



Child and Adolescent Health Service

Disability Access and Inclusion Plan 2018 - 2022

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



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Background

Introduction

Princess Margaret Hospital for Children (PMH) adopted its first Disability Service Plan (DSP) in 1995. PMH developed its first Disability Access and Inclusion Plan (DAIP) in 2007, in line with the Western Australian Disability Services Act 1993 (as amended 2004). Child and Adolescent Community Health (CACH) have previously complied with the WA Health Department requirements for implementing and reporting Disability Access and Inclusion. The Child and Adolescent Mental Health (CAMHS) is a new entity formed in 2011.

Service Overview

As part of ongoing health reform in Western Australia, in mid-2006 PMH separated from the then Women's and Children's Health Service and became part of a newly formed Child and Adolescent Health Service (CAHS). PMH, together with the Child and Adolescent Community Health (CACH) and Child and Adolescent Mental Health (CAMHS) form CAHS. This 5 yearly review of the CAHS DAIP is the first to combine DAIPS for CAMHS, CACH and PMH.

Aim

The aim of the CAHS DAIP is to ensure that people with disability, their carers, families and representatives can access the services provided by CAHS.

Objectives

The CAHS DAIP addresses the 7 outcome areas:

1. People with disability have the same opportunities as other people to access the services of, and any events organised by, a public authority.
2. People with disability have the same opportunities as other people to access the buildings and other facilities of a public authority.
3. People with disability 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 disability receive the same level and quality of service from the staff of a public authority as other people receive from the staff of a public authority.
5. People with disability have the same opportunities as other people to make complaints to a public authority.
6. People with disability have the same opportunities as other people to participate in any public consultation by a public authority.
7. People with disability have the same opportunities as other people to obtain and maintain employment with a public authority.

Progress during the period 2010 – 2015

PMH made significant progress to improving access and inclusion for people with disabilities during 2010-2015. A summary is attached as Appendix 1.

Access and inclusion policy statement for people with disability, their families and carers

CAHS is committed to ensuring that people with disability, their families and carers are able to fully access the range of Authority services and facilities.

CAHS interprets an accessible and inclusive community as one in which all Authority functions, facilities and services (both in-house and contracted) are open, available and accessible to people with disability, providing them with the same opportunities, rights and responsibilities enjoyed by all other people in the community.

CAHS is committed to consulting with people with disability, their families and carers and where required, disability organisations to ensure that barriers to access and inclusion are addressed appropriately.

CAHS is committed to ensuring that its agents and contractors work towards the desired access and inclusion outcomes in the DAIP.

CAHS is committed to working in partnership with community groups and other public authorities to facilitate the inclusion of people with disability through improved access to its information, services and facilities.

CAHS is committed to achieving the seven desired outcomes of its DAIP. These are:

- 1) People with disability have the same opportunities as other people to access the services of, and any events organised by, a public authority.
- 2) People with disability have the same opportunities as other people to access the buildings and other facilities of a public authority.
- 3) People with disability 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 disability 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 disability have the same opportunities as other people to make complaints to a public authority.
- 6) People with disability have the same opportunities as other people to participate in any public consultation by a public authority.
- 7) People with disability have the same opportunities as other people to obtain and maintain employment with a public authority.

Development of the DAIP

Responsibility for the planning process

A CAHS DAIP Working Group (hereafter the Working Group) has been established with representation from each area of the Health Service; PMH, CACH and CAMHS. There is also representation from PCH and the CAHS National Disability Insurance Scheme Project Officer. These representatives have personal and/or professional knowledge of disability and oversee the development, implementation, review and evaluation of the plan. The Working Group

reports to the CAHS Disability Advisory Committee and is supported by an Executive Sponsor from CAHS.

Consultation process

In 2016, CAHS undertook to review its DAIP, consult with key stakeholders and draft a new DAIP to guide further improvements to access and inclusion.

The process included:

- examination of the DAIP and subsequent review reports to see what has been achieved and what still needs work
- examination of other relevant documents and strategies
- investigation of contemporary trends and good practice in access and inclusion
- consultation with staff
- consultation with the community.

The Disability Services Act Regulations set out the minimum consultation requirements for public authorities in relation to DAIPs. State Government authorities must call for submissions (either general or specific) by notice in a state-wide newspaper and on any website maintained by or on behalf of the State Government authority. Other mechanisms may also be used.

CAHS has a well-established practice of community consultation in all of its programs. The following strategies were used in the consultation during 2017:

- Information was requested from the Child and Family Engagement Service regarding complaints and compliments.
- Information was requested from the Ministerial Coordinator in the Office of the CAHS Chief Executive regarding any ministerial correspondence relating to disability access and inclusion.
- The community was informed through The West Australian newspaper and the Authority's website that CAHS was developing a DAIP to address the barriers that people with disability and their families experience in accessing CAHS functions, facilities and services.
- The peak Disability Service Organisations that provide services to children and

adolescents who access health services from CAHS were informed by letter that CAHS was developing a DAIP and invited to provide feedback.

