

DISABILITY

ACTION PLAN

2000 - 2003



South Western Sydney Area Health Service

March 2000

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Foreword

The NSW Health Department has determined that “**Better Health¹, Good Health Care**” is the purpose of the NSW Health System. South Western Sydney Area Health Service (SWSAHS) has adopted the same purpose and, through its Strategic Directions Statement, has focused on major issues, or **key challenges**, in meeting that purpose.

The **SWSAHS DISABILITY ACTION PLAN 2000 - 2003** has been developed by health professionals and consumers and articulates these key challenges for people with disabilities, and their carers. It is the principle planning mechanism by which strategies and actions are set to make sure that health services and facilities better meet the needs of people with disabilities, and their carers, in South Western Sydney (SWS).

The **DISABILITY ACTION PLAN 2000 - 2003** is also a crucial tool for measuring SWSAHS’s performance. How well the stated actions and performance targets are achieved should help the community and consumers to assess whether or not the Health Service is doing a good job. At SWSAHS we are looking forward to this exposure, as we believe we can meet the challenge and demonstrate that we’re working in the best interests of the community and our consumers.

This plan is available in big print and on disc upon request.

Ian Southwell
Chief Executive Officer

¹ Health is defined as "a complete state of physical, mental and social well-being, and not simply the absence of disease" (World Health Organisation).

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***ABOUT* SWSAHS Disability Plan 2000-2003**

Background

SWSAHS DISABILITY ACTION PLAN 2000-2003 is a strategic plan intended to guide the SWSAHS's efforts, in the area of disabilities, over the next three years. This plan will be submitted to the Ageing and Disability Department (ADD) in December 1999 and each year the SWSAHS Annual Report will describe the progress that has been made in the plan.

SWSAHS Goal

SWSAHS is committed to fairness and social justice. Accordingly our overarching goal for the **SWSAHS Disability Action Plan** is:

TO promote a fairer, more inclusive community by creating and promoting opportunities, services and facilities that will enable **ALL** people to have equal access to optimal quality of life, independence, and participation.

Definition of Disability

The **NSW Disability Services Act 1993**, which covers most public authorities in the State states:

‘a person is in the target group if the person has a disability (however arising and whether or not of a chronic episodic nature):

- (a) that is attributable to an intellectual, psychiatric, sensory, physical or like impairment or to a combination of such impairments; and
- (b) that is permanent or is likely to be permanent; and
- (c) that results in:
 - i. a significantly reduced capacity in one or more major life activities, such as communication, learning, mobility, decision-making or self-care; and
 - ii. the need for support, whether or not of an ongoing nature.’

This plan also supports the concept of a social view of disability. That is, rather than focusing on a person's disability, stronger emphasis is placed on the social causes that exclude people with a disability from being a participating member of society. This view acknowledges the need for structural changes in facilities and organisations that service the whole community.

Supporters of this social view suggest that the definition of disability should be placed in the context of social practices. **Disability** should be defined as “People who are unable to take part in the life of the community on an equal level with others by imposed physical or social barriers” (Hauritz and others, “Justice for People with Disabilities”, 1998)

***ABOUT* SWSAHS Disability Plan 2000-2003**

Principles

The SWSAHS Disability Planning Steering Committee and Reference Group developed the following principles. They have been adapted from the NSW Government's principles of an inclusive society and will guide the decision-making process and the decisions arising from them.

- People with disabilities are full and valued members of the community (**inclusion**)
- People with disabilities will have access to services provided to the general community (**access and equity**)
- In the provision of services to people with disabilities the focus will be on the whole of life needs of individuals in their own communities (**holistic**)
- Better outcomes for people with disabilities will result from cooperation among service providers, with the active participation of people with disabilities (**partnerships and participation**)
- Services will support, and be sensitive to, the diversity of people with disabilities, and the unique needs of people with disabilities of Aboriginal and Torres Strait Islander (ATSI) background will be recognised (**cultural diversity**)
- The unique requirements of children and young people with special needs, and their carers, will be recognised (**special needs**)
- The legal rights of people with disabilities will be recognised and protected (NSW Government) and people with disabilities will have the right to self determination (**rights**)

Key Challenges

To achieve "Better Health" and Good Health Care" key challenges were identified in the *SWSAHS Strategic Directions Statement and Implementation Plan 1998-2003* as the major issues that will have the most impact on SWSAHS. These key challenges will be used to determine the success of how we provide a better quality of life for the community of people with disabilities, and their carers in SWS.

