993) which required that each public authority develop a plan to ensure that people with disabilities, their families and carers could readily access hospital services and facilities.
- The King Edward Memorial and Princess Margaret Hospitals Disability Services Plan was submitted to Disability Services Commission 18th December 1995 and the reference group continued to manage the plan under the Chairmanship of the Director of Allied Health at WCHS.
- From December 2001 until 2006 disability issues became the responsibility of the WCHS Diversity Management Group. This involved the development of diversity management plans, strategies and outcomes covering the four broad areas of:
 - Disability issues.
 - Multicultural issues.
 - Indigenous issues and
 - Work and family issues.

Under the WCHS Diversity Management Plan progress included -

- In 2004 a full access audit of all WCHS buildings and facilities for disability compliance was conducted and has been reviewed on an ongoing basis. The process has established priorities for improvement of existing facilities and services to meet the needs of people with disability.
- Ongoing review of signage to meet the needs of people with disabilities.
- A review of policy to ensure all redevelopment or maintenance work within the hospital addressed and met the needs of people with disabilities.
- In conjunction with DSC staff education sessions have been provided to develop awareness of the needs of people with disabilities in the health care setting.
- All customer service documents are reviewed by a Publication Advisory Committee who ensure they are written in plain English and if necessary available in alternative formats.

- Information Technology Department have identified initiatives to improve technology to support people with disabilities.
- Consultation has occurred with Community Advisory Committees to assist the hospital in recognising and addressing the needs of consumers including those with disabilities.
- Patient directories/information booklets were reviewed to ensure information was included for consumers with disabilities indicating available supports.
- Departmental managers have been made aware of the need to review and report on policies or practices that potentially do not meet the needs of people with disabilities.
- A review of practices to ensure that people who have hearing or communication difficulties are not compromised or disadvantaged throughout the continuum of care.
- Promotion and support of Day of Disabled Persons (2005).
- Review of PMH parking availability for people with disabilities and an increase in the amount of ACROD parking allocated (2006).
- The PMH Community Advisory Committee facilitated a consumer and community consultation process involving consumer focus groups and consumer feedback questionnaires aimed at reviewing current PMH services and facilities from a consumer perspective and to seek input for consideration in the long term planning for the new state children's hospital (2006).
- Barriers to facilities and services to people with disabilities were identified through an audit and recommendations made for improvements. The final report and recommendations were accepted by the Hospital Executive for action.

<p style="text-align: center;">WA HEALTH` DISABILITY ACCESS AND INCLUSION POLICY</p>

SCOPE

This policy applies to all persons employed within WA Health, which incorporates the following entities:

- Department of Health
- Metropolitan Health Service
- WA Country Health Service

This is a system wide policy and supersedes all policies and guidelines related to disability access and inclusion for people with disabilities developed in WA Health, other than the WA Health Access to Information Policy and Guidelines.

POLICY STATEMENT

WA Health recognises that people with disabilities are valued members of the community who make contributions to social, economic and cultural life.

People with disabilities represent a significant number of clients who access government health services, facilities and information and providing appropriate access is a priority for WA Health.

WA Health is committed to ensuring that people with disabilities, their families and carers are able to fully access the range of health services, facilities and information, providing them with the same opportunity, rights and responsibilities enjoyed by other people in the community.

WA Health will also ensure that access for people with disabilities is a primary concern when health services and/or facilities are developed or modified.

To ensure this commitment, WA Health will:

- create and actively promote an environment where information, services and facilities are readily accessible to all people and which does not discriminate directly or indirectly against individuals with disabilities

- consult with people with disabilities, their families and carers and disability organisations to ensure that barriers to access and inclusion are addressed appropriately
- work in partnership with community groups and other public authorities to facilitate the inclusion of people with disabilities in consultative forums
- develop Disability Access and Inclusion Plans (DAIPs) in accordance with the Western Australian Disability Services Act 1993 (as amended 2004) [The Act]
- ensure that where contracted services involve the public, these will be provided in a manner consistent with WA Health DAIPs.