- CAHS staff were notified and invited to provide feedback and input to the development of the DAIP by newsletter, email and through the CAHS intranet.
- All stakeholders were invited to provide input into the development of the DAIP by telephone contact with the CAHS Child and Family Engagement Service to discuss any difficulties they were experiencing accessing CAHS services, or by email by sending information to the CAHS DAIP email address; CAHS.DAIP@health.wa.gov.au.

Findings of the consultation

The review and consultation found that most of the objectives in the previous DAIP had been achieved and that a new plan was required to ensure currency and relevance. The new plan should not only address current access barriers but also reflect contemporary values and practices, such as striving for inclusion and meeting more than the minimum compliance with access standards. It must also keep abreast of legislative and regulatory changes.

Access barriers

There were no significant access barriers identified by the review and consultation process.

Responsibility for implementing the DAIP

It is a requirement of the Disability Services Act that public authorities must take all practical measures to ensure that the DAIP is implemented by its officers, employees, agents and contractors.

Implementation of the DAIP is the responsibility of all areas of CAHS. Some tasks in the Implementation Plan will apply to all areas of the Authority while others will apply to a specific area. The Implementation Plan sets out who is responsible for each action. The DAIP Working Group will guide and monitor the overall implementation of the plan.

Communicating the plan to staff and people with disability

In 2017 CAHS sent copies of the draft DAIP to all those who contributed to the planning

process including staff, people with disability, their families, carers, disability organisations and relevant community groups for feedback. In 2017 the plan was finalised and formally endorsed by the Executive.

CAHS has advised through the West Australian newspaper and the CAHS website that copies of the plan are available to the community upon request and in alternative formats if required, including hard copy in standard and large print, electronic format, audio format on CD, by email at CAHS.DAIP@health.wa.gov.au and on the CAHS website.

Monitoring, evaluation and review

- The Working Group will meet every quarter in the first year, and as required thereafter, to review progress on the implementation of the strategies identified in the DAIP.
- The review of the CAHS' DAIP will be included in the DAIP 2017-2018 Annual Report which will be submitted to the Department of Communities in 2018. The report will outline what has been achieved under the CAHS DAIP 2017-18.
- The working group will prepare a report each year on the implementation of the DAIP.
- A status report will be provided to the CAHS Health Service Executive Committee (HSEC) for endorsement on request.
- An annual report will be provided to the CAHS HSEC by the end of May each year.

Evaluation

- The CAHS HSEC will endorse any reports on the DAIP process annually.
- Once a year, prior to 30 June, CAHS will provide information to the community regarding the implementation of the DAIP and seek feedback on the effectiveness of strategies that have been implemented.
- Feedback will be requested regularly from the CAHS Disability Advisory Committee, the CAHS Youth Advisory Committee and the CAHS Consumer Advisory Committee
- A notice about the consultation process will be placed in the West Australian newspaper, posted on CAHS websites and circulated to key disability service providers.
- In seeking feedback the Working Group will also seek to identify additional barriers that were not identified in the initial consultation.

- The Working Group may also use additional consultation processes, including questionnaires, meetings with people with disability and disability organisation phone-ins.
- CAHS officers will also be requested to provide feedback on how well they believe the strategies are working and to make suggestions for improvement.
- Implementation Plans will be amended based on the feedback received. Copies of the amended Implementation Plan, once endorsed by CAHS HSEC, will be available to the community in alternative formats.

Review of the DAIP

The Disability Services Act sets out the minimum review requirements for public authorities in relation to DAIPs. The CAHS' DAIP will be reviewed at least every five years, in accordance with the Act. The DAIP Implementation Plan may be amended on a more regular basis to reflect progress and any access and inclusion issues which may arise. Whenever the DAIP is amended, a copy of the amended plan will be lodged with DSC.

If the DAIP is amended, both staff and the community will be advised of the availability of updated plans, using the same methods (after following consultation processes).

Reporting on the DAIP

The Disability Services Act sets out the minimum reporting requirements for public authorities in relation to DAIPs.

CAHS will report on the implementation of its DAIP through its Annual Report and the prescribed progress report template to the Disability Services Commission by 30 June each year, outlining:

- progress towards the desired outcomes of its DAIP
- progress of its agents and contractors towards meeting the seven desired outcomes
- strategies used to inform its agents and contractors of its DAIP, which include ensuring all contractors are aware of their responsibilities under the DAIP and that a DAIP

Information Sheet is included in the Contractors Information Package.

Standards

The outcomes of the DAIP will be integrated with the standards and guidelines for the National Safety and Quality Health Service Standards (NSQHSS) or the National Standards in Mental Health Services (NSMHS) which provide a mechanism for evaluating organisational performance against established standards and benchmarks. The CAHS DAIP will comply with the WA Health Disability Access and Inclusion Policy which includes all legislative compliance.