- Working with our community and staff to develop a shared sense of responsibility and direction for people with disabilities (**Acceptability and Community Involvement**)
- Working in partnership with other organisations to improve health for people with disabilities (**Coordination & Partnerships**)
- Ensuring that people with disabilities in SWS access health services according to need (**Access & Equity**)
- Making the best use of and fairly allocating existing and incoming resources (**Efficiency and Fair Resource Distribution**)
- Developing effective and efficient health services which focus on improved health outcomes (**Quality Services & Programs**)
- Attracting, developing and retaining the best staff (**Attracting & Valuing Staff**)
- Becoming a learning and teaching organisation (**Learning/Teaching Environment**)

***ABOUT* SWSAHS Disability Plan 2000-2003**

Priority Areas

The Ageing and Disability Department (ADD) has identified six priority areas for action. These priority areas for action will be flagged throughout the document with the symbol ✓. These include:

1. **Physical access** – making sure that people with disabilities have access to the buildings used in the provision of services
2. **Promoting positive community attitudes** - promoting an attitude in the community that recognises that people with disabilities are full members of the community, with all consequent rights, responsibilities and opportunities
3. **Training of staff** - making sure that staff are trained in providing services to people with disabilities
4. **Information about services** – providing information about services so that information is accessible to people with a wide range of disabilities
5. **Employment Rate** – increasing the rate of employment of people with disabilities
6. **Complaints procedures** – providing appropriate complaints handling services

All priority areas are given a high, medium or low priority in the action plan details.

Process

The SWSAHS Disability Action Plan was developed by a Steering Committee with representatives: from a range of different health professions, from different Sectors in SWS, and who targeted a range of different people with a range of different disabilities. A consumer representative was also an active participating member of the committee. The Steering Committee met four times to develop the plan.

A Reference Group of consumers, with health professionals from the Steering Committee, was also established to provide valuable guidance and advice to the Steering Committee on what should go into the plan.

The SWSAHS Disability Action Plan has been designed using the framework of the SWSAHS Strategic Directions and Implementation Plan 1999 - 2003 incorporating the six priority areas for action required by ADD.

DISABILITIES in South Western Sydney

People

The ABS Disability, Ageing and Carers Survey (1993) estimated that 17% of the NSW population have a disability, with 13.4% having a participation restriction.² Only a small proportion has a severe or profound participation restriction.

Information on people with disabilities in SWS is difficult to find. However, the NSW Home and Community Care (HACC) Program 1998/99 State Plan reported that in SWS 12.7% of people are in the HACC target group³. This figure is comparable with the figures quoted for people with disabilities in Macarthur in the 1993 ABS Survey of Disability Ageing and Carers which states that 12.2% of people in Macarthur have a disability and 9.2% have a participation restriction. As Macarthur consists of a younger population than the NSW average and Wingecarribee and Bankstown have a slightly older population than the NSW average it can be concluded that an estimated percentage for people with disabilities would fall somewhere between the 12.7% and 17%.

Issues

Information on major gaps and barriers for people with disabilities in SWS is drawn from issues raised at recent HACC forums and Council community consultations and is documented in each key challenge under current issues in the body of the Action Plan.

More comprehensive information regarding people with disabilities is detailed in the SWSAHS *Supplementary Report on People with Disabilities*.

The Action Plan

The SWSAHS Disability Action Plan 2000 – 2003 uses the same approach as the SWSAHS Strategic Directions Statement and Implementation Plan 1998 – 2003. That is, the plan sets strategies (or actions) for the Area and the Sectors to achieve.

² Participation restriction: "Many people find the word 'handicap' offensive. A disability need not be a handicap if society makes the necessary adjustments. One alternative term proposed to date is participation restriction". (NSW Government Disability Policy Framework (1997:15))

³ This includes people who are frail aged but does not include people with disabilities who are serviced by people from non-HACC funding.