In line with The Act, WA Health will submit DAIPs to the Disability Service Commission from health entities as follows:

- Department of Health – a collective DAIP incorporating all health areas other than teaching hospitals
- Sir Charles Gairdner Hospital
- Royal Perth Hospital
- Fremantle Hospital
- King Edward Memorial Hospital
- Princess Margaret Hospital.

WA Health is committed to achieving the six desired outcomes listed in Schedule 3 of the Disability Services Regulations 2004 through the implementation of DAIPs in the various health areas. These outcomes are

1. people with disabilities have the same opportunities as other people to access the services of, and any events organised by, the relevant public authority
2. people with disabilities have the same opportunities as other people to access the buildings and other facilities of the relevant public authority
3. people with disabilities receive information from the relevant public authority in a format that will enable them to access the information as readily as other people are able to access it
4. people with disabilities receive the same level and quality of service from the staff of the relevant public authority
5. people with disabilities have the same opportunities as other people to make complaints to the relevant public authority
6. people with disabilities have the same opportunities as other people to participate in any public consultation by the relevant public authority.

DAIPs are developed in consultation with the community and employees of the WA Health and are intrinsic in meeting the overall corporate objective of ensuring safety and quality in health services.

Chief Executives are responsible for providing the resources and support required to develop and implement DAIPs in their health areas.

WA Health's DAIPs will be implemented over 3 to 5 years, guided by an overarching set of strategies, which drive individual tasks to support the achievement of each outcome area.

The various WA Health DAIPS can be accessed through the Department of Health Internet website at www.health.wa.gov.au

DEFINITIONS

The Disability Services Act (WA) 2003 refers to 'disability' as one -

- (a) which is attributable to an intellectual, psychiatric, cognitive, neurological, sensory, or physical impairment or a combination of those impairments;
- (b) which is permanent or likely to be permanent;
- (c) which may or may not be of a chronic or episodic nature; and
- (d) which results in -
 - (i) a substantially reduced capacity of the person for communication, social interaction, learning or mobility; and
 - (ii) a need for continuing support services;

Government Access Guidelines for Information Services and Facilities: Guidelines are a guide to assist State Government, business and community groups to create Western Australia as an accessible and inclusive community. Referred to in Premier's Circular 2003/08.

SUPPORTING DOCUMENTS

- Disability Access and Inclusion Plans Resource Manual for State Government, Disability Services Commission, Government of Western Australia
- State Government Access Guidelines for Information Services and State Government Access Guidelines for Information Services and Facilities: <http://www.dsc.wa.gov.au/cproot/300/2/AccessGuidelines2004.pdf>
- Premier's Circular 2003/08 http://www.dpc.wa.gov.au/psmd/pubs/legis/premirculars/2003_08_up.pdf
- Premier's Circular 2002/14 http://www.dpc.wa.gov.au/psmd/pubs/legis/premirculars/2002_14upNov05.pdf

- Western Australian Public Sector Code of Ethics
<http://www.opssc.wa.gov.au/ethics/codeofethics/index.htm>
- WA Health Codes of Conduct
- WA Health Access To Information Policy and Guidelines

RELEVANT LEGISLATION

- Western Australian Disability Services Act 1993 (as amended 2004)
- Western Australian Disability Services Regulations 2004
- Disability Discrimination Act 1992 (Australia)
- Human Rights and Equal Opportunity Commission Act 1986 (Australia)
- Equal Opportunity Act 1984 (WA) as amended

SUPERSEDED DOCUMENTS

- All policies related to Disability Access and Inclusion in use in WA Health prior to 23 July 2007 other than the WA Health Access to Information Policy and Guidelines.

ACCESSING POLICIES

Policies are located on:

- Health Workforce Link (<http://intranet.health.wa.gov.au/hwl>)
- Local Intranet

IF YOU HAVE A QUERY

Employees who have questions are to contact their managers, supervisors or their local Disability Access and Inclusion Coordinator. Managers and supervisors with queries should contact their local Disability Access and Inclusion Coordinators. A list of Disabilities Access and Inclusion Services Coordinators can be obtained by contacting the Policy Officer by email at policyofficer@health.wa.gov.au.