Appendix 1 – PMH DAIP Progress during 2010-2015

Strategy	Task	Timeline	Responsibility	Deliverable	Progress
1. Promote the use of appropriate event venues for people with disabilities, amongst staff	1.1 Prepare a list of facilities known to be compliant with the Disability Services Commission (DSC) Accessible Events Checklist (AEC)		Public Relations Manager	List of facilities known to be compliant with the DSC AEC	A checklist is available on the intranet and maps have been made to show accessible areas
3. Improve the provision of information in a clear and concise format regarding accessibility to information, buildings and facilities for people with disabilities	3.1 Identify possible improvements in printed information, brochures, websites, signage or any other consumer based information source	Jul-11	Public Relations Manager, Campus Facilities Manager	Specific identified improvement/s per year	All maps have been improved and all brochures and signage have been changed to reflect this
3. Improve the provision of information in a clear and concise format regarding accessibility to information, buildings and facilities for people with disabilities	3.2 Implement identified improvements relating to printed information, brochures, websites, signage or any other consumer based information source	Jul-11	Public Relations Manager	Specific implemented improvement/s per year	All new publications, both print and web based now meet the DAIP standards. Those existing publications are updated as they are put up for review.
1. Promote the availability of PMH information in alternative formats	1.1 Identify and update the consumer related publications (including booklets, flyers, pamphlets, information sheets, maps,) that require a notation	Jul-11	Public Relations Manager	List of the number and type of documents updated with the notation per year	

	regarding the availability in alternative formats				
2. Promote the use of clear and concise language for documentation generated for consumers	2.1 Advise all authors of publications submitted to PubCom of the minimum requirements and State Government Access Guidelines for Information Services and Facilities	Jul-11	Public Relations Manager	List of the number of authors advised of requirements per year	All authors are aware. PR as the final copy approvers ensure all government and DAIP guidelines are adhered to.
2. Promote the use of clear and concise language for documentation generated for consumers	2.2. Advise authors to update publications in compliance of the minimum requirements and State Government Access Guidelines for Information Services and Facilities	Jul-11	Public Relations Manager	List of publications updated to comply with requirements per year	Publications updated when they come to review date.
3. Improve the PMH Internet and Intranet format in accordance with the Web Content Accessibility Guidelines (W3C) and the DSC Guidelines for accessible printed information	3.1 Include a reference to the W3C Web content and the DSC Guidelines for accessible printed information with all update requests to the PMH Internet and Intranet	Jul-11	Director Safety, Quality and Performance, Customer Liaison Service Manager, Public Relations Manager	List of improvements implemented per year	Ongoing improvement process. New sites meet guidelines and we are slowly improving all other sites. The internet redevelopment is underway as per the WA Health Platform, which includes improved accessibility. PCH hospital website will go live before the move, the CAHS, CACH and CAMHS website content is being transferred to the WA Health corporate and consumer websites.

3. Promote disability access and inclusion in order to increase awareness and buy-in amongst staff to enable people with disabilities to receive the same level and quality of service as other people receive	3.1 Review existing mechanisms used to provide disability access and inclusion information/education to staff	Jul-11	Coordinator Paediatric Nursing Education, Public Relations Manager	Audit of disability related information and education available to staff	Global communications have been sent out advising staff of their obligation to abide by DAIP
3. Promote disability access and inclusion in order to increase awareness and buy-in amongst staff to enable people with disabilities to receive the same level and quality of service as other people receive	3.2 Develop and implement mechanisms to improve staff awareness	Jul-12	Coordinator Paediatric Nursing Education, Public Relations Manager in consultation with Corporate Workforce Development	Implemented mechanisms to improve staff awareness	Staff are now encouraged to send through publications to ensure they meet guidelines put forward in DAIP.
4. Establish mechanisms to identify the investment in improving services/facilities for people with disabilities	4.2 Identify investment/expenditure related to improving access and inclusion	Jul-11	All members where feasible	Report on expenditure for improving access and inclusion for people with disabilities where feasible	
2. Implement a mechanism to ensure that people with disabilities contribute to PMH public consultations	2.1 Identify PMH forums, events, etc requiring public consultation	Jul-11	All Committee members	PMH forums, events requiring public consultation identified	

2.2 Identify possible improvements to the public consultation process for people with disabilities, from anecdotal evidence, formal feedback, application of checklists/guidelines	Dec-11	All Committee members	List of improvements identified
2.3 Implement improvements to the public consultation process for people with disabilities	Jul-12	All Committee members	List of improvements implemented