ACCEPTABILITY

and Consumer Involvement

Working with our **COMMUNITY** and staff to develop a shared sense of **responsibility** and **direction**

Key challenge 1

- Making sure that issues about disabilities are addressed across SWSAHS and are written into all Sector's Business Plans
- Using a process of community participation that is well organised, well understood, and well used
- Using a process of consultation that makes sure that SWSAHS is better informed about the community's health and their needs
- Making sure that the community is better informed about issues and resources which can improve their health

Current

Issues

- **Promoting Positive Community Attitudes.** ✓ We need to develop a culture with all SWSAHS staff that accepts a social view of disability. SWSAHS Sectors need to embrace this culture and address all the requirements of NSW Government Disability Policy Framework in their Business Plans. In developing an area approach we will consider strategies for raising awareness and changing behaviours which include training, communication strategies and resolution of complaints. We will evaluate shifts in awareness and acceptance as evidenced by behavioural change.
- **Community Participation.** Recent community consultations reported that there is a noticeable absence of consumer participation in the management of health care services in SWSAHS. We need to improve our relationships with the community by actively engaging them in the planning, management and evaluation of health services. This is not unique to disability issues and is addressed by the South Western Sydney Area Health Service Strategic Directions Statement and Implementation Plan 1998 - 2003, section 2, key challenge 1.
- **Community Consultation.** We recognise that the community needs to be consulted and notified about health issues that affect them so that our health services will be effective and appropriate. We also need to feed back to the community results of the consultations and associated outcomes and achievements. This is not unique to disability issues and is addressed by the South Western Sydney Area Health Service Strategic Directions Statement and Implementation Plan 1998 - 2003, section 2, key challenge 1.
- **Information about services provided to people with disabilities.** ✓ We recognise the need to provide information about health services in a variety of forms, which address the needs of the wide range of people with disabilities.
- **Setting Targets and Measuring Progress.** We need to set targets and measure progress of how well we are doing in informing and involving the community.

Action

Plan



Promoting Positive Community Attitudes

Ref	Action	Performance Indicator	Who	Target Date	Priority
1.1	Develop / maintain an approach that supports a culture within SWSAHS where all staff support a social view of disability, as per SWSAHS goal for people with disabilities ⁴	Area approach developed as outlined in "current issues"	AET ADRG	July 2000	High
		Sector culture developed / maintained	GM	Dec 2001	
		Evaluation results show a positive shift in staff attitudes to people with disabilities	GM and ADRG	Dec 2003	
1.2	Use the existing Business planning and reporting process to ensure all the requirements of NSW Government Disability Policy Framework are met.	All Sector Business Plans include strategies for addressing issues pertaining to people with disabilities	GM	July 2001	High
1.3	Develop a mechanism for monitoring the implementation and evaluation of the Area Disability Plan	Mechanism is developed	DDP	July 2000	High
		SWSAHS Disability Action Plan 2000 – 2003 is implemented	AET	Dec 2003	High
		Implementation of plan is monitored	AET ADRG	Ongoing	High

⁴ To promote a fairer, more inclusive community by creating and promoting opportunities, services and facilities that will enable ALL people have equal access to optimal quality of life, independence, and participation.

Action

Plan



Informing People with Disabilities about Health Services

Ref	Action	Performance Indicator	Who	Target Date	Priority
1.4	Develop Sector Disability plans	All Sectors develop Disability Action Plans that include clear communication strategies to inform people with a wide range of disabilities of the health services available in the Sector and Area and improve coordination with other agencies and disability groups.	GM	July 2001	High

Setting Targets and Measuring Progress

Ref	Action	Performance Indicator	Who	Target Date	Priority
1.5	There will be ongoing involvement of staff, the community and our partners in the planning, management and evaluation of future Disability Action Plans	Triennial Area Disability Action Plan sets targets and measures progress of the “runner”	AET	Dec 2003	High
		Triennial Sector Disability Action Plans set targets and measure progress of the “runner”	GM	Dec 2003	