CONTINUOUS IMPROVEMENT

To maintain continuous improvement in the development of workplace policies, please refer any constructive feedback regarding this policy to the Policy Officer, Organisational Development Branch at policyofficer@health.wa.gov.au

VERSION CONTROL

Date endorsed by the Director General, Department of Health: 23 July 2007
 Policy effective date: 23 July 2007
 Policy review date: 23 July 2009

**PRINCESS MARGARET HOSPITAL
DISABILITY ACCESS AND INCLUSION PLAN**

**IMPLEMENTATION
JULY 2007 – JULY 2010**

OUTCOME 1:

People with disabilities have the same opportunities as other people to access the services of, and any events organised by, PMH.

STRATEGY	TASK	TIMELINE	EQuIP REF.
To establish a Disability Access Committee to guide the implementation of the DAIP.	<p>PMH Executive to endorse the establishment of a Disability Access Committee including terms of reference and membership.</p> <p>Publicise the role of the committee and call for community members to participate.</p>	December 2007	3.1.2 1.6.3
To ensure that the objectives of the DAIP are incorporated into strategic planning and budgeting processes for PMH.	<p>The Chairperson of the DAC will ensure that Executive and relevant directors are provided with copies of the DAIP.</p> <p>Incorporate the objectives of the DAIP into strategic planning and all other PMH policies developed or reviewed.</p>	<p>December 2007</p> <p>December 2007 and ongoing</p>	3.1.1, 1.6.3

<p>Ensure that all events organised by PMH are accessible to people with disabilities.</p>	<p>Ensure all events are planned using the DSC Accessible Events Checklist.</p> <p>Make the DSC Accessible Events Checklist available to all staff via the intranet.</p>	<p>December 2007</p> <p>December 2007</p>	<p>1.2.1, 1.2.2, 1.6.3</p>
<p>Ensure that PMH staff and contractors are aware of the requirements of the Disability Services Act and the DAIP.</p>	<p>Inform agents and contractors of the Disability Services Act's requirements and of the requirements of the PMH DAIP.</p>	<p>December 2007 and ongoing.</p>	<p>3.1.5, 3.1.4, 1.6.3</p>
<p>Monitor and review policies in light of guidelines as outlined by DAIP.</p>	<p>As PMH policies are developed or reviewed by Executive the requirements of the DAIP will be considered and integrated where and when appropriate.</p>	<p>December 2007 and ongoing.</p>	<p>3.1.5, 1.6.3</p>

OUTCOME 2:

People with disabilities have the same opportunities as other people to access the buildings and other PMH facilities.

STRATEGY	TASK	TIMELINE	EQuIP REF.
To ensure all PMH buildings and facilities are physically accessible to people with disabilities.	Identify access issues using public consultation process in lead up to formulation of the DAIP.	July 2007	3.2.2,1.6.3
	Review current Disability Access Audit and identify any residual access barriers to buildings and facilities with reference to the DSC Access Resource Kit.	December 2007	
	Prioritise and make submission to Executive to rectify identified barriers.	December 2007	

	Monitor and act on identified access complaints utilising available data.	December 2007	
To ensure all new or redevelopment works provide access to people with disabilities.	To ensure that a DAC representative is part of the control group for the planning of all capital works to ensure work is completed in accordance with DAIP protocols	December 2007	3.2.2, 1.6.3
To ensure information is provided in a clear and concise format regarding accessibility to buildings and facilities for people with	Identify location/existence of facilities/services for people with disabilities via printed information, brochures, websites, signage	December 2007	1.6.3

disabilities.	or any other consumer based information source.		
To ensure signage is accessible, clear and understandable to people with disabilities.	Audit current signage utilising DSC Access Resource Kit and prioritise and make budgetary submissions to rectify identified barriers as required.	June 2008	1.6.3

OUTCOME 3:

People with disabilities receive information from PMH in a format that will enable them to access the information as readily as other people.