Appendix 2 – CAHS DAIP

Implementation Strategies

<u>Outcome 1:</u>
People with disability have the same opportunities as other people to access the services of, and any events organised by CAHS
1.1 Ensure the objectives of the DAIP are incorporated into strategic business planning and budgeting processes
1.2 Ensure all services and events organised or promoted by CAHS are considerate of and accessible to people with disability
1.3 Support contractors to identify and meet the needs of people with disability
1.4 Establish governance for DAIP strategies and tasks to be implemented across CAHS
1.5 Monitor and develop CAHS policies taking into account the needs of people with disability
1.6 Ensure all staff are aware of the relevant requirements of the Disability Services legislation
Strategies specific to Child and Adolescent Mental Health Services (CAMHS)
1.7 Incorporate the CAMHS DAIP into CAMHS Quality Action Plan (QAP)
<u>Outcome 2:</u>
People with disability have the same opportunities as other people to access the buildings and other facilities of CAHS
2.1 Ensure all new and future redevelopments and works on or to buildings and facilities comply with the access requirements of the relevant legislation
2.2 Ensure staff are able to assist people with disabilities access buildings and facilities
2.3 Provide information regarding accessibility of buildings and facilities at CAHS to people with disability
<u>Outcome 3:</u>
People with disability receive information from CAHS in a format that will enable them to access the information as readily as other people are able to access it

3.1 Ensure CAHS publications are accessible and available in alternative formats on request NSQHSS 2.4
3.2 Ensure the CAHS website is accessible in compliance with Web Content Accessibility Guidelines (WCAG) 2.0
3.3 Ensure information about “Better Hearing” cards is available at all CAHS facilities
3.4 Ensure clinical information provided to consumers and staff complies with DoH Access to Information Policy and DSC Guidelines for Accessible Printed Information
3.5 Ensure communities and staff are informed about the CAHS DAIP
3.6 Ensure CAHS staff are aware of accessible information needs and how to obtain information in alternative formats NSQHSS 1.3
<u>Outcome 4:</u>
People with disability receive the same level and quality of service from the staff of a public authority as other people receive from the staff of the public authority.
4.1 Promote disability access and inclusion to increase awareness amongst staff
4.2 Include awareness of disability issues in the Job Description Forms (JDF) for Managers (NSQHSS:1.18)
4.3 Ensure that CAHS policies and practices are inclusive and address the needs of people with disability
4.4 Ensure communication aids are available where required
4.5 Plan and implement strategies to facilitate and support CAHS compliance with disability legislation
4.6 Review CAHS Disability Advisory Committee to ensure effective representation, efficiency and compliance with disability legislation
4.7 Monitor the satisfaction rate of people with disability with all CAHS services
4.8 Ensure people with disability are provided with the opportunity to comment on the level of disability access and inclusion within services NSQHSS 1.20
Strategies specific to Princess Margaret Hospital (PMH):
4.9 Establish mechanisms to identify the investment in improving service/facilities for people with disability
<u>Outcome 5:</u>
People with disability have the same opportunities as other people to make complaints to CAHS

5.1 Raise awareness of the right to make a complaint and the avenues available in relation to disability access and inclusion
5.2 Ensure that the complaint and feedback mechanisms are readily accessible for people with disability
5.3 Improve the monitoring of feedback from all CAHS services for people with disability
5.4 Ensure complaints related to access and inclusion are resolved to the negotiated satisfaction of the complainant.
Outcome 6:
People with disability have the same opportunities as other people to participate in any public consultation with CAHS
6.1 Ensure that people with disability and/or appropriate representation groups are targeted as part of consultative strategies
6.2 Ensure that public consultation provides equitable access to people with disability
Outcome 7:
People with disability have the same opportunities as other people to obtain and maintain employment with a public authority.
7.1 Identify and develop inclusive and targeted strategies to improve the attraction, recruitment and retention of employees with disability
7.2 Ensure all advertising and recruitment processes are completed in accordance with relevant legislation : <ul style="list-style-type: none"> • Public Sector Standards • WA Equal Employment Opportunity Act 1993 • WA Health Equal Opportunity and Diversity Policy & Plan • WA Health Substantive Equality Policy • WA Health Recruitment, Selection and Appointment Policy & Procedure • CAHS Equal Opportunity & Diversity Management Policy
7.3 Provide support and training for management staff
7.4 Monitor staff feedback and grievance processes to facilitate the needs of staff with disability in accordance with intent for non-exclusivity and the principles of natural justice
7.5 Ensure policies and procedures are regularly reviewed

Appendix 3 – CAMHS DAIP

Child and Adolescent Mental Health Service

Disability Access and Inclusion Plan

2017 - 2021

Background

This Disability Access and Inclusion Plan is the first plan since the Child and Adolescent Mental Health Service (CAMHS) became a part of the Child and Adolescent Health Service (CAHS) in 2011. Prior to 2011, CAMHS services came under area health services according to their location. This plan presents a unique opportunity for all CAMHS services to be guided by one DAIP rather than several plans as occurred previously, that were not specific to CAMHS services.