COORDINATION

& Partnerships

Working in partnership with other **ORGANISATIONS** to improve
health

Key challenge 2

- Developing partnerships with government agencies, non government agencies, the private sector and community groups to achieve a planned, coordinated and flexible approach to service provision across SWS, for people with disabilities, and their carers
- Supporting a model of ‘continuum of care’ by planning and delivering services across the whole health spectrum: health promotion and protection, early identification and recognition, treatment, rehabilitation and palliation
- Supporting ‘continuity of care’ by developing appropriate communication systems linking all service providers

Current

Issues

- **Coordinated Approach.** Most people with a disability could use services that are generally available to the community if some adjustments are made to the way services are provided. We need to improve networking, communication and inter-department planning within the health system itself, and with organisers of services outside of the health system. We also need to collect data on the needs of our population, by population based attempts, to understand the prevalence of “disability”. Therefore, a SWS-wide planned, coordinated and flexible approach to policy, service provision and data collection, for people with disabilities, and their carers, would benefit the community and service providers. ADD will address this issue, as the leading agency.
- **Partnerships.** We need to develop partnerships with the community and other organisations. We see this as the most effective way to address health issues of common concern and it will make sure the health of our community is ongoing. ADD will address this issue, as the leading agency.
- **Continuum of Care.** We need to look at health needs of our community and plan to deliver services across the whole health spectrum: health promotion and protection, early identification and recognition, treatment, rehabilitation and palliative care. This makes sure that we not only treat people who are not well but we also focus on keeping individuals and the community healthy, or maintaining those with disabling conditions from functional decline. This is not unique to disability issues and is also addressed by the South Western Sydney Area Health Service Strategic Directions Statement and Implementation Plan 1998 - 2003, section 2, key challenge 2.
- **Continuing Care.** People need support during all stages of care. We need to provide a consistently high quality of care when consumers enter the health system to when they are being cared for at home. This is not unique to disability issues and is also addressed by the South Western Sydney Area Health Service Strategic Directions Statement and Implementation Plan 1998 - 2003, section 2, key challenge 2.

Action

Plan



Coordinated Approach

Start Finish

Ref	Action	Performance Indicator	Who	Target Date	Priority
2.1	Review current coordination of services in Macarthur, as per Macarthur Disability Plan	Review takes place	GM Macarthur	Dec 2000	High
2.2	Develop and pilot models that support better coordination of services, within health and with other organisations, for people with disabilities	Models developed and piloted as per Macarthur Drug & Alcohol Plan	GM Macarthur	Dec 2001	High
2.3	In collaboration with other organisations, develop a system that will provide accessible information on service availability in SWS in appropriate formats for people with a range of disabilities	Area Services Directory includes services for people with Disabilities	AET	Dec 2000	High
		Information about services are available in a variety of formats for a range of disabilities	GM AET	Dec 2000	High
2.4	Update Epidemiology profile so as to provide information on the extent and type of disability in SWS	Epidemiology profile includes updated information re disability	DPH	Dec 2000	Medium
		Epidemiology Unit updates information as it becomes available	DPH	Dec 2003	Medium

Action

Plan



Partnerships

Ref	Action	Performance Indicator	Who	Start Finish	
				Target Date	Priority
2.5	Review Area and Sector partnership agreements / memorandums of understanding with Councils, other State Government Departments, NGOs, other key groups and organisations ⁵ to ensure that issues relating to disabilities are addressed	Review takes place at Area and Sector level	AET GM	Dec 2000	Medium
2.6	Develop new, or formalise existing, Area and Sector agreements and ensure that disability issues are addressed and facilitate the continuum of care across organisations	No. of Memorandums of Understanding signed at CEO level	CEO	Dec 2003	Medium
		Sector Agreements signed at GM level	GM	Dec 2003	Medium
		No. of cooperative efforts across SWS	CEO	Dec 2003	High
		Report results of agreements in SWSAHS Annual Reports	Agreements are recorded in Annual Reports	CEO	July 2002

⁵ Such as Homecare, Community Transport

ACCESS

& Equity

Ensuring that people in **SWS** access **HEALTH SERVICES** according to **NEED**.