STRATEGY	TASK	TIMELINE	EQulP REF.
To ensure that wherever possible consumers are made aware that PMH information can be made available in alternative formats.	Ensure that publications including, booklets, flyers and pamphlets, carry a notation regarding availability in alternative formats.	June 2008	1.6.3
To ensure PMH staff is aware of accessible information issues and how to obtain information in other formats.	Staff training /orientation programs to training/ information regarding accessible information needs of people with disabilities and how to access services/equipment/facilities.	June 2008	2.4.4, 1.6.3
To ensure documentation generated for consumers uses clear and	Ensure Publications Advisory Committee is aware of minimum requirements and adopt State Government Access	December 2007	1.6.3

concise language.	Guidelines for Information Services and Facilities.		
To ensure that the PMH Internet and Intranet Websites meet Web Content Accessibility guidelines.	For Information Technology to ensure internet and intranet websites are designed in accordance with W3C Web Content Accessibility Guidelines	December 2007	1.6.3

OUTCOME 4:

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

STRATEGY	TASK	TIMELINE	EQUIP REF.
To ensure PMH JDF's, recruitment, selection and performance management processes include awareness of	Include reference to the Disability Services Act 1993 (as amended 2004) in the selection criteria in all PMH JDF.	December 2007	2.2.2

disability issues.			
To ensure PMH staff has access to training to raise awareness of disability issues and improve skills in providing good service to people with disabilities.	Provide information and training about disability and minimum requirements of the DAIP as part of Education and Development Centre training program at PMH.	January 2008	2.2.4
To ensure all new staff are made aware of disability and access issues.	Plan the establishment of training in the induction process to develop awareness of disability and access issues.	December 2008	2.2.4

OUTCOME 5:**People with disabilities have the same opportunities as other people to make complaints to PMH.**

STRATEGY	TASK	TIMELINE	EQUIP REF.
To ensure that current complaint mechanisms are readily accessible to people with disabilities.	To train staff involved in customer complaint process so they are aware of the communication and access requirements of people with disabilities.	December 2007	1.6.1, 1.6.2, 2.1.3
To provide documentation regarding customer feedback and complaint mechanisms using clear and concise language.	To provide information to people with disabilities promoting accessible complaints mechanisms and alternative means of providing grievance feedback.	December 2007	2.1.3

To ensure mechanisms are provided to allow consumers to make complaints via alternative formats	Provide and promote mechanisms to allow disabled consumers to lodge complaints eg. in writing, verbally, via the internet site, fax, text message.	December 2007	2.1.3, 1.6.3
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OUTCOME 6:**People with disabilities have the same opportunities as other people to participate in any public consultation by PMH.**

STRATEGY	TASK	TIMELINE	EQuIP REF.
To ensure that people with disabilities are informed and included in any planned consultation events.	Disability Access Committee to actively promote community consultation processes regarding issues of disability, access and inclusion. All promotions should go to print, electronic media, key disability groups and should be promoted on the PMH website.	December 2007	1.6.2, 1.6.2, 1.6.3
To ensure that any PMH consultation process meets the access requirements of people with	Make information available in clear simple language, ensuring consultation is held in physically	December 2007	1.2.1, 1.6.3

disabilities.	accessible venues using DSC Accessible Events Checklist as well as addressing the communication needs of consumers.		
To ensure that customer feedback/evaluation tools meet the needs of people with disabilities.	Provide options for giving information during any consultative process taking into consideration the communication requirements of participants with disabilities.	December 2007	1.6.3
To ensure that people with disabilities are involved with PMH service review and planning.	Promote to and invite service users with disabilities to planning and review forums.	December 2007 and ongoing	1.6.1

<p>To ensure that people with disabilities are included/consulted in ongoing monitoring and review of the DAIP</p>	<p>The Disability Access Committee will actively pursue the views of people with disabilities on a range of issues related to the DAIP. The DAC will engage people with disabilities in a variety of consultation mediums eg. focus groups, surveys, interviews.</p>	<p>December 2007 and ongoing</p>	<p>1.6.1</p>
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