This Disability Access and Inclusion Plan addresses the 7 outcome areas

1. People with disability have the same opportunities as other people to access the services of, and any events organised by, a public authority.
2. People with disability have the same opportunities as other people to access the buildings and other facilities of a public authority.
3. People with disability 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 disability receive the same level and quality of service from the staff of a public authority as other people receive from the staff of a public authority.
5. People with disability have the same opportunities as other people to make complaints to a public authority.
6. People with disability have the same opportunities as other people to participate in any public consultation by a public authority.
7. People with disability have the same opportunities as other people to obtain and maintain employment with a public authority.

Strategies to Improve Access and Inclusion

Outcome 1: People with disability have the same opportunities as other people to access the services of, and any events organised by Child and Adolescent Mental Health Services.

Strategy	Tasks	Timeline	Responsibility
Ensure all CAMHS services and any events organized by CAMHS address issues of access for consumers, carers and members of the public with disabilities.	<ul style="list-style-type: none"> Promote the use of the Disability Service Commission's Accessible Events checklist when planning all CAMHS community events If necessary modify for CAMHS purposes and circulate to managers 	Ongoing	Directors; Service Managers and Team Leaders.
Incorporate the CAMHS DAIP into CAMHS Quality Action Plan (QAP)	<ul style="list-style-type: none"> Monitor QAP at monthly CAMHS Executive Governance meetings Allocate provisions within local budgets finance local improvements to ensure disability access to all CAMHS sites. 	2017 - 2021	CAMHS Executive
Establish governance for Disability Access and Inclusion Plans strategies and tasks to be implemented.	<ul style="list-style-type: none"> Include DAIP as one of the roles and responsibilities in the Terms of Reference of the CAMHS Diversity Responsiveness Working Group (DRWG) The DRWG to include DAIP as a standing agenda item to plan, progress and monitor the necessary strategies and tasks. Appoint a DAIP coordinator/champion with the DRWG, or nominate an officer(s), with the responsibility to oversee the progression of the CAMHS DAIP 	2017 - 2021	CAMHS Executive Sponsor for NSMHS Diversity Responsiveness; Diversity Responsiveness Working Group (DRWG)

<p>Ensure CAMHS staff are aware of the relevant requirements of the Disability Services legislation.</p>	<ul style="list-style-type: none"> • Include and promote DAIP and relevant information in the induction and orientation process for new staff including utilising the Disability Service Commission’s training resources. • Review customer service training resources for CAMHS Ward Clerks and CAMHS Clerical and Reception staff as first contacts for people with disabilities attending CAMHS facilities. • Disseminate the CAMHS DAIP and relevant information to existing staff. • When reviewing JDFs or creating new ones for all positions, ensure there is reference to awareness and understanding of the Disability Services Act in the selection criteria. 	<p>Ongoing</p>	<p>CAMHS Education & Training Coordinator</p> <p>DRWG</p>
<p>Consult with the Disability Service Commission and use its resources to assist the implementation of the CAMHS DAIP.</p>	<ul style="list-style-type: none"> • Establish a resource kit and checklist which can be distributed to CAMHS managers to address the relevant Outcome standards when reviewing existing services and events, and developing new services and events. 	<p>By December 2016</p>	<p>DRWG</p>
<p>Monitor and develop CAMHS policies taking into account the needs of people with disabilities.</p>	<ul style="list-style-type: none"> • Ensure the development and review of operational policies in CAMHS take into consideration the needs of people with disabilities. 	<p>2017 - 2021</p>	<p>Director Specialised Services; Policy and Procedures Steering Group</p>

Outcome 2: People with disability have the same opportunities as other people to access the buildings and other facilities of Child and Adolescent Mental Health Services.

Strategy	Tasks	Timeline	Responsibility
<ul style="list-style-type: none"> • Ensure all new and future redevelopments and works on or to buildings and facilities comply with the access requirements of the <ul style="list-style-type: none"> ○ <i>Disability Services Act 1993</i> ○ <i>Disability Discrimination Act (DDA)</i> ○ Building Codes Australia (BCA) ○ <i>Commonwealth Disability Discrimination Act 1992</i> ○ Human Rights and Equal Opportunities Commission Advisory Notes on Access to Premises ○ WA DoH Policy and Guidelines ○ NSMHS #1.7, #1.10 ○ NSQHS #1.17, #1.18 	<ul style="list-style-type: none"> • Ensure access is considered by any design team throughout the planning, budgeting, and construction phases of any new or existing facilities • Review status of recommendations from previous DAIP audits of CAMHS facilities, or commission new DAIP audits, with particular focus on: <ul style="list-style-type: none"> ○ External Access ○ Internal Access ○ Toilets ○ Telephones ○ Parking (ie. ACROD) ○ Signage • Where ACROD parking is available, ensure compliance with its use 	<p>2017-2021</p> <p>2017 – 2021 Review Dec 2016</p> <p>2017-2021</p>	<p>CAMHS Executive</p> <p>Service Managers; CAMHS FBO Service Managers; Directors Service Managers; Directors All staff</p>
<ul style="list-style-type: none"> • Ensure future premises leased by CAMHS comply with the legislative requirements and building codes and guidelines. 	<ul style="list-style-type: none"> • Ensure lease agreements contain details demonstrating premises provide appropriate access, where practicable. 		
<ul style="list-style-type: none"> • Provide information regarding accessibility of buildings and facilities to people with disabilities. 	<p>Ensure appropriate signage for disability access services (e.g. ACROD parking, ramps, toilets).</p>		