Key challenge 3

- Minimising cultural, religious, geographic, economic, physical, attitudinal and clinical barriers to services.
- Improving access for people with disabilities, and managing the resultant increased demand for services
- Improving complaint's procedures to make sure they identify issues that come from people with disabilities, and their carers, and that these issues are addressed

Current

Issues

- **Sensitivity to Cultural Needs.** ✓ We need to focus on providing more effective ways of improving access to services for people with disabilities from non-English speaking and ATSI backgrounds. Recent community consultations revealed that there is: a lack of trained interpreters and translators familiar with disability issues; poor access to disability services from people from NESB and ATSI backgrounds; and poor understanding of the needs of people with a disability from NESB and ATSI backgrounds.
- **Improving Access.** ✓ Anyone who is entitled to a service should face no barriers to receiving that service in comparison with other eligible people. This means: geographical access (eg transport), physical access (eg wheelchair accessibility), access to appropriate information in accessible formats regarding the availability of services, and access to input into procedure and operational change⁶.
- **Improving Access (cont.).** ✓ Most of the facilities in SWSAHS have been built according to the Building Code of Australia; however, this code does not adequately address requirements of the NSW Disability Act.

Recent community consultations revealed: access difficulties to a range of services and programs in SWS (physical access, cost and hours of operation); lack of appropriate forms of information provided for people with vision, hearing and communication impairments and for people from NESB (e.g. big signage, loop systems, lighting, pictographs); and not enough promotion of services.

- **Complaint's Procedures.** ✓ We need to be sensitive in identifying complaints that come from people with disabilities, and their carers. Once identified the delivery of services can be adjusted to better meet the needs of people with disabilities.

⁶ access to input into procedure and operational change is an action that is recommended by the Area Reference Group

Action

Plan



Sensitivity to Cultural Needs

Ref	Action	Performance Indicator	Who	Target Date	Priority
3.1	Develop and implement an approach that will encourage more people with disabilities from ATSI and NESB backgrounds to access services	More people with disabilities from ATSI and NESB backgrounds are accessing services in SWSAHS	ATSI & Ethnic Health Service GM	Dec 2003	Medium



Improving Access

Ref	Action	Performance Indicator	Who	Target Date	Priority
3.2	Develop a standardised tool to be used to conduct audits of all SWSAHS buildings, footpaths and other surrounding health owned areas	Tool developed	DPR	July 2000	High
	Conduct audits	Audits conducted	GM DPR	Dec 2000	High

Action

Plan



Improving Access (cont.)

Ref	Action	Performance Indicator	Who	Target Date	Priority
3.3	Using information from the audit make recommendations to the Management of Resource Committee (MOR) for the development of staged Sector Access Implementation Plans with intention and commitment over time to: make changes focusing on physical accessibility to facilities and services, signage and other appropriate forms of communication Develop a measurement tool to assess community satisfaction	Access Implementation Plans endorsed	MOR	Dec 2000	High
		Sector Disability Plans include actions for addressing access issues	GM	July 2001	High
		Tool developed	GM and ADRG	Dec 2002	Medium
		Consumers report SWSAHS information, services and facilities are more accessible	GM	Dec 2003	Medium
3.4	Conduct a review of all SWS health related transport services	Review conducted	DDP	July 2001	Medium
	Identify Sector health related transport service priorities and develop an implementation plan to address problems	Sector Disability Plan includes actions for addressing health related transport issues	GM	Dec 2001	Medium
3.5	Develop a process for providing opportunities for people with disabilities to have input into the development and review of procedures and service operational changes that may affect them	Process developed	GM and DDP resourced by ADRG	Dec 2000	High
	Pilot in Fairfield Sector	Pilot takes place	GM Fairfield	Dec 2001	Low

Action

Plan



Complaint's Procedures

Ref	Action	Performance Indicator	Who	Target Date	Priority
3.6	Conduct a review of the existing complaint policies and procedures to ensure that issues for people with disabilities are identified and addressed	Complaint procedures are adjusted	DNCS in collaboration with ADRG	Dec 2000	Low

EFFICIENCY

and Fair Resource Distribution

Making the best use of and **FAIRLY ALLOCATING**
existing and incoming resources.

Key Challenge 4

- Allocating resources equitably within SWSAHS taking into account consumer needs identified at community consultations
- Determining the amount of funding that is spent on services for people with disabilities now, and identifying gaps and future needs
- Having the right resource balance across the continuum of care, programs, and expenditure

Current

Issues

- **Equitable Resource Allocation.** We need to make our decisions about allocating resources taking into account consumer needs that come out of community consultations. This is not unique to disability issues and is addressed by the South Western Sydney Area Health Service Strategic Directions Statement and Implementation Plan 1998 - 2003, section 2, key challenge 4.
- **Program Spending.** We need to develop a process that shows us how much programs cost that cater for people with disabilities and what health gains are made by the consumer to enable the most appropriate programs to be developed and implemented.
- **Having the Right Balance.** We need to have the right resource balance across the ‘continuum of care’, and the right balance between health promotion, early intervention and ongoing maintenance programs. We need to ensure that the views and changing needs of the community are addressed and that we enhance their well being and quality of life. This is not unique to disability issues and is addressed by the South Western Sydney Area Health Service Strategic Directions Statement and Implementation Plan 1998 - 2003, section 2, key challenge 4.

Action

Plan



Program Spending

Ref	Action	Performance Indicator	Who	Target Date	Priority
4.1	Develop a process that identifies:	Process Developed	DDP	July 2000	High
	<ul style="list-style-type: none"> • The amount of funding that is spent on services for people with disabilities now: • Gaps; and • Future needs 	Current spending, gaps and future needs are identified in sectors	GM	Dec 2000	High
	Address problematic areas in the Sector Disability Plan	Sector Disability Plans includes action which address these issues	GM	July 2001	High

QUALITY SERVICES

& Programs

Developing effective and efficient **HEALTH SERVICES** which focus on improved **HEALTH OUTCOMES.**

Key challenge 5

- Improving health by providing the most effective interventions in the most efficient manner
- Measuring the inputs of its services to the measurement of the outcomes of health interventions
- Maximising health gains in the community by measuring achievements

Current

Issues

- **Health Improvement Efforts.** We focus our efforts on the health priorities identified at a National, State, SWS and local level.
- **Leading the Field in Service Provision.** We need to lead the field in service provision and our health professionals need to be adopting models of best practice in the way that they work. This includes providing: multidisciplinary care; 'leading edge' models of intervention; a uniformed process for assessing a client's need and determining priorities for service; access to case management; access to equipment and the development of action plans; and support for carers. The Department of Health is the leading agency in addressing the issue of access to equipment. They have conducted a review and area policy will be informed by this review and sector plans will be required to implement the policy.

Action

Plan



Health Improvement Efforts

Ref	Action	Performance Indicator	Who	Target Date	Priority
5.1	Facilitate a process where all Triennial Sector Disability Action Plans address current issues for people with disabilities: and include strategies to address these issues	All Triennial Sector Disability Plans include strategies to address priority health issues for people with disabilities	GM	July 2001	High
5.2	Develop a model of best practice for SWS staff working with people with disabilities	Model developed in Bankstown	GM B'town	July 2001	High
	Pilot model in a Sector	Model piloted in Bankstown	GM B'town	Dec 2001	Low
5.3	Collect data on the utilisation of mainstream services by people with disabilities	Data collected	GM	Dec 2000	Medium
	Develop strategies for people with disabilities to utilise mainstream services	Sector Disability Plan includes actions to address issues of inclusion	GM	July 2001	

ATTRACTING & Valuing Staff

**Attracting, developing and retaining
BEST STAFF.**

Key challenge 6

- Providing opportunities for the employment of people with disabilities in SWSAHS

Current

Issues

- **Employment opportunities.** ✓ According to the SWSAHS Annual EEO Report (1998/99) of the total 7,326 staff, 243 people or 5% of our staff reported having a disability and 70 people or 1.3% have had workplace adjustments made to accommodate their needs. We need to be sensitive to the employment needs of people with disabilities and make appropriate workplace adjustments when necessary. We also need to encourage people with disabilities to seek employment with SWSAHS.

Action

Plan



Employment Opportunities

Ref	Action	Performance Indicator	Who	Target Date	Priority
6.1	Develop and distribute an information package for all staff based on the ODEOPE <i>Fair Ways</i> publication	Information packages developed and distributed	Area HR HRDS	July 2000	Medium
6.2	Review the following policies: recruitment and selection of staff; EEO; Performance Management; OH & S; Grievance Management; Flexible Work Practices and review relevant corporate training programs Revise policies as appropriate	Policies and training programs reviewed and revised to ensure appropriate reference to access to employment opportunities for people with disabilities	Area HR HRDS	Dec 2000	High

Action

Plan



Employment Opportunities (cont.)