Outcome 3: People with disability receive information from Child and Adolescent Mental Health Services in a format that will enable them to access the information as readily as other people are able to access it.

Strategy	Tasks	Timeline	Responsibility
All CAMHS Service pamphlets and information will be accessible where possible in multiple communication formats.	Audit all Area wide pamphlets to assess against disability access minimum standards. Review departmental specific information provided to patients in accordance with the DoH Access to information Policy.	July 2017	CAMHS Executive
Review Web accessibility according to the Web Content Accessibility Guidelines (WCAG)2.0	Conduct an audit of the current CAMHS website using the Web Content Accessibility Guidelines (WCAG) 2.0 .	July 2017	CAMHS Executive

Outcome 4: People with disability receive the same level and quality of service from the staff of Child and Adolescent Mental Health Services as other people receive from the staff of the Health Service.

Strategy	Tasks	Timeline	Responsibility
Ensure consumers, carers and members of the public who have difficulty speaking, hearing, understanding, seeing and/or reading are not disadvantaged throughout the continuum of care, including when obtaining information on rights and responsibilities and participating in care	<ul style="list-style-type: none"> • Specific communication requirements for clients are to be accessed and communicated to staff prior to commencement of any mental health care. • Display “Better Hearing” cards and interpreter information at reception desks. • Advise all staff involved in the client’s care of the availability of language (including AUSLAN or sign) interpreters. 	Ongoing	

planning, discharge planning.	<ul style="list-style-type: none"> • Inform all staff of the process to obtain interpreters. 		
Ensure that communication aids are available where required.	<ul style="list-style-type: none"> • Consider providing access to volume controlled telephone, TTY (telephone typewriter) or the Australian Communication Exchange National Relay Service, large button telephone, audio loops and video captioning. • Where appropriate, develop a process to access and use communication aids. 		
Monitor the satisfaction rate of people with disabilities, with CAMHS services.	<ul style="list-style-type: none"> • Develop surveys or questionnaires and/or others methods to obtain feedback from people with disabilities • Analyse ESQs for specific information 	2017-2021	Service Managers

Outcome 5: People with disability have the same opportunities as other people to make complaints to Child and Adolescent Mental Health Services.

Strategy	Tasks	Timeline	Responsibility
Improve feedback from people with a disability.	<ul style="list-style-type: none"> • Ensure all patient feedback posters and forms include the ability to access the documents in various formats, including interpreters. • Develop surveys or questionnaires and/or others methods to obtain feedback from people with disabilities 	2017-2021	Service Managers
Promote the acceptance of verbal complaints and advocacy role of staff to	<ul style="list-style-type: none"> • Provide education on effective feedback processes to all staff, promoting acceptance of 	Ongoing	Service Managers

assist in recording & managing complaints for consumers.	verbal complaints.		
Improve the monitoring of feedback from the Mental Health Advocacy Service and from the Health and Disability Complaints Office.	Review systems to monitor and identify trends in relation to complaints regarding access received via the Mental Health Advocacy Service and the Health and Disability Complaints Office.	Ongoing	CAMHS Executive

Outcome 6: People with disability have the same opportunities as other people to participate in any public consultation by Child and Adolescent Mental Health Services.

Strategy	Tasks	Timeline	Responsibility
Ensure people with disabilities can participate in CAMHS advertised public consultations.	Develop and endorse a standardised statement for Access requirements on all invitations for consultation. Selection of external venues to meet disability access and inclusion requirements.		
Directly consult with and invite participation with people with disabilities.	Promote invitation, access and inclusion to people with disabilities on committees and for consultation. Identify stakeholders, seeking participation in CAMHS committees and forums.		

Outcome 7: People with disability have the same opportunities as other people to obtain and maintain employment with a public authority.

Strategy	Tasks	Timeline	Responsibility
Provide people with disabilities equal opportunity to work within the CAMHS workforce in accordance with <ol style="list-style-type: none"> i. WA Health Equal Opportunity and Diversity Policy and Plan ii. WA Health Substantive Equality Policy iii. WA Health Recruitment, Selection and Appointment Policy and Procedure iv. CAHS Equal Opportunity and Diversity Management Policy 	<ul style="list-style-type: none"> • Promote and adhere to the Government’s Diversity Improvement plan including the Disability Employment Strategy, and the CAHS Equal Opportunity and Diversity Management policy to achieve equality in the employment opportunities for people with disabilities. • JDFs include a section on knowledge and application of the Disability Services Act. • Employment Services recruitment documentation contains a statement that CAHS is an EEO employer. • All new staff complete an EEO survey. 		

Appendix 4 – CACH DAIP

Child and Adolescent Community Health

Disability Access and Inclusion Plan 2016-2021

Strategies to Improve Access and Inclusion

July 2016 - June 2021

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Outcome One: People with disabilities have the same opportunities as other people to access the services of, and any events organised by Child and Adolescent Community Health.	Error!
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Outcome One: People with disability have the same opportunities as other people to access the services of, and any events organised by Child and Adolescent Community Health.

Strategy	Tasks	Task Timeline	Responsibility
Ensure CACH staff are aware of the relevant policies and requirements of the Disability Services Act. NSQHSS: 1.3	Promote DoH Disability Access and Inclusion Policy and CACH's DAIP in the induction process for new staff. All new staff to receive a reference card for inclusion on their ID badge, outlining the process of obtaining information in other formats. Minimum of two updates or features on disability access and inclusion in CACH's communiqués.	December 2016 Ongoing Annually	Director Practice Support Unit (Learning and Development) Director Strategic Issues (Business Support) Director Strategic Issues (Governance and Quality)
Ensure that any events organised enable people with disabilities to access them.	Promote the use of the Accessible Events Checklist when planning all CACH consumer/community events.	Ongoing	Director Practice Support Unit (Practice Implementation)
CACH clients are provided with the opportunity to comment on the level of disability access and inclusion within services. NSQHSS: 1.20	Promote the inclusion of a mechanism to assist people with disabilities to comment/participate in service evaluation activities. Include appropriate questions about access and inclusion in CACH client satisfaction surveys.	December 2016 December 2016	Director Strategic Issues (Governance and Quality) Director Strategic Issues (Governance and Quality)
Monitor and develop CACH policies taking into account the needs of people with disabilities. NSQHSS: 1.1	Ensure the development and review of operational policies in CACH takes into consideration the needs of people with disabilities.	Ongoing	Director Practice Support Unit (Operational Policy)

Outcome Two: People with disability have the same opportunities as other people to access the buildings and other facilities of Child and Adolescent Community Health.

Strategy	Tasks	Task Timeline	Responsibility
New or redevelopment works provide access to people with disabilities.	Advocate for the correct application of the Australian Standards for access and mobility and the Building Codes of Australia when new works to buildings and facilities are undertaken under the control of CACH.	Ongoing	Director Strategic Issues (CACH Facilities Manager)
Future premises leased by CACH are accessible to people with disabilities, where practicable.	Consider the level of access for people with disabilities when proposing to lease future premises.	Ongoing	Director Strategic Issues (CACH Facilities Manager)
Provide information regarding accessibility of buildings and facilities to people with disabilities.	Promote alternative CACH facilities identified as accessible to clients with disabilities, as appropriate. Ensure appropriate signage for disability access services (e.g. ACROD parking, ramps, toilets).	Ongoing Ongoing	Director Strategic Issues (CACH Facilities Manager) Director Strategic Issues (CACH Facilities Manager)

Outcome Three: People with disability receive information from Child and Adolescent Community Health in a format that will enable them to access the information as readily as other people are able to access it.

Strategy	Tasks	Task Timeline	Responsibility
<p>Ensure publications developed by CACH regarding services, facilities, customer feedback and health information is in an appropriate format to meet the needs of people with disabilities, where practicable. NSQHSS: 2.4</p>	<p>Ensure that a statement for staff to consider the needs of people with disabilities in the development of publications is included in any relevant policies and procedures pertaining to CACH staff. CACH printed publications to include the statement "This document can be made available in alternative formats on request". Ensure that appropriate CACH information is made available in alternate formats including large font, spoken word cassette, disk and Braille upon request. Ensure CACH pages on the CAHS website meets the requirements of the W3C Web Content Accessibility guidelines as outlined in the State Government Access Guidelines for information, services and facilities.</p>	<p>Ongoing Ongoing Ongoing Ongoing</p>	<p>Director, Practice Support Unit (Publications) Director, Practice Support Unit (Publications) Director, Practice Support Unit (Publications) Director, Practice Support Unit (Publications)</p>

Maintain staff awareness of accessible information needs and how to obtain information in other formats. NSQHSS: 1.3	Ensure staff are aware of the DoH Disability Access and Inclusion Policy and DSC State Government Access Guidelines for Information, Services and Facilities. All new staff to receive a reference card for inclusion on their ID badge, outlining the process of obtaining information in other formats.	June 2017 Ongoing	Director Practice Support Unit (Learning and Development) Director Strategic Issues (Business)
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Outcome Four: People with disability receive the same level and quality of service from the staff of Child and Adolescent Community Health as other people receive from the staff of a public authority.