Ref	Action	Performance Indicator	Who	Target Date	Priority
6.3	Review employment processes in Sectors and identify current barriers to the employment of people with disabilities	Employment processes reviewed and barriers identified	GM	Dec 2000	Medium
	Review the SWSAHS Employment Project	Structured work experiences are developed for People with Disabilities and integrated into the SWSAHS Employment Project	HRDS GM	Dec 2000	Medium
	Using information from the review make recommendations to the CEO for the development of Sector Employment Plans for people with disabilities with intention and commitment over time to increase the employment of staff with disabilities	Sector Employment Plans endorsed	HAQS	Mar 2001	Medium
		Sector Disability Plan includes actions for addressing these issues	GM	July 2001	Medium
		Employment targets achieved	GM	Dec 2003	Medium

LEARNING/TEACHING environment

Becoming a learning and teaching ORGANISATION

Key Challenge 7

- Providing an environment conducive to learning

Current

Issues

- **Improving knowledge and attitudes of people providing services to people with disabilities.** ✓ Recent community consultations have revealed that some of our health professionals lack understanding of the difficulties that people with disabilities have in coping with their disability, and carers have in coping with a person with a disability and handling the day to day stresses. It was also reported that GPs and educators have a distinct lack of knowledge of disability issues. In particular: little knowledge of services and support available; the impact of disabilities on the family; and information on the disability itself.

It is therefore important that if services for people with disabilities are provided within our generic health system we need to provide training to our staff to improve their knowledge and understanding of issues relating to disabilities.

- **Improving the work environment for people with disabilities employed in SWSAHS.** ✓ Recent community consultations revealed that: some of our staff feel uncomfortable working alongside people with disabilities; and there is a lack of community awareness that people with a disability are capable of participating as members of the workforce.

We need to provide training to our staff to improve their attitudes and understanding of employment issues relating to disabilities.

Action

Plan



Improving knowledge and attitudes

Ref	Action	Performance Indicator	Who	Target Date	Priority
7.1	Review the SWSAHS training opportunities and where appropriate develop and implement training packages and strategies that focus on improving knowledge and attitudes of all health staff and their ability to work with people with disabilities	Review implemented, and training strategy developed	HRDS GM	Dec 2000	High
		Relevant training packages and strategies developed, implemented and integrated into mainstream initiatives	HRDS GM	From July 2001 to July 2003	High
		Evaluation conducted in collaboration with the ADRG	GM	Dec 2003	High
		Evaluation report indicates service providers have an increased awareness of issues for people with disabilities, and carers			



Improving knowledge and attitudes

Ref	Action	Performance Indicator	Who	Target Date	Priority
7.2	Develop strong links with appropriate Universities and develop a process that encourages students to work on research projects for people with disabilities	Priority issues are identified for research	GM	Dec 2003	Medium
		Research is ongoing	GM	Dec 2003	Low
		Establish a framework that encourages staff publication	Seminar presentations occur	GM	Dec 2003

ABBREVIATIONS

ADPSC	Area Disability Planning Steering Committee
ADRG	Area Disability Reference Group
AET	Area Executive Team
AMCS	Area Medical and Clinical Services
Area HR	Area Human Resources
ATSI	Aboriginal and Torres Strait Islander
CEO	Chief Executive Officer
DNCS	Director of Nursing and Clinical Services
DOH	Department of Health
DDP	Director, Division of Planning
DPSC	Disability Planning Steering Committee
DPR	Director of Physical Resources
GM	General Manager
HAQS	Health Access Quality and Services Committee*
HRDS	Human Resources Development Service
MOR	Management of Resources Committee*
NESB	Non-English speaking background
QOP	Quality Outcomes and Priorities Committee
SDRG	Sector Disability Reference Group
SWS	South Western Sydney
SWSAHS	South Western Sydney Area Health Service

The HAQS and MOR Committees are subcommittees of the Board of Directors, South Western Sydney Area Health Service