Strategy	Tasks	Task Timeline	Responsibility
Provide disability awareness training for all staff. NSQHSS: 1.4	Provide information and training on disability and access issues, where appropriate, through: <ul style="list-style-type: none"> <input type="checkbox"/> Staff induction/orientation <input type="checkbox"/> Communiqués <input type="checkbox"/> Staff Development Days <input type="checkbox"/> Policy <input type="checkbox"/> Intranet. Identify and source useful teaching resources for use in disability access and inclusion education.	Ongoing June 2017	Director Practice Support Unit (Learning and Development; Evaluation and Information Team; Operational policy) Director Practice Support Unit (Learning and Development)

<p>Ensure that people who have difficulty speaking, hearing, understanding, seeing and/or reading are not compromised or disadvantaged throughout the continuum of care, including involvement in care planning and discharge planning, and obtaining information on rights and responsibilities. NSQHSS: 1.18</p>	<p>CACH clinical staff to document in client medical records any known communication requirements of the client and/or parent/carer. Referral templates from CACH to be amended to add identification of specific client communication requirements. Ensure that “Better Hearing” cards and interpreter information are available at all client service locations. Ensure staff know how to access the relevant disability communication aid service (eg. AUSLAN interpreters, TTYN) when required by clients.</p>	<p>Ongoing January 2018 January 2018 October 2017</p>	<p>Director, Clinical Services Community Health; Director, Child Development Service Director, Clinical Services Community Health; Director, Child Development Service Director, Clinical Services Community Health; Director, Child Development Service Director, Clinical Services Community Health; Director, Child Development Service</p>
<p>Include awareness of disability issues in the Job Description Forms (JDF) for managers. NSQHSS: 1.3</p>	<p>Reference to awareness and understanding of the Disability Services Act in the selection criteria for all CACH positions when created or advertised.</p>	<p>June 2017</p>	<p>Human Resources</p>
<p>Monitor the satisfaction rate of people with disabilities, with CACH services. NSQHSS: 1.20</p>	<p>Identify specific mechanisms required to obtain feedback from people with disabilities.</p>	<p>June 2017</p>	<p>Director Strategic Issues (Governance and Quality)</p>

Outcome Five: People with disability have the same opportunities as other people to make complaints to Child and Adolescent Community Health.

Strategy	Tasks	Task Timeline	Responsibility
CACH provides opportunities for people with disabilities to make complaints and compliments. NSQHSS: 1.15	Provide CACH Complaints and Compliments feedback form in alternative formats upon request. Staff to be aware of methods to assist people with disabilities to make complaints and compliments (e.g. staff member completes form on behalf of the person with disability).	As required June 2017	Director Strategic Issues (Governance and Quality) Director Strategic Issues (Governance and Quality)
CACH provides feedback and responds to complaints and compliments received from people with disabilities appropriately. NSQHSS: 1.15	Identify any trends or re-occurring issues in complaints and compliments received related to disability access and inclusion and develop appropriate strategies to address.	Monthly	Executive Director (CACH Governance Committee)

Outcome Six: People with disability have the same opportunities as other people to participate in any public consultation by Child and Adolescent Community Health.

Strategy	Tasks	Task Timeline	Responsibility
<p>People with disabilities have the opportunity to participate in consultation for CACH service evaluation and planning. NSQHSS: 2.5</p>	<p>Ensure that all venues selected for public consultation are physically accessible for people with disabilities. Ensure the needs of people with disabilities are considered during the development of the CACH Consumer Engagement Plan and strategies to enable their participation are included. Promote the inclusion of a mechanism to assist people with disabilities to comment/participate in all service evaluation activities, including client satisfaction surveys.</p>	<p>As required December 2016 December 2016</p>	<p>Director Strategic Issues Director Strategic Issues (Governance and Quality) Director Strategic Issues (Governance and Quality)</p>

Outcome Seven: People with disability have the same opportunities as other people to obtain and maintain employment with a public authority.

Strategy	Tasks	Task Timeline	Responsibility
Ensure that Equal Employment Opportunity principles are used when interviewing people with disabilities. NSQHSS: 1.4	Provide support for management staff to attend recruitment and selection training to develop an understanding of Equal Employment Opportunity principles.	Ongoing	Director Practice Support Unit
Ensure policies and procedures are regularly reviewed. NSQHSS: 1.1	Ensure that all policies and procedures relating to occupational health and safety and accessibility are reviewed on a regular basis and take into consideration the needs of people with disabilities.	Ongoing	Director, Child Development Service (OSH Executive Sponsor)